



## **OTP TTA CENTER**

Opioid Treatment Program  
Training & Technical Assistance Center

# **Telehealth Best Practices for SUD Considerations for Engagement in Counseling**

January 14, 2025

# Session Reminders

 Turn your camera on (if you can!)

 Mute yourself when you are not speaking

 **Complete your evaluation!**

Our team will share a link in the last few minutes of the session.

Your feedback is important as we continue to develop the TTA Center.

## Stay Informed!

Join our contact list to stay informed about the MA OTP TTA events and updates.

MASSACHUSETTS



## OTP TTA CENTER

### Our Purpose

- Increase access to MOUD
- Improve patient care
- Provide tools, training, and resources
- Promote best practices
- Address challenges

We aim to support opioid treatment programs (OTPs) by providing free, responsive, educational opportunities to enhance the delivery of medications for opioid use disorder (MOUD).

### Our Mission

Improve service delivery and outcomes for individuals with opioid use disorder (OUD), with a focus on aligning with updated federal and state-specific regulations for OTPs.

Funded by the MA Bureau of Substance Addiction Services  
Staffed and operated by JSI



# MA OTP TTA Team



**Sasha Bianchi**  
Project Director



**Nadia Syed**  
Project Manager



**Gretchen  
Shoemaker**  
Analyst



**Shaivi Herur**  
Analyst



**Kelsey Berdeguez**  
Evaluation Lead



**Jo Morrissey**  
Needs Assessment &  
Advisory Council Lead



**Audrey Foxx**  
Health  
Communications Lead



**Lili Njeim**  
Training and Technical  
Assistance Coordinator



**Melissa Schoemmell**  
Training and Technical  
Assistance Lead

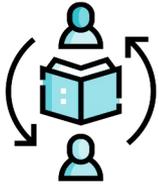


# Our Services



## Tailored Technical Assistance

*Support on a wide array of topics, including patient-centered care, telehealth, and regulatory changes.*



## Expert Support and Peer Learning

*Access to leading experts in the field, peer-to-peer forums, and collaborative learning opportunities to share best practices and strategies.*

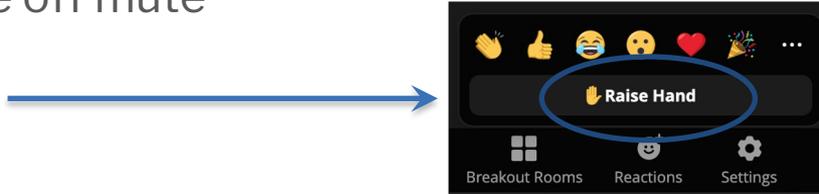


## Resource Development

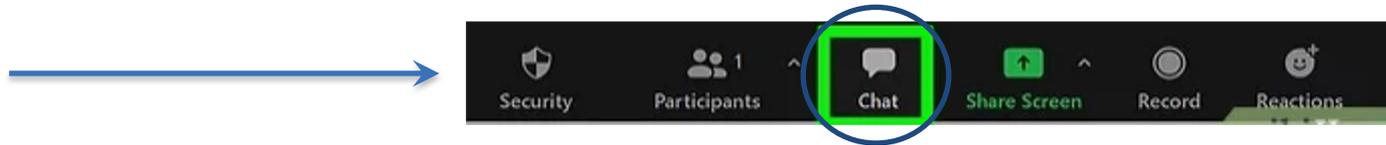
*Creation and dissemination of tools, guides, and resources to support OTPs in delivering high-quality, effective care.*

# Housekeeping

- Lines will be muted. Use the raise hand feature if you would like to come off mute



- Use the chat to submit questions for BHN panelists



- We are recording today's session

# Agenda

## **The History and Future of Telehealth with Q&A**

*Linda Hurley*

*President/CEO, Codac*

## **MA OTP Spotlight with Q&A**

*Laura Frangipane & Jessica Fortier-Goss*

*CTC Group, Acadia Healthcare*

## **Wrap up and Evaluation**

Today we are joined by representatives from MA DPH Bureau of Substance Addiction Services (BSAS)



***At the conclusion of this webinar, participants will be able to...***



Identify barriers to telehealth

Identify methods to successfully create a systems change inclusive of telehealth

Identify the needed culture change for this shift in service provision

Identify where telehealth has shown efficiency and efficacy

**The first documented use of two-way video communication for telehealth occurred in what year?**

a. 1959

b. 1985

c. 1998

d. 1976

**The first documented use of two-way video communication for telehealth occurred in what year?**

a. 1959

b. 1985

c. 1998

d. 1976

# Welcome, Linda Hurley

- 40+ years of experience in substance use disorder treatment and behavioral healthcare
- President/CEO of CODAC since 2016, joined the organization in 1991
- Under Linda's leadership, CODAC has been a pioneer:
  - 1st OTP in the nation to receive Health Home certification
  - 1st Rhode Island to be designated as a Center of Excellence
  - Established key programs, such as, *MAT for corrections*, *Tobacco Cessation*, and *embedded Hepatitis C treatment*
- Consultant for state and federal agencies, including SAMHSA and the U.S. Senate



# The Future of Telehealth

An example of necessary change  
in the culture of care

Linda Hurley, MA CAGS

January 14, 2025



**Opioid  
Response  
Network**

# Opioid Response Network



**Opioid  
Response  
Network**

- Provides resources and technical assistance to states, organizations and individuals to address the opioid crisis and stimulant use
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS)

**Submit a question or request technical assistance**

Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)

Email [orn@aaap.org](mailto:orn@aaap.org)

Call 401-270-5900

*Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*



# **The Evolution of Telehealth for Behavioral Healthcare**

# Transition to Telehealth

- Remarkable response to the need for COVID-19 transmission risk mitigation
- Implementation of telehealth occurred wholesale with no strategic plan
- Despite decades of evidence, telehealth lacked acceptance and conflicted with DEA, SAMHSA, and state regulations for OUD treatment
- Research during and after COVID-19 highlights telehealth as an efficient, evidence-based care model

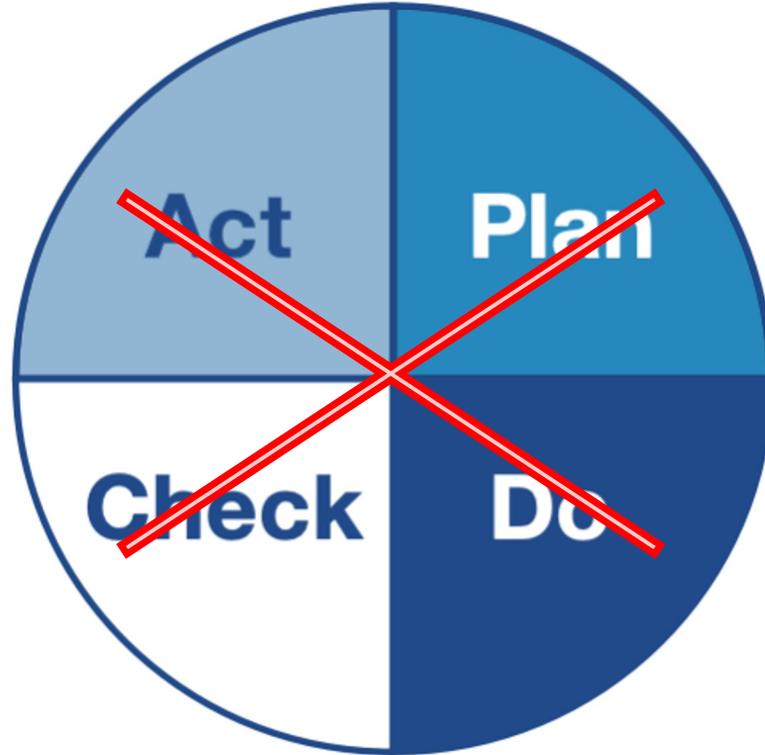


# Transition to Telehealth

- Telebehavioral health use rose from 13.5% to 17.4% (2016-2019), mostly in rural areas with access challenges
- Medicare mental health visits increased by 425% (2010-2017) due to severe diagnoses and geographic limits
- Telehealth visits for mental health and substance use disorders surged 556% between March 11 and April 22, 2020, continuing to rise during COVID-19



# Systems Change 101



# Telehealth Works!

## Improved population health

- Improves quality of life, mental health, depression management, and satisfaction compared to in-person treatment
- For substance use disorders
  - reduces alcohol use
  - boosts tobacco cessation
  - improves opioid treatment engagement and retention



# Telehealth Works!

## Improved provider experience

- Increased flexibility in scheduling
- Improved coordination of care
- Helps to reduce stress from workforce shortages
- Reduced provider burnout
- Increased ability to assess psychologically and environmentally
- Reduced wait time connecting to crisis services



# Telehealth Works!

## Financial benefits

- Increased utilization → increased revenue
- Reduced staffing costs due to new workflows



# Why Hasn't This Transition Been Simple?

## External environmental variables

- Culture of OUD treatment driven by punitive regulation
- A well-defined or vetted strategic plan did not exist
- Policies and procedures were created during implementation
- Lack of alignment and clarity among the formal regulatory language and what was approved verbally by regulatory entities
- Resistance of third-party payers



# Why hasn't This Transition Been Simple?

## Internal environmental variables

- Opioid treatment has been shaped by
  - stigma
  - overregulation
  - undercompensation
  - under recognition of treatment success
- Created a historically fear-based system of care
- Despite 70 years of advances in behavioral health science, provider capabilities remain constrained





**And Now it's 2020  
and COVID-19  
has Descended**

# Codac Telehealth Survey

**106 patients responded to open ended questions on the following areas:**

- (1) Satisfaction
- (2) Convenience
- (3) Therapeutic relationship
- (4) Substance use recovery
- (5) General feedback

This survey sought to examine both patient and counselor experiences with the transition to telephone counseling.



# Qualitative Overview



**78% +**

\*Augustine Kang<sup>1</sup>, Mary Walton<sup>2</sup>, Courtney DelaCuesta<sup>1</sup>, Ariel Hoadley<sup>1</sup>, Linda Hurley<sup>2</sup>, & Rosemarie Title: Perspectives among patients and counselors with telephone counseling during the COVID-19 Pandemic. Martin<sup>1,1</sup> Brown University School of Public Health. <sup>2</sup> CODAC Behavioral Healthcare Inc.



# Positive Aspects

## Therapeutic Relationship Factors

**“My counselor goes above and beyond to make sure I have everything I need during this troubling time.”**

**“We talk more on the phone than we do in person.”**

**“I am shy, so talking on the phone feels more comfortable.”**

**“I love my counselor. I can be completely honest with her on the phone or in-person.”**

**“We talk more. It used to be once a month...now I get to talk to [Redacted, name of counselor] once a week. This way nothing gets missed and nothing get[s] unmentioned.” (“I feel now in control of my recovery by not having the feeling that I need to be somewhere at a certain time.”)**



# Positive Aspects

## Person-Level Factors

**“quick and easy,  
no lines to wait in”**

**“it’s the easiest way  
instead of having to take time out of work  
I can just step away for a phone call”**

**“It fits my schedule better and doesn’t  
make counseling and dosing related.”**

**“keeps me from getting  
COVID-19”**

**“Don’t have to  
drag my kids out.”**



# Negative Aspects

## Therapeutic Relationship Factors

**“Every time I ask my counselor for help, they took a long time or forgot.”**

**“Less contact, don’t get many calls”**

**“Most issues can be handled by telephone, but obviously sometimes physical presence is required...there is ‘something’ lost between the counselor and client. Certainly [even more so] for new clients who have not yet built a rapport with their counselors.”**



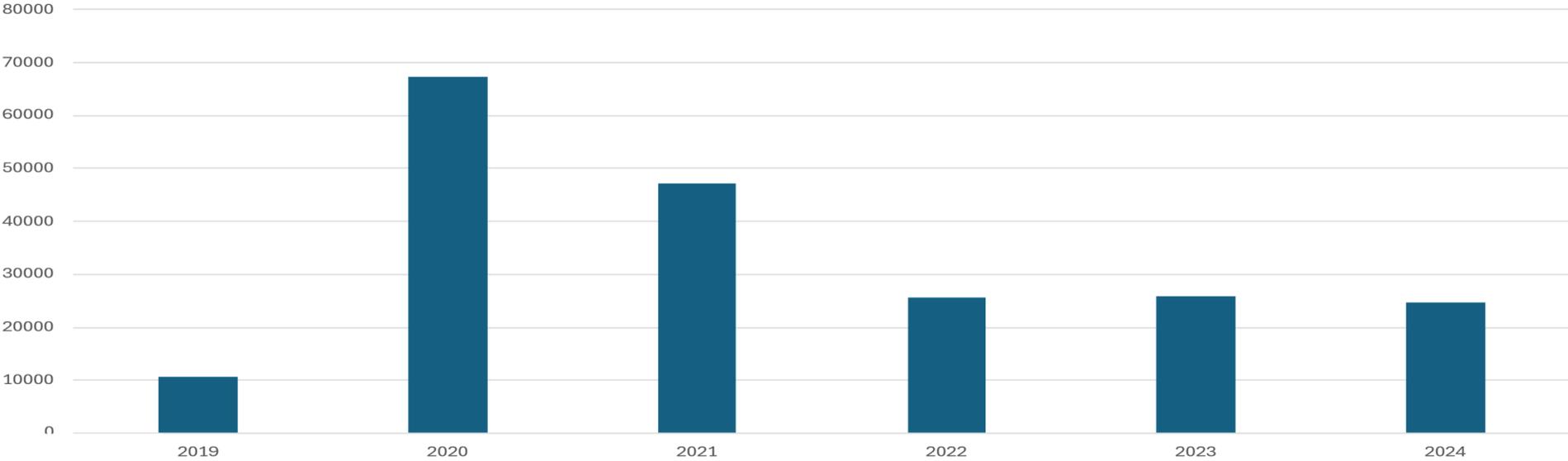
# Negative Aspects

## Person-Level Factors

**“Initially, I was a bit hesitant because I wasn't home alone. However, once I worked out at home privacy issues, I felt more confident talking and working things out.”**



# Codac Telehealth Services



■ Total



# Addressing the Barriers

Systems change 101 - Go back to the beginning

## Client stakeholders

In general, clients have the knowledge, technology, and motivation to participate in telehealth.



\*Palimaru, A. I., Sousa, J., Ober, A. J., & UscherPines, L. (2020). Promising practices for telemedicine implementation. Santa Monica, Calif.: RAND Corporation, RR-A100-4.  
[https://www.rand.org/pubs/research\\_reports/RR100-4.html](https://www.rand.org/pubs/research_reports/RR100-4.html)

# Addressing the Barriers

Systems change 101 - Go back to the beginning

## Organizational stakeholders

- Equip staff and clients with telehealth technology
- Ensure ongoing IT support, training, resources and clinical supervisor competence
- Advocate for policies that support appropriate regulation and reimbursement



# Addressing the Barriers

Systems change 101 - Go back to the beginning

## Provider stakeholders

- Continuously review evidence in supervision
- Acknowledge biases from embedded cultural beliefs, such as the idea that "presence" is not possible in telehealth



# Addressing the Barriers

Systems change 101 - Go back to the beginning

## Example

### Confidentiality

- Adherence to confidentiality is critical in OUD treatment to prevent stigma, discrimination, and legal/regulatory consequences
- Ongoing education, supervision, and practice reviews are essential, especially in defining and maintaining confidentiality in telehealth

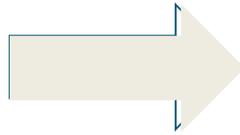


# Addressing the Barriers

Systems change 101 - Go back to the beginning

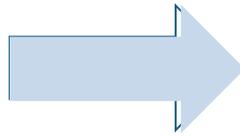
## Informed Consent & Policy Development

Create a thorough informed consent protocol, process, and form



Clarifies expectations, privacy concerns, and communication safeguards for both provider and client

Create a thorough policy and procedure



Guides and supports client engagement and retention in telehealth services



# Summary

## **Telehealth is a proven modality**

- Evidence-based practice
- Majority of clients are satisfied with and actively request telehealth
- Technology can enhance client-centered care
- Concept of being "present"

## **Barriers can be addressed through**

- Systems of change
- Improving technology literacy
- Challenging outdated treatment beliefs

## **Person-centered care at OTPs**

- Opioid treatment programming is responsive to current community needs
- Utilizing technology as a proven, efficient, and effective care is person-centered



care

# References

1. Christopher M Jones<sup>1</sup>, Carla Shoff<sup>2</sup>, Kevin Hodges<sup>2</sup>, Carlos Blanco<sup>3</sup>, Jan L Losby<sup>1</sup>, Shari M Ling<sup>4</sup>, Wilson M Compton  
Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose Among Medicare Beneficiaries Before and During the COVID-19 Pandemic. *JAMA Psychiatry* Oct 2022 Volume 79, Number 10.
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# Thank you

**Thank you so much for your commitment to bringing optimum care to those we serve.**

Please contact me Linda Hurley, at [lhurley@codacinc.org](mailto:lhurley@codacinc.org) with any concerns.

We have policy and procedure and informed consent documentation available.



# Best Practice Spotlight:

## Telehealth Best Practices in Massachusetts



**Jessica Fortier-Goss, MS, LADC1**  
Regional Director

Taunton, Fall River, Wareham, MASAC, Yarmouth, Wellfleet  
Mobile Unit. Providence and Woonsocket in MA



**Laura Frangipane, M.Ed.**  
Regional Director

Boston, Brockton, Fitchburg, Lawrence, Lowell, Lynn, Springfield,  
Quincy Mobil Unit



Comprehensive Treatment Centers  
Opioid Use Disorder Programs

# Telehealth Initiatives

01/2025

# Today's Topics

- **The Opioid Epidemic**  
Increased Utilization of Telehealth
- **Telehealth Approach & Outcomes**  
@  
Comprehensive Treatment Centers  
(CTC)
- **Questions**

# Benefits of Telehealth

- 1. Disasters and Emergencies**
  - Merrimack Valley Gas Explosions
- 2. Supporting Patients in Crisis: Telehealth during COVID-19**
  - Services transitioned online
- 3. Access to Care in a Global Pandemic**
  - Integration into Department of Corrections
    - Co-credentialing of staff
    - Systems level communication
- 4. Expansion of Care to Skilled Nursing Facilities (SNF)**
  - Early relationship building drove innovation
  - Continued development and growth
- 5. Expansion of Care to Day Treatment Services**
  - Hybrid Day Treatment
- 6. Meeting the Patient Where They Are Physically At**
  - Community-based intake program

# THERE'S AN APP FOR THAT



## **Sonara - Patient Mobile Application**

- Virtual dosing window allows patients to record themselves taking their take home medication according to a schedule assigned by the patient's care team
- Access to take homes while maintaining ongoing medical observation (if observed dosing is needed)

## **Marigold Health**

- Anonymous network for anyone interested in recovery
- Every group is anonymous and moderated by certified peers
- CTC partnership- 24/7 access to recovery coaching and support groups

## **Dynamicare Health**

- CTC partnership- offer individual contingency management services
- Reimbursable by some payers
- Patients earn a small token for accessing their skills library, support group chat rooms and an expansive CBT library

# Medication for Addiction Treatment



## Reduced Opioid Use

**80%** of our patients are illicit opioid-free after six months



## Improved Retention

**60%** of our patients are still in treatment after 90 days as compared to industry estimates as low as **20%**<sup>2</sup>



## Diminished Overdose Deaths

The mortality rate for individuals with OUD is **8.2x** higher outside of MAT compared to those enrolled<sup>3</sup>



## Increase in Employment

MAT is associated with a **49%** increase in employment status after six months in treatment



## Curbed Hospital Admissions

A **35%** reduction in hospital admissions for patients diagnosed with OUD has reduced healthcare burden<sup>4</sup>



## Reduced Arrests & Recidivism

MAT-driven decreases in illicit drug use and criminal activity have supported a **44%** reduction in arrests

1. <https://www.recoveryanswers.org/research-post/factors-influence-retention-buprenorphine-methadone-treatment/>
2. D.A. Zania, G. E. Woody / Drug and Alcohol Dependence 52 (1998) 257-260.
3. CHCF: Why Health Plans Should Go to the “MAT” in the Fight Against Opioid Addiction
4. CMS Quarterly Report: <https://communitymedicalsolutions.org/wp-content/uploads/2020/05/CMS-QRTLTYREPORT.pdf>

# CTCs Reach and Capabilities



**157 Opioid Treatment (OTP) Locations**

12/1/2023

## By the Numbers



Present in **32** states



**Over 67,000** patients in treatment served daily



**80%** of patients are illicit opioid-free after six months



**150,000+** group counseling units provided each month



**250,000+** individual counseling units provided a month



**4.4 out of 5** Patient Satisfaction Score

# Individual & Group Counseling

**Available In-person & Online**

based on a patient's personalized treatment plan, accessibility and preference



## ***Comprehensive Healing Approach***

Counseling, as a core component of MAT, addresses the psychological and emotional aspects of addiction, fostering a holistic approach to recovery.



## ***Telehealth / Varied Therapies***

Patients can access both individualized and group therapy sessions in-person or virtually.



## ***Sustainable Access to Support***

Medication helps curb cravings and stabilize physical withdrawal symptoms, making it easier for patients to engage in counseling fully and consistently.



## ***Address Underlying Causes***

Counseling sessions are designed to delve into the root causes of addiction, allowing patients to develop coping skills to prevent relapse effectively.



## ***Hazelden Curriculum***

Formal curriculums offering varying evidence-based programs patients achieve lifelong recovery.



## ***Enhance Relationships***

Individuals can focus on rebuilding and strengthening relationships damaged by addiction and establish a healthy support network.

# A Personalized Patient Care Journey



## Clinical Assessment

The journey toward recovery begins with a complete assessment, including an intake interview, physical exam, psychosocial evaluation, and toxicology screen



## Tailored Care Plan

A team of trained professionals utilizes the initial assessment to establish an individualized care plan to help stabilize use, reduce withdrawal symptoms, and teach skills to resist relapse



## Medication for Addiction Treatment

The patient then starts their treatment through daily assessments with their assigned clinician and receiving their medication dosing as outlined in their custom care plan



## Comprehensive Counseling & Support

In conjunction with medications, the patient attends weekly in-person or virtual counseling sessions; some patients will also begin treatment for co-occurring conditions



## Maintaining & Sustaining

Continuing the path to recovery with ongoing support, assessment intervals gradually extend while learning new skills and coping strategies; patients can also participate in vocational and rehabilitation programs



# Making Access to Care Easy

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## CTC Clinical Treatment Settings

### Traditional CTC (OTP)

Under physician supervision, OTPs seamlessly blend medical services, counseling, and recovery support

### Mobile Treatment Unit

CTCs offer 11 mobile treatment units in select areas nationwide which can be deployed to deliver vital care directly to communities

### Medication Dispensing Unit

Convenience meets quality as these units bring medication to neighborhoods, often in collaboration with local partners

### Office-Based Opioid Treatment (OBOT)

OBOTs provide opioid-based treatment through a trained OUD provider



# Questions

# Resources

- [The National Consortium of Telehealth Resource Centers](#) - HRSA Website
  - [Telehealth for Substance Use Disorder](#) - HRSA Website
  - [Telehealth Use in the Commonwealth and Policy Recommendations](#) - Health Policy Commission, 2023
  - [Telehealth Policy & Addiction Medicine](#) - ASAM, 2022
  - [CY 2025 Physician Fee Schedule for OTPs](#) - CMS, 2024
  - [Health Information Privacy](#) - HHS
- 

# Upcoming events for OTPs!



**February 12, 2025 | 12:30 - 2:00 pm**

Best Practices and Considerations for Person Centered  
Care in OTP Settings

**Registration is Open!**

# ORN Evaluation Survey Link

Please scan the below QR code or use the link below to access a very brief survey



The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide. Thank you in advance for completing this survey!

Link to Survey:

<https://lanitek.com/P?s=492896>



# Share your thoughts with us

Your feedback on this session will help us improve our content based on your needs.



# Thank you!

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