

Convening Opening Panel

Sasha Bianchi:

Now it's my pleasure to introduce our opening speakers. Doctor Robbie Goldstein and Deirdre Calvert. Doctor Goldstein, MD, PhD, was appointed commissioner to the Massachusetts Department of Health by Governor Maura Healey in April 2023. A physician specializing in infectious diseases, Doctor Goldstein oversees a workforce of more than 3200 individuals committed to health equity and dedicated to promoting the health and well-being of people across the state, preventing illness and injury, and maintaining strong and vibrant communities. Doctor Goldstein previously served as a senior policy advisor at the centers for Disease Control and Prevention or the CDC, and prior to his work at the CDC, he founded and was the medical director of the Massachusetts General Hospital Transgender Health Program, a clinical resource offering safe and affirming a safe and affirming environment for the transgender and non-binary community. His clinical interest involved caring for those living with or at risk for HIV, an experience that continues to drive his passion, to identify and eliminate barriers to equitable access to care. Doctor Goldstein is a graduate of Tufts University, where he also earned his MD and PhD. And Deirdre Calvert, has been the director of this since April of 2019. Prior to that, Director Calvert worked for more than 25 years as a clinical director and a social worker in the Massachusetts Substance Use Disorder System, including OTPs, residential treatment programs and office based opioid treatment programs, or OBOTs. She is also a teaching associate at Boston University School of Social Work and, School of Public Health. Director Calvert holds a master's degree in Social Work from Boston University and is a licensed independent clinical social worker. So thank you both for being here. And now I will pass it over to you, Doctor Goldstein.

Doctor Goldstein:

Great. Thank you for that. And good afternoon, everyone. It's great to be here with you. I'm going to start with a question. What if the future of substance use treatment was not something that we're waiting for? What if it wasn't something that we're hoping for, but rather, what if it was something that we're already building?

And I think that's exactly what this convening represents. It's a future that's already in motion, a future that's being built by you, the extraordinary people that are here at this convening. Your clinicians and counselors and recovery coaches, support navigators, technologists, program leaders, administrators, support staff. You're all people who are

working together every day to shape the future of substance use disorder treatment, how care is delivered and who that care reaches. I recognize that most of you work your magic behind the scenes. Too often you're not getting the recognition or frankly, the resources that you deserve for the essential work that you do. So much of your work defies the limitations of any specific job description. How can you really characterize a role that involves restoring families, saving lives, listening deeply, reshaping the way a disorder is seen and defined, and fighting stigma.

The work you do. This work is hard and it's complicated. But despite that, you keep showing up, you keep innovating, and you keep caring. And so that's why I'm so honored to have been asked to open this inaugural convening of the Outpatient Treatment Technology and Training Assistance Center. It's much better to stay to say OTP TTA. I want to take this opportunity to express my deepest appreciation to each of you for the work you do, day in and day out supporting individuals, supporting families, and supporting communities that need you.

So my message is simple. Thank you. Thank you for your expertise. Thank you for your compassion, for your humanity. Thank you for the profound difference that you make in the lives of others. I think this convening marks a significant milestone, not only for the OTP TTA center, but for all of us who are committed to expanding access, improving quality, and promoting equity in outpatient treatment for substance use disorder. We're here today because we recognize that the challenges we face, from overdose deaths to treatment deserts to systemic inequities, are complex. They're not going to be solved by a single agency, one piece of technology, or a unique intervention. But they can be addressed systematically, thoughtfully, collaboratively, and compassionately by communities like the one that's here today. And there's really good reason and good evidence for us to have hope.

Preliminary data indicate that overdose rates are continuing to decline, both here in Massachusetts and across the nation. CDC recently reported on an estimated 30% reduction in overdose deaths in Massachusetts between October 2023 and October 2024, which follows a 10% decrease in deaths the previous year. This is it's real. It's measurable progress. And while there's no single factor that can explain this trend, I believe that it's your work expanding access to patient centered, evidence based care and treatment that's played a critical role. We know that methadone and other medications for opioid use disorder are among the most effective tools available when it comes to preventing overdoses and supporting recovery. These are life saving medications, but they can only make a difference if people have access to them. Access that's delivered without stigma, without barriers, and without delay. So that's why I'm so proud of what we've accomplished here in Massachusetts, taking bold steps to meet people where they are.

To modernize care and to bring access to treatment into more communities. We have to continue to advocate for individuals and communities in this state to make sure that treatment will always be all right in Massachusetts sets, and not our privilege. As everyone here knows all too well our work is far from complete. While the overall

numbers may be improving. We all recognize that disparities persist. Access remains unequal, barriers remain deeply entrenched, and certain populations continue to bear the brunt of the opioid crisis. These populations include our folks in rural areas, veterans, pregnant people, individuals reentering society after incarceration, those who are unhoused, and black, indigenous and other people of color. These aren't new challenges, but they're urgent challenges. Addressing them requires bold thinking, systematic change, and a commitment to centering the voices of those most affected. So while we clearly should celebrate the progress that we've made, we also must recommit to the path forward, because this part of our work is not finished until every person in every community has access to the care, dignity and support they deserve.

The OTP TTA center is a critical part of that journey. It's more than a training hub. It's a learning community. It's a space for connection, innovation and advancing a shared vision. It's a place where we can turn evidence into action, where we build solutions that are rooted in equity and shaped by lived experience. During this convening, you'll hear from leading experts in areas ranging from telehealth delivery and electronic health records integration to workforce development, trauma informed care and patient engagement. You'll exchange ideas and you'll talk about your own challenges. You'll learn, and I hope, most importantly, that you'll be inspired. Because what makes this gathering so powerful is not just the content of the sessions. It's all of you that are here. It's your passion, your knowledge, your dedication that you each bring to the work. So I want to thank the team that's behind the OTP TTA center for their leadership and their vision, and for grounding this work in reality.

Their commitment to culturally responsive care, data driven decision making and community informed approaches is exactly what this moment calls for. We see you. We're listening. We're invested, and we're committed to building a system of care that reflects our shared values of compassion and equity, accountability and healing. We must make the most of this moment. So let's keep building. Let's keep learning. And let's keep fighting for a future where no one is left behind. So I want to end, as I started with gratitude by thanking you for your commitment, your courage, and your extraordinary humanity. And with that, I'm going to pass it over to Dee.

Deirdre Calvert:

Thank you. Commissioner. That was wonderful. Thank you so much. And good afternoon. And thank you so much for inviting me to speak today. First and foremost, I want to echo the commissioner's sentiments regarding our gratitude for the incredible work you do every day. As a former OTP director, I know that this work often is, goes unnoticed. And, it's hard. So I appreciate you. As again, as a former OTP clinic director, I'm not only one of your biggest, biggest champions, but I have the greatest appreciation for all that you face every day. It's not easy nor glamorous work. And like Commissioner Goldstein, I'm also proud of all the progress that we've made since I got to the bureau in 2019, amidst an ongoing overdose crisis that continues to ravage our

communities.

In particular, our efforts to expand access to medications for opioid use disorder, including methadone, have been critical to the progress we made, especially the progress that the commissioner mentioned. And while Covid 19 was devastating in many ways, it gave us the opportunity to begin reducing some of the barriers to methadone in order to ensure ongoing access to ongoing access, namely expanding access to take homes. And in recognition of the successes of these efforts nationwide, SAMHSA made some of the most significant updates to their federal regulations for OTPs in over 20 years, with Massachusetts quickly and subsequently aligning with all of these updates. And these changes represent so much of what we already know about the evidence based substance use treatment, that it should be individualized, it needs to be patient centered and it needs to be non stigmatizing.

But as the commissioner mentioned, our work is not done. While Massachusetts has 55 community based OTPs, 4 operational mobile units and 4 medications unit serving approximately 24,000 people, there are an estimated 96,000 people with OUD in Massachusetts, meaning that we are not reaching even half of all the people that could benefit from these services. And as the commissioner mentioned, our overdose rates are coming down for which we are incredibly grateful. But even one death is too many. And additionally, we need to, while those rates are going down overall, we need to also look at those populations, including people of color and rural populations, who are not benefiting from this decrease. So let's continue our work together. Use data, evidence and evidence as our guides to ensure everyone who needs and wants it has access to a low barrier, patient centered treatment for opioid use disorder.

With that, I'm going to turn right away to our panel. And so I am going to be moderating this panel, on advancing person center care in OTPs. And I'm incredibly honored to be doing so. And we have four wonderful people, who are going to be on this panel. And I'm going to, ask them to introduce themselves and then answer the question. Introduce yourself, your role and share what person centered care means to you in an OTP and this question's for all for four people. And I'm going to start with Kaitlyn, who I see right there.

Kaitlyn Small:

Thank you so much. And thank you, everybody. As always, such an honor to have a seat at the table. In the various roles that I bring. My name is Kaitlyn. First and foremost, I am a person in long term recovery who uses substances. For the purpose of this panel today, I'm a, patient, that's been on methadone for since 2016. I'm also on the JSI OTP TTA advisory patient advisory Board, which has been a phenomenal experience. Person centered care to me means that it's my recovery. Oftentimes people get into recovery and it's based off of what our probation officer wants or our DCF worker wants or what the clinic wants. And for me, I learned through my discovery and recovery that it

needs to be about what I want.

My recovery needs to outline my goals and my destinations. Deirdre, did you want me to also do the, practices and principles pieces of that, or will we do that after?

Deirdre Calvert:

Sure, absolutely. What are the you know, along with your core principles, practices and policies that make it effective? So absolutely. Thanks, Kaitlyn.

Kaitlyn Small:

Of course. Yes. And so there's a couple things, of course, that I have to highlight when talking about practices and policies that need to be, implemented in order to make this happen.

First and foremost, ask me. Make it so that you know that I have my own autonomy, right? I am the person in charge of my own recovery, and that's important. Sorry. Validate my answers. I know myself. Don't try to assume. Oftentimes, being in these roles, we've seen a lot of people and we've seen a lot of cases, and we want to assume for the person. So it's important not to do that. Harm reduction is not meet me where I am and then drag me to where you want me to be. It's meet me where I am and help me to grow from there. Help me to obtain the goals that I want, and most importantly, to take into account the whole person, not just me as a person who uses substances, but me as a mom, me as a worker, me as a person that's a product of this community. There's a lot of different aspects that go into my recovery, and all of those things need to be brought in. And most importantly, educate yourself so that you can start to dismantle the stigmas that we have around methadone, it's access and what it can do to help us.

Deirdre Calvert:

Amazing. Thank you. Kaitlyn, I'm so grateful that you're here and willing to share your experience. So thank you. Next, I'm going to ask the same thing of Adam Tucker. Can you please introduce yourself in your role and share what this person centered care means to you in the OTPs along with your with the core principles, practices, and policies that make it effective?

Adam Tucker:

Sure. Good morning guys. My name is Adam Tucker. I'm the CEO of the Addiction

Treatment Center of New England. We are an OTP set down in the Brighton neighborhood. And I just want to start by, applauding. Kaitlyn. You said everything I'm going to say, but I'll give you my perspective on it. Right. And I think, you know, I was thinking about this question, and it truly means seeing an individual beyond their diagnosis is my answer. You know, oftentimes in the OTP world, folks have come in, they've had a diagnosis slapped on them and a lot of a lot of stigma attached to it. And we're, you know, as, as the commissioner said, you know, we're the future is now and we've got to change the way that we're looking at those things, you know? And so I think in terms of principles and policies, it's creating a true partnership with the folks that are walking through that door. Like Kaitlyn said, you know, it's not dragging somebody to where you want them to go. It's a partnership with the clients that are walking through that door. You know, making sure you understand what their recovery goals are, making sure you honor their autonomy in this process. And tailoring tailoring treatment needs to their specific values and goals. So thanks, guys, for having me.

Deirdre Calvert:

Thank you. Adam. Next we have Doctor Katie Krauskopf.

Katie Krauskopf:

Hi everyone. Thank you for including me in this wonderful conference. And thank you, Adam and Kaitlyn for articulating the answers to this question. I am the medical director of the regional addiction services programs at your Vista Behavioral Health Center in Holyoke, and also the medical director for the Hampshire County Sheriff's Department. So patient centered care, I think, you know, again, to sort of say another side of the same coin really is about self-determination and honoring that for a patient. I think that often we, we get my, my team often and we say, you know, you drive the ship to a patient. And I think that's really about letting a patient tell us what they need access to services we can provide them, not forcing something on to someone they don't want, and also balancing that with some community safety, which is our job from being a community provider for substance use disorder services. So I think in order to do both of those things, you know, the core principles, practices, we really need a robust and full team that's multidisciplinary. And I know we're going to get into that a little bit later. But, you know, patients don't always relate to their doctor. Well, they don't always you know, that they can speak the truth to their doctor. There's somebody else on the team that they want to access more readily and more easily. And I think we need to ensure that we have all levels of care representing the patients and for whom the patients can seek more services from. Thanks.

Deirdre Calvert:

Thank you Doctor Krauskopf, and definitely not least, Jen Babich.

Jen Babich:

Hey, everybody. Thank you Dee Thank you panel. Thank you JSI, and I'm humbled and honored to be here and be a part of this panel and to be tre a part of the treatment system in Massachusetts. I'm Jen Babich. I'm the director of opioid treatment services in the state opioid treatment authority. I'm a manager in the Quality Assurance and Licensing Office, which is responsible for licensing all substance use disorder treatment programs, including OTPs, and as the state opioid treatment authority. I'm responsible for supporting OTPs to comply with the federal and state regulations ensuring that patients are receiving quality treatment. And when we think of quality treatment, part of what we view as is the provision of person centered care, and we look for ways to support that as we are working with providers. BSAS aligns with the federal regulating body SAMSHA's description of person centered care, as described in their 2024 issue brief, in which SAMHSA defines person centered planning as a process led by the person receiving support in collaboration with chosen team members that results in the co-creation of an action plan centered around the individual's most valued priorities and wellness goals. The central tenant of person centered care is that people are experts in their own lives, and through a partnership based on trust empathy and collaboration. The process of planning will ultimately increase a person's sense of autonomy and ownership over their well-being. The new federal OTP regulations, implemented in 2024, weaves the theme and spirit of person centered care throughout the regulatory amendments, and we support this work to help the OTPs to incorporate person centered care into all of their policies and daily interactions with patients with a strong focus on individualized treatment, the use of clinical judgment and collaborative decision-making. Thank you.

Deirdre Calvert:

Thank you. What a great panel. So I'm looking forward to diving into some questions. This first question, I'm going to start with Kaitlyn. And then, if, we can have, Doctor Krauskopf and, and Adam kind of jump in afterwards. It's always helpful to look at real life examples. Can you share an example of how person centered care has been successfully implemented in your OTP and how it led to better outcomes, better patient outcomes, Excuse me.

Kaitlyn Small:

Yes, absolutely. If you've ever settled in or spoken with me, you definitely have heard me rave about, the OTP clinic that I'm part of. I'm definitely part of one of the leading

OTP clinics, directed under, Doctor Ruth Potee, who is very advanced in our whole sector of the world. And so for that, I'm very grateful.

In that experience, I've gotten, tremendous amount of patient centered care, starting with things as small as split dosing. You know, being able to go in and not need to prove through a peak and trough that my medication is it lasting, me just being heard and saying, you know what, let's split your dose and see how that works. You know, being heard is the key point to that. My counseling in my groups being tailored to me instead of it being a checked mark box that I have to complete or, go ahead and, and, you know, make sure that I do in order to get my take home or then be rewarded the next thing. I'm really met where I'm at. I utilize my counselor where I need my counselor. I attend groups where I need my groups. And I'm able to plug in and and gain access to services that I need when I need them. Take home bottles like spoken already today, which has changed drastically since Covid 19, has been a huge, huge help in my life.

I'm a mother of three young kids. I am a full time worker in multiple jobs. And daily dosing I did for over four years, every single day, day in and day out, even on holidays and Sundays. And so being able to have bottles now is very important. The way that we got to the bottles, though, I think is the really riveting piece of the story. And that is there's an assessment part that happens and instead of just getting a UI screen that says, oh, you're positive for X, Y, and Z, you are not allowed to have, there's a conversation to be held. I sat down with my counselor. I might have popped positive for something, but we talked about my dependency to it, what withdrawal looked like, how it affected my life, and what take home bottles meant to me, and what it meant if I didn't have those things. And together with all of those things included is how I was able to access over a week's worth of take home bottles regardless of what my UAs looked like, regardless of my compliance with my counselor. But because I sat with my counselor and was able to have a conversation where I was at the center of it, and the most important part to that is it wouldn't have been possible if I wasn't made to feel safe, if I wasn't able to be honest with my counselor about my substance use, about my actual goals. Abstinence isn't the only way in recovery, and for a long time that was shoved down my throat. So once I was able to actually sit with my counselor and say, hey, this is what I want, and this is how it works for me. I was able to really be honest and develop a treatment plan that made sense and it's been all of the world. My life has multiplied tenfold since being able to be on this clinic and having access to the care that I need.

Deirdre Calvert:

Thank you Kaitlyn. That's amazing. And it's so great to hear all the changes from when I was when I was a clinic director many moons ago. And just like the advances that should have been made a long time ago. But at least we're we're here. So, Adam, and, we'll start with you, and then we'll we'll finish with doctor Krauskopf. Same question. Can you share an example of how patient centered care has been successfully

implemented in your OTP and how it led to better, patient outcomes?

Adam Tucker:

Sure. Kudos to Kaitlyn again. We're going to I think we might say the same thing the whole time. So it sounds like at least we align on same vision here. So, you know, I think a lot of times we, we compare, like what I call old methadone world to new methadone world in terms of the regulatory changes. You know, so I think in terms of, of concrete things that we've been able to do is I think we've really taken a look at, I'm gonna use the word punitive on, on the punitive action that used to take place in the old OTP world. Right. And, folks having to jump through hoops to get, certain amount of take home, punitive discharge policies that were in place for missed days. You know, we've really taken a look at that. And so, something that we've done is when we look at our policies, we've eliminated a lot of those punitive discharge policies. And we've replaced them with a system that, that follows up with the client. Right. I have outreach from my ground level staff that are reaching out to folks that are saying, hey, you haven't missed your dose for a couple days. Let's help you get you back in here. So not only have we eliminated punitive thoughts, we've attached, engagement to it. Right? Engagement to it, and how we view that, you know, another thing we've been able to do is we've been able to take a look at some of the barriers that we may have had. You know, so we've we've got flexible dosing hours and they've been able to extend our dosing hours because we realize that, you know, these folks are, again, they're workers, their parents, they have, they have a life outside of this.

And we need to make sure that we're as accommodating as we possibly can be in order for them to get the care that they need. Telehealth counseling falls into that. I think that's probably something that most folks are doing. But again, allowing them to be able to do those services from home, allows them the flexibility of not coming in every day. So again, looking at it from a barriers perspective and then looking at it from a, you know, from a client perspective in terms of how we go about with some of our new policies.

Deirdre Calvert:

Thank you, Doctor Krauskopf?

Katie Krauskopf:

Right. Yeah, we are definitely all three parts of one brain. It sounds like. Thank you both for what you've already said. I would add bullet buildups, bottles and, harm reduction. So, you know, in terms of build ups on all of them equate to retention, right? That's our goal as well as to bringing patients and providing more access. So, you know, the ability to build patients up really quickly on to a more stable dose in this era of toxic drug

supply, as we all know, is key and crucial.

And because patients feel better able to engage them faster in the rest of their care, and we're able to understand their recovery goals better, and then the flexibility with the bottles and the take home to is allows us to focus not just on providing them, but also on all the domains of recovery that we want to weigh when we're deciding whether someone is doing something right in the past, have what I'm describing is considered something we should do something punitive about.

Instead, we understand them better. How is this helping you? What can we do to provide you with a safer environment for your bottles, if that's what you need? How can we access more of your goals through bottle dosing? What can we do? Looking at all the domains that might be being helped by bottles and take home doses, as opposed to what can we take away from you?

Deirdre Calvert:

Excellent. So thank you, thank you Doctor Krauskopf. We're going to stay with you first for the next part of the next question, which is, person centered care requires the active involvement of multiple members of a care team. Why is collaboration between patients, staff, and administrators essential for advancing person centered care in OTPs? And how do you see this teamwork impacting a patient's experience and treatment success? So we'll start with you this time.

Katie Krauskopf:

Thank you for that question. It is 100% essential. I mean, I said earlier that, you know, patients are not comfortable with just one person on their team or just one discipline. But also when you think about the training and the perspectives that all the levels of care within our own program, all of the people that we work with, all of our staff, what they bring to the team, it's essential. I mean, the types of interactions doctors have with patients are different and less frequent or less often or prescribed differently than, say, a clinician or a nurse that see someone every day. A patient may trust their nurse more or trust a clinician more. And we have that's why I think building a multidisciplinary team is so important to what we do. It makes me as a doctor feel extremely safe when I know that somebody has all we have all eyes on the patient essentially all the time, and we know that the patient can also, you know, we try to find a place where the patient can feel comfortable coming to us with their honest perspective as well, so that we can work truthfully, I mean, a safe environment for everybody and support their own recovery goals. So I can't tell you how my job is made so much better and and easier really with the input from everybody on my team, including the patient. By the way, let's not forget that, especially the patient.

Deirdre Calvert:

Awesome. Thank you Adam. Anything to add?

Adam Tucker:

No, I mean I think we are we have to drive from the the lens that patients are the experts in their own lives. And if we don't start with that from a collaborative perspective, we're completely missing the mark. So, you know, I think I think letting them drive their treatment is first and foremost. And then I think, you know, defaulting to frontline staff. Right. A lot of frontline staff are entry level, and maybe at times that is not viewed, as maybe they might not be as insightful. But, you know, these are the guys that are making the relationships with these folks on a day to day basis. And so, you know, me as, as, as the administrator of the team, if I don't create a system that allows for my frontline staff to advise me on the changes that need to take place systematically within my own agency, I'm completely missing the mark as a boss. And that it lacks support, you know, massively from from an internal perspective. So letting the patient drive the ship and then also being able to listen to your ground level staff about, hey, this is how we wrote this policy, but I think we need to have some changes in terms of how it actually is affecting the client population here.

Deirdre Calvert:

Thanks. Kaitlyn, how has a collaborative approach, or team affected your care and your treatment?

Kaitlyn Small:

Yeah, absolutely. I do want to start off first by saying how it has negatively, affected me when the team wasn't all together. And that shows up in various ways, right? Whether it's, you know, different commands coming from different parts of, you know, my counselor said one thing, but nursing said another. And that I'm in this boggle. Right. And now I'm willing to give up because I don't feel supported by everybody. And so it's so important to make sure that everybody is on the same team. Everybody's working towards the same goal. And, you know, just echoing what what's already been said about everybody has their own insights. I might feel particularly closer or able to communicate better with a different person on my team, but not necessarily be, you know, the person that I'm supposed to, quote unquote, you know, bring all my needs to. And so I've been able to see, you know, at my clinic being able to have different relationships with different people, how that's been able to not only bring different ideas

to my treatment, but also has been able to support me in different ways that I didn't even know I needed to be supported. Right. I came in with my idea, and as everybody else comes in with their parts, I'm able to really hone in on, you know, what's the best, what's the best thing for me, and how do we reach that goal?

Deirdre Calvert:

Thank you. As I stated earlier, I was an OTP director, and I used to say before Covid that, you could literally drop me back into a clinic 20 years later and it would be almost the same because the regulations had made so few changes. And so now we're in a different place. So SAMHSA has updated the regulations. So I can't say that anymore. And they're intended to increase access and saving medications for opioid use disorder and encourage more flexible, patient centered care. So Jen, we're going to get to you now. Can you say a bit about the, how the state opioid treatment authority, that's your role, views these changes and how they are operationalized in Massachusetts?

Jen Babich:

Sure. Thank you. And thank you, panel. And yeah, I think we are all kind of saying the same thing in different ways, which is great to reiterate this. So the updated OTP regulations allow for the provision of low barrier care and reduces requirements and restrictions that may limit access to care and increases access to treatment for people with opioid use disorder. So when the amended federal regulations were released, BSAS applauded and appreciated the changes in regulations and are pretty happy about it. Which allowed OTPs to provide a more individualized and patient centered approach to care and treatment. And with that being said, OTPs still remain highly regulated and must comply with both federal and state regulations. So BSAS when that happened, BSAS compared the existing state OTP regulations and waived state state regulations which did not align with the new federal regs and provided guidance and training support, supporting the implementation of the new regulations to OTPs. And as I mentioned earlier, excuse me, the new federal OTP regulation was implemented in 2024, weaves that theme of person centered care throughout the reg amendments. And we at BSAS support this work and help the OTPs to incorporate person centered care into all of their policies and daily interactions with patients.

So, again in SAMHSA's issue brief that that mentions the eight dimensions of patient centered care and starts with leadership, ensuring the agency's culture is patient centered. And finally ending with quality and innovation as part of the regular practice of evaluating evaluating your treatment services as an OTP And I think we've heard this from some of the panelists, today as well. So provide three examples of what OTPs can do to implement patient centered care as the regulations now allow. And some of this again you've heard of.

So some of the regulatory changes include shared practitioner patient decision making and allow for the use of the OTP practitioner's clinical judgment. Moving away from the old one size fits all approach. In a way, this can be operationalized through incorporating policies and practice is that ensure individualized decisions for each patient regarding take-home. As we've heard, the take home criteria was revised and focuses more on the risk benefit analysis rather than a very strict one size fits all approach. Patients are now eligible for more take homes earlier in treatment and more throughout treatment with less stringent rules. One way a program can provide patient centered care is to revise their take home policies and procedures and incorporate the new risk benefit criteria into their policies, and part of the policy should ensure that the patient is assessed as an individual, as a person in front of them, and that they are hearing often how they can get more take on just they want and why they're not eligible, and what they have to do to get them.

We're, we're hoping and encouraging that policies while looking at the person in front of you and talking with them here about that patient or that person's daily life schedule and responsibilities and how take homes can improve their lives. BSAS strongly advocates for practitioners to implement this approach of assessing with, and working collaboratively with each patient to determine how many take-homes they're eligible to get.

The second example is regarding the counseling requirement that we also heard of. The new regs allow OTPs to ensure their policies and practices are responsive to patient needs and offer flexible OTP services. OTPs must still offer counseling and assess each patient and make recommendations for counseling. However, patients should not be discharged or threatened to be discharged due to choosing not to attend counseling at the time. In one way, again, this can be implemented is through revising old policies and removing the requirement that all patients must attend in order to stay in treatment. In this instance, we're talking about basing whether a patient needs to attend counseling on an individual basis and shared decision making process. Patients should be offered counseling if their assessment indicates it is recommended and receive education regarding why it's helpful, and if the patient doesn't want to attend at that time, their decision should be accepted and respected and offered in the future.

So finally, the last example that I'll give is how OTPs can offer patient centered care through offering responsive and flexible treatment, by ensuring that the hours of operation meets the needs of the community and patients. OTPs are strongly encouraged to take a few steps back to review their operational structure to see if they're meeting the community and patient needs. Examples of this can be the provision of immediate access to medication, extending admission and take hours methods, afternoon or evening hours, or adding alternative service delivery models such as mobile units, medication units or delivery to patients to really meet patients where they're at. Thank you.

Deirdre Calvert:

Thanks, Jen. Exciting to see these regulations come out. Now for Adam and Doctor Krauskopf, how has the new SAMHSA guidance that Jen was just talking about affected the way you are able to provide person centered care? Are there any challenges or opportunities that you've encountered following these new rules and how can OTPs better use them to benefit patients? So, Adam, we'll start with you and then go to Doctor Krauskopf.

Adam Tucker:

Sure. That's a loaded question because I think it is a I think it's a challenge and an opportunity. Right. So, so and they rolled out these, they rolled out these regs and my brain was going, oh my, this is a whole new beast. And and I think initially it presented pretty daunting. Honestly, being the administrator that had to then had to take a look at all of this and, and trying to create change, you know, systematically within my agency was like, oh, we're going to have to really sit down and put pen to paper on this. But the more that we had meetings and conversations and involve staff at all different levels, it's an opportunity, right?

And I think now it has it has given folks the flexibility to be able to truly get the care that they need. And so again, while I think it was, what I'll use the word daunting, while it was daunting on on the front end of it, it has really allowed my agency to take a look at now that we don't have the old regs. Truly, what do we believe is in the best interest for the client? And that's what those regs that they offered us enough freedom to be able to do that. So again if I, if my staff is on here, I'm sorry for all the policy changes that took place and there will probably be more, but I'm greatly appreciative to them. And and it's been it's been nothing but a collaborative effort from both both my staff and and clients as well.

Deirdre Calvert:

Great. Doctor Krauskopf.

Doctor Katie Krauskopf:

Thank you. I think we we've already talked about taking taking advantage of the take home flexibility. So we really we we really started we worked on as we've been working on this since the pandemic, as we already established but with the new regs, you know, we continue to evolve.

And I think that's what's exciting about these these new guidelines is that they allow us

to continue to evolve. You know, we sort of get the feedback from our patients about what's working, what's not working. And we think about, you know, are we being too punitive still, are we being safe enough, and we we can continue to balance and when forward in different ways as needed. I just want to express the one concern I have, well not concern, but one worry I have I suppose there's just how how we continue to incorporate high quality counseling for patients who really need it and that that needs to be supported, and that the new regs should not be interpreted as, you know, sort of a wholehearted fullcloth doing away of all counseling, but again, supporting sort of a tailored menu of options for patients.

Some will need more, some won't need any, you know, and some will need a mix and match type of services. And we need to be able to respond in that way, even more nimble because of the guidelines from a clinical standpoint. But I think in general, we've talked a lot about, again, making the bottles better, responding better to, a harm reduction approach, which we've always had, but is sort of more nuanced even than we were doing before, because we've allowed patients to be more honest with us because of the new guidelines and, and the patient centered approach that we've been trying to implement further. And as just as a doctor, I can't really imagine practicing without shared decision. I think it's kind of like you're going to make somebody do something that never really works. So I think that these guidelines really acknowledge that that's how you should practice. Clearly, that's why we're here today. But I think it's really been helpful in that way.

Deirdre Calvert:

Yeah, I think that's really important as a clinician and somebody who provides therapy, I think it's incredibly valuable. But when we force it on people, it loses some of the meaning behind it. And so following the patient's experience is so important. So I appreciate you bringing that up. So the last couple of questions that I have for you before we turn it over to questions from, the audience, these are for all of you. And so I want to make sure, Kaitlyn, we'll start with you. But as we work to improve patient outcomes, what immediate steps can be taken to enhance person centered care in OTPs? And what are some of the actions that can be implemented right now to improve the patient experience and treatment outcome?

Kaitlyn Small:

Yeah. So I already heard some really great, foundational actual steps that can be done when it comes to, you know, regulations and expectations and policies and those types of things. So echoing all of those are very important. But I want to make it a little more challenging than that. And I want to say, you know, to everybody take a challenge on it and look at yourself. Ask yourself what your biases and your stigmas are. Some of the things that we think we're doing out of care for our patients comes from regulations and

ideas, you know, that are fear mongering. That come from the war on drugs, that come on criminalization and stigmatization, you know, and so really think about where you're coming from with some of these things.

As I said before, recovery doesn't always equal abstinence. We don't always need our hand to be held. We can be trusted with our medication. And you're not always protecting us from ourselves. So please try to remember those things and take a look on the inside and see what things you might carry. I'm sure it's with good intent that you do the job you do, but it's important to relook at those things. A lot of us have been doing this job for a long time, and with that comes a lot of different change, ideas, and different ways to break down stigma. So educate yourself in those ways. And I don't know if I'm allowed to say this because Doctor Potee, I don't know if she's on this call. She might kill me but my one advice. Have a conversation with that lady because it might really change your life.

Deirdre Calvert:

She is she is a powerful, wonderful advocate. She is. That's fantastic. Doctor Krauskopf, same question. Do you want me to repeat it?. Are you, okay. So,, as we work to improve patient outcomes, what immediate steps can be, taken to enhance person centered care in the OTPs? And what are some of the actions that can be implemented right now to improve patient experiences or treatment outcomes?

Katie Krauskopf:

I think we need in addition to everything we try to do, I think we really need to support case management a little bit better. You know, we had the benefit of having wonderful recovery support navigators work with us and we need to find a way to embed that into what we do and make it a normal part of an OTP, not in a sort of an unusual process, but really have, some comprehensive work around the community services that we can incorporate into what we do every day, because that's often what stands in the way of somebody getting better. You know, they can find their housing, their food's insecure and things like that that are beyond just can you get to your medication, which is also crucial. So the other side to that I would say, is transportation, speaking of getting to your medication. If we can improve the reliability of our transportation system, I think that would be huge. That's the feedback I get from patients all the time. And I think I'll stop there. I have one another, that's where I'll stop.

Deirdre Calvert:

We have time if you want to add that thought in or you can come back to it, it's fine with me.

Katie Krauskopf:

Maybe I'll come back to it. Thank you.

Deirdre Calvert:

Sounds good. Thank you, thank you. Jen, you want me to repeat the question? Are you good?

Jen Babich:

No, I think I got it. Thanks. No, love all the answers so far from the panelists and, I would just say, talk to your patients. Talk to the people in front of you. They are the ones who know what they need. As has been said here, we can't sit from afar and tell you what to do to fix your program. So I think, you know, looking at data that you have. Do surveys, Really push yourself and push yourself as a leader to say, what? What am I not doing that I could be doing based on old thoughts and old culture? And how can I shift my culture? Because you can. You have the freedom to do that now. And we we encourage that and support that.

Deirdre Calvert:

Thanks, Jen. Adam.

Adam Tucker:

Yeah. Awesome. I appreciate everybody's answer. Actually, I'm listening to what Katie had to say. I completely forgot that this was a subject that I wanted to touch on. So I want to talk case management and peer recovery services for a second. You know, I think one of the ways that my agency tries to address engagement is with both of those services. Right. You know, we have an individual who works as our, as our, as our peer recovery coach. And he has lived experience and as a therapist, sometimes clients don't want me psychoanalyzing them, but they surely do want somebody that has lived experience to help them with the engagement as soon as they get into treatment. Right. It's more nurturing. It's more collaborative. So we really use him for for a big piece of our engagement and then also case management, case management is tangible, right? So when when folks come into treatment, they can they can come and say, you know, I have vocational needs. I, you know, I have all these various needs and they can work with a therapist or a recovery coach or just, you know, direct staff.

And when we meet those case management needs, they have something that they can

walk away with and say, this is a tangible item that I've received based upon my engagement and my feedback with, with the treatment that I'm, you know, advocating for myself for. So, you know, with that, those two services, I think the greater message that I would like to say is provide a provide a framework that allows for client feedback, right? And really listen to what they have to say. And I know we said that a bunch of times today, but I truly do mean that. And then internally, whatever needs to happen within your agency put a system in place that actually affects change and changes policy in order to meet these client's needs. So thanks.

Deirdre Calvert:

Thanks. And then last official question before I go to the audience, if you could offer one piece of advice to professionals or organizations working to improve person centered care in OTPs, what would it be? And I'll start with Jen.

Jen Babich:

Thank you. I think this kind of reminds me of the last question a little bit, and I just keep coming back to put yourself in the patient's shoes. Do an exercise about that walk. Walk through the day from beginning to end of what you think are a week or a month of what you think each patient feels like oe specific patient and how it feels to have to come every day or not, or have to do this and deal with everything else in your life every day. It's it's not easy. And we know you all have the ability to. And the power to change that for people's lives. And, well, we honor that, and we're we're here to help you in whatever way is needed. So reach out if you need to. Thanks.

Deirdre Calvert:

Doctor Krauskopf?

Katie Krauskopf:

Number one, know that most of the time, you're not right and the patient is, And number two, do not go it alone. You cannot do this job this you cannot offer these services without a full team. That's it.

Deirdre Calvert:

It's great. Great. My favorite, saying that, I say all the time to my staff is don't worry

alone. And that's all the patients and the care team should not be doing as well. Adam. What's what, what advice would you give to professionals, organizations working to improve person centered care in OTPs?

Adam Tucker:

Yeah. I mean, I would say, listen deeply and act on what you're hearing, and that's from a patient perspective and a staff perspective as well. Take feedback from your staff, implement change based upon the the folks that are actually in the trenches doing the work, and do so from the patients you know mouths as well, because they're the experts on what they know.

Deirdre Calvert:

Absolutely. And, Kaitlyn, I, purposely saved you for last. So hopefully you can bring us home with, if you could offer one piece of advice, you're on both sides of this coin as as a professional and as a person who has utilized OTPs. What advice would you give to improve person centered care?

Kaitlyn Small:

Yeah, we hear it all the time, but just making sure that the recovery is defined by the individual, right. Making sure that their recovery is theirs. And a big part of that is starting to trust. We live in a world where oftentimes people who use substances are taboo and we can't trust them. And so start to trust your patients. So to know that they have their better judgment of their life. And as we've heard, you know here, plenty of times, they are the expert of their own life. So let them define their recovery and let them set their goals.

Deirdre Calvert:

Excellent. Thank you.