



State of Louisiana

Louisiana State House of Representatives

January 11, 2011

The Honorable Joel T. Chaisson, II, President
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Jim Tucker, Speaker
Louisiana State House of Representatives
P.O. Box 94062, Capitol Station
Baton Rouge, LA 70804-9062

The Honorable Kay Katz, Chairwoman
House Health and Welfare Committee
Louisiana State House of Representatives
P.O. Box 44486, Capitol Station
Baton Rouge, LA 70804-4486

The Honorable Willie L. Mount, Chairwoman
Senate Health and Welfare Committee
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

Dear President Chaisson, Speaker Tucker, and Honorable Chairs:

We would like to inform the Committees that, pursuant to Act 303 of the 2010 Regular Legislative Session, we have established and convened the Opioid Treatment Program Needs Assessment Task Force. The Task Force was charged with conducting a statewide assessment of needs for services of methadone maintenance programs (opioid treatment programs). The Task Force was also directed to submit a written report of findings to the House Committee on Health and Welfare and the Senate Committee on Health and Welfare on or before March 15, 2011.

Over the course of 6 weeks between December 1, 2010 and January 11, 2011 the Task Force met and conducted a thorough review of the Department of Health and Hospitals (DHH) Office of Behavioral Health Opioid Treatment Program Determination of Need Protocol to determine need for new or additional opioid treatment programs in Louisiana. Upon review, the following recommendations were supported and endorsed by the Opioid Treatment Program Needs Assessment Task Force.

- 1) In the event a determination of need is made in a DHH Administrative Region in which a licensed Opioid Treatment Program is located within a 30 mile radius, the Department shall give the licensed program the opportunity to expand its capacity prior to releasing a Request for Applications.
- 2) DHH is currently putting in place criteria for estimating capacity to replace the former process, wherein capacity was solely based on provider submission at the point of re-licensure. Louisiana medication-assisted Opioid Treatment Programs will be given the opportunity to submit their future estimates of capacity, based on compliance with DHH protocol.

- 3) Patient need and access will be based upon a minimum of 100 persons in need having to travel longer than a 30 mile drive to an available facility.
- 4) When reviewing geographic areas of need, DHH will utilize its established 9 Administrative Regions.

These recommendations have been adopted and included in the DHH Opioid Treatment Program Determination of Need Protocol (see attached document).

It is the DHH Office of Behavioral Health's and the Needs Assessment Task Force's goal to eliminate barriers to service, increase access to care, and ensure services are available when and where they are needed. The aforementioned recommendations will positively impact DHH's existing protocol to determine need for new or additional medication-assisted opioid treatment programs.

Please feel free to contact us if you have any questions or would like more information. Thank you for your consideration of these recommendations.

Sincerely,



Representative Robert A. Johnson
House Committee on Health and Welfare
Louisiana State Legislature

Senator Karen Carter Peterson
Senate Committee on Health and Welfare
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cc: Christine Peck, DHH Legislative and Governmental Relations
Brandy Hamilton, DHH Legislative and Governmental Relations
Michele Beck, DHH Office of Behavioral Health

Brenda Lands, DHH State Opioid Treatment Authority
Don Hidalgo, Louisiana Methadone Providers Association

Attachment: DHH Office of Behavioral Health Determination of Need Protocol



OFFICE OF BEHAVIORAL HEALTH-ADDICTIVE DISORDERS OPIOID TREATMENT PROGRAM DETERMINATION OF NEED PROTOCOL

I. What is the purpose of this protocol?

The purpose of this procedure is to establish the protocol for the data collection necessary to comply with the determination of need for new or additional opioid treatment programs outlined in Louisiana Administrative Code 48:I. Chapter 129 "Opioid Treatment Programs: Need and Application Reviews.

This protocol to determine need will help insure equitable geographic distribution and access to quality opioid treatment program (OTP) services in Louisiana.

II. How often will this protocol to determine need be used?

This protocol will be used a minimum of every 3 years. Currently the Department of Health and Hospitals Office of Behavioral Health/Addictive Disorders is using data from the National Survey on Drug Use and Health (NSDUH) as a resource to determine need. The Substance Abuse and Mental Health Services Administration recommends using a minimum 3 year aggregate of data in order to best identify a state-specific trend.

A special need or circumstance, such as a natural disaster or emergency situation may trigger the Department of Health and Hospitals to determine need for new or additional clinics.

III. Who is responsible for the implementation of this protocol?

The Louisiana State Opioid Treatment Authority (SOTA) and/or any other Department of Health and Hospitals Office of Behavioral Health/Addictive Disorders (OBH-AD) employee assigned to facilitate the OTP determination of need process.

IV. What definitions do I need to know to understand this procedure?

DHH Administrative Regions--The administrative regions and the parishes which comprise these regions are as follows:

- A. Region I: Orleans, Plaquemines, Jefferson and St. Bernard;
- B. Region II: Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana;
- C. Region III: Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, and Terrebonne;
- D. Region IV: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermillion;
- E. Region V: Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis;
- F. Region VI: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn;
- G. Region VII: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster;
- H. Region VIII: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll; and
- I. Region IX: Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

Diagnostic and Statistical Manual of Mental Disorders--is the standard diagnostic tool published by the American Psychiatric Association and used by behavioral health professionals worldwide to promote accurate diagnosis, reliable research, and thus appropriate treatment and patient care. Each psychiatric disorder with its corresponding diagnostic code is accompanied by a set of diagnostic criteria and descriptive details including associated features, prevalence and differential diagnosis. It is used in the United States and in varying degrees around the world, by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies and policy makers.

Office of Behavioral Health/Addictive Disorders (OBH-AD)--DHH Office and single state agency that is statutorily responsible for the treatment and prevention of addictive disorders.

Opioid Treatment Program (OTP)--a program engaged in medication-assisted opioid

treatment of individuals with an opioid agonist treatment medication.

Opioid Treatment Program Need Review--a review to determine whether there is a need for new or additional OTPs in a certain geographic location.

National Survey on Drug Use and Health (NSDUH) --is the primary source of information on the prevalence, patterns, and consequences of drug and alcohol use and abuse in the general U.S. civilian non institutionalized population, age 12 and older. This major data collection system, conducted yearly, includes detailed state-specific data on substance dependence, abuse and treatment including heroin and non-medical use of pain relievers. A standard set of detailed tables are generated every year, when the National Household Survey is conducted, and includes national estimates of pain reliever use and disorder (dependence or abuse). Sample size is about 68,000 respondents per year nationally, which includes face-to-face interviews with 900 residents of Louisiana.

Substance Abuse and Mental Health Service Administration (SAMHSA) --an agency in the Department of Health and Human Services, SAMHSA is the Federal Government's lead agency for improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services in the United States. SAMHSA provides oversight to opioid treatment programs nationwide, along with the Drug Enforcement Administration. When methadone is used to treat opiate dependence, it must be dispensed by a federally certified opiate treatment program SAMHSA oversees, nationally, the accreditation of these programs, which are also state-licensed.

SAMHSA Center for Behavioral Health Statistics and Quality --provides the latest national data on (1) alcohol, tobacco, marijuana and other drug abuse, (2) drug related emergency department episodes and medical examiner cases, and (3) the nation's substance abuse treatment system. OAS provides both national and state-specific data.

State Opioid Treatment Authority (SOTA)--the OBH-AD authority within DHH designated by the governor or other appropriate official designated by the governor to exercise the responsibility and authority within the state for governing the treatment of opiate addiction with an opioid drug.

Washington Department of Social and Health Services/Division of Alcohol and Substance Abuse --a SAMHSA-approved opioid treatment program accrediting body which conforms with the Federal Opioid Treatment Standards in Federal Regulation 42CFR Part 8. OTPs must work towards accreditation with a SAMHSA-approved accrediting body prior to undergoing SAMHSA OTP certification.

IV. What process will OBH-AD use to gather the data necessary to calculate and determine the need for new or additional OTPs?

- A. Consult the US Census to obtain the most recent population estimates,

parish by parish, for adults aged 18 and up in the state of Louisiana.
<http://quickfacts.census.gov/gfd/states/22000.html>

- B. Request, from SAMHSA's Center for Behavioral Health Statistics and Quality, that they run a special report, using analysis from the most recent National Survey on Drug Use and Health (NSDUH), titled *Selected Past Year Indicators for any Illicit Drug, Heroin, Non-medically Used Prescription Pain Relievers, and Opiates among persons Aged 18 Years or Older in Louisiana*. For this report, OBH-AD should request SAMHSA OAS analyze NSDUH data that summarizes the Louisiana specific number of opiate users who required treatment during the time specified in the report.

- a. Website <http://oas.samhsa.gov/nsduh.htm>
- b. A report for 2002-2008 is attached as the most recent example. In this report SAMHSA's, Center for Behavioral Health Statistics and Quality analyzed data from the NSDUH and provided past year indicators of how many persons needed treatment for each specified drug. The indicators of numbers of persons in need of treatment have a 95% confidence interval, which means that these numbers are accurate 95% of the time. The other 5% of the time the number is still within a close range of the reported indicators. The indicators, or total number of persons estimated in need of treatment for a specified drug met one of at least 3 of the following criteria in the previous year:
 - i. Were dependent on the specified drug as per DSM-IV criteria
 - ii. Abused the specified drug as per DSM-IV criteria; and/or
 - iii. Received treatment for the specified drug at a specialty facility (i.e. drug and alcohol rehabilitation facility (inpatient or outpatient), hospital (inpatient), or mental health center.

- C. Identify, through the State Opioid Treatment Authority (SOTA), the treatment capacity and current census of each OTP in Louisiana.

V. How will OBH-AD calculate the data collected to determine need for new or additional OTPs?

- A. Identify the percentage of persons in Louisiana who need treatment for opiates.

- a. Using the report *"Selected Past Year Indicators for any Illicit Drug, Heroin, Non-medically Used Prescription Pain Relievers, and Opiates among persons Aged 18 Years or Older in Louisiana"*, select the element *"Needed Treatment for Specified Drug"*
- b. In the row where the element *"Needed Treatment for Specified Drug"* is found, locate the data element *"Number in Thousands"* under the column *"Any Opiate (Heroin or nonmedical Use of Pain Relievers)"*. This *"Number in Thousands"* represents the prevalence of persons, or number of adults over aged 18 in Louisiana in thousands who needed treatment for any opiate (heroin or nonmedical use of pain relievers).
- c. Estimate the percentage of the Louisiana population who need treatment for opiates by the following procedure:
 - i. Consult the US census to obtain the most recent population estimate for number of adults over 18 in the State of Louisiana. **(2008 census total adults in Louisiana 18 and over 3,303,687)**
 - ii. Divide the number of persons in Louisiana who needed treatment for opiates **(41,000)** (from report *"Selected Past Year Indicators for any Illicit Drug, Heroin, Non-medically Used Prescription Pain Relievers, and Opiates among persons Aged 18 Years or Older in Louisiana"*), by the population estimate of the number of people in Louisiana aged 18 and above. **(3,303,687)**
 - iii. The results represent the estimated percentage of the population of adults with opiate abuse or dependence requiring treatment. **(41,000 divided by 3,303,687 = 1.24%)**
- B. Estimate the percentage of those persons needing opiate treatment who are appropriate for medication-assisted treatment (methadone) by multiplying the number of adults in a geographic area who require treatment by 35%. The State of Louisiana Opiate Treatment Program Needs Assessment, conducted in 2007 stated that 35% of OBH-AD's clients, whose drug of choice was opiates, were referred to either methadone detox or methadone maintenance services.

This percentage (35%) is also congruent with the percentage identified in statute in the Washington State Division of Alcohol and Substance Abuse as the percentage of opiate abusing/addicted adults who are appropriate for

medication-assisted treatment. The Washington Department of Social and health Services/Division of Alcohol and Substance Abuse is a SAMHSA-approved opioid treatment program accrediting body which meets Federal Opioid Treatment Standards.

- C. Multiply the number of persons who are appropriate for medication-assisted treatment in a geographic area by 11%. Eleven percent estimates the percentage of those individuals who need substance abuse treatment who are expected to present for treatment.

According to SAMHSA/Center for Substance Abuse Treatment, the proportion of those needing treatment for addictions or abuse of multiple drugs and alcohol e who either get treatment or attempt to get it is approximately 11% in any given year. Source: SAMHSA/Center for Substance Abuse Treatment. (Hal Krause, Public Health Analyst - (240)276-2897 - hal.krause@samhsa.hhs.gov)

- D. Compare the number of open opiate treatment slots, according to the latest Louisiana Methadone Capacity Census Report, with the number of persons who are projected to need and seek treatment.
- E. Review proximity of persons projected to need treatment to existing OTPs. According to the 2007 State of Louisiana Opiate Treatment Program Needs Assessment submitted to the Louisiana Legislature, "it is customary to plan for OTP clinic sites to be within a 30-60 mile driving distance from a resident's home address. In the case of OTP programs where clients need to visit for their dose of methadone 7 days/week, it is unreasonable to expect clients to drive more than 30-60 minutes one way for their daily appointments at the clinic."

There are three scenarios that would generate a need to increase Opioid Treatment Program capacity:

- 1) More than 100 persons in an administrative region have a need for services and the **nearest program is greater than 30 miles in distance.**
- 2) More than 100 **additional** individuals have a need for services in an administrative region and the **nearest program is within 30 miles and has capacity or can increase its capacity.**
- 3) More than 100 **additional** individuals have a need for services and **the nearest program is within 30 miles, but there is no capacity in the existing programs.**

When the determination of need formula estimates that more than 100 **additional** individuals have a need for services in a geographic area of an administrative region and the nearest OTP is within 30 miles, OBH-AD will request, in writing, that this OTP increase its slots to accommodate the estimated need. If the OTP is unable to increase its capacity or refuses to increase capacity, OBH-AD will issue a Request for Applications to open an additional OTP.

When the determination of need formula estimates that more than 100 **additional** individuals have a need for services in a geographic area of an administrative region and the nearest OTP is greater than 30 miles, OBH-AD will issue a Request for Applications to open an additional OTP.

Attachments:

Attachment A:

National Survey on Drug Use and Health (NSDUH): Table of Selected Past Year Indicators for Any Illicit Drug, Heroin, Nonmedically Used Prescription Pain Relievers and Opiates Among persons Aged 18 or Older in Louisiana: Numbers in Thousands and 95% Confidence Intervals, Annual Averages Based on 2002-2008.

Attachment B:

Formula/Calculation to Determine Number of OTP Treatment Slots Needed

Attachment C:

Consultants/Reviewers

Attachment A:
National Survey on Drug Use and Health (NSDUH) Table - Selected Past Year Indicators for Any Illicit Drug, Heroin, Nonmedically Used Prescription Pain Relievers, and Opiates among Persons Aged 18 or Older in Louisiana: Numbers in Thousands and 95% Confidence Intervals, Annual Averages Based on 2002-2008

Past Year Indicator	Any Illicit Drug ¹		Heroin		Nonmedical Use of Prescription Pain Relievers		Any Opiate (Heroin or Nonmedical Use of Pain Relievers)	
	Number in Thousands	95% C.I.	Number in Thousands	95% C.I.	Number in Thousands	95% C.I.	Number in Thousands	95% C.I.
Use of Specified Drug	426	(385-472)	5	(2-13)	168	(147-191)	170	(149-194)
Dependence or Abuse of Specified Drug ²	100	(81-124)	3	(1-12)	34	(23-50)	35	(24-52)
Received Any Treatment for Use of Specified Drug ³	28	(19-40)	N/A	N/A	N/A	N/A	N/A	N/A
Received Treatment for Use of Specified Drug at a Specialty Facility ⁴	22	(14-35)	N/A	N/A	N/A	N/A	N/A	N/A
Received Treatment for Use of Specified Drug at a Specialty Facility and Last or Current Treatment was for Specified Drug ⁴	21	(13-33)	2	(0-11)	10	(4-23)	10	(4-23)
<u>Needed Treatment for Specified Drug⁵</u>	110	(91-134)	3	(1-12)	40	(28-58)	41	(29-59)
Needed but Did Not Receive Treatment for Specified Drug at a Specialty Facility ^{5,6}	88	(69-112)	1	(0-10)	30	(19-46)	31	(20-48)
Needed but Did Not Receive Treatment for Specified Drug at a Specialty Facility and Felt Need for Treatment of Specified Drug ^{5,6,7}	12	(6-21)	1	(0-10)	3	(1-7)	5	(2-11)
Needed but Did Not Receive Treatment for Specified Drug at a Specialty Facility, Felt Need for Treatment of Specified Drug, and Made an Effort to Get Treatment ^{5,6,7,8}	6	(3-16)	1	(0-10)	1	(0-4)	2	(1-9)

*Low precision; no estimate reported.

N/A: Not applicable.

¹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006.

² Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

³ Received Treatment refers to treatment received in order to reduce or stop use of the specified drug, or for medical problems associated with use of the specified drug. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

⁴ Received Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop use of the specified drug, or for medical problems associated with use of the specified drug.

⁵ Respondents were classified as needing treatment for the specified drug if they met at least one of three criteria during the past year: (1) dependent on the specified drug; (2) abuse of the specified drug; or (3) received treatment for the specified drug at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient], or mental health center).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002-2008.

Attachment B **Formula/Calculation to Determine Number of OTP Treatment Slots Needed**

Regions	Adult general population (Number of adults over 18)	Estimate of adults with opiate abuse or dependence (Multiply adult population by 1.24% or whatever percentage is current, based on the National Survey on Drug Use and Health)	Estimate of adults needing methadone treatment (Multiply number with opiate abuse or dependence by 35%)	Estimate of adults needing methadone who will seek treatment in any given year (Multiply number needing methadone by 11%)	Number of slots in each Region	Number of open slots in the Region (LA Methadone Capacity Report.)	Difference (Compare the number of open slots to number of adults needing methadone who will seek treatment to determine if slots need to be added)
Scenario 1	400,000	4,960	1736	191	0	0	191
Scenario 2	400,000	4,960	1736	191	700	250	+ 61
Scenario 2	400,000	4,960	1736	191	600	150--and program states it can increase slots	-41 (and clinic can increase)
Scenario 3	400,000	4,960	1736	191	300	0 -- and program states no room to increase	-191 (and clinic is unable to increase)

**OFFICE OF BEHAVIORAL HEALTH CONSULTANTS/REVIEWERS
OPIOID TREATMENT PROGRAM (OTP) DETERMINATION OF NEED PROTOCOL**

Behavioral Healthcare Resource Program (BHRP)- a project housed at the School of Social Work, University of North Carolina at Chapel Hill. BHRP provides a wide range of technical assistance, training and consultation to state mental health and substance abuse authorities including conducting geographic and special population needs assessments. The Project conducted the 2005 and 2007 Louisiana Office for Addictive Disorders Opioid Treatment Program statewide needs assessments as well as several other training, technical assistance and consultation projects for Louisiana.

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Louisiana Department of Health and Hospitals (DHH) Office of Behavioral Health/Addictive Disorders (OBH-AD)--the single state agency that is statutorily responsible for the treatment and prevention of addictive disorders.

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Louisiana Department of Health and Hospitals Health Standards Section--the agency that licenses health care and substance abuse treatment facilities, including opioid treatment programs, to operate in the State of Louisiana.

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Substance Abuse and Mental Health Service Administration (SAMHSA) --an agency in the Department of Health and Human Services, SAMHSA is the Federal Government's lead agency for improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services in the United States.

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SAMHSA Center for Behavioral Health Statistic and Quality --provides the latest national data on (1) alcohol, tobacco, marijuana and other drug abuse, (2) drug related emergency department episodes and medical examiner cases, and (3) the nation's substance abuse treatment system. OAS provides both national and state-specific data. SAMHSA conducts the National Survey on Drug Use and Health (NSDUH), which is the primary source of information on the prevalence of drug and alcohol use and abuse in the U.S. population. This major data collection system, conducted yearly, includes detailed state-specific data on substance dependence, abuse and treatment including heroin and non-medical use of pain relievers.

James Colliver, PhD.
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SAMHSA Division of Pharmacologic Therapies (DPT) --a division of the Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration. DBT manages the day-to-day regulatory oversight activities necessary to implement SAMHSA regulations 42CFR Part 8, on the use of opioid agonist medications (methadone, LAAM and buprenorphine) approved by the Food and Drug Administration for addiction treatment. These activities include supporting the certification and accreditation of over 1,000 opioid treatment programs (i.e., methadone clinics) that collectively treat over 200,000 patients annually.

Robert Lubran, MS, MPA
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Washington Department of Social and Health Services/Division of Alcohol and Substance Abuse --a SAMHSA-approved opioid treatment program accrediting body which conforms with the Federal Opioid Treatment Standards in Federal Regulation 42CFR Part 8.

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Independent Reviewer

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