




Opening Plenary:
Building Strong OTP
Partnerships to
Improve Patient Care

Session Objectives

By the end of this session, participants will be able to:

- 1 **Describe** why partnerships across systems are essential for expanding access and improving care for patients served by OTPs.
 - 2 **Identify** key elements of effective collaboration with settings such as hospitals, corrections, long term care, and ATS or CSS programs.
 - 3 **Name** at least two practical strategies OTPs can use to strengthen or initiate partnerships in their own settings.
- 



POLL

Presenter



Vanessa Krupa

OTP Training and Technical Assistance
Patient Advisory Committee Member

Presenter



Jason W. Faro
Assistant Superintendent IV
Director of Specialized Re-Entry Services



2018 CARE ACT Legislation

→ *Standardizing MOUD within Corrections*

Primary Elements for Correctional MOUD

- Provide all 3 FDA approved medications: Buprenorphine, Methadone, Naltrexone
- Provide treatment access through Induction and Maintenance
- Provide continuation of MOUD treatment within patient community for release

Why Cross-System Partnerships Matter After Incarceration

Vulnerability: Overdose death rate is 120 times higher for persons released from incarceration compared to the rest of the adult population

Creating **Sustainable** post release treatment plans

Proactive outreach and building your partnership network

Diversity of patient population. *“Meeting people where they are at both literally and figuratively”*

Maximizing patient **Success**. Program partnerships/network is core to patient outcomes

Coordinated case management and removing barriers

Why Community Networks Matter in Re-entry

Challenges

- Patient unexpected release.
- Pretrial population dynamics.
- Population dependence on public transportation and limited transportation options.

Established partnerships allow for staff to create **sustainable treatment plans** that are practical and realistic for patient.

Partnerships also allow for “last minute and unexpected” release to the community.

Key Elements of Effective Collaboration

- It's your responsibility to engage, educate and “demystify” corrections based MOUD.
 - *“Corrections based MOUD TX is modern and sophisticated”*
- Corrections based MOUD participates in the same DPH/BSAS standards and compliance requirements as our community partners.
- Proactive engagement with clinics, providers, ATS, CSS and residential programs. Understand each referral and admissions process.

Strategies to Strengthen or Initiate Partnerships

- Provide open house opportunities.
- MOU's never hurt!

Example: Essex County Sheriff's Department (ECSD) and Spectrum Health Services MOU for CSS and LTR access.

- Develop strategies to enhance and prioritize/streamline reentry case management.

Example: ECSD-OTP Continuum of Care Coordinator CCC project (Funded by COSSUP)

2025 CCC Outcomes

Long Term Residential Recovery Housing	62
Sober Home Housing	108
Clinical Stabilization Services CSS	49
Transitional Support Services TSS	7
Medical Insurance Activation	294
Primary Care Provider PCP Appointment	95
Behavioral Health Appointment	89
Sober Home Grant and Rent Support	88
Community Outreach Programs and Recovery Coach	101
State Transitional Assistance and Welfare	50

2025 ECSD-OTP at a glance

- Offers **evidence-based, individualized treatment** in alignment with best practices
- Integrated medical and clinical services to support whole-person care
- **827 incarcerated individuals accessed treatment** and services in 2025
- Access to:
 - Methadone, Buprenorphine and Naltrexone
- Options for long lasting, injectable:
 - Brixadi (buprenorphine) and Vivitrol (Naltrexone)
- Treatment available at all three Essex County Sheriff's Department sites:
 - Middleton Facility
 - Essex County Pre-Release Center (Lawrence)
 - Women in Transition (Salisbury)

Medication	Administered Doses
Methadone	22,897
Buprenorphine	52,849
Naltrexone	593
Brixadi	159
Vivitrol	42

2025 ECSD-OTP at a glance

Maintenance: Allows for individuals who have been actively receiving MOUD prior to incarceration.

Medically Supervised Withdraw (MSW): Allows for individuals to be referred for OTP admission following completion of MSW protocol. Protocol is managed by medical/infirmarary staff.

Induction: Allows for individuals to be screened for OTP admission 60-90 days prior to release.

	Maintenance/MSW	Induction	Total
Middleton	704	84	788
ECPRC	0	17	17
WIT	18	4	22
TOTAL	722	105	827

Thank you!

Jason Faro
Assistant Superintendent
Director of Specialized Reentry Services

Brooke Pessinis
Assistant Superintendent
ECSD-OTP Clinic Director



Presenters



Gabrielle Messom

Director of Inpatient Clinical Services
Spectrum Health Systems



Alyssa Horlbogen

Regional Program Director
Spectrum Health Systems

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How Partnerships are Essential for Expanding Access and Improving Care

- Communication
- Improve patient outcomes
- Make person-centered considerations

General Overview

- Improve Patient Outcomes and Retention
- Person Centered Considerations
- Shared Decision-Making



Key Elements of Effective Collaboration with ATS Programs

- Open communication between levels of care
- Transitioning patients from different levels of care

Practical Strategies

CONNECTION

EXPANSION

**KNOWLEDGEABLE
STAFF**

LOGISTICAL SUPPORT

**COMMUNITY
PRESENCE**

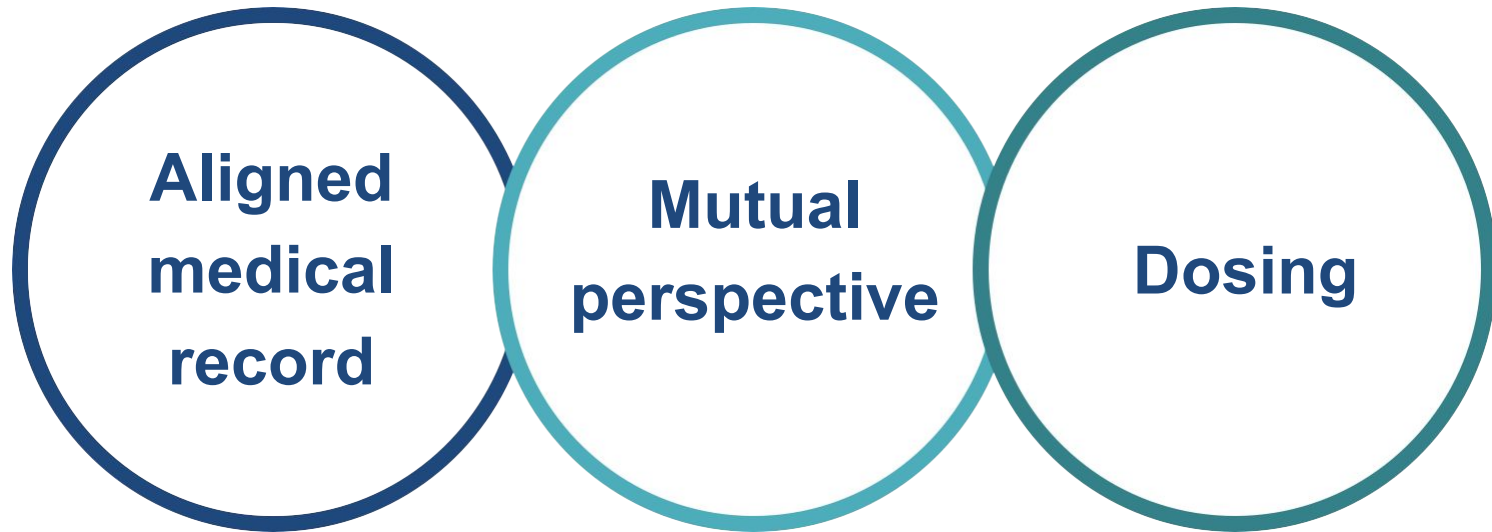
DIVERSIFYING STAFF

Practical Strategies

Thoroughly train staff:

- Comprehensive understanding
- Patient eligibility
- What is provided at other levels of care

Challenges + Changes + Mindset



Thank you!



Presenters



Jill Landis
Vice President Of Quality at
Integritus Healthcare



Tiffany Mattson
Director at Health Care Resource
Centers (HCRC) Chicopee

Collaborative Care

- **Partnership**
- **Communication**
- **Mutual care/respect**

SNF

- **Barriers – take them down!**
- **Systems of care**
- **Policies**

OTP

- **Mindset shift**
- **Understanding SNF criteria**
- **Decrease barriers to access**

Key Points to Consider in Collaboration

- Have passion and compassion for the work
- Set clear expectations/action plans together
- Relationships – the people and the work we both do
- Respect – know our limits, work within the regulations, be open minded
- Systems – develop protocols together



Pre Work: HCRC and Integritus

- Meetings with key leadership
- Shared personal stories
- Shared regulatory guidance/limits
- Stayed grounded in the “Why”
- Started to develop protocols/policies of care
- Education of SNF staff by OTP

Systems of Care

- Pre-Admission Information Gathering Template
- Pre Admission ROI
- Guest Dosing
- Methadone Policy – from OTP to SNF
- Communication/Coordination
 - Titration
- Huddles

What We Have Accomplished

- In person intakes at SNF
- 14 day take home bottles
- EKG/Urines done at SNF
- Telehealth for counseling
- Dose adjustments
- Discharge planning

Thank you!

Contacts

Jill Landis

jlandis@integritus1.org

Tiffany Mattson

tmattson@hcrcenters.com



Presenter



William Soares

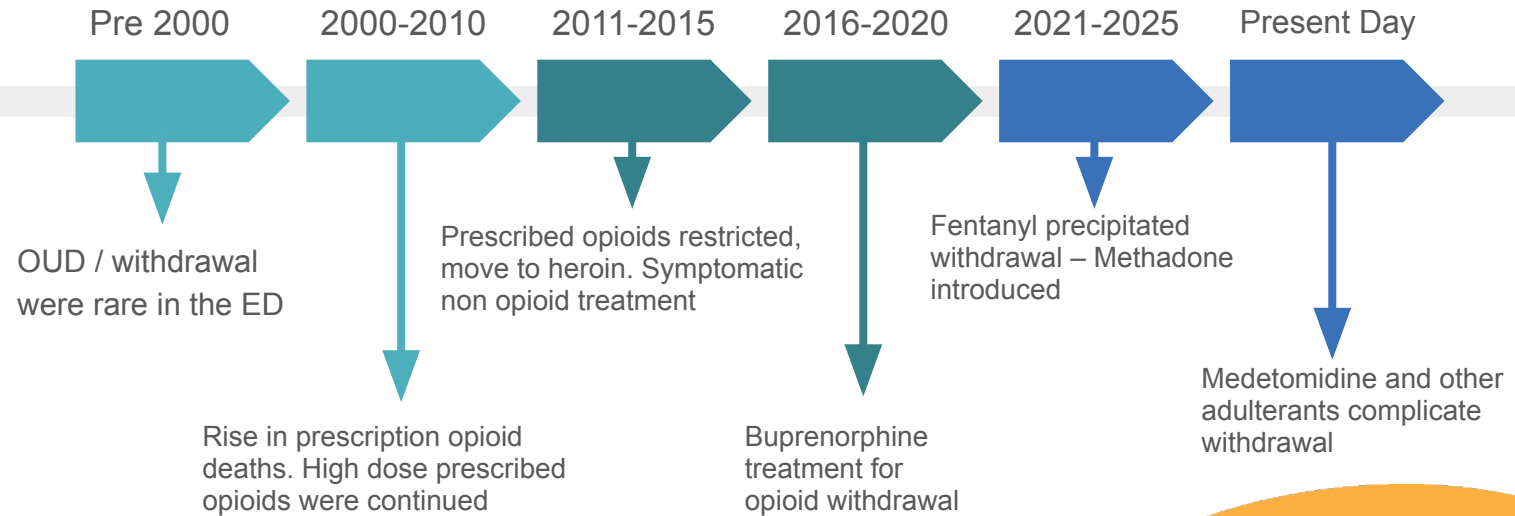
Director of Harm Reduction Services
Department of Emergency Medicine
Baystate Medical Center

Case Presentation

A 47-year-old woman with a history of opioid use disorder (OUD) presents to the Emergency Department (ED) with acute opioid withdrawal.

She reports injecting 3–4 bundles (grams) daily and stopped using 24 hours ago in an effort to quit. As her withdrawal symptoms became severe, she sought treatment in the ED.

Timeline of ED Treatment of Opioid Withdrawal



Addiction Care Outside the OTP

Addiction Medicine → in the ED / Hospital / Outpatient Clinic

- Is a relatively new clinical practice
- Subject to confusing / changing laws and regulations
- Balance of historical paternalism and decision-making
- May be impacted by personal beliefs

2021-2025: Complications of Fentanyl

Barriers

- Decreased Buprenorphine interest
- Precipitated Withdrawal
- Poorly controlled withdrawal
- Frustration / Uncertainty among providers

ED Methadone Implementation

- Legal / Hospital Compliance
- Engage OTP clinicians
- Create IT infrastructure
- Education and Dissemination

Steps to ED + OTP Collaboration

**Building Trust and
Understanding of
Differences in Roles**

**Active follow up and
communication to identify
barriers and facilitators**

**Shared protocols
or guidelines**



OTP Co-Champions

Dr. Ruth Potee (BHN)

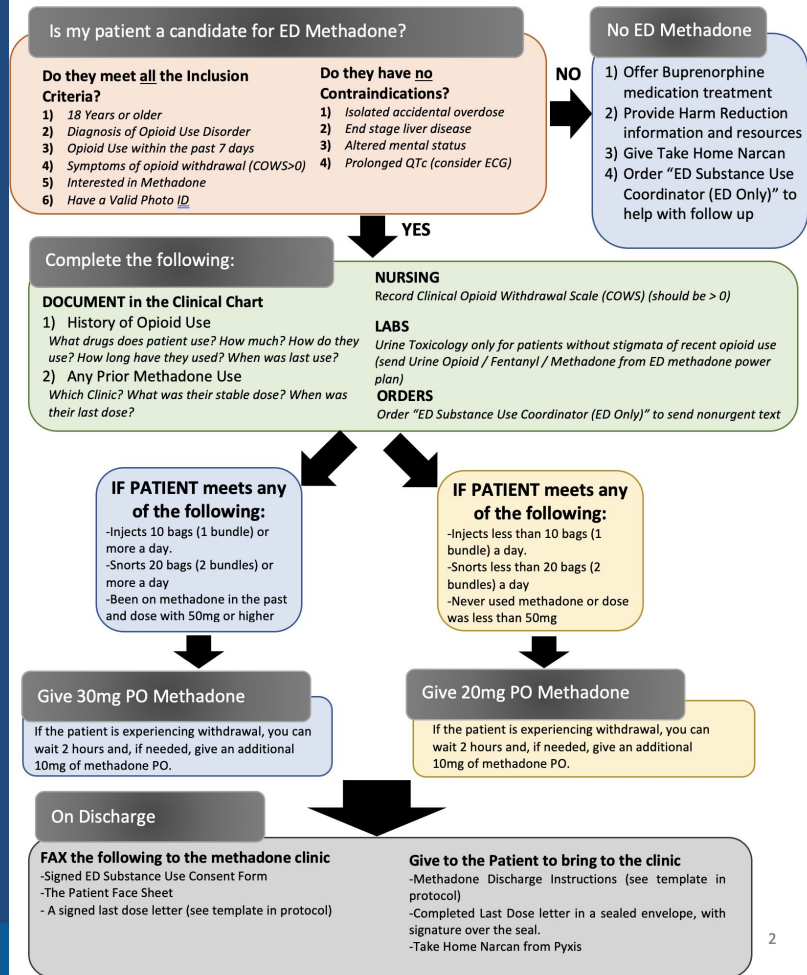
Dr. Neal Lakritz (CTC)



Protocol



ED Methadone Protocol Provider Flow Diagram



Follow up

CASE REPORT

Methadone Induction for a Patient With Precipitated Withdrawal in the Emergency Department: A Case Report

Church, Benjamin DO; Clark, Ryan DO, MSEd; Mohn, William PA-C; Potee, Ruth MD; Friedmann, Peter MD, MPH; Soares, William E. III MD, MS

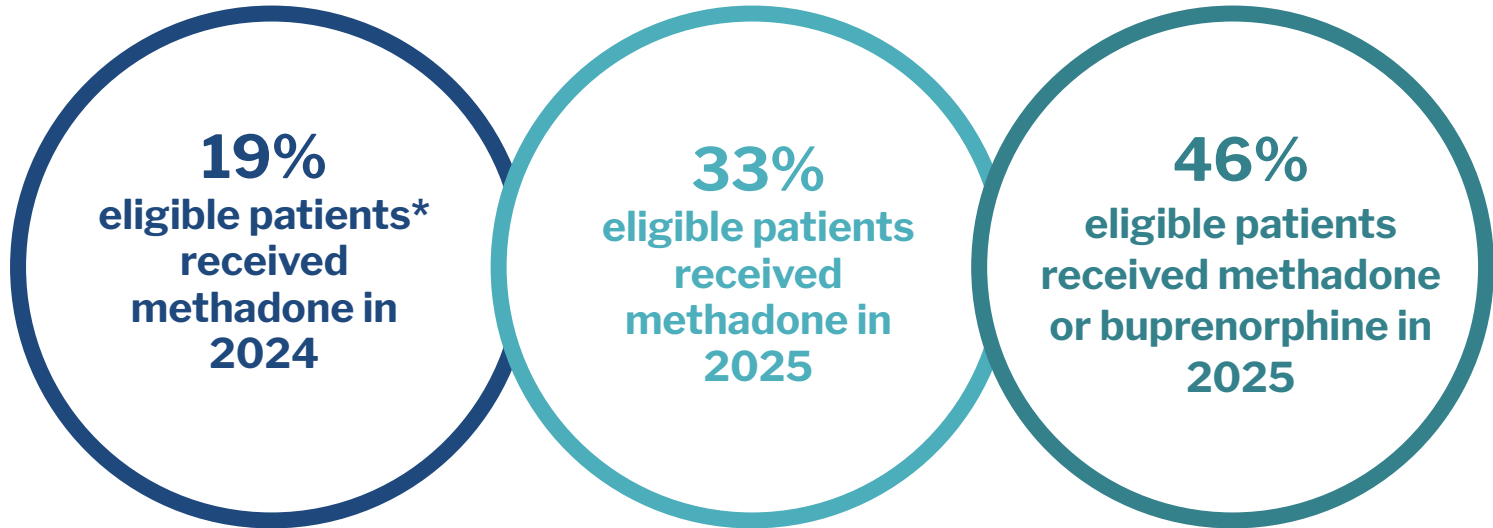
[Author Information](#) ☺

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- Direct Communication
- Scholarly Work / Presentations
- Shared Community Groups / Taskforce

Outcomes



****An eligible patient is a patient discharged from the ED with a diagnosis of opioid overdose, withdrawal or OUD***

Thank you!

