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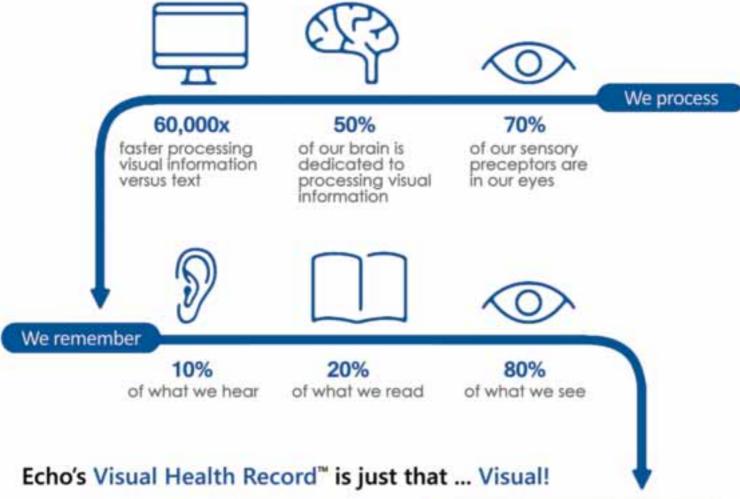


# Addictions





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The National Council for Behavioral Health (National Council) is the unifying voice of America's community mental health and addictions treatment organizations. Together with 2,300 member organizations, it serves more than eight million adults and children living with mental illnesses and addiction disorders. The organization is committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. The National Council, in partnership with the Missouri Department of Mental Health and the Maryland Department of Health and Mental Hygiene, pioneered Mental Health First Aid in the U.S. and has trained hundreds of thousands of individuals to connect youth and adults in need to mental health and addictions care in their communities. In 2014, the National Council merged with the State Associations of Addiction Services to serve as a stronger voice for individuals living with addictions. Learn more at www.TheNationalCouncil.org.

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2015 | ISSUE 1

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### Amid a Boom in Addiction Treatment, Will Big New Players Understand the Old Model Must Change?

am knew he was out of second chances when he checked into the clinic. He had already graduated from four 30-day inpatient programs, and every time he swore he'd never go back. Every time, the need for drugs outweighed his good intentions. He was in the chronic cycle of rehabilitation and relapse that is all too familiar to many people with addictions.

With the right combination of intensive outpatient, medication and recovery supports, Sam broke the cycle and remains drug-free and living in recovery. But he'll never forget the sense of failure and hopelessness he felt.

The National Institute on Drug Abuse estimates that nearly three-quarters of people like Sam will experience these setbacks or "relapses" after treatment.

No one expects someone with a chronic disease like diabetes to stay in a hospital for 30 days and come out cured. Yet that's how we have treated people with another chronic condition – addictions to drugs or alcohol.

You have no doubt seen the data on the impact addictions have on this country. As many as 25 million Americans are thought to have an addiction. According to the National Institute on Drug Abuse, the disease costs \$700 billion annually in treatment costs, crime and lost productivity.

And it costs us in lives. Deaths from heroin overdose alone jumped fivefold between 2001 and 2013. Yet only a tenth or so of those 25 million people get any help.

Companies owned by large investors aiming for big returns are stampeding into this gap now that the Affordable Care Act ensures that more Americans have health insurance that pays for addiction treatment.

However, many of these firms are investing in the outmoded model of a month of residential rehab with little follow-up.

In short, this was never a simple problem ... and new players mean it's only going to get more complex.

#### **No Quick Cure**

In the 19th-century, we solved the problem of the town drunkard by putting him or her in the stocks. Until recently, most towns of any size still had a "drunk tank" in their jail; a bare tile room where the inebriated "slept it off."

Now science has taught us that addiction is a disease, like diabetes or hypertension. It can kill its victims slowly and painfully and affects everyone around the sick person – family, friends and colleagues.

Things are finally changing for the better and National Council members are leading the way.

Member organizations have embraced the science, delivering interventions in an array of community settings with far better outcomes than a one-shot stay in rehab. More and more we understand that the solution isn't easy or quick.

Take medications, recovery coaches and technology.

Medications offer hope that patients in early recovery can get relief from what are often overwhelming cravings, and National Council members were among the first organizations to embrace medication-assisted therapies. Barriers to access are gradually being eliminated and pharmacological interventions are increasingly viewed as critical to a patient's management plan.

"Recovery coach is an oldish phrase with a new twist," said Tom Moroney of Bloomberg News. "They're counselors, cheerleaders, scolds, and they just might represent the best weapon yet against killer opiates, especially heroin and its seductive cousin, Oxycontin."

Recovery coaches connect people in recovery to the services that will help keep them away from alcohol or other drugs. They help with finding

IN THIS ISSUE ... read about reducing the number of deaths by overdose by including harm reduction approaches in case studies from Villa of Hope (page 40) and BOOM!Health (page 62).

IN THIS ISSUE ... read about why we must continue to educate our partners in primary health care about identifying potential substance use and feeling comfortable asking questions about substance use (page 64).

medical care, getting into school or reestablishing family connections, providing long-term solutions that are more effective than simply "graduating" them from a hospital bed in rehab.

In addition to recovery coaches and medications, technology will play an increasingly prominent role in the successful treatment of addictions. Technology solutions are transforming almost all aspects of our lives think Uber, Amazon Prime and Airbnb. Now health care is the darling of tech companies.

Tele-psychiatry programs bring addiction treatment into mainstream medicine, including primary care offices, improving access to services currently in short supply. Smartphone apps that offer group discussion and crisis response give patients "real time" support. Online assessments, appointments and treatment bring services to patients where and when they prefer. Electronic medical records and the application of data analytics give patients and families desperately needed information about the effectiveness of programs.

The kind of care provided through innovations like technology, coaches and medications obviously takes money and skill. Fortunately, the Affordable Care Act ensures that more people have insurance. In addition, the Mental Health Parity and Addiction Equity Act requires insurers that pay benefits for mental health and addiction treatment to make those benefits equal to their reimbursement for medical and surgical care.

#### The Coming Boom

According to Harris Williams & Co., an investment bank, more than two dozen private companies are actively investing in mental health facilities. They report that four giants – UHS, Acadia, CRC and Magellan – are "most likely" to be "consolidators in a highly fragmented space."

In other words, these four companies and others like them are likely to buy up a lot of small centers and combine them into large chains like newspapers or supermarkets did in the past.

Larger companies have already bought dozens of smaller facilities in the last decade, according to Harris Williams. Last year, acquisitions of health care and life sciences companies more than doubled, to \$237 billion. The bigger issue is, where does the addictions field fit in?

Investment bank McGuireWoods called rehabilitation and addiction treatment, "a tremendous growth area" and described it as "something consumers actually want ... treatment is needed by a significant portion of the population."

#### Preparing for the Future

As treatment becomes more corporatized, it's important to ensure that business cares as much about its patients as it does its bottom line.

Years of painstaking work by experts and the support of high-visibility people like Robert Downey Jr. and Samuel L. Jackson have made it easier and more acceptable for people to seek treatment.

The fact that more people are more willing to seek treatment and more able to get treatment is terrific. But now we have to make sure patients can and do get effective long-term follow-up measures and have access to comprehensive continuing services.

As the system consolidates into large corporations fixed on the bottom line, we need to keep an eye on whether they do a good job treating patients. And we must continue to take evidence- and science-based approaches to treating addiction and approach setbacks as part of the recovery process.

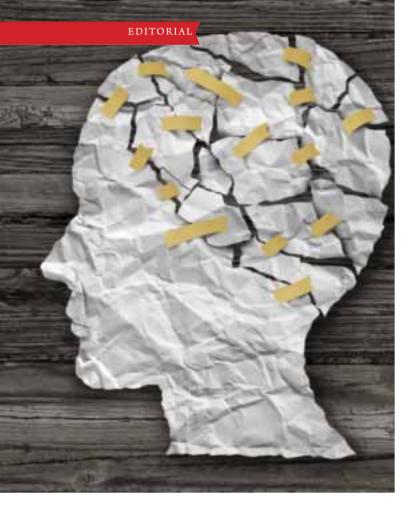
The Gosnold Treatment Center, a National Council member, reports that in its home state of Massachusetts, 87 percent of patients admitted to detox units have been there before. Of the 215,000 days patients spent annually in detox, half were accounted for by patients with five or more previous stays. "Despite this knowledge, the system remains heavily weighted toward inpatient care and most current initiatives are centered on expanding access to inpatient detox and rehab programs," says Gosnold's CEO Raymond V. Tamasi. "The current opiate crisis and the fear it generates are driving this growth and while the system surely is suffering from a temporary dearth of capacity, we believe the greatly underemphasized problem is the absence of substantial and comprehensive community-based continuing care and the paucity of prevention, early identification and intervention efforts."

In other words, the short-term solution doesn't work. We need more. Comprehensive community-based care is a vision shared by our members, and the National Council is determined to help make the vision a reality.

> LINDA ROSENBERG, MSW PRESIDENT & CEO National Council for Behavioral Health

IN THIS ISSUE ... read how mobile technology is being paired with wellness coaches for coactionHealth (page 48) and how Ridgeview Behavioral Health Services uses technology in remote rural areas (page 47)

IN THIS ISSUE ... read about taking evidence- and sciencebased approaches to treating addiction and approach setbacks as part of the recovery process, as discussed by Nora Volkow (page 26) and Lloyd Sederer (page 28).



### Strengthening the Specialty Addictions Sector

#### **Addictions are Expensive Public Health Problems**

eaths by overdose have more than doubled in the past 15 years. There are now more deaths from overdose than from car crashes in the U.S.<sup>1,2</sup> ... and one-third of fatal car crashes involves a driver under the influence of alcohol and/or other drugs. Opioid prescriptions for chronic pain are leading to disproportionately higher use (and misuse) of opioids by military combat veterans.

Despite these trends, we continue to use a system that emphasizes punitive rather than restorative possibilities for people with addictions. According to the Federal Bureau of Prisons, 48.6 percent of inmates in the U.S. are in prison for drug-related offenses. As Paul Samuels, with the Legal Action Center notes in Roadblocks to Recovery on page 70, people who have been involved with the justice system face discrimination and challenges in accessing services and securing the same rights as others.

This approach is expensive. At the turn of the millennium, addictions were estimated to cost society more than \$435 billion each year.<sup>3</sup> That figure – which takes into account the costs associated with crime

and car crashes in addition to child welfare, health care costs and loss productivity – has now ballooned to more than \$710 billion. Yet, for those who received addiction treatment, the likelihood of being arrested decreased 16 percent and the likelihood of felony conviction dropped by 34 percent.

### Threatened: Coverage, Competition, Adequate Funding

Anyone who provides addiction services knows that rapid change is the basis for all operating and planning decisions in today's world.

In the past few years, addictions care has seen an enormous transformation in all aspects of operations and practices. The Mental Health Parity and Addictions Equity Act got the attention of insurers, who now must offer coverage for our services. But we still have a long way to go in full implementation and communicating the value of our services to insurers. We must continue our advocacy to ensure that coverage is truly established and that regulations are enforced.

A recent study in Health Affairs pointed out that "no other health care sector will be more deeply affected by the [Affordable Care Act] than the nation's addiction treatment system. Major changes will occur in the structure of the addiction treatment services supplied and in the amount consumers' demand. [The ACA's financial] incentives are likely to prompt many existing programs of health and mental health services to expand their services to include addiction treatment."

As I speak with providers across the U.S., chief among their concerns is establishing a solid sustainability plan. The transition of moving from federal and state funding to reimbursement from commercial insurance or Medicaid is daunting. New business practices, not needed in the past, are now required to be part of this new market. Billing systems, electronic health records, marketing plans and contract negotiations are major changes to an already underfunded system. Demands for a highly skilled workforce keep CEOs up at night wondering how to make that happen.

The same Health Affairs study noted that "most Single State Agencies are helping programs develop collaborations with other health service programs. However, fewer than half reported providing help in modernizing systems to support insurance participation, and only one in three provided assistance with enrollment outreach." Without technical assistance, it is unlikely that addiction treatment programs will fully realize the ACA's promise to improve access to and quality of addiction treatment.

#### The Work Ahead

First, we need to actively work toward sustainability of our sector—namely the practices that we know work in prevention and treatment

no matter where they are delivered. More than ever, we need to strengthen relationships with community partners and branch out to establish contracts with new payers. We are stronger together. This can be done with mergers and acquisitions, but also with legally established networks of providers. Bigger is better when it comes to the economy of scale needed to put these new business practices into place. Broadening the scope of our services makes us more valuable to the community as well as to payers.

SAMHSA continues to put significant resources into initiatives to increase capacity to meet the new demand for services. The National Council is honored to run SAMHSA's BHbusiness Plus program, an initiative to strengthen the business operations of organizations who provide mental and substance use disorder services - from new business planning to updating billing systems and accurately determining the cost of services. I'm pleased that so many providers are taking advantage of this free technical assistance and have been impressed with their results. I hope many more will learn and grow as a result of participation. Look at page 8 for more information on how BHbusiness is helping other organizations and how you can take advantage of this incredible resource.

Second, it is up to us (service providers and provider associations) to shape our destiny in the new landscape.

Health reform means service providers must be fearless and ready to take on the challenge. Are you? Take inventory of your service delivery environment: Are you maximizing primary care coordination? Do you have a health IT system and outcome measurement process in place? Are you efficiently coordinating resources with local, state and federal sources?

We should partner with our state offices and encourage them to be part of the needed changes, but we should not wait or be dependent on their help. We are the drivers in this new environment. We know what works clinically and we're learning how to run businesses that provide health care services.

In July, the Centers for Medicare and Medicaid Services (CMS) issued a letter to state Medicaid directors outlining new service delivery opportunities for individuals with substance use disorders (SUDs). The letter clearly establishes SUDs as a primary, chronic disease requiring long-term treatment to achieve recovery. It also recognizes the need for a full continuum of care. States must take part in system- and practice-level reforms to meet the goals of the 1115 waiver opportunity, including enhancing clinical practices to include medications, recovery support, coordination with primary care and increased use of outcome measures, health IT and strategies to address prescription abuse and opioid addiction. This is the support we've been asking for and now we must now be ready to take advantage

Addictions providers in the United States face an odd duality: we are simultaneously needed and threatened.

of their commitment to pay for what we, as a field, already know is needed. Other payers will follow their lead.

Capitol Hill and many state houses are buzzing with legislation in an attempt to "fix" this latest drug problem. We must be there to ensure that policies and funding are put in place to increase prevention, ensure increased quality and capacity for treatment and reinforce recovery. It will take our collective voices to stop misguided efforts that only focus on supply reduction and criminalization. Communities will need to put in place plans to include all aspects of prevention, treatment and recovery support — including supportive housing options. The National Council is proud to work with so many other national organizations, many of which are also active in the Coalition for Whole Health, who share the same laser focus on this issue. We celebrate the many efforts to support recovery, such as the October 2015 UNITE to Face Addiction rally.

Finally, we must learn from one another. There are some amazing agency transformations going on across the country. This magazine includes many examples of providers who are taking innovative steps to keep our field competitive, clinically excellent and strong. Together, we are finding ways to use our dedicated workforce to its fullest from engaging primary care and strategies for early identification to expanding the roles of recovery support specialists in helping individuals and families meet their recovery goals. Together, we are shaping new best practices for prevention and treatment based in science and incorporating the latest technology to offer our services effectively and efficiently.

This magazine highlights some important pieces of the puzzle, but I know there are many more of you are doing outstanding work. I look forward to hearing from you and working together as we navigate change and explore new possibilities to grow the capacity for quality services.

#### **BECKY VAUGHN**

VICE PRESIDENT OF ADDICTIONS National Council for Behavioral Health

<sup>1</sup> www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

<sup>2</sup> www.nhtsa.gov/NCSA

<sup>&</sup>lt;sup>3</sup> archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/

<sup>4</sup> www.drugabuse.gov/related-topics/trends-statistics

# BHbusiness:

# Helping Specialty Behavioral Health Providers Thrive

### BHbusiness supports addictions and mental health providers across the U.S.

More than
2,700
organizations
have taken
advantage of
BHbusiness
since 2013.



Participating organizations have come from all 50 states, the District of Columbia and Puerto Rico

#### This includes more than:

2,050
in learning networks since

OCTOBER 2013

700
in self-paced courses since
MARCH
2015

Participants in BHbusiness are direct service providers: community mental health centers, addiction treatment centers and federally qualified health centers.

7%
70%

Provides both mental health and substance abuse services
Provides only mental health services

Provides only substance abuse services

Other

#### BHbusiness drives real results.

BHbusiness topics cover various needs facing providers working to expand their services and continue to thrive. By helping providers to first identify a goal for change and then offering the tools and support to meet that goal, organizations who participate in BHbusiness can measure their improvements.

Winnebago County Health Department:



Enrolled 254 people in health insurance in May and June 2014

Casa de Esperanza Outpatient Clinic:



in contracts with third-party payers

Clermont Recovery
Center:

24,041



Increased client collections from \$17,775 to \$24,041 per month

The Alcoholism council of the Greater Cincinnati Area

**GENERATED** 

\$84.831

in new Medicaid

### BHbusiness grows and changes along with the organizations it supports

As the heath care system evolves, so does BHbusiness. In the past year, we have added:

#### **Self-Paced Online Courses**



Providers can learn on their own (and get continuing education credit):

Topics:

- Eligibility and Enrollment
- Improving Third-Party Billing Systems
- Planning for the Next Generation of HIT
- Introduction to Third-Party Contracts
- Strategic Business Planning

#### **Implementers Network**



Launched in March 2015, this provides BHbusiness alumni an opportunity to work with our change management experts to implement goals they designed in their network course.

#### **New and Updated Topics**

Costing Out Your Services



Exploring Affiliations, Mergers and Acquisitions



Planning for the Next Generation of HIT





Learn more at BHbusiness.org



### **Customer Service:**

# Cornerstone for a CBHC Center of Excellence

DAVID LLOYD Founder, MTM Services



fter 25 successful years with a multi-national for-profit corporation, I left to become assistant area director of a community behavioral health clinic (CBHC). This background gave me a unique perspective on the operations of nonprofit organizations. In for-profits, enhancing internal and external customer service is a driving factor. After assessing the level of wait time for clients entering our clinic, I saw a need for customer service training for the staff to improve in this area.

Out of 378 staff members, only two clinical directors attended the first session – both of whom I supervised.

Baffled by the poor attendance, I asked where everyone else was and was told, "Customer service may be an important operational concept in for-profit corporations, but it does not apply to nonprofit CBHCs!"

Twenty years later, it's a completely different story. On October 2, 2014, more than 600 CBHC staff from all over the country attended my National Council webinar focused on customer service.

What seems to have changed in the past two decades? Competition! Sources of historical grant funding are drying up because of budget reductions and the impact "any willing provider" is having on exclusive state funding. At the same time, the Medicaid/Medicare "franchise" that provided protected territories (catchment areas) with an established client base no longer have to access services exclusively from CBHCs.

Since the Affordable Care Act (ACA) was passed in 2010, more than 40 states have modified their state Medicaid plans. Currently, 27 states have applied for and have been granted a Section 1115 General Integrated Medicaid Waiver. Over 600 Accountable Care Organizations (ACOs) are providing primary care to more than 21 million people as of April 2014. Fourteen states have applied for funding to develop integrated care health homes. And there are more than 8,000 federally certified health center (FQHC) locations providing integrated physical and behavioral health services -- one stop shopping.

These changes, and others, create a funding environment where CBHCs are in the same funding pool with primary care and medical centers. As a result, CBHCs will have to develop and make a strong business case to demonstrate the added value of their services and to support why other health care providers should collaborate with them in the new integrated health world – specifically, the cost of services provided related to outcomes acheived.

Based on my experience in both for-profit business and non-profit CBHCs, I have made the following observations:

To address the need to shift from a nonprofit customer service

### Cornerstones of a Group Practice **Based Service Delivery System**

Integrated **Delivery System** 

Resource Management/ **Practice** Management

**Access and Service** Capacity **Enhancement** 

**Customer Service** and **Image Building** 

Source: MTM Services

profile to a more for-profit model, there are four cornerstones that a specialty behavioral health group practice must build upon to succeed in today's transformational integrated health care environment. CBHCs must shift from a model that produces and supports vertical silos of care to a more horizontally integrated group practice service delivery model.

A useful way to assess the level of management and staff attention to customer service within a CBHC is to review the agenda topics of management team and unit/program team meeting agendas. The process is relatively simple:

- 1. Review the agendas for the management team/clinical team meetings in your center during the past six months.
- a. Identify the number of agenda items that were focused on internal staff/program performance, behaviors, aptitude and/or attitudebased service delivery process challenges.

Customer Service Focus		CBHC Client Service Focus	
1.	The customer comes first	Payer requirements/standards are often the top priority	
2.	Customers define excellent service	2. Staff members tend to focus on meeting the service delivery system's needs	
3.	What's best for the customer is best for the organization	3. Access to care is usually based on clinicians' availability, not client need	
4.	Managers are responsible for spreading a culture of service to the employees	4. Less than 5 percent of publicly funded human service agencies have customer service key performance indicators (KPIs) for staff	
5.	Providers of customer service must pay attention to every detail of the customer experience	5. CBHCs tend to use "silos" of service into treatment instead of a "horizontal" service experience	

Customer Service Performance Requirements	Customer Service Behaviors Desired	Customer Service Aptitude Traits	Positive Customer Service Attitude Characteristics
Typical Focus Area	Typical Focus Areas	Typical Focus Area	Typical Focus Areas
-Willing to make timely decisions  -Willing to stay with decisions until final outcomes are achieved  -Willing to change based on evaluation of outcomes achieved  -Never-ending communication skills  -Accuracy  -Ability to use objective information to support solution development  -Knowledge of outcomes	-Fully involved and supportive of customer service needs  -Timely decision making  -Responsive to work requirements (timeliness to work, meets deadlines, etc.)  -Good time management  -Capable of priority setting  -Good stress/anger management  -Appropriate boundaries with staff and clients  -Solution-focused in every situation – "Okay, what are we going to do?"	-Knowledge of skills required in work place  -Willing to let go of ego to support customer service needs  -Willing to learn  -Ability to change  -Willing to teach and provide customer service skills to other clinical staff and programs	-Positive – "We can do this"  -Respectful of others  -Cooperative  -Creative in solution development  -Flexible  -Responsibility matched to authority to act  -Adaptive to changing environments  -Responsive to needs of organization and staff  -Team player  -Professional solution-focused approach that supports respect
	seems able to handle the situation	^ 03	

b. Identify the number of agenda items that were focused on the actual delivery of services to clients and their families.

2. Calculate the percentage of the number of service delivery process challenge agenda items (response to item 1.a.) compared to items on the agenda focused on actual delivery of services to clients (response to item 1.b.).

After providing consulting services to more than 800 CBHCs, I have observed that internal "system noise levels" created by recurring

internal challenges with service delivery processes and staff performance creates continuing barriers to timely and effective change. It also creates a major barrier to staff and managers staying focused on providing exceptional customer service to each and every client.

During the past two decades, the community-based behavioral health industry has become significantly more complex to manage and lead as a result of ever-changing external compliance, funding methodology and value-based quality outcome requirements.

These external challenges have directly and continually eroded the continued viability of many of the internal service delivery processes developed and used by staff.

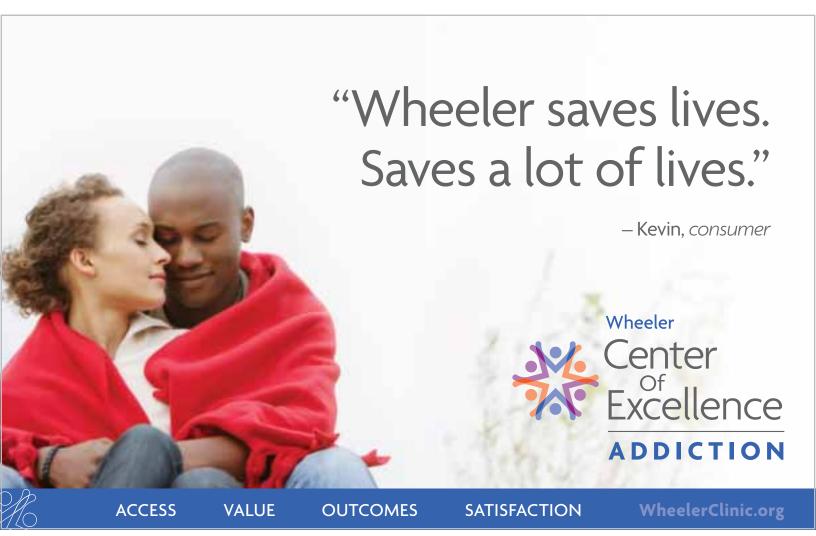
In response to these challenges, many leaders in the health care industry are making significant management changes to move their organizations to a higher level of internal service delivery accountability. These management efforts need to be supported not just at the C-suite management level, but at all levels of supervision and management.

When managers and leadership do not timely and effectively address the service delivery system, the resulting internal system noise will become the day-to-day focus, preventing the team from concentrating on the needs of the actual client. It is critically important for your management team to identify the repetitive behaviors and attitudes that are consuming and diverting energy and supervision/coaching focus away from enhancing service to the clients.

To support your efforts, please find the Core Customer Service Performance, Behavior, Aptitude and Attitude chart on page 12 outlines key performance indicators that I have found are essential for all staff and managers. In my management experience, 95% of my daily challenges were focused around these four key elements for individual staff members, supervisors and/or managers, or collectively within specific units/programs and/or locations:

Using these important customer service focused characteristics, your team can establish key performance indicators for your staff to include in individual job descriptions so that customer service can be coached in supervision sessions and measured as a part of performance evaluations.

When I speak with CBHCs about the "urgency" that is needed to address customer services challenges, many seem to place the area of practice management, operational and quality of care behind other more pressing issues. Customer service must be a priority in the increasingly complex and competitive health care landscape.





# **Many Voices: One Vision**

# Practicing Prevention, Progressing Treatment and Reinforcing Recovery

American Academy of Addiction Psychiatry (AAAP)

American Association for the Treatment of Opioid Dependence (AATOD)

American Society of Addiction Medicine (ASAM)

Association of Recovery Community Organizations (ARCO)

Association of Recovery Schools (ARS)

CASAColumbia

Community Anti-Drug Coalitions of America (CADCA)

Drug Free America Foundation, Inc. (DFAF)

Faces and Voices of Recovery (FAVOR)

**Harm Reduction Coalition** 

International Credentialing and Reciprocity Consortium (IC & RC)

International Society of Addiction Medicine (ISAM)

Legal Action Center (LAC)

NAADAC: The Association for Addiction Professionals

National Association for Children of Alcoholics (NACOA)

National Association of Addiction Treatment Providers (NAATP)

National Association of Drug Court Professionals (NADCP)

National Association of Model State Drug Laws (NAMSDL)

National Association of Recovery Residences (NARR)

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

National Council for Behavioral Health

National Council on Alcoholism and Drug Dependence (NCADD)

National Rural Alcohol and Drug Abuse Network, Inc. (NRADAN)

Partnership for Drug Free Kids

Treatment Communities of America (TCA)

Transforming Youth Recovery (TYR)

Young People in Recovery (YPR)



# Insurance Designed for Addiction Services

# High-risk addiction services call for highly-specialized risk management...

From residential treatment for alcoholics to outpatient methadone maintenance, alcohol and drug rehab centers face risks that are undoubtedly unique. At Negley Associates, these centers benefit from a focused, two-pronged approach to managing their unique challenges: customized protection and specialized prevention.

#### The Negley Difference

**Customization** is what sets Negley apart. And for alcohol & drug rehab centers, it's essential! Unlike off-the-shelf package policies available elsewhere, Negley offers individually designed insurance plans. Plans are built by selecting from a broad spectrum of individual coverages, giving clients significant control of their coverage and cost.

What's more, unlike companies employing insurance generalists, Negley's underwriters are dedicated to specific coverages, giving them the expertise needed to precisely design coverage to match each client's risks.

**Specialized** prevention from Negley consists of loss control measures to mitigate risk associated specifically with substance abuse rehab services:

- Articles and checklists from industry experts
- Webinars, training videos and DVDs
- Even an Individualized Risk Management Program (the first of its kind in the industry) for qualified clients.

#### **Coverage Options Available:**

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- Directors & Officers Liability including Employment Practices Liability
- Excess Coverage
- Property Coverage
- Workers Compensation
- Cyber Liability / Data Breach Coverage



## Why Negley Associates is Your Best Choice:

Specialized risk expertise based on long-term collaboration with related associations

Experienced claim staff including specialists in claims related to substance abuse rehab

Insurance company partners rated Superior or Excellent by A.M. Best

Exclusive endorsements from National Council and mhca





#### **Contact Us**

Call Bernice Holloway at 800-845-1209

or email: bholloway@jjnegley.com



# Win-Win-Win With Interns



our years ago, my organization faced a dilemma common to substance-abuse treatment facilities nationwide. As one of the few community-based treatment centers in San Antonio, we needed additional staff to handle the growing demand to address co-occurring mental health issues like post-traumatic stress disorder (PTSD). Hiring a mental health counselor was not feasible due to budget constraints, so I sought support from the community in the form of an internship program.

I started by reaching out to local universities to attract graduate students whose specialties were in community counseling, marriage and family therapy or psychology.

The initial response from school officials and students was overwhelmingly positive. We now have established agreements with local universities like the University of Texas at San Antonio and schools as far away as the University of Southern California. Our interns have already donated 14,000 hours of supportive counseling services to our clients.

The benefits of the internship program to our agency and to our clients were clear from the start. We did not expect the tremendous impact the experience has had on the students. Many interns arrive with preconceived ideas about people with addictions. They think of them as homeless people who sleep under bridges. By the end of their internships, they realize that addiction crosses all barriers of age, race and socioeconomic conditions. They come to see the patients in our women-only residential program as people who look like their mothers, sisters and best friends.

Students learn to understand some of the reasons that women turn to addictive drugs. A former intern said, "I discovered there was usually some form of trauma behind the substance use such as childhood abuse or domestic violence. The drugs these women turned to were usually initially done as a means of escaping from their emotional and physical pain. These drugs, which once seemed to promise freedom from pain, had been revealed not to be a true escape but a mere illusion."

This richer understanding of addiction moves our students to see these women not just as patients, but as people. "With every screening, intake, and counseling session I provide," wrote another intern, "I know how important it is to validate the needs of those suffering from addiction, to help them understand that doing bad things doesn't make them bad people and, above all, that they are worthy and deserving of love and respect regardless of who has told them otherwise."

Interns now carry much of the workload here, especially in the counseling area. They assist staff with group activities, crisis intervention and linking our clients to community resources. I often wonder how we managed without them.

One of my next goals is to establish an intern director position so we can expand internships beyond counseling. Interns could be used in many different departments, from finance to marketing and public relations.

In some ways, our interns are helping us with public relations. Sharing their experiences in the classrooms helps open the eyes of classmates and help dispel long-held stereotypes about addiction.

My agency plans to celebrate its 50th anniversary next year and interns are part of the culture. Students are a big part of our weekly commencement ceremony to recognize recovery goals. When clients get up to thank everyone, they include both staff and students.

Our internship program has proven to be a win-win-win situation. It has relieved our strained budget, provided students with invaluable experience and, most important, has helped deliver the critical services that get our clients on the road to recovery.

> NANCY TAMBURO-TREVINO Residential Program Director, Alpha Home



Relias is proud to partner with National Council to deliver **Addiction Certificates of Excellence** to help you take the steps to improve care and outcomes.

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Let these certificates be part of your organization's efforts to become a true center of excellence.

Ensure your staff has knowledge in key areas that relate to delivering higher quality care and preparing your organization for Medicaid health homes, certified Community Behavioral Health Clinics and other changes happening in behavioral health.



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Reprinted from The White House Blog July 13, 2015

#### MICHAEL BOTTICELLI

#### Director of the White House Office of **National Drug Control Policy**



#### **Summary:**

Today, the President commuted the sentences of 46 prisoners convicted of non-violent crimes many years — or even decades — ago. The message, at its heart, is clear: America is a nation of second chances, and these are Americans who deserve that second chance.

That's incredibly personal for me.

Despite the fact that nearly every family and community in America is affected by substance use disorders, those fighting to overcome this disease are too often hidden in the shadows of shame or stigma. As a result, many do not get the treatment they need.

That's why it is so powerful to hear the stories of Americans who — like me — are in recovery from substance use disorders.

I wanted to share one of those stories with you today.

Conner, a young woman in recovery, wrote President Obama about the importance of second chances and access to treatment.

This Administration is committed to evidence-based solutions that recognize substance use disorders as a medical condition that can be treated — not a moral failing. These advances are not enough, however, unless we fundamentally change the way we think about people with addiction.

The courage of people like Conner plays a critical role in driving that change. Their stories put faces and voices to substance use disorders, and give hope that recovery is possible.

Millions of Americans in recovery are building meaningful lives. Conner is one of them, and this is her story:

The President responded personally to the letter and congratulated Conner on her determination. Just as important, he urged her to continue sharing her story to help inspire the millions of Americans with substance use disorders.

#### **Conner's Letter**

April 8th, 2015

Dear Mr. President,

My name is Conner Adams and I am a 26 year old woman in recovery from heroin and crack cocaine. I write to you today in regard to your

recent pardons that were granted to those imprisoned with out-dated drug laws. I wanted to thank you and let you know how much it meant to me to hear you express that people deserve a second chance.

When I was stuck in active addiction, I received second, third, tenth chances from family and friends. People didn't give up on me when I had lost hope and given up on myself. Even the Washington D.C. court system gave me multiple chances. I had been arrested for multiple possession charges, but luckily my case was diverted from going to trial. I ended up in Mental Health Court. There, I turned what was meant to be a three month program into a case that lasted for over a year.

I think the judge understood I genuinely wanted to stop but couldn't. she would tell me I was too smart and too kind to throw away my life and forever have a criminal record. I was told to stop worrying about whether I was going to "beat the charges" and instead worry about whether I'd even be alive long enough to see the case through. Every time the prosecutor wanted to retract the diversion agreement (that I was failing at) and go to trial, the judge would refuse. She saved my life.

Ultimately, I got the treatment that I so badly needed and I moved to Asheville, NC. My whole life changed. Today, with over a year and a half sober, I am back in school, I have an internship with a local non-profit, and I am an active volunteer in my community. I've been able to return the love to my family that they always showed me regardless of my behavior. I love my life today and I would have never believed this all could be possible – I had been so hopeless and defeated in active addiction.

I know your administration also supports diversion programs and I wanted to say thanks. A diversion program saved my life, returned me to my family, and gave me fulfillment. I used to be so angry at the cops who arrested me in D.C., but now I feel nothing but gratitude for them and their part in leading me to a happy life.

There is much more work to be done on the addiction front, but for today it is my hope that you will smile knowing that you likely just gave a young addict somewhere in America hope. Second chances are necessary because human beings are not a moment, we're a process. Thank you, Mr. President, for all you've done and continue to do for our great nation.

Best,

Conner Adams

#### The President's Response

May 29, 2015 Ms. Conner Adams Asheville, North Carolina

Dear Conner:

Thank you for sharing your powerful story. I admire how committed you are to your recovery, and it sounds like your determination to chart a new course is paying off. Your family must be tremendously proud of how far you've come - your president is, too.

Hearing about experiences like yours motivates me to ensure people with substance use disorders get the second chances and support they need to reclaim their lives and reach their full potential. My administration is committed to reforming drug policy in a scientific and evidence-based way. This approach recognizes the important role played by law enforcement while also understanding that reducing drug use and its consequences requires both a public health and public safety response. I trust that as you continue on the road of recovery, you will use your story to help lift up the lives of others struggling with substance use disorders.

Again, thank you for writing. Continue giving back to your community, cherish the love of your family, and never lose your optimistic spirit!

All the best.

Barack Obama

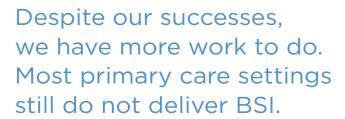
"This Administration is committed to evidence-based solutions that recognize substance use disorders as a medical condition that can be treated not a moral failing."

### **Building a Healthier Wisconsin** with SBIRT

n 1997, Michael Fleming and his colleagues at the University of Wisconsin (UW) Department of Family Medicine published a milestone study showing that alcohol screening, brief intervention and referral to treatment (SBIRT) reduced binge drinking, hospitalizations and emergency room visits.

At the same time, I was conducting research and national training projects on SBIRT. In 2006, I helped the State of Wisconsin obtain a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) was born.

WIPHL's initial goal was to disseminate SBIRT in 18 diverse primary care clinics and hospitals. We initially struggled with recruitment and implementation. We continually refined our approach on integrating SBIRT into the workflow and by the end of our second year, our approach was quite effective. The next few years went much more smoothly.



Our collaborating clinical sites screened over 100,000 patients, delivered over 20,000 interventions and documented high patient satisfaction. In 2010, Wisconsin Medicaid expanded its reimbursement for SBIRT from pregnant women to include all Medicaid recipients. By 2011, most of Wisconsin's major commercial players reimbursed for paraprofessional-administered SBIRT.

In 2014, we published our findings of 15 to 20 percent reduction in binge drinking and marijuana use in the American Journal of Managed Care. We will soon publish the results of a study showing that SBIRT generated substantial reductions in Medicaid claims.

The provision of screenings and brief behavioral interventions can also be applied to other health conditions, reducing cardiovascular



risk for patients with diabetes, hypertension or lipid disorders. In a three-year project funded by the Agency for Healthcare Research and Quality, the Pittsburgh Regional Health Initiative invited WIPHL to join along with the Wisconsin Collaborative for Healthcare Quality and Minnesota's Institute for Clinical Systems Improvement. WIPHL also had a one-year subcontract from Wisconsin's Centers for Disease Control and Prevention-funded Community Transformation Grant to expand our model to screen for and address binge drinking, drug use, smoking, depression, diet, physical activity, obesity, medication adherence and eligibility for a daily aspirin regimen. These projects brought to fruition the vision of comprehensive behavioral screening and intervention (BSI) we had in mind when we created WIPHL.

Despite our successes, we have more work to do. Most primary care settings still do not deliver BSI. Stronger financial incentives to meet more robust quality measures may be necessary to advance BSI in Wisconsin and other states.

It takes much more than a village to disseminate BSI across a state of 5.5 million people. With our expanding energy and commitment, I believe that we'll get the job done in Wisconsin.

#### RICHARD L. BROWN

Professor of Family Medicine, Director of the Wisconsin Initiative to Promote Healthy Lifestyles University of Wisconsin School of Medicine and Public Health

# **Excellence Matters:** Addiction Innovation and Recovery

We know the numbers. The estimated annual cost of health care, lost productivity and crime due to addiction is \$365 billion. Drug and alcohol abuse is linked to other serious health problems including cancer, heart disease and HIV/AIDS at an additional cost of \$293 billion. Yet only 10 percent of individuals with a substance use disorder will receive treatment in any given year. Fewer than one-third of those who do get treatment receive care that is even minimally adequate.

We can change the story. The Wheeler Addiction Center of Excellence, driven by cutting-edge clinical innovation and evidence-based practices, offers easy access to a comprehensive array of substance abuse intervention, treatment and recovery support services that are culturally, gender- and age-responsive, trauma-informed, and build on individuals' strengths to foster resiliency and recovery. We provide world-class customer service through an integrated, coordinated approach that focuses on whole-person health and continuity of care to achieve excellent outcomes and high client satisfaction. We bring value as a specialty behavioral health provider to communities, health care systems, funders, payers, and most importantly, the individuals and families we serve.

Embedded within our lifespan continuum of primary and behavioral health, education, early childhood and human services programs, and championed by a highly skilled workforce committed to excellence, Wheeler's Addiction Center of Excellence provides the right care at the right time, in the right setting, for individuals from all walks of life.

Our open access model of care provides immediate access to comprehensive assessment. Our dedicated physician phone line ensures an immediate warm transfer to a navigation center that supports the individual and the referral source. Data-driven.

targeted risk-assessment and level of care monitoring supported by the most advanced, certified, interoperable EHR, a robust patient portal, and telehealth capacity support efficient care delivery. Client- and population-level outcome measurement strategies ensure treatment efficacy and value.

Our early intervention approaches empower families of at-risk adolescents. Our innovative care facilitation model supports community hospitals by decreasing emergency department and inpatient utilization rates for individuals demonstrating difficulty in achieving stable recovery. Outpatient and intensive, homebased treatment supported by empirical research and delivered with impeccable fidelity achieve positive outcomes in diverse populations. Our approach to medication-assisted treatment for alcohol and opioid dependence incorporates the latest advances. delivered in consultation with our embedded pharmacy. Peer recovery specialists, family support services and integrated primary health care services ensure a whole-person approach to health.

Wheeler's Addiction Center of Excellence is changing the story for thousands of individuals and families across Connecticut. Working collaboratively with recovery advocates, health systems, insurers, policy makers, technology leaders and other key stakeholders like you, we believe we will change the numbers across the country.

Wheeler Clinic provides comprehensive solutions that address complex health issues, providing individuals, families and communities with accessible, innovative care that encourages recovery, health and growth at all stages of life. Our integrated approach to primary and behavioral health, education and recovery creates measurable results, positive outcomes and hopeful tomorrows for more than 30,000 individuals across Connecticut each year.

#### For more information:

Duane Caswell, 860-793-3588, dcaswell@wheelerclinic.org





# **Tackling Addiction** Through the Juvenile Courts

esearch tells us that a developing brain is particularly vulnerable to drugs and alcohol. If you start using before the age of 15, you're six times more likely to develop an addiction. I know firsthand about genetic predisposition. I haven't just studied addiction, I have lived it. I come from a family of alcoholism. Both my parents were alcoholics and my grandfather died of it. I started before I was 15. When I was 38, I stopped drinking and haven't had a drink since.

For 14 years, I was a prosecutor in the Manhattan district attorney's office. I saw it all; domestic violence, sex crimes, homicide. It wasn't until I began working in the juvenile justice arena that I appreciated the power of the justice system to provide the motivation for young people to change course in a positive way. As the gatekeeper to the system, prosecutors can make decisions that turn lives around. But attorneys aren't trained about the different stages of addiction or that it's preventable, like other diseases. I'm working to change that.

While a referral to the justice system can be the catalyst for change,

people also need hope. It's important for young people to hear from other young people and mentors in recovery. They have credibility because they have been through it and are on the other side.

For Scott Strode, sports were the answer. Twenty-four-years-old and sober, he realized he couldn't hang around with his old friends and repeat the same mistakes. He started boxing and cycling and became an athlete. He regained his self-esteem and felt great.

Recognizing that the loss of support networks can lead to isolation and a return to addiction, Strode started to invite people from his 12-step program to hike with him, or bike, or work out at a cross fit center. They benefitted as much as he had.

As a result, Strode started Phoenix Multisport (PM). PM offers climbing, hiking, running, strength training, yoga, biking, socials and other activities at all skill levels for people in recovery. The goal is to help members develop the emotional strength they need to stay sober – like

"Prosecutors need to find something youth are interested in or that builds on their strengths. All youth have strengths."

a phoenix rising from the ashes. Today, PM has chapters in Colorado, California and Massachusetts. I talk about PM with prosecutors and judges around the country to share how strengths-based programs can support recovery and build resilience.

Prosecutors need to find something youth are interested in or that builds on their strengths. All youth have strengths. If they're charged with graffiti, maybe they're artistic. We need to stop looking at only the risk factors and help youth to find activities and supports they can succeed with so they don't rely on drugs and alcohol.

Educating and involving families is also critical to success. Anthony Pierro, chief juvenile prosecutor in Ocean City, N.J., worked with the community to create a prosecutor's forum at the local high school. A representative from the Drug Enforcement Agency talked to them about drugs in plain language - what they look like, what to do and what not to do. They brought in people whose lives were touched by addiction to tell their own stories. Richie Sambora from Bon Jovi, whose mother lives in the community, performed.

They expected 500 people – they got 2,500. The next meeting had 3,500 in attendance.

My professional life and my personal life have collided. I was a prosecutor, now I'm a woman in recovery. I've worked in on the front lines and I've studied it at Georgetown University. But the most important thing is that I've lived it. I've lived the role of prosecutor and I've lived with addiction. And I know what it takes. If we address the underlying issues, there aren't going to be repeat offenders.

SUSAN M. BRODERICK

Senior Research Fellow, McCourt School of Public Policy



## Association for Behavioral Healthcare of Massachusetts is a Proud Member of the **National Council**

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### **Students Leading Students** to Positive Choices

he Students Leading Students (SLS) chapter at Waterford Kettering High School started with eight determined students who attended the SLS State Conference and were inspired to action in their own community. They left the conference with the resolve to reach their goal -- to teach elementary students how to say no to drugs and alcohol with the peer resistance skills they had learned. In the first year, their chapter trained more than 400 elementary students. The next step was to include more high school students and make a positive change in their school as well.

The next few years were rocky with a string of setbacks and a number of advisers being transferred. But the group stayed true to its mission. The SLS chapter kicked off their fourth year with a school-wide promotion project and grew to more than 80 students. They trained four different groups PRS skills and by the end of the year the chapter was going to every elementary school in the community. Students were planning and executing their own projects each month of the school year and making a difference within the school and community.



"We have made a place in our school where students feel their opinions matter and they have the power to affect change. We are motivated to see a change. We take action. We turn our vision into a reality."

"We have made a place in our school where students feel their opinions matter and they have the power to affect change," said Garrett Zimmerman, a 2015 graduate of Waterford Kettering and founder of the SLS chapter. "We are motivated to see a change. We take action. We turn our vision into a reality. No other organization inspires my peers to stand up for what they believe in and make a difference in their school."

SLS, a behavioral health program of Student Leadership Services, Inc., aims to foster skills that decrease alcohol, tobacco and other drug use (ATOD) among middle and high school students. The program targets the complex interplay of multiple levels of influence at the individual, social, environmental and organizational levels responding to the substance abuse continuum that may include social alienation, poor academic performance, low self-esteem and hopelessness about

SLS has operated throughout Michigan since 1982 employing youthled health and safety programs for 11 to 19-year-olds. It combines prevention, behavioral health, education and youth development principles in interactive, peer-led, developmentally appropriate experiences within the social organization of schools.

SLS supports chapters like the one at Waterford Kettering by training advisers and students, hosting student-led conferences, linking activities with research, providing grants and disseminating evidence-based research and strategies about preventing teen ATOD use through participatory experiences. In 2013, SLS trained 600 adult advisers, 15,250 high school and middle school student chapter members/leaders and impacted 2,000 elementary youth, 30 parents and 100 SLS alumni. They reached a total of 17,980 people with direct, interactive training and each student experiences six to 12 exposures.

Students Leading Students was presented the 2014 National Exemplary Award for Innovative Substance Abuse Prevention Programs, Practices and Policies from the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

PAMELA VOSS-PAGE

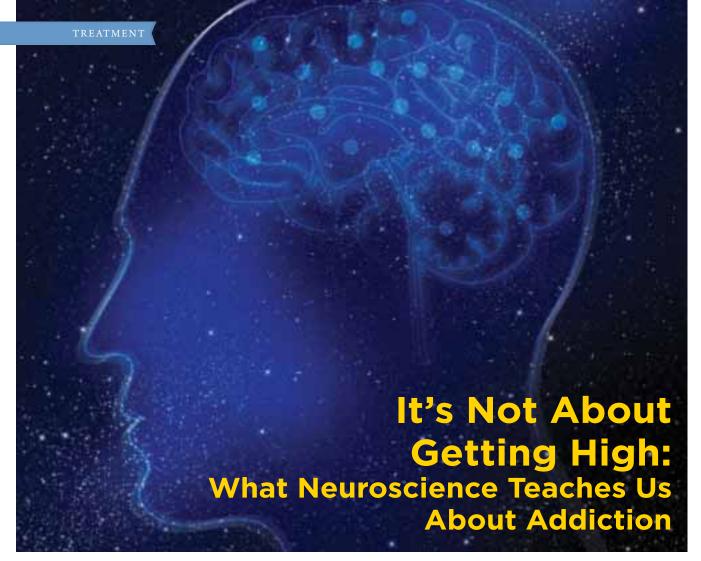
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#### NORA D. VOLKOW Director, National Institute on Drug Abuse

hose on the front lines who study and address behavioral health have struggled for decades to remove the stigma that persists around mental illness and addictive disorders. In the addiction field, this has meant trying to educate the public that addiction is a multifaceted brain disease. One that transforms the world for a person with addiction into an environment of drug-related cues, inflicts painful punishment for not seeking and using the drug and, perhaps most importantly, reduces the ability to exert free choice over the impulse to take drugs.

It is difficult for people without addictions to understand that people with addictions are not just seeking to "get high" but suffer a medically rooted impairment in their autonomy that thwarts their best intentions to attain freedom from drugs. Despite the fact that for 20 years addiction science has revealed vividly that this is the case, the stigma remains a major obstacle.

We have long understood that the euphoria of drug intoxication involves the neurotransmitter dopamine flooding the reward (pleasure) circuits in the brain's limbic regions (specifically the nucleus accumbens and the dorsal striatum). But this acute intoxication (or

binge) phase is just one part of the cycle of addiction. Recent advances in neuroimaging and genetics have given us deeper insight into changes across many other brain regions that characterize phases of the addiction cycle, including the extreme suffering of withdrawal and the mental preoccupation that characterizes cravings. We now also have a clear understanding of how drug use compromises the brain circuits necessary to exert self-control or willpower over drug use.

In addition to the extreme "pull" of the drug caused by its direct or indirect effects on the reward circuits during intoxication, there is a "push" caused by another set of adaptations to circuitry in the basal forebrain areas known as the extended amygdala. These changes produce the highly stressful or even intolerable state of withdrawal. A person who has progressed from abuse to addiction no longer takes the drug to feel the euphoria of dopamine flooding the pleasure centers but to escape the stress of withdrawal. These separate systems of reward and what my colleague, National Institute on Alcohol Abuse and Alcoholism Director George Koob, calls "anti-reward" conspire to create an ensemble of physical need for the drug simply to feel normal or functional, if only briefly.

In fact, because the addicted brain adapts to the recurring presence of the drug by reducing the number of dopamine receptors in the reward pathway, "reward" itself becomes so blunted that the drug no longer

### "It is difficult for people without addicitons to understand that people with addictions are not just seeking to 'get high' but suffer a medically rooted impairment in their autonomy that thwarts their best intentions to attain freedom from drugs."

causes pleasure as much as it creates relief. Thus, the idea that people with addictions take drugs to "get high" (which implies euphoria) is extremely misleading. They take drugs mainly to stop feeling low.

If this were the whole story—that addicted people suffer in the absence of the drug—they still might be able to exert willpower to resist taking it because they understand the harm it is causing and are able to focus on the larger goal of well-being. This is the faulty assumption behind the stigma surrounding substance use disorders: Addicted people may suffer, but their drug use is still a choice and if they are resolute enough, they can refuse that choice. Unfortunately, it is not that simple. We now know that the push/pull of withdrawal and relief involving the brain's limbic regions are only part of a bigger story involving powerful learning mechanisms and changes to circuits in the prefrontal cortex that are necessary for exerting such choice.

Over time, learned associations between the relief provided by drugs and various environmental cues transform an addicted person's world into a landscape of cues and triggers. Everything reminds them of the drug or of its absence. This makes it difficult or impossible to stop thinking about the drug and how or when to obtain it next. Equally insidious are the changes to the person's willpower capacity. We now know that the dopamine desensitization that dulls the reward circuits' sensitivity to pleasure also affects prefrontal circuits that are necessary to exert self-control. Impaired dopamine signaling in the prefrontal cortex seriously weakens the person's ability to resist urges and follow through with decisions, including the decision to stop taking the drug.

As a result of these processes, the world of an addicted person could be compared to a cunningly designed video-game environment. Challenges to sobriety are around every corner and the person is forced to navigate the environment using a game controller with buttons that are unresponsive or stuck, often steering the gameworld avatar in precisely the direction the player does not wish to go. However, the result is far more devastating and consequential than any video game. Most people with addictions, in my experience, do not

wish to use drugs. Because of the numerous troubles their addictions have caused, they consciously avoid drugs and the cues that lead them to drug use. But they repeatedly find themselves acting against their best intentions in the all-too-familiar cycle of relapse.

The good news is that addiction is not an inevitable outcome of drug use or even drug abuse. Many interacting genetic, environmental and developmental factors contribute to a person's risk for developing an addiction. Addiction only affects a subset of people who try or use drugs, even in the most vulnerable years of adolescence. We also know from brain imaging that, in time, it is possible to at least partially restore the affected brain circuitry, including the normal density of dopamine receptors and the function of prefrontal brain regions.

Preventing relapse during recovery may require behavioral interventions as well as medications. People with opioid use disorders may require agonist or partial agonist medications like methadone or buprenorphine to control withdrawal and cravings or antagonists like extended-release naltrexone to prevent intoxication from occurring. Naltrexone and other drugs can be used to treat alcohol use disorders and medications also exist for nicotine addiction. Over the coming years, our increasingly clear picture of the brain mechanisms underlying disordered drug use and the transition to addiction will lead to new medications and improved treatment and prevention approaches.

Because our society places so much value on freedom, many people still have trouble accepting that a medical condition could erode something as basic as a person's ability to act freely in their own best interest. The very nature of addiction challenges society's deeply held preconceptions about willpower and self-control. Thus, delivering effective treatments to those in need will require us to do a better job educating the public and policymakers that addiction is not a moral failing; it is a disease in which essential motivational and self-control systems of the brain are compromised. Medical intervention, not punishment or moral re-education, is required to restore this essential human birthright.

# **How Doctors** Think: Addiction, Neuroscience and Your Treatment Plan

Reprinted from The Huffington Post June 29, 2015

ver wonder how a (good) doctor comes up with her/his recommendations for treatment? What the critical thinking underlying the suggestions might be?

As an example, we can look at a comprehensive treatment plan for drug and alcohol addiction (forthcoming posts will look at other conditions, like depression, bipolar disorder and schizophrenia).

A premise I hold to is that comprehensive care should be a standard to aspire to as a patient, family member or clinician. Individual, proven treatments for a condition tend to augment one another (1+1=>2)thereby providing a more robust response. An overreliance on one form of treatment (e.g., medications or therapy or 12-step alone), with the exception of other recognized approaches, often reflects a bias or limitation on the part of the clinician (or system of care) and seldom is in the ill person's interest.

A Substance Use Disorder (SUD) is defined as: the overuse or dependence on a drug with adverse effects on that person's physical and mental health, as well as negative consequences on others. The use of the substance, whether it is cocaine, Percodan, heroin, alcohol, marijuana or other drugs, persists despite clear and serious problems with family, work and personal relationships. Legal problems also tend

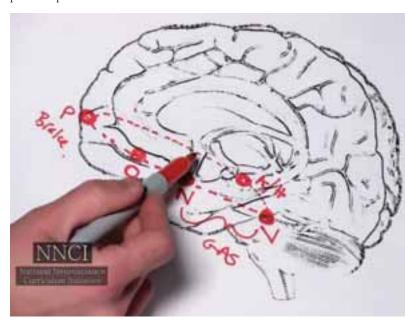
Two related fields of science have substantially informed the treatment of a SUD -- which includes alcohol and legal and illicit drugs. These are the fields of biological and cognitive neuroscience. An understanding of the brain, still perhaps the most complex organ and system we know of, has grown vastly in recent decades. We understand far better the parts of the brain, their respective functions, their neurochemistry and circuitry, as well as how to impact them. We are far from claiming

mastery of the central nervous system but that need not keep us from acting on what we know. Knowledge is what a good doctor brings to an encounter with a patient, and which should illuminate the opportunities for effective intervention.

As an example, let's consider those who are dependent upon heroin or narcotic analgesics (like Oxycontin, Percodan, and Methadone). An epidemic of their use has ravaged the U.S., accounting for more deaths than motor vehicle accidents and homicides. 12-step programs (AA, NA) have been the mainstay of intervention for SUD but today represent only one of a number of tools that can help. Comprehensive care calls for more than reliance on a 12-step program. That's where neuroscience comes in. Your doctor can offer more than AA or NA alone.

Instead of approaching addiction as a laundry list of signs and symptoms, aka conventional diagnosis, a doctor can now consider the underlying brain mechanisms driving the self-destructive behavior.

A video at https://www.youtube.com/watch?v=QqnpkyCitx0&feature=youtu.be features a psychiatric resident explaining how the brain works when addicted (it also mentions an anxiety disorder but that is extra). He uses the following drawing of the brain to describe how a treatment plan emerges from an understanding of the brain. The video is 15 minutes; the last six minutes focus on a treatment plan for a person with a narcotic addiction.



What this doctor understands -- how he thinks in developing recommendations for a patient -- is that the brain has a reward circuit that powerfully drives our behaviors. Of course, the brain is more complex but this is information for a patient and family, not a neuroscientist, and it is actionable.

Two sections of the brain (marked V & N, the ventral tegmental area and the nucleus accumbens) signal a source of pleasure (instrumental to survival of the species - as are food and sex) by delivering a spike of dopamine. This is like an accelerator pedal. With addiction, that spike is from a narcotic not everyday life, hence the idea of how an addiction highjacks our brain from its normal sources of pleasure or reward.

The circuit then continues to the section marked O (orbital frontal cortex), which is instrumental to human drive and motivation. This region is then pumped up by the dopamine spike and gets us going, namely wanting more. It drives us to repeat the experience, even if it is a handful of narcotic pills or a needle in our arm.

But it is the P (the prefrontal cortex), where judgment and reasoning reside, that can operate to control the drive, to put some brakes on the accelerator pedal now going at a very high RPM, so to speak.

Finally, there are the A/H (amygdala and hippocampus), which are regions of the brain that store the memory of what is so rewarding. They also register what is salient to the reward; these are the cues associated with the source. Remember, Pavlov's dogs salivated, over time, to the bell not to the food, which is known as a conditioned response. It is the reward that drives us to repeat the behavior – to survive or simply to enjoy life. But the cues offer opportunities for intervention.

In a brain addicted to narcotics this circuit of five regions is pirated because opioids (heroin and synthetic narcotics like Oxycontin and other synthetic analgesics) directly boost dopamine in the V & N sections of the brain. This triggers the circuit to powerfully fire and drives a person to seek repetitive sources of the pleasure. However, that source is not love, or food, or altruism in this case, it is finding more narcotics to ingest.

Here is where the doctor can construct a comprehensive treatment plan that targets components of the circuit, and additively increases the patient's likelihood of success:

- A number of medications are now available (Medication Assisted Treatment of Addiction, or MAT) that either blocks the effect of the narcotic in the V & N regions (like naltrexone) or control its release to less intense levels (like buprenorphine -- or methadone). The doctor may suggest MAT as one part of the plan.
- Motivation to resist desire to re-experience the spike -- the O region -can be enhanced by Motivational Interviewing (MI) a brief technique that has been used in addiction for many years, and is now popular in helping people with any number of problem behaviors (e.g., overeating, tobacco use and gambling).

- The section of our brain which labors to have us use good judgment, the P region, can be substantially helped by a variety of interventions, including NA/AA, family psychoeducation and support, and promoting coping skills (like surrounding yourself with people who are not addicts, eating and sleeping well, and stress reduction practices like yoga and slow breathing).
- Finally, the  $\ensuremath{\mathrm{A}/\mathrm{H}}$  regions can also be impacted, especially the  $\ensuremath{\mathrm{H}}$ region. Environmental triggers can drive cravings and relapse; these include the sight of a needle or pill, contact with other addicts or dealers, commercials about pain relief, even reports of the OD death of Philip Seymour Hoffman. Cognitive Behavioral Treatment (CBT) can be very effective in enabling a person with a SUD to avoid or have a reduced response to a trigger.

A comprehensive plan for a person with a narcotic addiction would, therefore, (with the doctor employing Motivational Interviewing) offer the patient, and supportive loved ones, a plan that included MAT, 12-step recovery, family psychoeducation, CBT, and a number of wellness activities like yoga (and yogic breathing), meditation, exercise, nutritional food, as well as the company of those dedicated to life, not addiction. This is more than a menu of services, it is recommending effective action along a variety of critical brain and behavior pathways.

If I, or a loved one, had an addiction, I would want a doctor who thinks this way. A doctor who comprehends the complexity of addiction, its neuroscience underpinnings, and the variety of treatments and selfcare that, when done together, can save a person, and their family, from the catastrophic effects of untreated addiction.

Is there an argument that can be made against comprehensive treatment of this sort? Not that I know of. But it does require an informed doctor who recognizes the power of attacking tough problems in a variety of ways that augment one another. It also requires a doctor who talks with, engages, her/his patient to help them help themselves. And, of course, it takes an informed patient, family, and public to expect no less.

My thanks to Dr. Melissa Arbuckle for her groundbreaking work in teaching neuroscience.

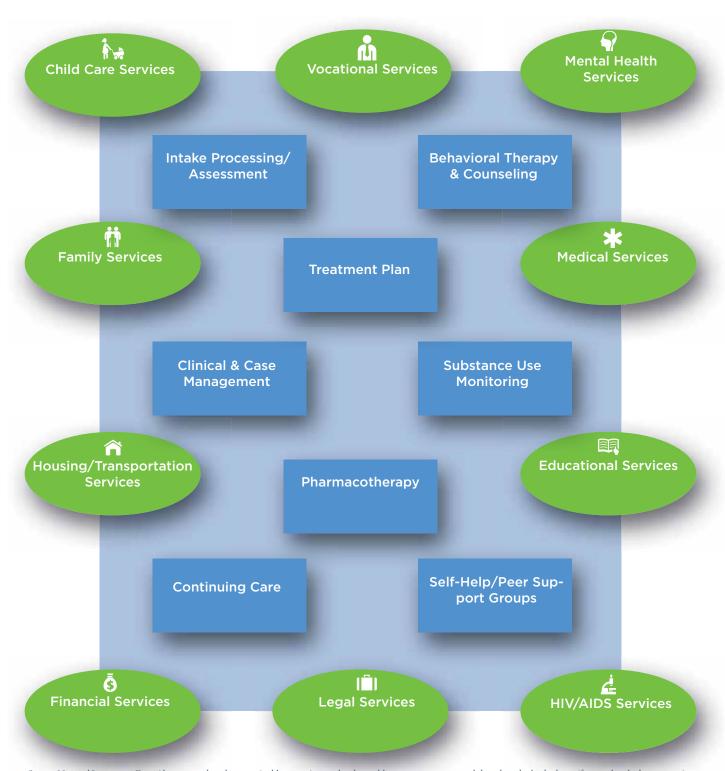
Visit www.askdrlloyd.com for more insights on mental health and addictions.

LLOYD I. SEDERER

Medical Director New York State Office of Mental Health

### **Components of Comprehensive Drug Abuse Treatment**

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.



 $Source: National\ Institute\ on\ Drug\ Abuse, www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/what-drug-addiction-treatment$ 



# Are You Ready to Be a CCBHC?

On March 31, 2014, Congress passed the Protecting Access to Medicare Act (H.R. 4302), which included a demonstration program based on the Excellence in Mental Health Act. Once again, behavioral health clinics will have a federal definition with defined quality standards and reimbursement that reflects the actual cost of care.

Certified community behavioral health clinics bring enormous opportunity for the behavioral health safety net —but along with this opportunity comes a requirement for you to report new data elements to your state for submission to SAMHSA. In many cases, this will mean extensive changes to back office operations and strategic organizational planning.

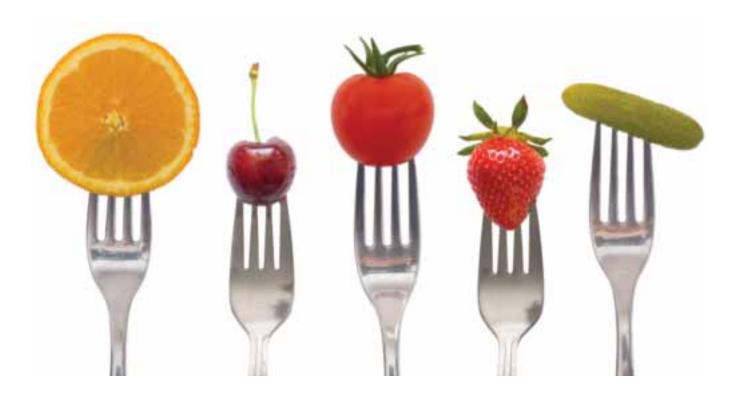
### Is your back office ready to meet data measurement and cost reporting requirements? Have you started preparing for these changes?

MTM Services has developed a unique offering of services to help prepare for these requirements:

- CCBHC Certification Readiness
   Assessment Tool (CCRT) that can
   identify change management
   needs for the clinic to meet all
   CCBHC certification criteria.
- Unique project management plan for each state based on the number of clinics that will be participating and based on the statewide aggregated results from each clinic completing the CCBHC Certification Criteria Readiness Tool: and costing.
- Statewide CCBHC Certification Consultation and Project Management Support
- Cost Finding—MTM has offered expert costing consultation for individual teams along with 6 statewide measurement efforts to date, and have several additional projects in 2015. This information allows us to give national trend lines/comparison points for your teams who take part in this work effort.







# **Nutrition:** The Missing Ingredient in Recovery

emale residents who are working toward sobriety at the Women's Transition Project in Bisbee, Ariz., are learning how nutrition can reduce cravings and maintain recovery. Too often, nutrition is overlooked as an integral part of the recovery process.

In addition to providing energy, foods are the basic building blocks of the chemicals in our system. The brain requires chemicals from foods and poor nutrition may reduce the brain's ability to

produce the neurotransmitters dopamine, serotonin, melatonin and norepinephrine.

The use of drugs and alcohol often begins in early adolescence and can correspond with the onset of symptoms of mental illness. This can interfere with learning the basic skills needed to choose and prepare healthful foods. As a result, people who use drugs often choose poor quality foods that contribute to poor health.

The residents of the Women's Transition Project learn basic food shopping and preparation skills through the MyPlate program.



Drugs interfere with neurotransmitters in the brain and eventually stop their regulation and production. When drug use stops and the brain can't regulate its own systems, cravings take over.

Drug and alcohol abuse affect the entire body and the assumption can be made that anyone in recovery is malnourished. A person who is not eating well doesn't feel

well and is more likely to relapse, so teaching people in recovery how to eat well and the implications of a poor diet is essential. Proper eating habits can promote a sense of well-being and help the brain produce the chemicals needed to maintain sobriety.

Those in recovery should be taught an eating pattern to optimize healthy outcomes. Using the USDA's MyPlate graphic, we explain the foods in each group and their significance to provide the foundation of good nutrition. These foods assist in overall wellness and health and boost the body's physical attributes and immune system.

The nutrients in the protein food group are extremely important for the production of neurotransmitters. For example, tryptophan is the essential amino acid that the body uses to make serotonin and is found in nearly all protein foods. Tryptophan is also the precursor to melatonin, which is associated with the sleep/wake cycle. Serotonin regulates healthy sleep and controls a stable mood, especially depression and alertness. The sleep cycle during addiction and early recovery can be significantly disturbed, which can cause increased cravings.



Tyrosine, also found in protein foods, is the amino acid precursor for dopamine and norepinephrine. Both neurotransmitters are essential for modulating stress and stress behaviors. Nutrient-dense protein can increase the brain's production and recycling of the neurotransmitters to help reduce cravings. GABA (gammaaminobutyric acid) is an important neurotransmitter that directly affects stress

and personality by inhibiting the absorption of stress chemicals and is found in fermented food (probiotics) such as yogurt, tofu and some cheeses.

The residents of the Women's Transition Project also learn basic food shopping and preparation skills through the MyPlate program. The women are taught why foods high in tryptophan, tyrosine and GABA are important for recovery and which foods have these chemicals. The information not only helps the residents feel better sooner, but helps them maintain sobriety once they have graduated from the program.

#### CYNTHIA ASPENGREN

Nutrition Educator/ServSafe Instructor, University of Arizona Cooperative Extension

#### EVELYN WHITMER

Extension Agent, Family and Consumer Sciences, University of Arizona Cooperative Extension

### Why Nutritional Support was Key to My Recovery

When I stopped using drugs and alcohol, I found a lot of support for maintaining my sobriety. However, the promise that I would feel much better didn't materialize. In place of drugs, I substituted nutrient-poor food, sometimes at the recommendation of others in recovery.

There is a theory in the 12-step program: when you stop drinking alcohol, your body craves sugar, so they advise people with addiction to keep candy and other high sugar foods close at hand to stave off cravings. I followed their advice and gained over 100 pounds. At the age of 35, I was diagnosed with metabolic syndrome, my cholesterol was 350, I had borderline diabetes, I was obese and felt tired and achy all the time. To avoid needing to take medication, I slowly started to change my diet. During this time, I was working on my degree in psychology and I learned about brain chemistry and I got a job as a nutrition educator and was working on a minor in nutrition.

After my diagnosis, I realized the component that is often missing from early recovery is nutritional support. I learned more nutritious ways to eat, lost weight and regained my health. I now teach residents of the Women's Transition Project about how nutrition can reduce cravings, heal the brain and help maintain recovery. - Cynthia Aspengren

# TELEHEALTH

**Telehealth** is the use of **information technologies** to provide access to health information and services across a geographical distance.

Telehealth is not about the technology but serves as a bridge reaching out to clients so services that support behavior change are available.

#### TOO MANY AMERICANS ARE UNDERSERVED



The number of people that needed but did not receive treatment for drug or alcohol use In 2011.

#### RURAL AREAS ARE HARDEST HIT BY HEALTH CARE SHORTAGE

20%

16-20%

9%

12%

Percentage of physicians practicing in rural areas

pharmacists practicing in rural areas

# TECHNOLOGY= OPPORTUNITY

### AMERICANS ARE CONNECTED



84%









91%

39-45%

### TELEHEALTH IS TAKING HOLD

Annually, 10 million patients receive telemedicine services. The number of states with telemedicine parity laws has doubled over the past 3 years. University of Virginia's telehealth program has saved patients more than 15 million miles of travel.

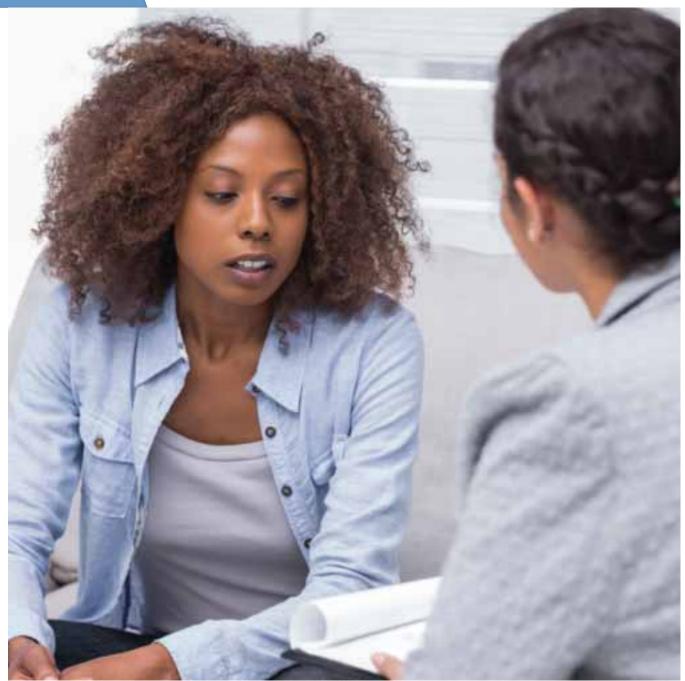
states have a form of telehealth reimbursement

states provide Medicaid reimbursement for remote patient monitoring

medical boards issue special licenses/ certificates for telehealth

states have pending legislation on telehealth

NSDUH, 2011 • Ellis, A.R. et al., County level estimates of mental health professional supply in the United States. Psychiatric Services, 2009 • 2010 U.S. Census • NRHA, 2008 • National Rural Health Association, 2004, Health Care Workforce Distribution and Shortage Issues in Rural America • National Rural Health Association, 2005, Recruitment and Retention of a Quality Health Workforce in Rural Areas, Issue Paper Number 3: Pharmacists and Pharmacy Technicians • Census: Computer ownership, Internet connection varies widely across U.S., Pew Research Center, 2014 • Mobile Technology Fact Sheet, Pew Research Center, 2014 • U.S. Smartphone Use in 2015, Pew Research Center, 2015 • Census: Computer ownership, internet connection varies widely across U.S. Pew Research Center, 2014 • Health Online 2013, Pew Research Center, 2013 • McClure, Acquanta, Harding & Stitzer, Drug and Alcohol Dependence, 2012 • American Telemedicine Association estimate • ATA State Policy Toolkit, 2015 • www.healthsystem.virginia.edu, Quick Metrics Recommendations from the CCHP Telehealth and the Triple Aim Project: Advancing Telehealth Knowledge and Practice, September 2014.



# **Creating Community Value in** a Changing Health Care Environment

hanges in the health care landscape are having a significant effect on stand-alone specialty addiction providers. The Affordable Care Act provides millions of Americans with health coverage benefits that include substance use and the Mental Health Parity and Addictions Equity Act increases access to addiction treatment services for millions more.

As the number of people with access to addiction treatment services increases, new payers are also entering the mix. Insurance companies are increasingly offering substance use services to their members.

Advances in medical treatment of chronic diseases, like addiction, create new opportunities for providers to improve outcomes as they control costs.

At the same time, communities across the country face increasing demand for substance use services. Recently released figures from the Centers for Disease Control demonstrate a startling increase in the use of heroin and opioids in the U.S.

- Heroin use more than doubled among young adults ages 18–25 in the past decade
- · More than nine in 10 people who used heroin used at least oneother drug
- · 45 percent of people who used heroin were also addicted to prescription opioid painkillers
- · The rate of heroin-related overdose deaths nearly quadrupled between 2002 and 2013

In addition to epidemic levels of prescription opioid abuse and heroin use, numerous states in the western part of the country still face significant issues with the use of methamphetamine. In 2012, the drug still ranked first, second or third in drug-related treatment admissions.

This surge in substance use has left public health agencies in many states scrambling to add more services and resources to address issues related to addiction. Other health care and public health entities such as emergency rooms and child welfare agencies are becoming overwhelmed with individuals in need of addiction services.

Providers face new challenges in this increasingly complex environment. How do addiction treatment providers continue to provide value – not just to their clients they serve but to their respective communities? What does in mean for an addiction treatment provider to be a valued community stakeholder? Effectively answering these questions will be essential to the survival of some addiction treatment providers.

### **Aligning Services with Community Needs**

While the availability of robust substance use services is desirable, too often the services offered by providers are not aligned with the emerging substance use trends in their community. In addition, the latest evidencebased practices may not be employed.

A recent report released by the National Institute of Medicine called for an increased use of evidence-based psychosocial interventions for substance use and suggested that the current quality of care is "less than ideal." Numerous studies have also demonstrated the effectiveness of medication as an adjunct to behavioral health treatment; however, there is a reluctance to utilize addiction treatment medications. How do providers expect to make any inroads into a community's addiction problems when such disconnects exist?

One of the keys to any providers' future will be to ensure that their services are appropriately matched with the needs of the community. This requires periodically assessing the needs of the community and

ensuring that staff has access to the most up-to-date addiction related research. Making these activities a priority will ensure that your facility will provide services that your community values.

### **Quantify Your Results**

Many addiction providers are doing wonderful work and are producing positive outcomes with clients. Unfortunately, they often don't go beyond traditional state and federally mandated data reporting requirements to quantify those results. As new stakeholders and payers enter the behavioral health arena, they will demand information beyond the standard 30- and 60-day posttreatment abstinence rates.

Consider looking at other data, including abstinence 12-24 months post-treatment, engagement in aftercare services, physical health improvements, post-treatment mortality rates and other ways to demonstrate positive results from the services provided. As funding mechanisms begin to change, providers will also need to quantify the exact cost of services. While payers are interested in improving outcomes, they are keenly interested in controlling costs and providing financial value to their members. Providers can only effectively meet that demand by knowing the exact cost of the services they provide.

### Don't Go It Alone

Addiction providers have traditionally had positive working relationships with certain community partners, such as criminal justice and child welfare; however, they are still viewed as being separate from the larger health care and public health community. Resources in many communities are still scarce and many providers will not be able to provide all of the addiction and health related services needed by clients on their own.

Developing lasting and productive partnerships will be of utmost importance going forward. Begin by understanding the needs of other "safety net" providers in the community and focus on how to help those agencies solve their problems. Establish your program as a vehicle to address issues that community providers are struggling with. Whether you provide detox services for inebriated individuals in a hospital emergency room or substance use education at a health fair, the goal is to create meaningful partnerships in which both parties' needs are met.

### AARON WILLIAMS

Director of Training and Technical Assistance for Substance Abuse, SAMHSA-HRSA Center for **Integrated Health Solutions** 



# Peer Mentoring: Building **Bridges** to Recovery

nidge to Recovery (BTR), a new peer mentoring program at Connecticut Counseling Centers, Inc., (CCC) aims to keep at-risk patients on track with the help of specially trained peers who are already in long-term recovery with medication-assisted treatment.

CCC is a non-profit community-based outpatient behavioral health treatment agency. BTR was developed and implemented out of a partnership between Kurt Kemmling, president of the Connecticut chapter of the National Alliance of Medication Assisted Recovery, who is in long-term medication assisted recovery, and myself.

The program assists patients receiving methadone maintenance treatment for opioid dependence who are struggling with their recovery. People who are in long-term recovery with medicationassisted treatment who want to help others with their recovery become mentors to those who are having difficulty maintaining

The goal is to create a link between the patient and the treatment program with the peer mentor acting as the "bridge" to connect the non-engaged patient with recovery.

sobriety, missing counseling sessions and are at risk of dropping out of treatment. The goal is to create a link between the patient and the treatment program with the peer mentor acting as the "bridge" to connect the non-engaged patient with recovery.

Research indicates that the relationship between the patient and the treatment provider is an important predictor of treatment success. Lambert believes that the program works because the mentors quickly form a bond and an alliance with the patients which extends to the treatment program staff. He also notes that because of the stigma that is commonly associated with methadone treatment, many patients receiving methadone have difficulty finding peer support that accepts the medication as part of the recovery process. This connection to a sympathetic extended recovery community is a key element in recovery. Outcome studies conducted at CCC, have been extremely positive and demonstrate increased retention and recovery rates.

The concept of peer mentoring is not new. BTR is unique in the depth and duration of peer mentor training and the focus on medication assisted treatment. Mentors are required to complete 300 hours of training and attend classes with addiction counselors working toward certification at the Connecticut Certified Alcohol and Drug Abuse Counselor Training Program. The training focuses on core counseling techniques related to establishing the therapeutic alliance and enhancing motivation.

Exposure to peer mentor trainees has helped reduce the misperceptions and misunderstanding associated with medication assisted treatment that some counselors-in-training have held.

The training also provides the peer mentors an entrée to a career as an addictions counselor. For many, becoming a peer mentor is the first step to becoming a certified addictions counselor and a career in the addictions treatment field. Following training, they are eligible to take the certification exam with the Connecticut Certification Board, Inc. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the addictions treatment field is facing a workforce crisis. Initiatives like the BTR can address these issues by providing an additional portal to the field.

BTR has been recognized by the Connecticut Department of Mental Health and Addiction Services as a model program. It also received a SAMHSA Science and Service Award for demonstrated excellence and innovation in the treatment of mental health and substance use disorders in 2012.

ROBERT C. LAMBERT

President and Executive Director, Connecticut Counseling Centers, Inc.



## Villa of Hope:

## A Beacon for Disadvantaged **Youth and Families**

or more than 70 years, Villa of Hope has provided high-quality, safe care for vulnerable youth and families in the Greater Rochester community. Our addiction services program is the only substance abuse and co-occurring disorder treatment clinic in the area that focuses exclusively on adolescents and their families.

Rochester is one of the poorest cities in the country and the majority of children we see come from impoverished homes. More than half of the youth placed at our agency live in neighborhoods struggling with extreme poverty and 75 percent of the children have family histories of drug or alcohol abuse.

The starting point for our addiction treatment services program is prevention education. Life skills groups educate children about substance abuse and teach them how to control their emotions and cope with peer pressure.

The Villa has an organizational model called the Sanctuary Model. Instead of asking what is wrong with a person, we ask what happened to them and why. We try to be empathetic and compassionate toward every person we interact with.

Our prevention education efforts focus on children just beginning elementary school who are eager to learn and have not yet experimented with drugs. We offer eight or nine classroom sessions on a specific topic using evidence-based practices.

The next step is our outpatient clinic for children and young adults up to the age of 25 and their families. The age restriction creates an environment where parents feel safe bringing their children knowing they won't be exposed to adults with more advanced addictions.

Another unique aspect of this clinic is Seven Challenges, an evidencebased practice developed to help adolescents from the inner city become more engaged in their treatment. The decision-making model helps youth gain life skills through motivational interviewing, trauma-informed care, cognitive behavior therapy and person-centered therapy that is culturally sensitive and developmentally appropriate.

This approach has significantly improved engagement and attendance at our clinics. Between 65 and 70 percent of adolescents now show up for their appointments – a remarkable rate for a difficult to engage age group.

Our 14-bed residential treatment facility is the next level of care. This

### "Between 65 and 70 percent of adolescents now show up for their appointments - a remarkable rate for a difficult to engage age group."

program provides enhanced residential and educational services combined for young men ages 13 to 21 who struggle with substance use disorders and other co-occurring conditions. Doctors, nurses and psychiatrists are available 24/7 to address their behavioral and psychological needs.

After graduation from the program, we offer aftercare services and home visits to make sure they have the support they need to succeed in the community.

We've come far in the year-and-a-half I've been with Villa of Hope. When I started, a "one strike and you're out" policy was in place for children in our residential programming who relapsed or brought in contraband. There was no restorative justice contract allowing them to learn from their mistakes.

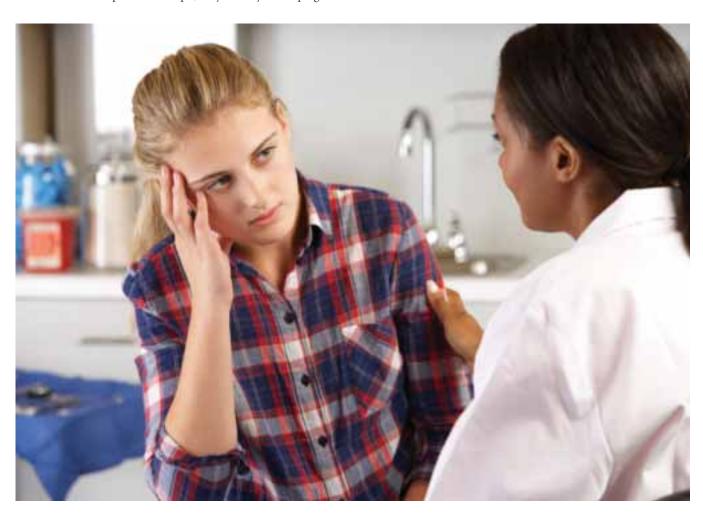
We now have more realistic expectations that let them learn and succeed at their own pace. For example, last year a boy left the program after only two days. He simply could not handle it. Within 15 days he called and wanted to come back. He was with us for almost six months battling extreme emotional dysregulation.

We did not think he could make it given all the problems he was having in school and with his peers; however, after connecting with an outpatient clinic and getting help from an in-home case manager, he was able to successfully transition back into the community.

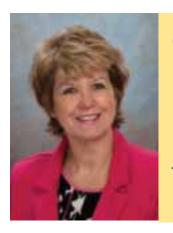
In addition to his treatment, we offered that young man a renewed sense of hope. He was equipped with the tools he needed not only to survive, but to thrive in the community.

#### SAARAH WALEED

**Program Director for Addiction Treatment** Services, Villa of Hope







"As parents, our biggest investment is our children. Family support is crucial in treatment and recovery."

s the mother of a child in recovery, I have dealt with prescription drug addiction firsthand. Throughout my journey as a mom searching for help for my son, I was sometimes lost with no place to turn and no one to talk to about what we were going through. I didn't understand the process of treatment or how to best help my son. When we got him in treatment, I experienced an overwhelming need to learn more about addiction and to help others in their journey.

For 40 years Horizon Health Services has served Western New York, providing outpatient, inpatient and residential treatment to clients and their families struggling with substance abuse and mental health disabilities. In the fall of 2013, Horizon recognized the need for the immediate implementation of new services to meet the escalating epidemic. So I ended my 25-year career in the banking industry to become an advocate for the mission that had become so close to my heart.

"It is nearly impossible to go a day in Western New York without hearing about an overdose by a teenager or young adult, or a family in crisis."

The position of parent and family support coordinator was created for me and Horizon allowed me to define my role and expand it well beyond the original concept. I strive to raise awareness about drug abuse in the community-at-large and help individuals and families struggling with substance abuse - particularly those with opiate addiction – to access treatment and begin their journey to recovery. My focus is primarily on the family, providing emotional support,

hope, reassurance, information and advocacy to ensure swift access to treatment and support at critical moments. I currently work with approximately 200 families.

I recently became a Narcan administration trainer within Horizon's Opiate Overdose Prevention program and have trained thousands of individuals in Western New York schools, companies, parent groups and organizations how to administer naloxone (Narcan) to overdose victims. We have received many reports of individuals being saved from overdose deaths through Narcan training. I was also instrumental in introducing therapy dogs to Horizon. These dogs are taken to Horizon's 23 outpatient clinics and inpatient facilities to provide clients and their families the opportunity to receive and express affection.

I also implemented Parent and Family Support meetings across Western New York. These weekly meetings are designed to educate parents and family members about addiction and community treatment resources and help them develop the skills necessary to support, intervene and participate in the recovery of their loved one, heal family discord and experience relief from emotional stress.

I believe that fear keeps us isolated and hidden as we try to deal with everything by ourselves in silence. The fact is that you need support. You cannot, nor should you have to, go through this alone. Recovery is different for everyone, but it is helpful and beneficial to talk to other families about what is working for them and what is not.

Horizon believes that engaging and strengthening clients' families and support networks is essential to their continuing recovery.

COLLEEN BABCOCK

Parent & Family Support Coordinator, Horizon Health Services



necent studies tell us that children in foster care are at increased risk for adjustment problems and long-term functional difficulties. Disrupted attachment to biological parents, trauma effects stemming from abuse or neglect that resulted in the removal of children from the home, emotional disruption of placement into foster care and re-traumatization of children are all contributing factors.

Full-family sober supportive housing models are increasingly being considered as a viable alternative to traditional foster care models for families impacted by addiction. The full-family model enables children to remain with their family within the context of a safe, supervised environment while their parent or parents engage in chemical dependency treatment.

To assess whether full-family models could be a viable alternative to traditional foster care, The Center for Children and Families (The Center), a Montana-based nonprofit behavioral health agency, in collaboration with Yellowstone County Family Drug Treatment Court, was awarded a regional partnership grant by the Administration for Children, Youth and Families to create Family Housing Matters, a full-family sober supportive housing program.



"Being able to have my daughter with me was such a motivator. In the beginning of my treatment I was doing it for my daughter, but after a while I started doing it for me."

- Graduate of the Family Housing Matters Program

Between March 2008 and March 2014, 80 families and 157 children were placed in long-term transitional housing. A continuum of supportive services was provided, including coordination of cooccurring disorder adult chemical dependency treatment, mental health and parenting services, holistic multi-disciplinary team case management, monitoring of parents' substance use and 24-hour staff supervision to ensure safety.

The outcomes are promising. Successful family reunification rates increased 16 percent and 24 percent fewer post-reunification maltreatment incidences were reported compared to families whose children were placed in traditional foster care. Improvement was seen in parental behavior, including significantly higher levels of social support and empathy for children, increased recognition of children's power and independence, greater adoption of appropriate family roles and increased belief in alternatives to corporal punishment. Children impacted by parental abuse, mental health issues and trauma were less likely to internalize problems and exhibited increased adaptive functioning.

There has been significant improvement in the lives of families served and growth in collaborative partnerships through the Family Housing Matters program. A successful graduate of the program who has been in recovery from opiate addiction for two years spoke about the importance of having her children remain in her care while she engaged in treatment.

"Being able to have my daughter with me was such a motivator. In the beginning of my treatment I was doing it for my daughter, but after awhile I started doing it for me," she said. She also spoke about the role the program's wrap-around services had in her recovery journey and her daughter's emotional well-being. "Being in Family Housing Matters was huge for me because I was there long enough with the support I needed that I didn't have anywhere else. I didn't have the family support to help me on my recovery journey at the time and the program provided a family for me and the support that I needed. I'm no longer an absent parent, my daughter has been able to go to counseling and relay her emotions to me about how she is feeling, which is huge."

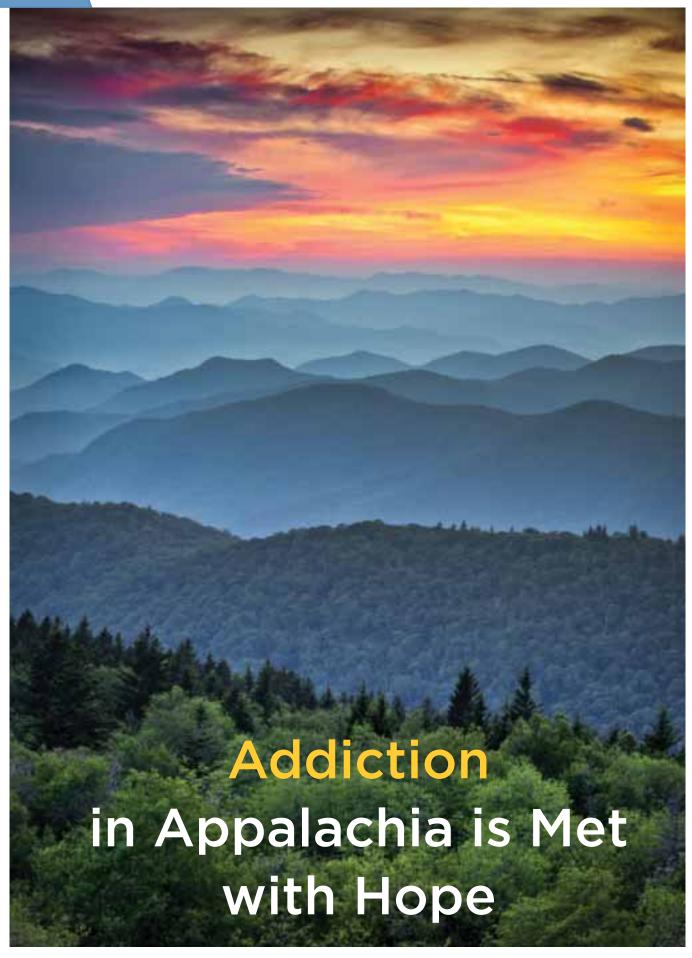
She and her daughter are determined to help other families struggling with addiction by facilitating addiction psycho-educational groups for adults and children as well as Narcotics Anonymous (NA) groups in a local jail. She says that she is "living for a purpose now," and is determined to help other parents step out of their addiction into a life of recovery with their families.

CLARE R. WHITE

Program Evaluator, The Center for Children and Families

BRENDA K. ROCHE

Director of Clinical & Evaluation Services, The Center for Children and Families



or people living in the Appalachian corridor of east Tennessee, where mountainous terrain and deep valleys quilt the landscape in all directions, health service of any type is hard to come by and hard to access. The obstacles and barriers are certainly no less challenging for individuals seeking a welcoming, hopeful way to receive treatment for addiction.

Ridgeview Behavioral Health Services, a community behavioral health center in east Tennessee, is committed to providing high-quality prevention services and mental health and substance use treatment as well as support to improve the overall health, well-being, hope and recovery of the people it serves. Ridgeview, with support, encouragement and input from the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS),

responded to the community's need for effective and innovative substance abuse treatment with the Scott/Morgan Targeted Outreach Program (STOP).

STOP provides individualized outpatient, community-based substance abuse services through telehealth. Using an interactive electronic video-telecommunication technology to connect allows individuals in remote, rural areas separated by challenging geography to participate simultaneously in substance abuse treatment groups and other aspects of the program. Individual therapy and intensive case management are also integral components of the program.

Telehealth has been well received by clients and allows the program to maintain a healthy group size. This in turn creates a larger, more sustainable recovery community.

STOP created strategic partnerships with courts, federally qualified health clinics and other health care providers to increase mental health and substance use awareness in the communities. Through intensive case management services, STOP has supplemented the



goal of reducing substance use and abuse by creating positive, hopeful supports, including safe housing and opportunities for secure employment.

The success in Scott and Morgan counties has already led to an expansion of services into two other rural counties.

One client said, "If it hadn't been for STOP, I'm afraid to imagine where I'd be."

To provide even higher quality service, in 2013 Ridgeview participated in a learning community for the National Council's Same Day Access program. The initiative provides technical assistance and support to help providers offer appointments on the same day that an individual requests it. This is a win-win — clients get easier access to care and Ridgeview supports a healthier community.

On October 1, 2014, Ridgeview received Co-Occurring Disorder Enhanced (CODE) status from TDMHSAS, the highest classification for providing treatment to individuals who experience substance use and mental health issues.

"We are honored to receive the CODE status," said Brian Buuck, CEO of Ridgeview. "It speaks to the quality of care we strive for in all of Ridgeview's programming and service delivery efforts. The professional, compassionate staff has high standards when meeting the needs of those we serve."

At the Tennessee Association of Mental Health Organizations' annual conference in 2014, STOP was presented the Program of Excellence Award. This is a fitting celebration of STOP's innovative impact in responding to the substance use prevention and treatment needs of Appalachian residents.

MICHAEL YATES

Director of Development, Ridgeview Behavioral Health Services

"Hope exists in the hills and valleys of east Tennessee and with programs like STOP, it shines brighter day by day."





ayne Bolton is a health care superutilizer – a group that makes up only 5 percent of the U.S. population but accounts for a staggering 50 percent of health care expenditures. In just six months, he visited the emergency room six times because of blackouts caused by ventricular tachycardia.

Wayne has been a client at Centerstone Research Institute (CRI) – one of the nation's largest not-for-profit providers of community-based behavioral health care - for 20 years. Like many superutilizers, he suffers from multiple diagnoses paranoid schizophrenia, congestive heart failure, diabetes, high blood pressure and anxiety. Multiple chronic conditions and the presence of a comorbid behavioral health diagnosis can double or triple annual care costs.

As more payers, like the Centers for Medicare & Medicaid Services, commit to increasing the number of contracts that reward improved outcomes and decreased costs, the typical care models for superutilizers are no longer in the best interest of payers, service providers or patients.

In response to these changes in the health care system and the need for improved care, CRI developed the innovative coactionHealth clinical intervention model in coordination with Centerstone, payers and technology partners.

coactionHealth combines unique algorithms, data analytics and a high-touch care model with mobile technology to engage patients who have complex mental and physical health problems, including addiction. Through this approach, coactionHealth decreases unnecessary hospitalizations and emergency room visits, which has a positive impact on participants' physical and mental health and decreases health care costs.

Clients who meet the high-utilizer eligibility criteria for coactionHealth are paired with a high-intensity wellness coach who works closely with them to improve their physical and mental health conditions, coordinate their care and address their social needs. In addition, program participants are given a support team including an on-call nurse and a supervising licensed therapist and an mHealth technology package — a smartphone, dedicated apps and health data monitoring devices and connectivity.

In 2014, CRI launched several pilot projects to test the model. The preliminary results are extremely promising, showing more than a 50 percent decrease in hospital days and more than 30 percent decrease in emergency room visits for participants. coactionHealth has proven to be a positive first step in transforming our health care system and the lives of people like Wayne.

"It wasn't just instruction. It was somebody there working with you to give you that inspiration, to help you see what you can and can't do," Wayne said. "Every time you realize something you can do, that makes you feel better about yourself, and the better you feel, the more inspired you are to reach further."

The mHealth tools helped Wayne manage his symptoms and improve his health. The Fitbit, a wireless activity monitor included in the mHealth package, motivated him to increase his daily physical activity and the Ginger.io app involved him in his conditions, helped him get more in touch with his mood and feel better connected to his care team. Preloaded onto the coactionHealth smartphones, Ginger.io collects data on mood and mental health symptoms through daily surveys. By continually monitoring behavior data, it is able to



"coactionHealth helped me reach a better level of health and become a more positive person. It was extremely beneficial and I know it can help others."

alert providers to any significant changes, which can spark an intervention to provide help early on.

Thanks to coactionHealth, Wayne developed the confidence and self-esteem to adopt and maintain an active, healthy lifestyle that, in conjunction with medication, has stabilized his cardiac conditions. It's been nearly two years since his last blackout and he has lost more than 30 pounds in four months. He's seen how exercise and diet can affect his overall wellness and continues to push himself to set higher goals for a healthier lifestyle.

"coactionHealth helped me reach a better level of health and become a more positive person," Wayne said. "It was extremely beneficial, and I know it can help others across the country as well."

CHRISTINA VANREGENMORTER Director of Center for Clinical Excellence, Centerstone Research Institute

# Let's **End the Debate:**

## Abstinence-**Based Medication** Assisted Treatment is Here to Stay

or the past 40 years, addiction treatment has relied on various medications to enhance safe detoxification. Medications like benzodiazepines (Valium, Klonopin, Ativan, etc.) allow physicians to slowly help the brain achieve homeostasis and avoid life-threatening seizures or delirium tremens. Other medications, like disulfiram (Antabuse) discourage alcoholics from drinking by causing severe sickness when used in conjunction with alcohol.

More recently, anti-depressants like Prozac, Paxil and Zoloft have gained acceptance from the addiction community. Medications like Campral and Naltrexone are emerging with the promise of diminishing cravings. Medication is an established component of "abstinence-based" treatment, which supports a goal of lifelong abstinence from drugs and alcohol.

This philosophy was reinforced by 12-step programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), which serve as the foundation for recovery of most management and clinical staffs.

A small group of treatment programs held that some drugs, like opiates, were best treated with methadone. However, methadone



programs were viewed by many as pseudo-treatment.

Increased use of medications like hydrocodone, oxycodone and others resulted in a flood of pain pill abusers being admitted to treatment facilities, jails and emergency rooms. The addiction field formed into two adversarial camps. Our outpatient program used buprenorphine (Suboxone) with tremendous success and much criticism.

Medication for opiate dependence was approved and championed by the federal government and its effectiveness was demonstrated in study after study. As the Drug Enforcement Administration (DEA) clamped down on the spread of pain pills, people with addictions began to discover that heroin was cheaper and easier to acquire. Emergency rooms, treatment programs and morgues began to fill with patients dependent on heroin.

Programs using buprenorphine medication-assisted treatment programming decreased; however, those that continued to use it saw better recovery rates with greater patient retention and found new ways



Today, the field of addiction treatment is at another crossroads as we begin to integrate science deeper and deeper into our programs.

to use buprenorphine in conjunction with treatment.

Ironically, organizations like the National Association of Addiction Treatment Providers (NAATP) were threatening to boycott the American Society of Addiction Medicine (ASAM) because of their support of buprenorphine, despite its demonstrated success rate.

Then, the unthinkable happened. The Hazelden Foundation bought the Betty Ford Center – both staunch critics of buprenorphine – and announced that they were going to open Betty Ford Center outpatient programs and utilize medication-assisted treatment along with long term use of buprenorphine. This was a game changer, as both were key figures in NAATP.

Today, the field of addiction treatment is at another crossroads as we begin to integrate science deeper and deeper into our programs. We must acknowledge that abstinence from addictive substances can be improved by medication-enhanced recovery.

Buprenorphine does not create a tolerance, produce a high or lead to overdose. It serves as a blocker on mu and kappa opioid receptor sites and eliminates acute and post-acute withdrawal from opiates. A secondary gain is that buprenorphine brings about significant pain relief and reduces damaging stress hormones like cortisol.

We need to come together and define the parameters, goals and standards that define recovery. By splitting into two camps, we have confused patients and diluted the care that they deserve.

Ultimately, the future of treatment will increasingly consist of medication-assisted treatment. Too many people are dying and losing loved ones in this epidemic of opioid addiction. Abstinence-based medication-assisted treatment is here to stay and will serve to continue to save thousands of lives.

CHARLES "ROCKY" HILL

CEO, Hill Alcohol and Drug Treatment

# RICHADONE MISCONCEPTIONS

"I grew up in a middle class, every day type of family. In high school we had some family turmoil when my parents divorced, and that's when my using started. I used every drug under the sun until I found opiates - 'percs' and 'oxys.' After a couple of years you start to realize you're addicted and friends start to dwindle and you're by yourself and then it gets too expensive. And that's when I switched over to heroin."



-Brian, Client, Danvers Opiate Treatment Center

rian's description of his descent into addiction is typical. He eventually got divorced, became homeless, fathered a daughter he rarely saw and lost any hope of pulling out of his downward spiral.

But Brian turned his life around. Clean for eight years, he now has a wife, a job, two children he sees regularly and lives in a condominium. He owes his success to hard work and medicationassisted treatment using methadone.

Too many people struggling with opioid addiction are robbed of a chance to get their lives on track because of the stigma surrounding methadone treatment. Critics call the medication "liquid handcuffs" because it can be difficult to stop using, but they don't realize how methadone can help break the chains of addiction.

People with the disease of opioid addiction use methadone to block the high they feel from taking drugs like oxycodone and Percocet. It also helps reduce the cravings and withdrawal symptoms caused by opiate use.

The number of misconceptions about methadone are staggering. Methadone does not get you high or make you tired and unable to function. People in treatment may look sleepy or high, but it's not because of methadone. The reality is that your neighbor could be on methadone and you'd never realize it.

The people we treat do not simply line up for their dose of methadone and then go home. Methadone is only part of the treatment, a spoke in the continuum of care wheel. Like Brian, clients need to be serious about making changes in their lives. They need to participate in individual counseling and group therapy. At Danvers Opiate Treatment Program, we help them deal with issues like domestic violence in the home, medical and psychiatric problems and legal matters.

Success can mean different things to different people. For Brian, success was not just getting clean, but going back to work and reconnecting with his daughter. For others, success is to stop using opiates or any illicit substances. Some people feel successful when they can stop going to the clinic and remain opioid free. Others view the clinic as a kind of security blanket, knowing that individual and group counseling is always there for them.

We offer our clients an extensive continuum of care. We have detox centers in Boston and at two other sites in the area. Our Clinical Stabilization Services program offers people residential placement for 12-14 days to help them manage their symptoms as they build on sobriety skills. We also have a transitional stabilization service to help men who want to move on to further treatment in halfway houses.

Hart House is an intensive residential rehabiliation program for women and their children. Ryan House is a halfway home to help people get a job, work on their recovery and reintegrate into society.

We are losing the opiate addiction battle. Our client numbers have increased in recent years and we now average four admissions a week. We need to do more to educate communities and clear up misconceptions about methadone.

Methadone isn't for everyone and it's not the only way to get clean. There are different paths people can take on the road to recovery. For some, methadone is the most successful way, but it's not an end in itself. The true work is accomplished through therapy and by the commitment and hard work done by our clients who are determined to get clean and live a happy and productive life.

> KATE DONAHUE Program Director, **Danvers Opiate Treatment Program**

### Whole Health Care:

# Treatment That Saves Lives and Heals Communities

# Treat the whole person = not just the addiction.

hen the Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties approached us at Health Partners of Western Ohio to help address a burgeoning drug crisis with medication assisted treatment (MAT), we hesitated. We're a federally qualified health center that provides fully integrated primary care, but addiction treatment was outside our specialty programming.

After some research and looking at the disease model, we realized that using medication assisted treatment is no different than a chronic disease model like diabetes or hypertension. We said, "Absolutely."

When the State of Ohio's Addiction Treatment Pilot Project started in October 2013, Hardin County was one of five counties in Ohio with the largest number of heroin overdoses. Last year, there were no drug overdoses reported compared to 14 the previous year. There is also a decrease in crime and the arrest rate has gone down in the community.

Health Partners of Western Ohio has treated more than 140 patients. We now have a 92 percent success rate of patients remaining opiate-free, 75 percent are employed or have returned to school and many have regained custody of their children. About 15 have "graduated" – left the medical treatment program and continue to receive behavioral health services. This allows us to continue to monitor them to make sure there are no triggers or any changes in their health that could lead to relapse.



Additional staffing was required to respond to the special needs of a MAT program. A patient-centered multidisciplinary team was built consisting of an RN care navigator who serves a clinical role and ensures patients are linked to the appropriate community resources, a primary care physician, a Licensed Independent Social Worker (LISW) and an LPN. The team works collaboratively on all cases to treat the whole person – medical, mental health, oral health and women's health – simultaneously with the addiction issues.

Sharing one room on treatment day allows the team to see the patient



together and immediately confer about our thoughts on treatment progression or areas of concern, alterations in medication or adjustments to the treatment plan.

It was found that a significant number of those being treated for substance abuse issues had untreated co-occurring disorders, including Hepatitis-C, anxiety and dental issues. Health Partners of Western Ohio's model offers primary care, behavioral health, dental and pharmacy services, all housed in the same facility. This means that instead of referring clients out, we can walk them down the hallway to the office

"When I walk in the door, nobody knows why I'm really here. I don't feel like I have that scarlet letter on my back that says I'm an addict because when I walk in the door, I am no different than any other patient in the waiting room."

of the appropriate professional. If they complain of dental pain, the dentist will come over and take a quick look.

Patients remain engaged and feel welcome at the facility as the stigma of addiction is lifted and all of their health care issues are addressed.

Partnering with community mental health agencies further expands the services offered to patients with addiction. We hold bi-weekly treatment team meetings - team conferences - with the agencies that share patients. This allows us to discuss how things are going and if we need to make changes or alterations.

Quarterly meetings with law enforcement held in conjunction with the recovery court and the family court keep the lines of communication open. These meetings are not treatment-based so we can concentrate on policies and procedural changes. We have a lot of direct conversation about what's working and what's not working from the criminal justice or law enforcement perspective. Based on what they see and hear, we make internal adjustments.

Health Partners of Western Ohio's holistic approach to MAT is already spawning new treatment centers in rural areas. A second program has opened in Williams County and we have been approached by Seneca County – about an hour-and-a-half north of Hardin County.

### JOLENE JOSEPH

Director of Behavioral Health and Substance Abuse Services, Health Partners of Western Ohio





# Breaking the Cycle

## of Incarceration

n October 2014, 34-year-old Kris Knapp took an all too familiar journey to the Portage County jail in Ravenna, Ohio. After two years of being homeless, couch surfing with anyone who would take him in, Kris went to jail with little fear. In his eyes, he was finally safe. He did not have to worry about where he was going to sleep, how he was going to get out of the cold or where he was going to get his next meal. Kris felt that he had nothing to lose and no reason to fear incarceration.

In and out of county jails much of his adult life for minor misdemeanor

charges and one felony, Kris struggled with maintaining relationships, employment and housing. Raised in a home where other family members lived with addictions, Kris succumbed to alcoholism. Driven by basic concerns like housing, income and finding his next meal, treatment was a low priority.

Fortunately, the cycle was broken when Kris met Donnie Atherton, a jail liaison for Coleman Professional Services. Kris arrived in jail with the calm that comes with an increased a sense of safety and stability, but he recognized that the situation was temporary and his

# "Being part of the program is the best thing that ever happened to me."

feelings of security were fleeting. Open to taking the steps necessary to change his future, he completed a needs assessment and spoke with Donnie about ways to address the barriers that kept him from living a productive, independent life.

As a result of participating in the program, for the first time, Kris has hope for the future. Previously denied temporary housing due to his criminal background, with Donnie's advocacy and assistance, Kris is now in his own apartment. By adhering to a weekly case plan with Donnie, including alcohol treatment and assistance with transportation and work attire, Kris has been able to gain and maintain employment, housing and sobriety. This is the longest that he has stayed out of jail and he has no intention to return. He finally feels that there is light at the end of the tunnel.

When asked about his experience, Kris says, "I only wish I had met Donnie a long time ago. Being a part of this program is the best thing that ever happened to me." He adds, "I never thought I'd be part of a success. It was tough at first. There was a lot on my shoulders. Life is great right now. I don't want to lose what I have."

Coleman's Jail Liaison program is funded by a Community Innovations Initiative of the Ohio Department of Mental Health and Addiction Services. Working in collaboration with the Mental Health and Recovery Board of Portage County and other partners, the program breaks the cycle of addiction and crime by providing appropriate mental health and addiction treatment and recovery support services. Because a large percentage of the jail population has experienced serious trauma, the program incorporates trauma

informed training and care, a mental health case manager and an addiction counselor to assist offenders in their transition from jail to the community.

Founded in 1978, Coleman Professional Services is a nationally recognized, non-profit provider of behavioral health, rehabilitation and social service programs serving more than 20,000 individuals annually with operations in seven Ohio counties. Coleman reduces the challenges of the clients it serves and provides them with the skills and tools needed to thrive. In addition to psychiatry, counseling and case management, the organization offers housing and employment services to provide a strong foundation for recovery.

Coleman operates with a strategic focus in three areas: fostering recovery through improved access, building independence through supportive housing and changing destinies by obtaining and maintaining employment. Coleman emphasizes the importance of quick access to services. "The solution is to get help for people as soon as they hit the system," says Nelson Burns, president and CEO. "It is imperative that the client does not wait."

CAROL MCCULLOUGH

Grant Writer. Coleman Professional Services









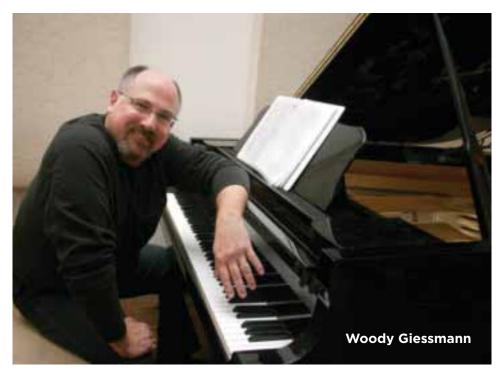
Addiction treatment has failed to keep pace with the rapid rise of substance abuse among young adults, especially for prescription opiates and heroin. Treatment programs are often underfunded, brief, swamped and, though well-intentioned, don't always use evidence-based models. Engaging and retaining clients long enough for recovery to take hold can be very difficult, resulting in relapses and loss of hope.

Creativity and addiction often go together: artists frequently use substances to create and to perform. Drugs and alcohol are widely available in performance settings and their use is more widely accepted.

Right Turn is an agency that offers three- to six-month residential and intensive outpatient programs (IOPs) designed for early recovery and outpatient programs for longer term treatment. The agency integrates the arts into evidence-based treatment.

Originally designed for performers, Right Turn now welcomes anyone who believes that a creative approach to recovery may be beneficial. We treat men and women from 18 to 80, though our typical client is a musician between 19 and 22 years old who is addicted to opiates. Our clients come from all over the U.S. and present at all levels of readiness for change. They have abused multiple drugs, most commonly alcohol, opiates, MDMA and marijuana.

Like most IOP's, Right Turn offers individual and group treatment as well as family counseling. Motivational interviewing is the basis for most clinical interventions and incorporates empathy, which creates discrepancy in the clients' belief system, avoids confrontation, rolls with their resistance and supports their self-efficacy. For example, we consider ambivalence and relapse as part of recovery; therefore, they are not grounds for discharge. We know that retention leads to success in



"... if you treat clients with respect and acceptance, they stay in treatment. If they stay in treatment they get better. And they stay better."

the treatment of substance use disorder. Over the past six years of IOP services, we have an 85 percent retention rate for clients completing three to five months of treatment in our program, with families often staying involved for a longer time.

Creative expression is a fundamental component of our structure. Creative groups take place daily focused on music, graphic arts and writing. Instruments are everywhere and music is often spontaneously played in the common area. A weekly sober performance called Right Turn Live! is open to the public, but most importantly it is an opportunity for clients and alumni to perform without using substances – often for the first time. Our emphasis on using artistic creation and performance to support recovery is unique and has proven to be highly effective.

After clients complete the program, they are encouraged to stay in touch. Alumni groups are offered daily and as a larger weekly group -Artists in Recovery. Right Turn Live! is also well-attended by alumni. Our non-judgmental attitude towards relapse has encouraged former clients to turn to us, if needed.

**WOODY GIESSMANN** 

Founder and CEO, Right Turn Addiction Services

GABRIELLE "ABBY" DEAN

Clinical Director, Right Turn Addiction Services



# **Harm Reduction:** Holistic **Treatment** with Lasting Recovery

VICTORIA ABAD

Vice President of Wellness & Empowerment, BOOM!Health

or more than two decades, the Harm Reduction Center of BOOM!Health (formerly CitiWide Harm Reduction) has touted the benefits of harm reduction to the South Bronx neighborhood of New York City. This is a largely Latino and African American urban area with one of the highest rates of poverty, injection drug use, drug overdose, HIV and hepatitis C in New York City and the nation. The agency has operated a syringe exchange program since 1995, when Brian Weil, an activist who used IV drugs, distributed sterile syringes to other active users to help prevent the spread of hepatitis and HIV.

Twenty years later, the agency still offers sterile syringes in addition to harm reduction counseling, recovery readiness and peer-to-peer recovery coaching and support. The agency also offers A New Way of Life, the first 12-step Narcotics Anonymous (NA) group in a harm reduction setting. The agency has become a nationally recognized model that trains active injection drug users to administer Narcan – an opioid antagonist used to counter the effects of overdose. Narcan has proven to be effective in keeping people alive in cases of accidental overdose. BOOM! Health recently began offering two educational sessions weekly in response to the recent surge in the use of K2 (aka Spice), a synthetic form of marijuana commonly sold as potpourri or incense in gas stations and neighborhood convenience stores.

The agency has successfully embraced the stages of change model, which acknowledges that behavior change does not happen in one step. People tend to progress through different stages on their way to making sustained, successful changes. We believe that "meeting people where they're at," identifying their specific stage of change and using motivational interviewing techniques to coach them by encouraging change talk and self-efficacy is key to helping people address common barriers to change.

### Six stages are reinforced through group and individual settings.

- 1. Pre-contemplation Not yet acknowledging there is a problem behavior
- 2. Contemplation Acknowledging there is a problem but not ready or sure of wanting to make a change
- 3. Preparation Getting ready to change and making plans
- 4.Action Beginning steps to change
- **5. Maintenance** Sustaining changes for six months or longer
- 6. Relapse Returning to old behavior



### "Every person should be educated on their stage of change and offered a variety of treatment approaches not just abstinence options."

Bridging the gap between harm reduction models and recovery (or abstinence-based) models has not been without its challenges. For funding purposes, agencies have traditionally grounded themselves in just one of the philosophies and many constituents have thought it necessary to abandon harm reduction in order to embrace "true" recovery. However, the natural progression that harm reduction to abstinence can provide allows for a more holistic treatment. A lowthreshold approach recognizes that every person should be educated on their stage of change and offered a variety of treatment approaches - not just abstinence options. This often leads to more permanent, sustained behavior changes.

Funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2013 for a peer-to-peer model of recovery support allowed BOOM!Health to offer new set of services focused solely on recovery. With support from Health Navigator Evelyn Rivera, now sober for 18 years, and Community Health Outreach Worker Damaris Claudio, sober for 21 years, the agency has successfully completed 11 cycles of the six-week Recovery Support Workshop. To date, 273 people have enrolled with a graduation rate of 55 percent. In addition to the workshops, the program consists of coaching and readiness groups to introduce clients to the recovery model. It relies on the diverse experience of seven trained peers with demonstrated history of sobriety.

The strength in recovery is shared among the BOOM!Health employees who offer weekly sober support groups, monthly sober events and the groundbreaking 12-step NA group in the Harm Reduction Center. Offering this full spectrum of services and ensuring that staff speaks the language of recovery supports an environment that can be supportive to people at any stage of addiction.

When a variety of options are available under one roof, we will truly see the evolution of wellness and empowerment for all.

# Is Anybody Listening? Sasha's Story

I was always a happy kid and had a great childhood. When I was 14, I started to encounter frequent feelings of emptiness shortly after the suicide of my first boyfriend. I began to act out. Instead of attending classes, I would sit in the stairways and self-mutilate.

When I decided to speak to someone about my new habit, I was suspended from school pending a psychiatric evaluation. I was diagnosed with severe clinical depression and was told I needed to be medicated. My mother refused, but I attended therapy for a few months. I only got worse.

I developed eating disorders, started to drink and began smoking weed. Soon after the therapy sessions ended, I took my first prescription pill – Xanax. My "friends" told me that one pill would be equivalent to four drinks. Of course, I took nine pills. I didn't want to be drunk – I wanted to stop all coherent thought altogether. The memories from this night are so ridiculous I can't believe they are mine. I woke up in the psychiatric emergency room and was told that I needed medication. My mother refused – again. There was nothing wrong with her daughter.

SASHA BEREZOVSKAYA

Dynamic Youth Community Inc.





Over the next seven years, my use escalated, but I did not realize I was addicted to drugs. To me it was depression, borderline personality disorder, schizophrenia and any other disorder I was diagnosed with throughout the years. All I was doing was medicating myself. I spent a majority of those seven years in psychiatric wards. Whether I was put there because I overdosed, tried killing myself (I never really wanted to die) or brought myself there of my own free will because I was scared, I got pretty used to being there.

One particularly vivid memory I have is spending six weeks in a hospital in Manhattan. I really thought this was it, I finally found the answer. The doctor really made me feel that he had the cure. I would tell him how I felt. For each feeling, he had an answer. Sad? Lexapro. Anxious? Klonopin. Can't sleep? Ambien. Still sad? Wellbutrin XL. Still can't sleep? Seroquel. I was on two different medications for every feeling I had.

I felt good – really good – all the time. I left the hospital when my insurance ran out, with a pocket full of prescriptions to keep me "normal." Nobody questioned the abundance of medication, because it came from a doctor. He knew there was something wrong with me and how to fix me! I cannot understand why he never thought I just had an issue with drug addiction.

When my family finally grasped that drugs were my problem, they found a rehabilitation program called Dynamite Youth Center. They didn't give me a choice. I was not their sick little girl anymore, I was a drug-addicted monster whose only issue was the drugs she refused to stop taking. By some miracle, this program took me in after numerous hospitals, outpatient facilities and clinics did not understand what my problem was - or my symptoms weren't bad enough at the time to be admitted.

The first question was not, "How will you pay?" but, "Are you ready to help yourself?" To this day, I will never forget the way my addiction was handled. There was no doctor telling me I had some form of madness that made me this way; there were only real people, just like me, who understood my addiction and understood how to help me.

Dynamite is a program for adolescents and young adults that follows the therapeutic community concept and has a step-down model of care. It has a one-year residential component, followed by outpatient and after care. When I talk about the program, I receive looks of shock about the length of stay. But think about it: I spent almost a decade becoming a drug addict - how can I expect to change in a 30-day program?

As I write this, I am over three years sober. I am not on any medication, and I am a functioning member of society. I tell my story because everybody deserves a chance to get the care they need and everybody deserves a chance to be completely drug free.

The beauty of recovery is getting another chance at life and having the opportunity to live the dreams you once believed were impossible.

# Screening, Brief Intervention and **Referral to Treatment**

Strengthening Clinical Care in Community Behavioral Health Organizations

### www.TheNationalCouncil.org

### IN THE NEW WORLD OF INTEGRATED HEALTH, HOW CAN YOU DEMONSTRATE YOUR VIABILITY AS A BEHAVIORAL HEALTH PROVIDER?

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce and prevent risky alcohol and drug use. In addition to strengthening clinical care, SBIRT bolsters organizations' capability to address co-occurring disorders and positions organizations for integrated care and new business opportunities.

### TOP FIVE REASONS TO IMPLEMENT SBIRT:

- · Improve overall clinical care
- · Reach adults and adolescents at higher risk for substance abuse issues due to mental health conditions
- Position your CBHO for partnership with primary care or prepare for a fuller integration project, which creates new business opportunities
- Build overall co-occurring capability in a concrete way, and provide a gateway to developing co-occurring services and new business opportunities
- · Fortify your CBHO as a line of defense against addictions through an evidence-based prevention and early intervention protocol that any provider - even those with little experience with addictions — can successfully implement.

### **MAJOR COMPONENTS:**

Screening — The patient's level of risk is identified based on substance use behaviors using standardized screening and Motivational Interviewing skills.

Brief Intervention — Provider and patient engage in a conversation using the Brief Negotiated Interview format to elicit behavior change and reduce counterproductive discussions.

Referral to Treatment — Patients who need substance abuse treatment are supported through an enhanced referral process that includes follow-up.

### IS SBIRT EFFECTIVE?

SBIRT has a high return on investment with a low burden of time and resources on providers. When services such as SBIRT are offered, primary care, behavioral health and specialty addiction services find a valuable and highly satisfying partnership – and an opportunity to move towards the model of service integration.

### INTERVENTIONS SUCH AS SBIRT HAVE BEEN FOUND TO:

- · Decrease the frequency and severity of drug and alcohol use
- · Reduce the risk of trauma
- · Increase the percentage of patients who enter specialized substance abuse treatment
- · Reduce hospital stays and emergency department visits
- Yield net cost savings savings for each brief intervention exceed treatment costs by 3 to 1

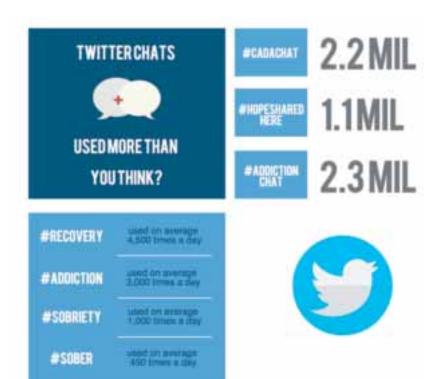
For more information on building an SBIRT consulting package, pricing, or to schedule an existing training, please contact Pam Pietruszewski at PamP@TheNationalCouncil.org.



# #addictions

# SOCIAL MEDIA IS A CRITICAL WAY TO EDUCATE, SPARK CONVERSATION, AND FOSTER ONLINE COMMUNITIES FOR

THOSE IN RECOVERY. How does the chatter add up around the issue of addictions? Check out this snapshot of what people on twitter are saying and how often they are saying it.



@TheRecoveryBook - #Recovery takes time. But you will get to live a life that is far better than you've ever imagined. #addiction #sober

@FacingAddiction - Someone dies every four minutes from addiction. Where's the outrage? Bring it to DC at #UNITEtoFaceAddiction

@virtual\_nadine - Don't judge, don't
shame, don't guilt. Share stories of hope
& recovery, stories of lives/communities
changing with recovery



### A MESSAGE FROM PATRICK KENNEDY



October marks seven years since the passage of the Mental Health Parity and Addiction Equity Act. I was proud to work with my late father, Senator Ted Kennedy, to pass this historic, bipartisan legislation to end discrimination of addiction and mental illness.

It is no secret that we have an addiction crisis in our country. Overdose claims the lives of over 100 Americans every day, more than car accidents. That is why I am particularly proud that the Parity law includes equal protections for addiction care, a fight that was not so easily won.

While we have come a long way to eliminat financial limitations on behavioral services such as higher deductibles and higher copayments, health insurance plans continue to routinely deny patients' inpatient and outpatient care. As long as care is being denied, we must all continue to advocate for the full implementation and strong enforcement of the parity law.

Like cancer and mental illness, addiction is a disease, and a treatable one. Ensuring that Americans have access to affordable, effective addiction care that works for them is central to our fight against this disease.

# Track outcomes & manage relapse with innovative self-help technology

myStrength is an easy and affordable way to expand the reach of your services. Our suite of personalized online and mobile resources empower consumers in their recovery and allow providers to track outcomes and improvement.



### **INCREASE ENGAGEMENT**

Consumer-centric design fosters strong consumer usage and satisfaction.

### **EXPAND ACCESS**

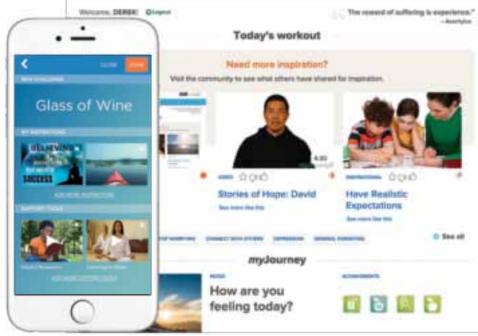
Bridge between visits, support wait-listed clients, extend care remotely and manage relapses.

### **IMPROVE OUTCOMES**

Provide evidence-based self-help resources with demonstrated improvement in clinical outcomes.

"Introducing innovative approaches to mental wellness such as myStrength.com allows MHCD to extend access beyond our clinics' walls. We look forward to expanding our relationship to impact even more lives."

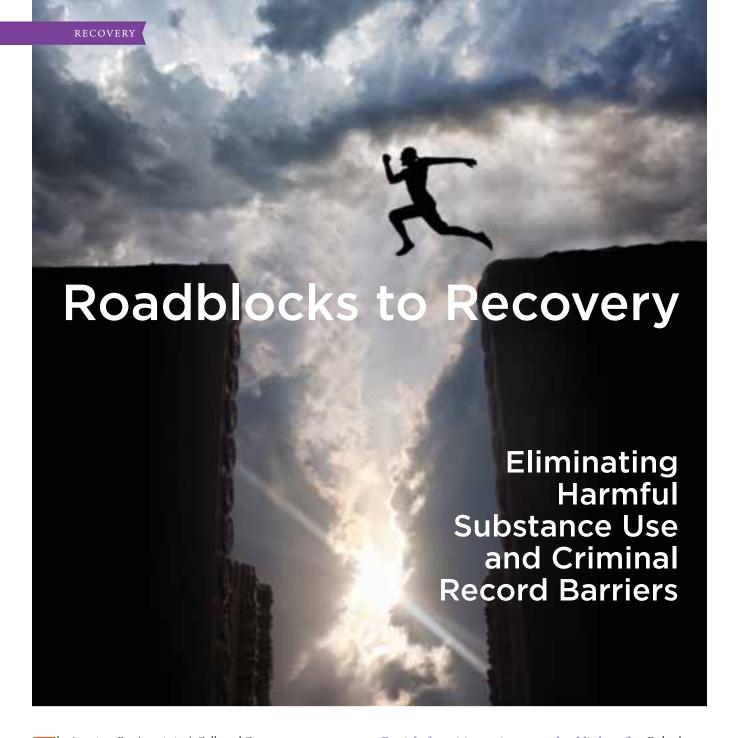
-Carl Clark, CEO, Mental Health Center of Denver



"myStrength technology helps bridge the gap between our direct care sessions and the daily lives of our patients by providing effective, easy-to-use tools they can access at any point."

-Billy West, CEO, Daymark

Learn why other National Council members have chosen myStrength. Schedule a demo today at www.mystrength.com/contact



he American Bar Association's Collateral Consequences Project identified over 45,000 legal and regulatory barriers that affect people with a criminal record. These laws and policies restrict their ability to live with their families, reduce their opportunities to advance their education and career and limit their family's access to financial help. Many of these laws single out people with drugrelated convictions or substance use histories. Because substance use disorders are chronic health conditions, people with substance use disorders need treatment and support, not punishment.

### **Criminal Record Barriers in Federal** Law Often Focus on Drugs

Four of the most significant barriers in federal law apply specifically to people with drug convictions or histories of alcohol or drug misuse.

Denial of nutrition assistance and public benefits: Federal law imposes a lifetime ban on receiving assistance through the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or cash assistance through the Temporary Assistance to Needy Families (TANF) program on anyone convicted of a drugrelated felony. Although states may opt-out of or modify the ban, over two-thirds of the states have left it partially or fully in place.

Public housing restrictions: Federal laws and regulations limit access to public and federally assisted housing for people with drug convictions or histories of drug or alcohol misuse. One law imposes a three-year ban on admitting any person who has been evicted from public housing because of substance misuse and extends to their family. Another gives housing authorities and landlords discretion to deny people housing for a "reasonable time" after they have engaged in illegal drug use, even if their conduct was unrelated to housing or if they have completed treatment.

Barriers to working in health facilities: Federal law bars people with a wide range of convictions, including most drug-related offenses, from working in the health care industry. It includes permanent exclusions from employment in health facilities that participate in federal health care programs like Medicare, Medicaid and state Block Grant programs. These barriers are not limited to positions requiring a high level of trust or concern for security. The law applies to people whose substance use disorder contributed to their criminal justice involvement, even if they have participated in treatment and are in recovery. Similar federal restrictions apply to other industries.

Financial aid ban for students with drug convictions: In 1998, Congress passed a law prohibiting anyone with a drug conviction from receiving federal financial aid for college, interrupting the education of thousands of students. It has since been limited to prohibit financial aid only if the drug-related conduct occurred while a student was receiving financial aid. The ban is not permanent and varies in length depending on the type of drug conviction.

#### Some Barriers Have Been Reduced

The news is not all bad. Although people with criminal records for drug-related and other crimes confront a daunting array of barriers to employment, education, housing and public benefits, the Legal Action Center and our advocacy partners have made tremendous progress reducing these barriers and shifting the conversation away from a "tough on crime" approach to substance use disorders and toward a public health approach.

State opt-outs and modifications of the TANF/SNAP ban and legislation that could narrow the ban significantly: Since the TANF/SNAP ban for people with drug felonies became federal law in 1996, a number of states have modified the ban so that it does not apply to certain offenses or gives people an opportunity to have their benefits restored. Other states have eliminated the ban, while about a quarter maintain the ban in its entirety. The federal REDEEM Act legislation, if passed, would reduce the scope of offenses covered by the ban and offer people in all states an opportunity to have their benefits restored.

HUD letters to landlords and housing authorities promoting housing opportunities for people with criminal records and their families: HUD Secretary Shaun Donovan sent letters to all public housing authorities and landlords of federally assisted housing informing them that they have discretion regarding tenants with criminal records and their families. Decision-makers are encouraged

to exercise discretion with an eye toward admitting as many people as safely possible to housing.

Updated guidance on the use of criminal records for employment: The Equal Employment Opportunity Commission (EEOC) released updated guidance on the use of criminal history information for employment. The guidance makes clear that employers should consider the nature and seriousness of a person's past conduct, how it relates to the job they are seeking and whether there is evidence of rehabilitation.

Pilot program to partially restore Pell Grant eligibility for people in prison: The White House and Department of Education will launch a major pilot project to temporarily restore Pell Grant eligibility for many people. The program seeks to demonstrate the effect that education can have on recidivism rates and correctional costs. This is an important first step toward correcting the negative impact of the ban on Pell Grant eligibility on educational opportunities available to people in prison. If passed by Congress, the REAL Act would permanently restore Pell Grant eligibility for people in prison and Comprehensive Addiction and Recovery Act legislation would create a new post-secondary education program for people in prison.

#### What Comes Next

Criminal justice reform and substance use prevention and treatment recently gained national attention as priorities of both political parties. The damage wrought by past approaches and the accelerating toll of opioid misuse and overdose has brought us to a point of consensus that these approaches no longer work and must be improved. As criminal justice reform continues to move forward and efforts to combat the heroin crisis gain momentum, Legal Action Center and our advocacy partners, along with a growing number of allies in public office, will continue to fight to eliminate barriers that keep people with histories of addiction and criminal records from having a fresh start.

We will continue to push for policies that improve health and lay a foundation for recovery. These policies include eliminating unreasonable and excessive criminal record barriers that harm recovery and do not improve public safety. Restrictions on public benefits and student aid should be eliminated. Criminal record barriers to employment and housing should be thoughtfully and precisely tailored to reduce actual risks without unfairly burdening people who have already been held accountable for their actions. They should always provide people with an opportunity to show they deserve another chance.

> PAUL N. SAMUELS Director/President Legal Action Center

# Jail diversion programs — an effective option for offenders with mental health issues

The United States needs to do a better job at reducing the incarceration of individuals with mental health and substance use disorders, according to a new Human Rights Watch report released May 12. Increased collaboration among the criminal justice and behavioral health care systems is necessary, the report says, to ensure appropriate interventions for people with mental health problems at every stage of the criminal justice system.

Salt Lake County, Utah, epitomizes what can be done if these recommendations are followed. Nearly 60 percent of those in county jail have a mental illness. The ability to coordinate care and link these individuals to services is integral to keeping them out of the criminal justice system and supporting their success in the community. Salt Lake County began contracting with Optum<sup>™</sup> in 2011 to manage its Medicaid mental health services. Optum has partnered with the county, providers, consumers and other stakeholders to design an innovative community behavioral health system that helps people reach recovery and resiliency, including new crisis services and enhanced alternatives to incarceration programs.

Among its advancements, Optum initiated a crisis system redesign, adding a Mobile Crisis Outreach Team (MCOT) program, the Receiving Center for individuals in crisis, the Wellness Recovery Center for those needing more intensive, short-term therapy, and ACT (assertive community treatment) teams.

#### The results speak volumes. For instance:

- During its first year of operation, MCOT served 2,354 individuals. About 85 percent remained at home, supported by network providers and local resources.
- The Receiving Center helped 1,853 individuals. Fewer than 10 percent went on to a psychiatric facility.
- From July 1, 2013, to June 30, 2014, law enforcement referred 691 individuals in a behavioral health crisis to MCOT or the Receiving Center. If even half of the referrals prevented booking and jailing, the county would have saved over \$650,000.



We asked **Tim Whalen**, Director of Behavioral Health Services in Salt Lake County, to describe the value of partnering with Optum for jail diversion/crisis services.

#### How has Optum brought value to your crisis services?

I think our crisis services are amazing. I am particularly pleased with the peer specialists. Optum brought in the idea of using peer specialists very early in the game. A peer specialist is someone who's in recovery and has had some of the same experiences as the offender. Most of the time, after talking with a peer specialist, the person can return to the community without hospitalization.

I would also point out our ACTs. Optum brought forward the idea of implementing assertive community treatment teams. These are our "hospitals without walls." They go into the community as case managers, providing needed services, so people with mental health issues can stay at home rather than be hospitalized.

#### How do the jail diversion programs save you money?

By law, you can't use Medicaid dollars to treat the mentally ill inside a jail. You have to use local tax dollars, which can become costly. Programs in the community, however, qualify for Medicaid and the federal match. Our in-patient reports show that since Optum has come in, we've decreased our psychiatric in-patient spend, and from what we've seen, the folks who enter the Wellness Recovery Center — who would've historically been hospitalized — are not being hospitalized. A large portion of the individuals who receive our crisis services are being diverted from in-patient care.

#### What is it about our partnership that makes you glad you chose Optum?

Optum has brought a strong commitment and compassion to the job. They really do care about the clients and the services — and they take a lot of pride in meeting the needs of those clients. They absolutely met all of our expectations. It's been a great success. Even the state looks to what we're doing with peer specialists and our other initiatives. I think we're setting the standard here.

For more information on the jail diversion programs Optum developed for Salt Lake County and what we can do for you, please call 1-800-765-6092 or email innovate@optum.com.

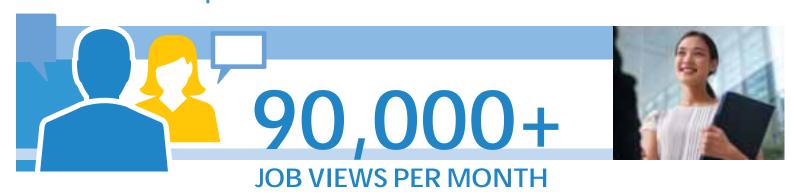






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Three clients share their stories about how Terros' services supported their recovery and helped them reclaim their lives.

## Integrated Care Strengthens Recovery

th five years of sobriety from alcohol and drugs, Rob wanted to strengthen his recovery and increase his chances of having his nursing license reinstated. He completed intensive outpatient treatment and joined a relapse prevention group at the Terros 27th Avenue Clinic. He discovered the clinic also offered primary care. "The nurse practitioner treats medical conditions and understands addiction and recovery. I trusted her to help me with both," he said.

Terros provides integrated behavioral and physical health care. Primary care clinics are co-located with behavioral health, family and community services. The clinics offer medical care, including physical exams, immunizations, lab services, pharmacy and nutritional and wellness coaching.

Rob says he feels better than he ever has. "My personal experience and medical background tell me that combining medical and behavioral health services is the way to go, especially when the staff works together and cares about you," he said. "I look forward to having my nursing license restored and working in the field of addiction recovery."



"Combining medical and behavioral health services is the way to go."



### **Family-Focused Treatment Keeps Families Together**

Joshlyn and Aariah's parents love them and want to give them the lives they deserve. But Christine and Roman's drug use made it difficult to be responsible parents. The Arizona Department of Child Safety (DCS) placed the girls in a foster home.

"After struggling for so long with drugs, we are grateful for our recovery."

Christine and Roman knew they needed help. With support from Terros Families FIRST (Families in Recovery Succeeding Together), they received treatment and received 18-month sobriety medallions.

Terros Families FIRST offers family-focused substance use treatment to people involved with the DCS, when substance use has been identified as a potential risk factor for children. This program promotes family stability while supporting child safety.

Christine and Roman participate in support groups and Narcotics Anonymous to maintain their sobriety. The future looks bright for Joshlyn and Aariah. As their parents stay off of drugs and work to find stable jobs, the four of them spend weekends together. "After struggling for so long with drugs, we are grateful for our recovery," Christine said.

## **In-Home Services Support** Recovery

Connie's use of methamphetamines nearly destroyed her ability to be a mother to Destiny and Adriana. Her children were placed with their grandparents and the Terros In-Home Services Reunification



Team helped Connie begin treatment for her addiction. The team believed in Connie and supported her commitment to recover from drug dependence.

Terros In-Home Services provides family-centered links to treatment, parenting education and home management skills. These services were a vital support for Connie on her critically important journey to recovery.

"Connie has a new life without methamphetamines and is reunited with her daughters."

Connie's year of treatment included three levels: intensive outpatient, steps toward addictive recovery and relapse prevention. At the end of treatment, the Terros In-Home Services team stepped in again as Connie prepared to welcome her daughters back home. They helped her arrange for daycare for Adriana, set up counseling for Destiny and found medical care for both children. They also supported Connie as she gained confidence in her ability as a parent. Connie has a new life without methamphetamines and is reunited with her daughters.

> ALLEN NOHRE Consultant, Terros

CHRISSIE BLUMER

Director Of Marketing And Communications,

"Everybody did it. It was cheap, it was acceptable, and it was fun. It was the bridge I built to get over the frustration. But that bridge led to much more difficult roads."

# Bridges, Bushes and **Bus Stops**

ddiction cost Ronald Clark of Charlotte, N.C., his family, his home and nearly his life. But he fought his way back through the darkness and now he helps others recover.

"My story is one of bridges, bushes and bus stops," Clark said. "I lived under a bridge down on Tryon Street in Mecklenburg County. Everything I owned was in two 7-Eleven bags in the bushes. All of my substance use and abuse was at a bus stop at the foot of that bridge. So I think of my life as a series of bridges, bushes and bus stops."

But his story didn't start there, and it didn't end there.

"I have no idea what happened. I don't even try to understand it, but on March 15, 2010, I knew I had suffered enough," he said. "I knew that I didn't want to die doing the things I was doing. I sat at enough bus stops watching other people come and go and live their lives."

He wanted his life back.

Clark had a normal childhood and upbringing. "I wasn't raised in poverty," he said. "I had clothes. We had food, education, sports. All of those things were part of my normal life. Travel, vacations – I had all of those things, but something happened."

Clark made a few bad decisions that led to experimenting with alcohol and drugs. "Simply not living right," he said.

Things started spinning out of control about 25 years ago. Clark was in the military, married and the father of two. Frustration was building and he didn't know how to handle the mental and emotional stress.

"I had been drinking since I was 13," he said. So, as an adult he turned back to alcohol. He saw drinking as part of the military culture.

"Everything was about drinking," he said. "When you went on leave, you drank. If you won the game, you drank. If you had a child, you drank. When you got to base, you drank. Everybody did it. It was cheap, it was acceptable, and it was fun. It was the bridge I built to get over the frustration. But that bridge led to much more difficult roads." Eventually, alcohol wasn't enough and Clark started to experiment with drugs.

"It was the beginning of a 20-year mental and emotional fog," he said. His addiction cost him his family and his home. His wife divorced him in an attempt to make a better life for herself and their children. She may have meant it as a wakeup call for Clark.

Guilt and shame built as the addiction took hold. He missed important events in his children's lives and drifted deeper into the darkness of addiction. Then, one day something shifted and he decided to get help. He said he can't describe what it was, but he just knew it was time to change. "The people who talked to me – I listened to them," he said. "Everything they told me to do, I did because all of my best efforts got me underneath that bridge."

Clark said recovery is a daily effort. He still attends meetings before going to work at Cardinal Innovations where he is a consumer affairs specialist. On Wednesdays, he attends a Bible study.

"Now that I'm in recovery, I have to do some things that are not popular or are kind of uncomfortable, but they keep me clean and sober and moving in the right direction," he said.

And Clark has reconnected with his ex-wife. She had divorced him because of the addiction - not lack of love, he said. Through it all, she had secretly hoped he would get better and they could reconcile. They plan to remarry in 2016.

"Today I am in long-term recovery, which means I have not found it necessary to use drugs or alcohol for many years," he said. "I am committed to recovery because it has given me and my family a purpose and hope for the future. I speak out and advocate because it is my desire to use my recovery experience to help others."

CYNDY BROOKS

Creative Services Manager, **Cardinal Innovations** 



# Deni: Reborn, Recovering and Reclaiming Her POWER

KAREN CIMINO

Copywriter, Cardinal Innovations Healthcare

n one year's time, Deni got married, became pregnant and learned that her husband had stage-four malignant melanoma. Two-and-ahalf years later, while she was pregnant with their second child, Deni's husband died. He was 32 years old.

Deni called her husband, "The family I never had." Until she met him, she didn't feel she belonged anywhere. She was the daughter of a single mother whose job and addiction left her no time for Deni. The only nurturing she got was from a neighbor. By sixth grade Deni was anorexic. In eighth grade she was admitted to the hospital weighing 80 pounds.

Deni realizes now that anorexia was her first addiction. "I was consumed with starving myself," she says. She started eating again but didn't realize her eating problems were caused by underlying issues of loneliness, fear and abandonment. By the time she was 15, she began using marijuana and alcohol. After high school her drinking escalated.

Deni met her future husband in college. She received her bachelor's degree in economics and taught pre-school while earning her master's in education. Later, she taught high school classes for teens in Pittsburgh's Shuman Detention Center and the Allegheny County Jail. Her husband was a well-liked musician and web designer who didn't drink - so Deni tried to drink less. They were happy. She thought she had her life together.

It fell apart when her husband died. "For about a year afterward," Deni says, "I couldn't have a conversation without crying." She started drinking heavily "to be numb, to not think, to not dream." She writes in her blog, "When Rich first passed away, I wished I could fast-forward to the end of my life. I was willing to skip everything, say goodbye, then find him on the other side and be happy again. Alcohol would get me closer and closer to that. Days would pass in a blink and I would be that much closer to him." Soon, the thought of never drinking again overwhelmed her. "Who could possibly do that? Why would anyone want to do that?!?!"

Over the next eight years Deni had two DUI's, one house arrest and three chemical detoxes. She went through four inpatient drug and alcohol treatment programs, her children were removed twice and two times she woke up in a hospital emergency room with no idea how she got there. She successfully completed every drug and alcohol treatment program she was in but relapsed soon afterward.

In her blog, Deni says, "Sobriety. I could feel every nerve ending in my entire body ... I couldn't think. I couldn't listen to music. I couldn't watch TV. I couldn't read. I couldn't hold a conversation. Everything either made me angry or sad ... I felt so afraid and so alone. My kids were gone. My cats were even gone. No job, no God, no savings, no

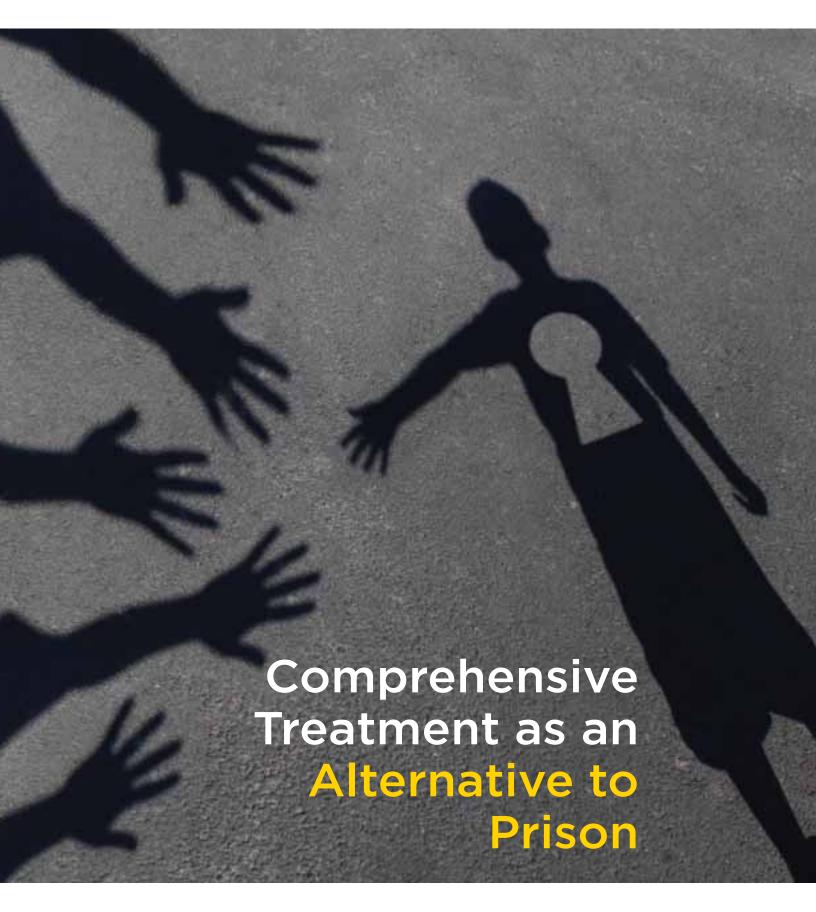
"It took me years of fear, grief, depression and addiciton to surrender to this truth. My journey has gone from hopeless to fearless."

license, no health insurance, no hope and not much desire to deal with any of it."

When her child welfare case worker talked her into going for treatment at POWER, Deni told her therapist, "There really is nothing you can do for me." The therapist answered, "Let's see how it goes."

Here's how it went: Deni realized she wasn't alone and that recovery was possible. She liked POWER and felt comfortable in a setting where all the clients are women. She found others with stories and paths similar to hers – not just clients but staff members in recovery, too. Her therapist helped her face and work through the pain of being neglected as a child and losing her husband as a young woman. For the first time, Deni didn't relapse. "I arrived at POWER in black and white," she says, "and left in color."

Today, Deni has three years sober. She lives with her two children, works as a service coordinator at a social service agency and continues to tell her story in her blog. "We are meant to live in joy," Deni writes. "It took me years of fear, grief, depression and addiction to surrender to this truth. My journey has gone from hopeless to fearless."



In 2003, Central State Hospital in Baldwin County, Ga., closed. With no plan in place to deal with the patients, local facilities were inundated with people with substance use and mental health issues. Many were incarcerated and the jails were so overcrowded that inmates were being sent elsewhere.

A drug court was already in place, but something more was needed - a community network operating with the court system to provide access to treatment and recovery support services. To fill this critical need, the Substance Abuse and Mental Health Services Administration (SAMHSA) provided a grant to create the Adult Treatment Court Collaborative (ATCC).



sure," Richard said, "I don't have any violent charges. I don't have any robbery charges. Anything I've ever been arrested for has been for drugs. And that's what the program is supposed to be designed for. To keep people like me out of the prison system and out of jail."

Potential enrollees for ATCC are identified

through the court or jail system. They are screened and, if eligible, their case is referred to the ATCC team consisting of a judge, attorneys, law enforcement representatives, treatment professionals and members of the community for review. Once admitted to the program, participants receive comprehensive mental health and substance abuse treatment from River Edge Behavioral Health Center.

The program had an almost immediate impact on the number of people who were being incarcerated for mental health and substance abuse issues and it alleviated the overcrowding of our local jail. It also started the people who simply needed direction and guidance toward sustained recovery and wholeness of life.

We are now able to help people find what they need in order to get healthy and establish ongoing recovery in all aspects, including housing, medication and employment. Local community support services have also come to the table so everything that an individual needs in order to be steered back toward a healthy way of life is available as a result of the ATCC program.

Richard Smith is one of our success stories. He was on a downward spiral. After several brushes with the law for drug-related problems, he knew that he needed the accountability that River Edge's random drug testing policy could provide. He wrote to Hulane George, Superior Court Judge of the Ocmulgee Judicial Circuit, and asked to be admitted to the program.

"If the judge wouldn't have let me come in, I would be in prison for

Like all participants in ATCC, Smith was required to complete a program of three intense phases, each lasting six months. The

first phase consists of three classes a week and twice-monthly court appearances. Phase two reduces the number of classes to twice a week with one monthly visit to court. The schedule for phase three is the same as phase two. In addition, many participants attend Alcoholics Anonymous or Narcotics Anonymous meetings – some attend both.

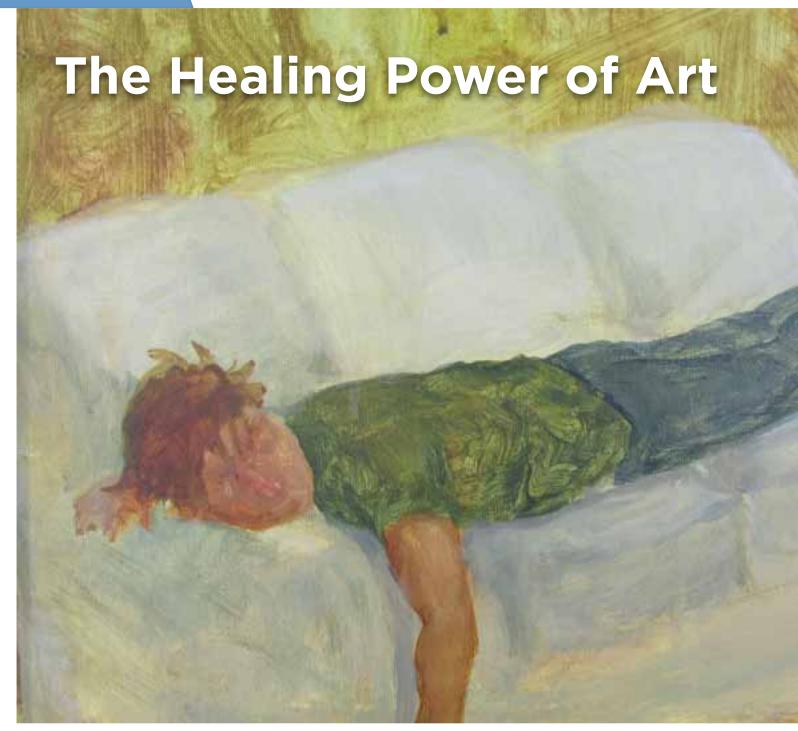
Comprehensive treatment programs that respond to the individual's needs are created by a team of professionals under the supervision of psychiatrists. River's Edge offers services that treat the spectrum of conditions that contribute to drug abuse and mental illness, including psychiatric services and medical management, substance abuse treatment, counseling, case management and prevention. This meant that in addition to drug counseling, Richard had access to professionals who could address his depression and sleeping disorder and will continue to have access after graduation.

Richard will graduate in September with new hope for the future – a model client of the drug court and of our community. He goes to work. He goes to his meetings. He is a model client of the drug court and of our community.

"It can be rough," said Richard, "but at the end of the day, if you accept what you got going on in life, it can also be a blessing. ... It teaches you how to live in recovery."

CHARLES COFER

Case Manager/Instructor, Goodwill Industries of MiGA and the CSRA, Peer Specialist



reedom of expression provides a sense of meaning and acceptance to life. Often, those who are unable to express themselves are the ones who need that validation most. The Healing Arts Project, Inc. (HAPI), based in Nashville, Tenn., gives a voice to those who have lost the ability to express themselves as the result of addiction or mental illness.

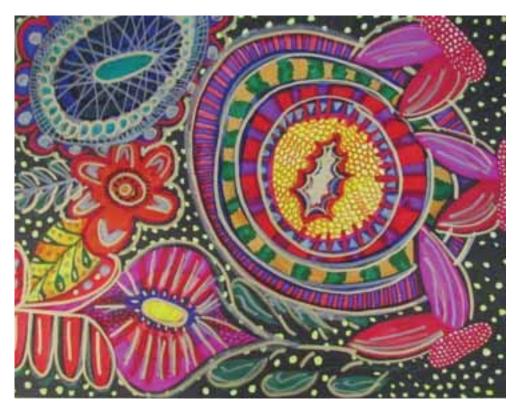
In 1994, while trying to help a loved one overcome a mental health crisis, Jane Baxter was fortunate to discover an expansive network of parents, known as the Middle Tennessee Mental Health Coalition, who advocated on behalf of their loved ones for the behavioral health resources they needed. The fairs and other community events they

held were enjoyable, but never seemed to make a lasting impact.

Ten years later, a member of the group suggested that they start exhibiting the artwork of people in recovery around the city. Patients at psychosocial recovery centers were more than happy to have their artwork displayed. The community was very accepting of the artwork and provided space at local businesses, libraries and events for viewing.

Jane pursued the project head on, knowing that art could be the key to leaving a healing impact on the community. Seeing the positive effect art had on the participants, agencies started providing art classes to those searching for a voice. And in 2004, HAPI was founded.



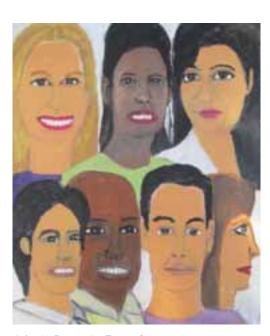


Laura Hudson, Around the Edges

Eric Brito White Noise

Today, the program involves more than 400 people across 14 sites in middle Tennessee. Participants are generally referred to the classes by Peer Support Centers, an organization of behavioral health agencies. Most people who are referred enroll enthusiastically. Courses vary in length and content, but are generally 90 minutes, held weekly, for an extended period of time. Students are taught everything from drawing to color to art theory. And while many say that the benefits of the classes are "feeling better about themselves," "enjoying the art" and "feeling peaceful," the artwork they produce is astonishing as well.

As a culmination of the student's effort and progress, events are held throughout the year to display the artwork. The success of the program



John L. Butts, Jr., Faces 2

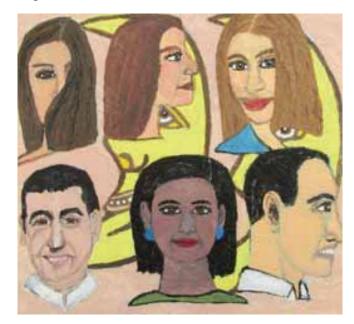




Augie Collier, Model



Laura Hudson, Flower Burst



John L. Butts, Jr., Moonface

"While many say that the benefits of the classes are 'feeling better about themselves,' 'enjoying the art' and 'feeling peaceful,' the artwork they produce is astonishing as well."



Darrell Pepper Colorful Jug



Laura Hudson Colorful Bird



Laura Hudson, Flower Basket

is highlighted by the annual Art for Awareness event, which recently had its 10 year anniversary. Art for Awareness is an extension of the Nashville for Mental Health Advocacy Day held by the Department of Mental Health and Substance Abuse Services. Each student is able to contribute one piece of artwork to the event, which is on display at Legislative Plaza in the heart of Nashville. There, state legislators, government officials and visitors are able to witness the potential of art as a source of healing.

Like many other organizations in the public health field, HAPI is not without its struggles. One of the biggest hurdles that Jane hopes to overcome is lack of public understanding. People are hesitant to support anything without hard evidence. But, she believes the technology to measure the effectiveness of the program will be available to them soon. In the meantime, people will hopefully gain an appreciation for the project after attending shows and hearing the stories behind the artwork.

HAPI is more than an art education program. It's a healing program.

The sense of community and support within classes shows promise for continued growth. Participants are expanding the program voluntarily by contributing art in the form of spoken word, poetry, music and more. Jane would like to develop the program to include classes for these mediums and hopes that HAPI will be known as a source of great artwork.

In Jane's words, HAPI has been a "continuing revelation  $\,\ldots\,$  about how much it affects the individual and how much growth it brings in them personally."

> JANE BAXTER Director Healing Arts Project, Inc



# A Need to Belong: The Case for LGBT-Specific **Treatment**

We all need to feel that we belong — that we matter. Successful substance use treatment must offer to return to community and connection from the exile self-imposed and otherwise — that occurs during active addiction.

Members of vulnerable populations bring an injured sense of belonging with them into treatment. These injuries can stem from discrimination based on race, class, ability, language, sexual orientation, gender identity, HIV status and other factors.

For lesbian, gay, bisexual and transgender (LGBT) people,

homophobia and transphobia create individual and systemic barriers to treatment. The Recovering With Pride program at Howard Brown Health Center (HBHC) attempts to remove barriers to treatment by offering excellent, affirmative substance use disorder treatment to LGBT and HIVimpacted people and their allies.

What is unique about the substance use disorder services at Howard Brown Health Center?

HBHC offers substance abuse treatment that targets the needs of LGBT and HIVpositive people. Program components are as diverse and creative as the people we serve and include individual therapy, a harm reduction group, an abstinencefocused intensive outpatient program (IOP) and aftercare groups.

The program's intentional inclusion of both harm reduction and abstinence-based interventions is somewhat unusual in a field that still tends to be polarized between the two approaches. Harm reduction components of our work include a person-centered approach that acknowledges many goals as valid, including safer use, moderation and abstinence. We see change as a process where ambivalence is the norm and motivation is likely to vary over time.

On the other hand, our knowledge of the neurobiology of addiction and the full spectrum of severity of substance use disorders means that we know and will tell our clients that some people need to abstain from their drugs of choice to meet their goals and achieve their full potential.

The program is part of an integrated care continuum at a primary care medical center and many of our referrals come from our medical providers and behavioral health consultants working in the medical clinic. We serve people who are uninsured or underinsured alongside people with insurance or who pay full-fee for treatment out-of-pocket. We passionately believe that culturally competent treatment should be accessible to everyone, regardless of ability to pay.

# treatment needed? LGBT people have higher rates of alcohol and substance abuse than

Why is LGBT-specific substance use disorder

the general population. These higher rates likely result from various factors, including stress from discrimination, higher levels of trauma, targeted marketing by alcohol and tobacco companies, limited safe

> places to socialize outside bars and lack of access to culturally competent treatment providers.

any part of themselves at the door.

Studies have shown that despite the fact that programs targeting LGBT communities achieve better outcomes, few such providers exist. Simply put: a need exists and it is largely unmet. Many of our clients tell us they feel safe in treatment for the first time with us. They know that we will not ask them to "check"

### What is different about LGBT-specific treatment?

Although all programs can improve their services for LGBT clients, a truly affirmative treatment environment requires changes at all organizational levels, from top to bottom. Our program content includes relevant topics, such as recovering from trauma, LGBT-

affirmative spirituality, HIV, links between sex and drug use, body image, family and relationship issues, coming out (in all senses), internalized homophobia and transphobia and safely accessing other support services.

"Many of our clients tell us

they feel safe in treatment for

the first time with us.

They know that we will not ask

them to 'check' any part of

themselves at the door."

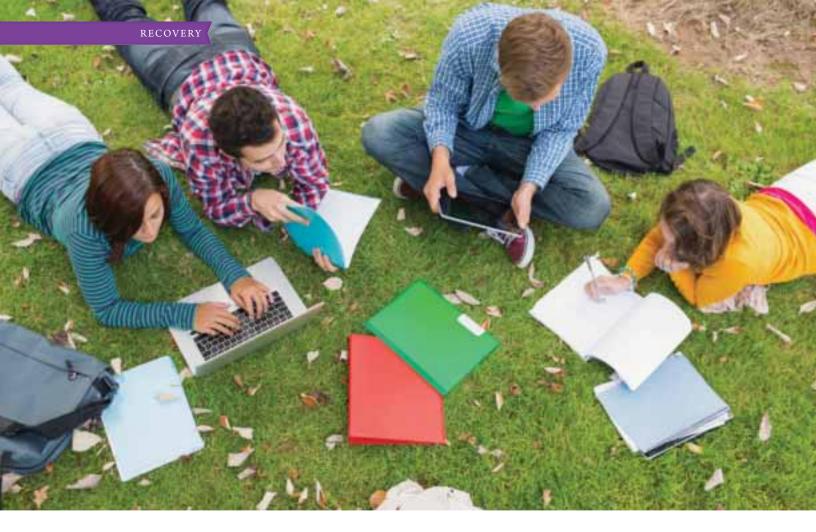
HBHC clients also have access to relevant support services, including culturally competent primary care services, sexually transmitted infection/HIV testing and hormones for transgender clients. Intake forms ask for sexual orientation and gender identity using respectful language. Clients and staff share preferred gender pronouns as part of introductions. Front desk staff and others receive cultural competency training. Art and advertising materials throughout the organization include LGBT people and their families.

Our clients' progress lets us know these efforts matter. They change their lives for the better, and in the process, they find ways to belong again.

AREN M. DREHOBL

Program Manager, Recovering With Pride at Howard Brown Health Center





# Recovery High Schools: Where Peers Support Peers

ANDREW FINCH

Associate Professor, Department of Human and Organizational Development at Vanderbilt University and Co-founder of the Association of Recovery Schools

inding supportive peer groups in their schools is one of the most important steps teenagers who are battling substance abuse and want to stop using alcohol and drugs can take. This is also one of their biggest challenges. Schools are often where young people first find drugs to use and friends to use them with.

Placing teens in positive peer communities is a core principle behind Recovery High Schools. Their philosophy is that while addiction thrives in isolation, recovery is a process of hope and healing that flourishes when people develop new peer supports. The schools create an atmosphere where students can focus on academics, learn life skills and get help from counselors trained in substance-use disorders.

I founded and helped run a recovery high school that opened in Nashville in 1997. I saw firsthand how students learned healthier life skills, made better decisions and developed improved outlooks. Through regular drug screenings we saw long-term sobriety. Students' relapses didn't last long. They might slip up on a weekend, but by Monday morning they found classmates to help them get back on track. Their friends would hold them accountable.

Encouraged by the progress these students were making, I co-founded the Association of Recovery Schools in 2002. With 47 institutional members around the country, we prepare and inspire people who start and operate Recovery High Schools to perform at their very best.

"We visited 17 schools in 10 states and found that in each category—academic, life functioning, drug use—their lives were far better than prior to entering the school."

We provide expertise, resources and data-driven best practices to schools through training, consulting and accreditation services.

While the positive changes I observed in Nashville were heartening, they were also anecdotal. So I began the first of two research studies to quantify the benefits these schools provided. The first study was descriptive and asked school staff questions like "What services do you provide students?" "What's the makeup of your staff?" and "How do you recruit students?" We also interviewed students to ask if their lives were trending in a more positive direction since enrolling.

We visited 17 schools in 10 states and found that in each category — academic, life functioning, drug use — their lives were far better than prior to entering the school. While we didn't determine a precise statistic, we were told that most students who went to recovery schools stayed enrolled and finished their schooling there. The research, of course, had limitations because it was a self-report study. Students were being asked to remember how their past experiences compared to their present situations. Still, their responses about the overwhelmingly positive influence the schools were having on their recovery were fairly consistent across all 17 schools.

I'm now working on a five-year study to quantify the impact these schools are having on students. The study is attempting to measure if students fare better in recovery high schools or traditional high schools. We're just finishing our fourth year of data collection so we cannot attach significance to our preliminary findings. However, we are definitely seeing that these schools have a positive effect in reduced drug use and improved academic outcomes.



Because Recovery High Schools have an average enrollment of only 30 students, we could reach far more young people if traditional schools expanded their mental health centers and hired counselors with expertise in substance abuse. School-based mental health centers could provide an array of helpful services like prevention activities, early identification, referrals, treatment and support for students transitioning back from treatment. If more schools responded to students' drug use with treatment rather than punishment, it would have a significant impact on drug use nationally.

Since I helped found the Association of Recovery Schools 13 years ago, there has been a tremendous growth in treatment outcome research for adolescent substance abuse. I've also seen more literature addressing continuing care recovery for this population. While recovery schools are part of the answer, our education system needs a dramatic philosophical shift to address drug and alcohol abuse in our nation's schools. A good place for educators to start is a belief that every student in recovery is of value and worthy of an opportunity to be educated so they can heal, grow and ultimately discover how to live their very best life.

# Sharing Their Strength:

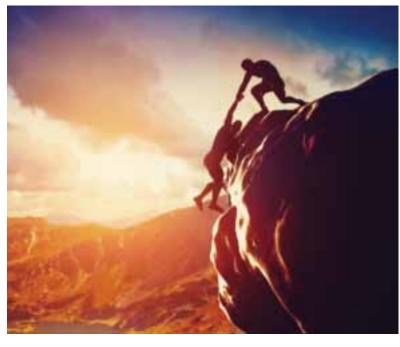
# **Building a Recovery** Support Facility

y name is Deb and I am in long-term recovery. I started using when I was 12 years old; I'm now 56 and have been in active recovery for 12 years. My husband, Joe, is also in long-term recovery. Together, we came up with the idea of Wellness, InX.

I completed my Ph.D. at Michigan State University and had gone to California on a postdoctoral fellowship to learn more about social model recovery. At the same time. Joe left his career in corporate sales management and was trained as a peer

group facilitator at Merritt Peralta Institute in Oakland.

We were happy working in California, but I had to return to Michigan to work on the family wreckage I had created during my addiction. Coming back, we needed something to do to earn a living. There were several treatment programs in central Michigan that offered treatmentbased recovery, but we didn't want to add another program to an already full treatment system. We spoke with a friend of mine who suggested that the community really needed recovery support services. That was right up our alley!



On August 13, 2011, we plotted out the foundation of Wellness, InX (WINX) Case Management and Peer Recovery Support. We started out with four community case managers, a grant manager and \$184,000 in startup funding. We were committed to working with about 160 clients and accepting referrals from area treatment programs.

WINX has grown. We have more than 600 active and inactive clients on our case load and work with about 250 individuals per month

 mostly IV heroin users. We have a separate contract to work with a Housing and Urban Development program that provides homes for many of our clients in recovery. Most of our staff of 16 is in recovery - from addiction to alcohol, cocaine and heroin - and all are crosstrained as a peer recovery coach regardless of their job description.

As for me ... I'm still clean and sober one day at a time.

DEBORAH J. SMITH, Co-owner, Wellness, InX

"Most of our staff of 16 is in recovery - from addiction to alcohol, cocaine and heroin - and all are cross-trained as a peer recovery coach regardless of their job description."



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RESOURCE LIBRARY

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"WITHIN A WEEK'S TIME we were able to make a plan to ramp up our enrollment processes. The results were immediate in that enrollments began increasing right away."

– Deb Freed, Northern Lakes Community Mental Health, Michigan









# Showing the Laughter and Levity in Recovery

INTERVIEW WITH CHUCK LORRE EXECUTIVE PRODUCER AND CO-CREATOR OF "MOM"



"Mom" is an irreverent and outrageous take on true family love and dysfunction starring Anna Faris and Emmy® winner Allison Janney. Newly sober single mom, Christy (Faris), struggles to raise two children in a world full of temptations and pitfalls. Testing her sobriety is her formerly estranged mother (Janney), now back in Christy's life and eager to share passiveaggressive insights into her daughter's many mistakes. "Mom" is produced by Warner Bros. Television and airs Thursdays at 9 p.m. ET on CBS. Season 3 debuts Thursday, November 5.



Why is it important to you to portray TV characters in recovery (or with addiction)?

There are very few American families that aren't impacted by addiction. It is called a family disease for good reason.

We want to convey a message of hope that recovery is possible. The "hopeless diseases" of alcoholism and drug addiction are, in fact, not hopeless but that there are avenues. We show the 12-step program and we show that people reclaim their lives, relationships and their future.

People with addictions aren't usually portrayed in comedies. Why did you want to take this approach with "Mom"?

Writing "Mom" was an opportunity to challenge myself and challenge everyone involved to find the comedy in arenas that are normally not touched on in comedy. It has been challenging, difficult, and very rewarding.

Anytime you can add some laughter to a subject, it makes it easier to communicate. It's not dissimilar to putting music to it. Music and comedy are great ways to create accessible communications. I write comedy; it is what I've been doing for 25 years. I don't know how I



could add to the conversation as a drama. That's been well explored.

If you've ever been around people in recovery, then you know there's a lot of laughter. Having gone through a life and death situation and come out the other side, I know there is a great deal of levity. In the recovery community, there is camaraderie, there is community and there is a lot of silliness and joy. The people I've met who are familiar with this world seem to be grateful and enjoy the fact that we're trying to bring some laughter to this. I think that is important to portray.

#### What do you think is important for people to understand about individuals with addiction?

Recovery is not only possible, but is within reach. A 12-step environment is free and it is a communal activity. On the show, we portray a group of people recovering together – attacking the issues that underlie addiction – that come before alcoholism and drug addiction – that are there after the drinking and drug use stops – that are still there. That's simply life. That is the ongoing dilemma of life that has to be dealt with. That's hopefully what the show accomplishes.

#### How would you like to see these characters grow or be portrayed differently in the future?

The ongoing discussion we have as writers is how to try and capture the whole spectrum of situations and predicaments – all the aspects of a life in recovery - child rearing, romance, finance - basically, trying to get through the day "stone cold sober" and possibly joyfully as well.

Sometimes we allow the darkness to be exactly what it is -- the drama and the heartache that comes with it. Part of the excitement has been allowing for that and hoping the audience will accept that occasionally there is no joke, there's no laughter.

I'm quite happy and excited with this show – we have an extraordinary cast, an incredible ensemble. We're just getting started.

There are endless stories left. Even if someone stops drinking, life doesn't stop. Sobriety doesn't solve the problem of living day to day. It isn't a situation anymore – it is life.



# A Fight for Redemption

cold, penetrating rain fell in sheets, the fluid backdrop to the dimly-lit L-Taraval Muni Station that I had trekked to through a Bay Area winter monsoon on what had become my personal path to salvation. A 15-plus year addiction – the ebb of substances and the constant flow of alcohol – had taken me to this place. A 20-minute subway ride from the grimy, dangerous landscape of San Francisco's Tenderloin, where I spent most of my time, to the row cottages and manicured emerald lawns of the Sunset District.



"The path I've walked in recovery has included a multitude of meetings, developing relationships with people who can help support me when I need it most."

Both places seemed worlds away from the tiny town nestled amidst the rolling green countryside of America's dairyland where I'd grown up.

That's where I first experienced the rush of teenage excitement brought on by the joy of by a stolen bottle or a bartered six pack. An early weekend escape from reality soon evolved to the suddenness of an incomparable rush found in a small, crystalline mountain in college.

I was sure at an early age why I chose to escape – to distance myself from the feelings of not feeling connected. To people. My classmates. My best friends. My family. To my dreams. Sitting in the

Windsor Hotel on 6th and Market the day before, mulling over my limited options, I agreed to meet with my twin brother, Taylor. He put me in touch with a guy he said had the power to help show me that I could choose to live instead of choosing to slowly die.

His name was Kevin Hines. The wind, which had caught itself in that subway tunnel as the rain washed down the street lashed at my face. Out of the shadows, a figure appeared wearing a long, blue overcoat. The words "The Bridge" were emblazoned across the back. Instantly I knew I'd found this man who'd faced fear and his own demons - and a plunge over the famous Golden Gate Bridge – and overcame them to step up into life. And to have a purpose in that life to give back and help others. A firm handshake and a giant bear hug led us to sit and talk about life. About the pitfalls of my addiction and the demons that had become the focus in my day-to-day life. We talked about his life and his journey to salvation in the form of a toolkit. And Kevin outlined a plan for me. An escape path to life.

For me, the journey of recovery began the following day when I

checked myself into inpatient treatment. I got myself to the Merrit Peralta Institute (MPI) in Oakland, Calif. Teetering to BART, catching a taxi and getting dropped off at the front doors of MPI – me looking up at the cold grey facade of this out-of-the way Pill Hill hospital and wondering where I was about to go.

The path I've walked in recovery has included a multitude of meetings, developing relationships with people who can help support me when I need it most. Surrounding myself with the love of my family, the love of my girlfriend, Alisha, and her family who have been amazingly strong are crucial factors in my growth and stability. Giving back and staying sober by helping people at shelters and who live in sober living environments as I do.

As I write this I've got 72 days clean and counting. I stay sober by going to AA meetings and by helping people. Whether it's helping someone move furniture or helping a newcomer with advice and feedback about the amazing transformation that's occurred by going into inpatient treatment, which wholeheartedly was the best thing I've ever done.

Without the oversight of Kevin, who has inspired and moved me swiftly toward change, not to mention the strong network of people who have been where I've been before - and overcame - I wouldn't be on the path I'm on today. The road is far from over; this is simply the turning point. It's the hardest full-time job I've ever had, but finally, I am ready, willing and able. Finally, I have found recovery ... actually more accurately, it has found me.

> TRAVIS PIPES Sports Writer, In Recovery

> > KEVIN HINES

Founding Partner 17th & Montgomery, LLC

# Language Matters

Language is powerful – especially when talking about addictions.
Stigmatizing language perpetuates negative perceptions.

"Person first" language focuses on the person, not the disorder.

When Discussing Addictions...

# SAY THIS NOT THAT

Person with a substance use disorder

Person living in recovery

Person living with an addiction

Person arrested for drug violation

Chooses not to at this point

Medication is a treatment tool

Had a setback

Maintained recovery

Positive drug screen

Addict, junkie, druggie

Ex-addict

Battling/suffering from an addiction

Drug offender

Non-compliant/bombed out

Medication is a crutch

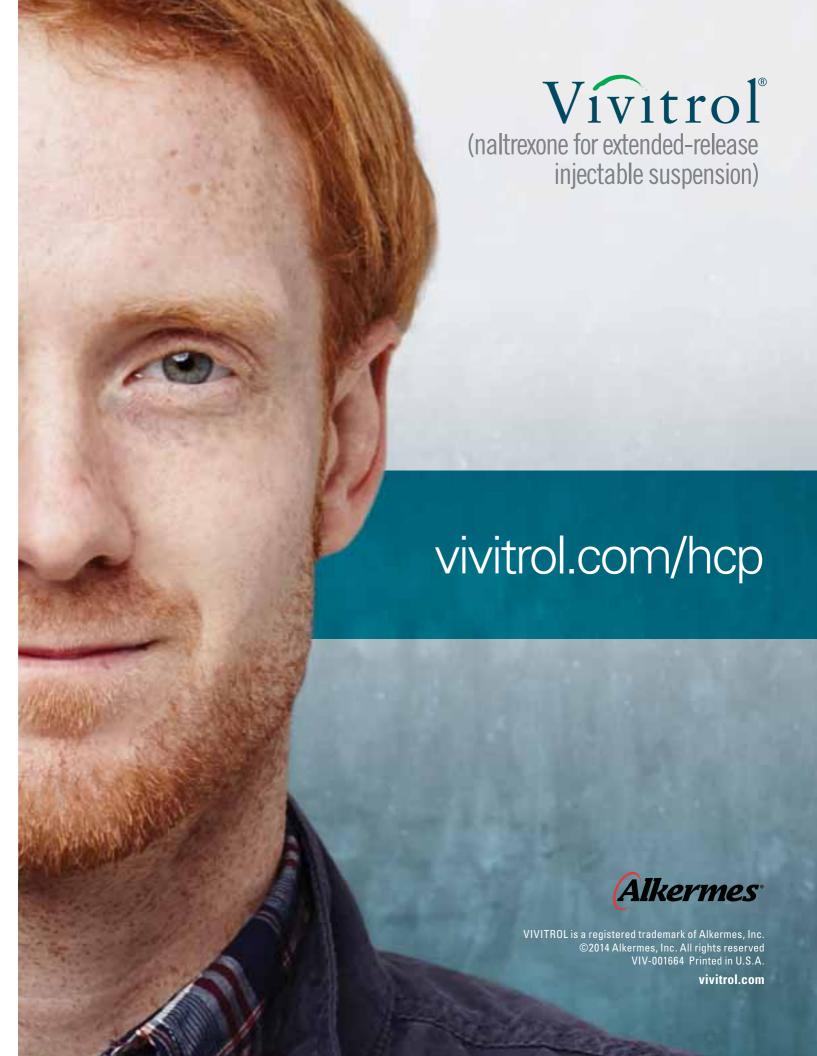
Relapsed

Stayed clean

Dirty drug screen











At NatCon15, I was able to expand my knowledge base by attending sessions and workshops in over 20 different topic tracks. What's more, I had the time of my life meeting people, sharing what we've learned and making new friends. I'll definitely be at NatCon16.



#NatCon16

# NATCON16

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