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**FALL (2) 2017 ISSUE** 

FROM THE LOCAL, STATE, AND NATIONAL NEWS SCENE

VOL. 5 NO. 2

#### **Addressing the Nation's Opioid Epidemic**

#### Finding a Public Health Vision to Combat the Opioid Epidemic

By Gary S. Belkin, MD, PhD, MPH Executive Deputy Commissioner NYC Department of Health and Mental Hygiene

am grateful to Behavioral Health News for focusing attention and showcasing efforts and innovation to tackle the opioid epidemic. In behavioral health, we talk a lot about addressing silos and integrating across providers, community members, and peers. Behavioral Health News is therefore an especially important place for this focus as it reaches an array of providers and disciplines. The gravity of the opioid crisis in New York points to the urgency of addressing continuing silos across behavioral health, as well as broader health, providers, as well as community members, peers, and other sectors, certainly does.

Such integration is sorely needed, and deserves to be the new normal. But to do that, we need a truly public health strategy to align with and infuse all our work as a community. As we address the urgent issues of the moment, let's build solutions that



grow a foundation which supports this integrated, broad, public health thinking and related resources to be more routinely available and applied. To apply it to opioids means to include more stakeholders, more of government, more of communities, and all parts of the health care system, as well as acting beyond that system.

Whether measured in terms of Years Lived with Disability (YLDs) or by combined disability and mortality impact in Disability Adjusted Life Years (DALYs), substance disorders and mental illness are among the leading contributors to poor health in this country. Yet our responses don't live up to that need. There is no

shared or driving public health vision that adequately rises up to this challenge or that knits together a fragmented system and diverse set of stakeholders. The systematic public health thinking that drove other health successes - like tobacco and HIV - needs to also be applied to the current opioid emergency. That means looking at ways to more aggressively and creatively reach people that address risk and minimize harms. It means challenging our treatment system to adapt in ways that more proactively and creatively provides low-barrier access to care, and that supports earlier, preventive and self-care interventions, as well as needed and proven treatments. In a separate article in this issue by Assistant Commissioner Dr. Hillary Kunins, we outline some of the steps New York City is taking through its HealingNYC effort that in many ways builds on this approach.

That thinking and approach should be visible in all we do, which means building new structures and strategies. That is the crux of ThriveNYC, launched in November 2015, to provide such a vision, and

see Vision on page 35

#### Pain and Its Impact on the Opioid Epidemic

By Michael B. Friedman, MSW Associate Professor, Columbia University School of Social Work

n several past articles on the opioid epidemic in America, I have complained that the problem of severe, chronic pain has been overlooked as a contributing factor. It appears that that is no longer true.

For example, a very recent report by the National Academies of Science to the Food and Drug Administration begins, "The ongoing opioid crisis lies at the intersection of two substantial challenges—reducing the burden of suffering from pain and containing the rising toll of the harms that can result from the use of opioid medications."

In addition, before he resigned, the Secretary of HHS has included "advancing better practices for pain management" on the department's list of 5 major priorities

regarding the opioid epidemic. This includes increased research about how to treat pain effectively as well as increased education of both providers and the general public regarding the safe, limited use of opioids and effective pain management alternatives. Secretary Price had also endorsed the National Pain Strategy, which was issued towards the end of the Obama administration.

There are reasons to believe that the Federal government will increase its efforts to address the opioid epidemic and the problem of pain management. Most importantly, pursuant to the Cures Act, HHS has recently given about \$500 million of grants to address the opioid epidemic and will do so again next year.

However, there are also reasons for concern about this seemingly good news. The effort to "repeal and replace" the Affordable Care Act, which has so far been blocked in the Senate, could reemerge, placing a cap on Medicaid spending that would result in losses of

billions of dollars for treatment as well as cutting millions of people off the health coverage they need to be able to afford comprehensive pain management and treatment for substance abuse and for mental illness (which affects a significant portion of those with substance use disorders).

In addition, President Trump's recent announcement about a renewed national effort to address the opioid epidemic emphasized a "law and order" approach—more arrests, more imprisonments. That does not suggest an understanding of people living with severe, chronic pain, and it does not auger well for a public health strategy that stresses prevention, treatment, and research rather than moral reproach.

Recent reports providing public health approaches to the problems of pain and addiction all have their own specific recommendations, but the cornerstones of the various proposals are remarkably similar and include:

- Professional and public education with an emphasis on limited and careful use of opioids when necessary and on the use of pharmaceutical and non-pharmaceutical alternatives so as to avoid risks of opioid use, which range from constipation (far more serious than generally acknowledged) to cognitive impairment to addiction to overdose
- Increased use of interventions to prevent, treat, and reduce the potential harmful consequences of addiction including making drugs that reverse overdoses readily available to first responders
- Oversight of physicians and pharmacies to identify those with questionable practices and then to provide education, remove licenses, or pursue criminal prosecution as appropriate
- Conducting more epidemiological, clinical,

see Pain on page 35

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#### Behavioral Health News Theme and Deadline Calendar

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"Understanding and Treating Co-occurring Disorders"
Deadline: January 8, 2018

Spring 2018 Issue:

"Harm Reduction: Theory and Practice"
Deadline: April 1, 2018

Summer 2018 Issue:

"Spotlight on Research: Honoring the Brain and Behavior Research Foundation"

Deadline: July 1, 2018

Fall 2018 Issue:

"System Transformation: Challenges and Opportunities"
Deadline: October 1, 2018

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#### New York State Expands Services to Combat Addiction and Address the Opioid Epidemic

By Arlene González-Sánchez, MS, LMSW, Commissioner, NYS Office of Alcoholism and Substance Abuse Services (OASAS)

n September, we marked Recovery Month, the annual observance dedicated to increasing awareness of substance use and mental health disorders. We also celebrate people in recovery, and their successes. And thanks to all the great work we are doing in New York State, we are seeing more and more of those success stories every day.

With new and expanded services, new regulations designed to protect patients, and ongoing efforts to institute innovative programs, New York State continues to provide a nationwide model for addressing substance use disorder. Thanks to the work of Governor Andrew M. Cuomo, New York State is leading the nation in the fight against addiction and the opioid epidemic.

As we have seen in recent years, the opioid epidemic is affecting every community in the state. We are seeing more patients with Opioid Use Disorder in our treatment programs, and unfortunately, rising numbers of opioid overdose deaths. But through our efforts to provide a full continuum of care and supports, we are making progress fighting this disease.

One of our key strategies is to constantly work to increase access to our programs. It is important to ensure everyone, regardless of where they live, is able to receive the services and supports they need.

Recently, we received more than \$25 million from the federal government as part of the Opioid State Targeted Response program. This funding is enabling us to expand our reach in underserved areas around the state.

The majority of the funding is targeted to impact 16 counties that were designated as having particularly high needs. We are partnering with our providers to expand critical services, including peer services, tele-practice, and mobile treatment. We are



Arlene González-Sánchez, MS, LMSW

also working to increase transitional treatment for people leaving county jails and state correctional facilities, and expanding training for medication assisted treatment and the use of naloxone.

Beyond those 16 counties, we are working on prevention campaigns directed at underserved, hard to reach young people, as well as those in foster care. We are developing a statewide youth and young adult recovery network. And we are also working on an education and awareness campaign with a focus on tribal territories and Latino communities.

Beyond the federal grant we are also opening new programs. In the past few months, we have opened two new recovery centers in New York City. That brings us closer to our goal of opening 14 recovery centers in New York State by the end of 2017. These centers allow people in recovery to find a support network and receive vital services like job training.

We are expanding our treatment programs, opening an outpatient clinic in

Rochester, an OTP clinic in Oswego, and a new residential treatment center for women with children, in New York City. Our efforts with regard to opening new, and expanding current, OTP clinic has created 3,500 treatment slots since 2013.

The George Rosenfeld Center for Recovery, located in New York City offers family-focused residential treatment services in a unique and beautiful location. At this facility, mothers can have their children stay with them while they undergo an intensive residential treatment regimen.

It is difficult to overstate the importance of family involvement in the treatment and recovery process. New York has been on the forefront of developing innovative programs to help families of people suffering from addiction, including Family Support Navigators. We recently announced an expansion of this program, and there will be at least two Family Support Navigators in each of the state's 10 regions. These Navigators help people battling addiction, as well as their families, better understand the process of addiction. They also help navigate insurance issues, and offer information on how to access treatment services.

And, to better help those in need find treatment whenever they need it, we're establishing 24-7 open access centers throughout the state. At these centers, people seeking treatment will be assessed, and referred to the appropriate level of care at any time of day or night.

It is also vitally important for us to be able to reach young people. Last year, we opened our first youth clubhouses. They are places where teens and young adults in recovery can go to find support, and they have proven to be a big success. We expect to open 15 by the end of 2017.

We are also working on establishing Recovery High Schools. These schools are geared towards teens with, or at risk of developing a substance use disorder. They provide an alternative high school program, in a sober and supportive environment, for

students in grades 9 through 12. Treatment and recovery services are incorporated into the normal school environment as part of the educational programming.

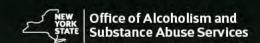
We also recognize the importance of protecting people who are seeking our services. People battling addiction are especially vulnerable and unfortunately, some try to take advantage of them. We recently issued new regulations designed to restrict patient brokering. That is the practice in which brokers collect payment from treatment providers in exchange for referring patients to those programs. It had already been illegal to refer patients to treatment providers in exchange for a fee. Under the new rules, this referral service can only be performed by OASAS certified and credentialed professionals, who are prohibited from receiving fees. By taking these additional steps to eliminate this dangerous conflict of interest, we are making sure that patients' needs come first and that people with addiction receive the best services available.

Of course, for people in recovery, it is often beneficial to hear from others who have been through the same thing. For many, it can be a source of inspiration and can help them through their own struggles. And we had the opportunity to share those stories in our documentary, "Reversing the Stigma."

The film has a simple, but important message: addiction is a disease, it is treatable, and help is available and recovery is possible.

With a release to coincide with Recovery Month, the documentary features real New Yorkers in recovery sharing their stories. It highlights all we are doing in New York State to fight addiction. And it looks ahead to the future, as we continue to work tirelessly against this disease, and for all the people it impacts.

We all know this fight will not be easy. But as long as we continue to expand services and supports and remove barriers to treatment, we will continue to see success, and continue to save lives.



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#### Treating Individuals with Both Opioid Addiction and Mental Illness

By Dr. Ann Sullivan Commissioner NYS Office of Mental Health

s we work to address the nation's opioid crisis, we must recognize that a disproportionate share of prescription painkillers are being consumed by people with anxiety and depression. We at the New York State Office of Mental Health (OMH) are partnering with the Office of Alcohol and Substance Abuse Services (OASAS) and the Department of Health (DOH) and other state agencies in several initiatives to treat both the addiction and the underlying conditions of the individual.

More than half of drug overdose deaths in recent years have been attributed to opioid pills and heroin. The number of opioid deaths by 2015 had doubled since 2010, while the number of heroin-involved deaths in 2015 was five times higher than in 2010.

Particularly alarming is the recent sharp increase in deaths associated with fentanyl. According to the National Center for Health Statistics of the Centers for Disease Control and Prevention, fentanyl deaths have increased by more than 500 percent in the past three years.

We have a public health crisis on our hands. Lives are being lost, state and local governments have finite resources, and this crisis is threatening to overwhelm our health care system.

#### Integrated Treatment for Mental Illness and Addiction

Studies have shown that nearly onethird of people with a mood or anxiety disorder – and about half of people living with severe mental illness – also have a substance abuse problem. In the same manner, more than half of drug abusers also experience symptoms associated with a mental illness.

While a subset of opioid users are using the drugs to numb their struggle with their mental illness, research indicates that they may, instead, be making their problem worse. Studies indicate that for someone suffering from depression, opioids for pain can be less effective. Part of the problem may lie in the way opioids can change the brains' reward and pleasure systems and hormone levels.



Dr. Ann Sullivan

Ten percent of more than 100,000 patients in a St. Louis University study who were prescribed opioids for back pain, headaches, and arthritis developed symptoms of depression after one month. None had received a diagnosis of depression prior to treatment. Meanwhile researchers at Dartmouth-Hitchcock Medical Center in New Hampshire and the University of Michigan found that nearly 19 percent of people with mental health disorders in their study received at least two prescriptions for opioids during a year.

OMH recommends that primary care physicians or other medical professionals screen patients for symptoms of depression prior to giving them an opioid prescription and periodically during a treatment episode of opioids. We also remind mental health professionals in New York State that - even though they occur at the same time - addiction and mental illness must be treated as intertwined disorders. Many people find that intensive outpatient or inpatient treatment is necessary to curb addiction and learn healthy coping strategies for depression. Leaving one problem untreated threatens any progress the patient has made on the other.

Medications are available to help treat opioid dependence, and antidepressants can help reduce depressive symptoms. But patients should also receive peer group support for addiction and depression, individual and family counseling, and followup support as part of a treatment plan tailored to their individual needs.

#### New York State Initiatives

Governor Andrew M. Cuomo has implemented a series of aggressive reforms to address heroin and opioid addiction on several levels — increasing support for individuals, stepping up enforcement, and providing information and education.

In 2012, Governor Cuomo signed legislation updating the Prescription Monitoring Program (PMP) Registry (also known as I-STOP) to require pharmacies to report "real time" information about controlled substances dispensed, require health care practitioners to consult the PMP Registry before prescribing or dispensing certain controlled substances, and require electronic prescribing to curb fraud and abuse. By the end of 2015, I-STOP had led to a 90 percent decrease in "doctor shopping" – when patients visit multiple prescribers and pharmacies to obtain prescriptions for controlled substances within a three-month time period.

In 2016, the Governor's **Heroin and Opioid Task Force** listened to health care providers, family groups, educators, law enforcement officials, and community members throughout the state. It recommended:

- Removing insurance barriers to inpatient treatment by eliminating prior approval for admission for necessary medical care as long as such inpatient treatment is needed.
- Mandating that insurers use objective, state-approved criteria when making coverage determinations for necessary inpatient treatment.
- Increasing the number of treatment beds and program slots for substance use disorder across the state.
- Mandating prescribers to complete ongoing education on pain management, palliative care, and addiction.
- Limiting opiate prescriptions for acute pain from 30-days to no more than a seven-day supply, with exceptions for

chronic pain and other conditions.

- Mandating that pharmacists educate patients on the risks associated with prescription opioids.
- Expanding access to lifesaving overdosereversal medication by providing insurance coverage for family members and permitting certain licensed professionals to administer the medication in emergency situations without risk to their license.

Governor Cuomo also signed a lifesaving law which makes it legal in New York State for non-medical persons to administer Naloxone to another individual to prevent an opioid/heroin overdose from becoming fatal. All registered opioid overdose programs are furnished Naloxone (Narcan) by DOH.

In April of this year, Governor Cuomo signed legislation to **invest in supporting prevention, treatment, and recovery programs** targeted toward chemical dependency, residential service opportunities, and public awareness and education activities. The 2018 State Budget will invest \$213 million to address the heroin and opioid crisis in New York, representing an increase of over 100 percent from the 2011 State Budget year.

To help address a statewide gap in access to care for people with opioid addiction and mental illness, New York State is opening new Certified Community Behavioral Health Clinics (CCBHCs) in communities across the state. New York was one of only eight states selected to participate in a two-year demonstration program to develop CCBHCs. Starting this past July, these clinics are integrating community-based physical and behavioral healthcare and promoting access to improved primary care, mental health, and substance-use disorder services. CCBHCs provide "no wrong door" access to services, treating individuals with mental illness and substance use when and where they need treatment.

In summary, when individuals have timely access to services and community supports that meet their needs, then successful recovery from mental illness and substance use is possible. New York State is committed to making this hope and recovery a reality.



#### **Collaborative Impact Needed for the Opioid Epidemic**

By Pamela Mattel, LCSW Executive Vice President and Chief Operating Officer Acacia Network, Inc.

cacia Network, the leading Latino integrated care nonprofit in NY, began in 1969 to address the consequences of heroin in the South Bronx. Our founding leaders, Carlos Pagan, Julio Martinez, Gumersindo Martinez, Hector Diaz, Evalina Lopez Antonetty, and Lorraine Montengreo, among others, understood then that the social determinants of health and sparse attention dedicated to the Latino and other communities of color demanded a comprehensive health, community empowerment, and economic intervention. Their pioneering vision inspired our current integrated array of services across 38 programs, including primary care; outpatient and residential behavioral health services for substance abuse and/or mental illness; over 5,000 units transitional, supportive, and affordable housing; a skilled nursing facility for people with HIV; academic enrichment and supports; several wraparound support services; and eight senior centers providing meals, social and cultural activities.

The opioid epidemic has devastated communities. As a result of prescribing practices in the late 1990s, a shifting philosophy of pain management, followed by intense pharmaceutical industry lobbying the epidemic's foundation was set. Over the last several years, Acacia Network identified three key strategies to successfully address the rising opioid epidemicchange the culture of treatment and clients' treatment expectations, address stigma and fully engage the community in program design and implementation, and employ "no wrong door" and open access by integrating substance use assessment, MAT, and naloxone training and kits into every service access point.

Changing the Health Care Culture And Patients' Treatment Expectations

Beginning in 2008, our substance use outpatient and residential treatment programs recognized that MAT was a critical option. Residential programs included people prescribed methadone, ensuring transportation to local clinics for their medication; and the client- peer support group engaged in understanding options to reduce stigma and improve recovery. This integration strengthened the recovery milieu in contrast with expectations.

In the Spring of 2014, the early onset of the current epidemic's consequences resulted in four nonfatal overdoses in one program location. Instead of over focusing on increased security, a community engagement initiative was started. Staff,



Pamela Mattel, LCSW

community members, and clients worked together to identify problems, gaps, and solutions. The action steps included employing peer ambassadors, training staff in naloxone, increasing client education on opioids, expediting integrated primary and behavioral health care, engaging and educating the community, and increasing partnerships with the local public safety professionals. This had an immediate impact and no further overdoses have occurred at that location.

In March 2016, the CDC's Guideline for Prescribing Opioids for Chronic Pain report was published. Subsequently, Acacia aligned internal prescribing standards by quickly instituting a policy to limit all opioid prescriptions to seven days and require an in-house pain management referral for follow-up and continuing treatment. To effectively change the prescribing culture among medical staff, the new policy was widely disseminated and discussed in regularly-scheduled meetings and reinforced through written communications. In addition, medical assistants, nursing staff were trained to review toxicology reports to improve clinical decision making.

Shifting patient expectations proved equally as important. Building on the 2014 initiative, the Network began utilizing "iStop", an internet-based prescription monitoring program to identify patients receiving medications from multiple sources. Medical staff engaged patients in more informed and effective treatment conversations, including treatment alternatives. All patients are issued "controlled medication contracts" outlining their responsibilities including self-management. Contracts are reviewed at each medical appointment to promote collaborative discussion regarding treatment modification. Additionally, medical provider and patient education on naloxone stepped up as an important harm reduction strategy, and has been implemented in transitional and supportive housing and mental health clinics. All staff are trained and most carry naloxone kits.

#### Addressing Stigma And Engaging the Community

In 2014, Acacia Network's Hispanics United of Buffalo (HUB) opened its licensed outpatient substance use treatment program and methadone clinic. The agency's experience in opening a treatment facility was not unlike other organizations' in terms of drug user stigma and strong community resistance. HUB's Executive Director, Geno Russi, implemented a four-pillar strategy to generate and maintain community acceptance and support: 1) seek to understand stigma and accept the community concern; 2) respond through continual education sharing community statistics, and trends; 3) promote respectful culture and train clients, family members, and staff; and 4) maintain high intensive community involvement.

Early in the planning process, HUB leadership spent time listening to the community's concerns about opening a treatment facility and its impact on the community. Rather than ignore or dismiss these concerns, HUB staff regularly attended community meetings, actively participating in discussions and providing literature to counter misinformed beliefs. The ultimate goal was to put a face to the epidemic, and develop positive community partnerships to address related problems together. To advance community support, HUB implemented the "Good Neighbor Policy", which trains clients to be productive community members, engage in volunteerism, maintains tobacco free and no loitering zones outside the clinic, uses facility perimeter cameras, and employs non-armed security guards trained in de-escalation to conduct foot and bicycle patrols. The Police Department's Crime Analysis Unit completed a crime study covering the two-year period prior to and following the clinic's opening and found crime had decreased by 40%.

#### Integration of Opioid Treatment Services

Opioid interventions must cast a wide net to truly address the epidemic. Acacia also focuses on prevention through its Strengthening Families Program (SFP), a highly structured, evidence-based family skills training. The program aims to delay substance use onset for children, teach skills to resist social pressure, increase family stability and well-being, enhance parent-child bonding, and teach appropriate consequences for behaviors.

In direct response to the community

Acacia Network's Buffalo methadone treatment program is open from 6:00 AM to 9:00 PM and Albany's is open until 6:00 PM, with unlimited capacity. Buprenorphine and Vivitrol are available, and the clinics are pursuing integrated licensure for wrap around care.

Across all primary care and mental health clinics, Acacia Network incorporates the evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) intervention. Each primary health care site employs the evidencebased Nurse Care Manager model to treat and manage opioid addiction. (D. Alford, et al, Five Year Experience with Collaborative Care of Opioid Addicted Patients using Buprenorphine in Primary Care, 2011) Through this model, a nurse is responsible for all aspects of buprenorphine/ naloxone and naltrexone treatmentintake assessment, induction, stabilization, maintenance, and relapse management—and leading integrated care plan meetings with a client's care team. A mobile outreach team engages individuals living in the shelter system through patient education and on-site screening, and linkage to primary care and behavioral health services. Under a newly-awarded Substance Abuse & Mental Health Services Administration (SAMHSA) grant, Acacia Network is working with the NY State Office on Alcoholism and Substance Abuse Services (OASAS) and the National Center on Addiction and Substance Abuse on a demonstration project aimed at increasing access and better integrate care, and provide better care coordination between methadone treatment programs, FQHCs, and mental health clinics.

#### Looking Ahead

Recognizing that there is no single solution to the opioid epidemic and that the pharmaceutical companies and medical profession must take joint responsibility, there is hope. Acacia Network encourages the health and social service sectors to continuously expand a multi-faceted approach to increase access to and engagement in treatment. Towards that end, Acacia is spearheading the Bronx Collective Impact Project to leverage current resources, close care gaps and improve transitions, address stigma and social isolation, and ensure community members are integral voices and decision makers in all activities. The kick-off meeting included representation from City Government, Health Care, Substance Abuse Treatment, Harm Reduction, Criminal Justice, Managed Care, Foundations, Clinical Laboratory, Elected Officials, Research Organization, Pharmaceuticals, and community members. Through strong community partnerships and client relationships together we can identify ways to strengthen



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Health Housing Economic Development

Our Network's mission is to partner with our communities, lead change, and promote healthy and prosperous individuals and families.

#### Comprehensive, Integrated Care for the Whole Family

Acacia Network, the leading Latino integrated care nonprofit in the nation, offers the community, from children to seniors, behavioral and primary healthcare, housing, and empowerment. We are visionary leaders transforming the triple aim of high quality, great experience at a lower cost. We are championing a collaborative environment to deliver vital health, housing and community building services.

- 22 OASAS licensed programs covering inpatient detoxification and rehabilitation, adult, youth, and women and children residential treatment, ambulatory treatment including medication assisted treatment,
- 7 OMH licensed programs including CCBHC, PROS, Community Residences
- 7 Primary Health Care Centers, 5 are Federally Qualified Health Centers
- Medicaid Certified Health Home Care Coordination
- Skilled Nursing Facility for People with HIV
- 15 Academic Enhancement Programs
- 7 Senior Centers providing meals, social and cultural activities
- 5,000 units of housing across the continuum of transitional, supportive and affordable units
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# WellLife Network Provides Vital Services to Stem the Tide of Opioid Addiction

By Amy Platt, PhD, LCSW-R WellLife Network Program Director ARS Huntington/Wyandanch

pium is an extract of the exudate derived from seedpods of the opium poppy, *Papaver somniferum*. Cultivated in the ancient civilizations of Persia, Egypt and Mesopotamia, archaeological evidence and fossilized poppy seeds suggest that Neanderthal man may have used the opium poppy over thirty thousand years ago. The first known written reference to the poppy appears in a Sumerian text dated around 4,000 BC.

Today, the use of opioids, in America, is not a new phenomenon. By the early 1900s, the use of opioids was pervasive (Ries, et al., 2009). It was even used in soft drinks and was found in trace amounts in colas until the late 1920s. In 2016 America consumed 80% of all the opioid products produced worldwide (Americans consume vast, 2016). Because opioids have a propensity to cause physical dependence, the result has been a devastating opioid epidemic. According to the World Health Organization (2014, p.1), "An estimated 69,000 people die each year from opioid overdose."

#### Additives to Heroin Compound the Problem

Prescription pain medications, such as oxycodone and hydrocodone, for example, have a more expensive street value than heroin (Leger, 2013). If pain medications are being abused, the addiction can progress to heroin, which has a lower street value. In 2013, systems like iStop were developed for prescribers to have access to their patients' histories of being prescribed controlled substances (Department of Health, 2013). The goal of iStop is to assist prescribers in determining whether their patients may be abusing controlled substances for non-medical use (Department of Health, 2013). If patients are no longer able to obtain opioid prescriptions from prescribers based on their histories, heroin is readily available on the street.

Today, one of the major factors contributing to opioid overdose related deaths is fentanyl. Heroin cut with fentanyl has a higher rate of overdose (Lewis, et al., 2017). An overdose from heroin mixed with fentanyl requires more naloxone to save a life than just heroin alone. Because of the potent high associated with fentanyl -laced heroin, it becomes a more desirable product, despite the negative outcomes (Lewis, et al., 2017). The Good Samaritan Law protects individuals who administer naloxone during an opioid overdose and encourages people to call 911 (Department of Health, 2013). It acts as an incentive to attempt to save a life. Free naloxone trainings equip the general public to prevent an opioid overdose.



Access to Treatment Boosts Retention Rates

Access to treatment is another aspect of addressing the opioid epidemic. Individuals should have the right to choose a treatment provider and be granted access to services. It is important that individuals seeking treatment are engaged as soon as possible. If individuals are motivated to engage in treatment, research suggests that they have a higher retention rates (Joe, et al, 1998). Therefore, when individuals are waitlisted for services or denied access to services, there will be a higher rate of relapse. The use of care coordination is also important in order to address health risks associated with opioid use and linkage to community-based resources.

#### Reducing the Symptom of Opioid Withdrawals

Medication-assisted therapies like Suboxone help to reduce the experience of opioid withdrawals, affording the individual an opportunity to get sober. Vivitrol is another medication-assisted therapy for individuals who are experiencing cravings from opioid and/or alcohol use. Both should be used in conjunction with treatment.

#### Opioid Dependence is a Disease

With the increasing number of deaths from opioid overdoses, this epidemic has gained public attention. Although media exposure has unmasked the severity of the opioid abuse, it has not removed the stigma. The behavioral healthcare field subscribes to the disease concept of addiction. Understanding that addiction is a treatable disease is essential. Although there may be no cure for addiction, there are ways to maintain sobriety in comparison to maintenance of other chronic and pervasive diseases. The disease concept does not negate personal responsibility,

just as someone with diabetes is responsible to monitor his/her blood sugar levels and take medication as prescribed. By reducing the stigma associated with drug use, people may be more inclined to seek help.

These are not addicts. These are people who are living with an addiction deserving of the same access to and assistance with receiving treatment as any other person who has a disease. A shift in thinking needs to occur to truly address the opioid epidemic. Otherwise, the rate of opioid use and overdose will continue to rise resulting in more opioid-related deaths that, as a society, should be prevented.

#### WellLife Network Offers Vital Addiction Recovery Services

WellLife Network offers a variety of services to address the opioid epidemic as well as other substance use. There are three addiction recovery service (ARS) clinics located in Huntington, Smithtown, and Wyandanch. Each clinic offers a network of services including group, individual and family therapy and medication-assisted therapy, including Vivitrol maintenance and Suboxone induction/maintenance and a rich cadre of counseling and prevention programs for youth.

Each site has an interdisciplinary team comprised of social workers, mental health counselors, CASACs, psychiatrists and registered nurses that aggregately served 1,500 individuals with substance abuse issues. Specialty tracks are designed for women, individuals with co-occurring disorders, DWI, opioid overdose prevention, reintegration, and more. Approximately 60% of out-patients served in our clinics discontinue their substance use, while the New York State average is 25%. Naloxone training can be provided for any patient who is interested as well as their family members. The Task Force on Integrated Projects (TFIP) is a school-based substance abuse counseling and prevention program.

TFIP offers group, individual, and family counseling services to students as well as offers educational presentations to students and faculty.

The Prevention Department is a community-based education and prevention program. Evidence-based curriculums are used in school settings to education students about chemical dependency. This year some 4,600 Suffolk County students were education by WellLife Network in the evidenced-based drug prevention curriculum *Too Good for Drugs*. Educational presentations are provided to the community as well as naloxone trainings. WellLife Network ARS services are licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

Our treatment services offer daily same-day access. If you have an alcohol or drug problem or know of someone who does, please call our Addiction Recovery Services Intake Center for a free consultation at (631) 920-8324.

#### References

- 1. Americans consume vast majority of the world's opioids [Video File]. (2016, April 27). Retrieved from https://www.cnbc.com/2016/04/27/americansconsume-almost-all-of-the-global-opioid-supply.html
- 2. Department of Health. (2013). I-Stop/PMP-Internet System for Tracking Over-Prescribing -Prescription Monitoring Program. Retrieved from https://www.health.ny.gov/professionals/narcotic/prescription\_monitoring/
- 3. Department of Health. (2013). New York State's 911 Good Samaritan Law Protects YOU. Retrieved from https://www.health.ny.gov/diseases/aids/general/opioid\_overdose\_prevention/good\_samaritan\_law.htm
- 4. Joe, G.W., Simpson, D. D., & Broome, K.M. (1998). Effects of readiness for drug abuse treatment on client retention and assessment of process. Addiction, 93(8), 1188-1190.
- 5. Leger, D. L. (2013, April 15). OxyContin a gate-way to heroin for upper-income addicts. USA To-day. Retrieved from https://www.usatoday.com/story/news/nation/2013/04/15/heroin-crackdown-oxycodone-hydrocodone/1963123/
- 6. Lewis, N., Ockeman, E., Achenbach, J., & Lowery, W. (2017, August 15). Fentanyl linked to thousands of urban overdose deaths. The Washington Post. Retrieved from https://www.washingtonpost.com/graphics/2017/national/fentanyl-overdoses/?utm\_term=d99789ea016d
- 7. Ries, R. K., Fiellin, D. A., Miller, S. C., & Saitz, R. (2009). Principles of addiction medicine, 4th Edition. Philadelphia; Lippincott Williams & Wolters Kluwer.
- 8. World Health Organization. (2014). Community Management of opioid overdose. Retrieved from http://www.who.int/substance\_abuse/publications/management\_opioid\_overdose/en/

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#### Taking Care Into the Streets to Reduce Harm and Save Lives:

The Vital Role of Needle Exchange and Harm Reduction Services within the Healthcare Delivery System

Heidi Arthur, Principal, Health Management Associates; and Liz Evans, Executive Director, Washington Heights CORNER Project / New York Harm Reduction Educators

arm Reduction is rooted in acknowledging that a person who is an active drug user deserves to be treated with dignity and respect, including being offered safe access to clean syringes and naloxone. This work can be done while building trust and opening the door to recovery options. Harm reduction services that promote safer drug use are essential and can facilitate access to needed medical and behavioral health support for drug users who cannot or will not access outpatient programs. Indeed, many people who use drugs have felt unwelcome in healthcare settings and some have even been banned by mental health and substance abuse treatment programs, healthcare clinics, and service providers.

Local and national attention is focused on multifaceted approaches to public safety, overdose prevention, and access to treatment for opioid and heroin users. Between 2010 and 2015, New York City saw a 66 percent increase in opioid-related deaths. In 2015, there were 937 unintentional drug overdose deaths, compared to 800 in the



previous year (https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief74.pdf). Roughly every seven hours in New York City a person is dying from an overdose.

Harm reduction offers a life-affirming, and even life-saving, entry point into a network of care and support. Yet the vital integration of behavioral health treatment, primary health care and recovery support services with harm reduction methods has been lacking. Now, as population health models continue to expand, reaching at-

risk groups is a priority and new opportunities exist for peer outreach, including outreach by individuals who may still be using drugs themselves.

The Washington Heights CORNER Project (WHCP) and the New York Harm Reduction Educators (NYHRE) are two non-profit organizations devoted to promoting the health, safety and well-being of marginalized, low-income persons who use drugs, their loved ones, and their communities. The two organizations share

leadership and resources to reach the highest risk and highest cost individuals who are the least likely to be engaged by the traditional service system throughout Northern Manhattan and the South Bronx. In the past year, the two organizations reached nearly 7,000 individuals experiencing a broad range of co-occurring conditions. WHCP's weekly Uptown Friday Trans Social and its sex worker outreach program, called "Rest Here," demonstrate success in further growing the organization's reach.

The organizations provide street outreach and drop-in center programming. Services are provided by peer and professional staff who are grounded in radical openness and acceptance and trained to create safe and welcoming environments for individuals who are otherwise stigmatized and unlikely to engage in primary care and/or other community based programs. Together, the organizations conducted a community mapping initiative to better target street outreach based on epidemiological data, and both agencies are credited with preventing deaths by administering and distributing Naloxone. Often their contacts within drug-using peer networks and on social media are able to spread the word when overdose risk is high due to known contamination within

see Care on page 34

#### What Do We Know About Social Workers' Use of Heroin?

By S. Lala A. Straussner, PhD, LCSW, Jeffrey T. Steen, PhD, LCSW, and Evan Senreich, Ph.D., LCSW

uch has been written lately about the opioid epidemic in the United States. By and large, the vast majority of current opioid users are young, white males who use either heroin or fentanyl, a potent synthetic opioid. But these opioid users are not only our clients, or potential clients. They are also service providers, such as social workers and other health and mental health professionals. In order to learn more about our social work colleagues and their use of substances, as well as other health and mental health problems and workplace issues, we developed a survey, Social Workers' Self-Reported Wellness: A National Study.

This IRB approved online survey consisted of 75 open- and closed-ended items, and was administered in Fall of 2015 to randomly-selected licensed social workers in the 13 states that were able to provide us with e-mail addresses of these professionals: Arkansas, Connecticut, Florida, Minnesota, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, Washington, West Virginia, and Wyoming. These states are located in all four federal regions, as designated by the U.S. Census Bureau. We obtained responses from 6,112 individuals, and since social workers can

be licensed in more than one state, social workers from all 50 states were represented in this study. The overall study's response rate was 28%, taking into account the number of e-mails that bounced back. More information about the study and some preliminary findings are located at: https://wp.nyu.edu/socialworkers.

Social Workers with Alcohol and Other Drug Problems

One of the study's aims was to assess the nature and scope of respondents' substance use and misuse. The survey examined a variety of factors related to this topic, including the timing of respondents' alcohol and other drug (AOD) problems and the types of substances that had been used. Of the study's 5850 respondents who responded to the substance misuse questions, 873 individuals (14.9%) reported that they had experienced AOD problems at some point in their lives. Regarding the timing of these issues, approximately two-thirds of respondents (65.3%) with AOD problems experienced these issues before becoming social workers, over one-half (52.5%) encountered these issues over the course of their social work careers, and about one in six (16.1%) reported current substance misuse.

Among respondents with lifetime AOD problems, alcohol (92.6%), marijuana (65.6%), and cocaine or crack (27.5%) were the most commonly-used

substances. Nearly a fifth of these respondents (18.9%) had ever used painkillers in a non-prescribed manner, and 5.2% had ever used heroin. The questionnaire, however, did not provide respondents an option to indicate whether the painkillers they used were classified as opioids or non-opioids. Therefore, to best address the theme of the current issue of this newsletter, the remainder of this paper examines data from the 47 respondents who indicated that they had ever used the opioid drug, heroin. Because of the relatively small number of respondents, no statistical data are presented.

Social Workers with A History of Heroin Use

Respondents who had ever used heroin differed from our larger sample of licensed social workers in a number of interesting ways. For example, they were more likely to be male (41% vs. 11%) and gay, lesbian, or bisexual (13% vs. 8%), and they were slightly older than respondents who had not used heroin (49 years old vs. 46 years old). Respondents who had ever used heroin were less likely to identify as Christian (31% vs. 58%) and more likely to indicate being spiritual but not religious (40% vs. 23%), agnostic/ atheist (16% vs. 8%), or Buddhist (4% vs. 1%). Similar to the demographics of the full study group, respondents who had ever used heroin were overwhelmingly

White (81% vs. 83%), with self-identified Black (6% vs. 6%) and Latino social workers (4% vs. 4%) comprising a very small portion of the sample. They were slightly more likely to be single and never married (21% vs. 18%) or separated/ divorced (17% vs. 15%). Overall, although the personal characteristics of social workers who reported elevated rates of substance use differed from our larger sample of licensed social workers in terms of gender and sexual orientation, they are consistent with findings from studies in the general substance misusing population in the U.S. (Grant et al., Epidemiology of DSM-5 drug use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. JAMA Psychiatry, 73, 39-47, 2016; McGuire & Miranda, New evidence regarding racial and ethnic disparities in mental health: Policy implications. Health Affairs, 27, 393-403, 2008).

Regarding professional characteristics, a majority of respondents with a history of heroin use held a master's degree in social work (83%), which was similar to degree attainment among respondents from the full sample of licensed social workers (81%). The vast majority of respondents were currently engaged in direct practice/clinical social work (70% vs. 77%), and their most common field of practice was mental health (66% vs. 61%).

see Heroin on page 34

# People Get Better With Us







ICL operates three behavioral health clinics in Brooklyn — **Guidance Center of Brooklyn, Highland Park Center,** and **Rockaway Parkway Center**. Each clinic offers:

- Therapy
- Psychiatric evaluations
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The **Guidance Center of Brooklyn** works specifically with individuals who have experienced their first psychotic break between the ages of 14 and 30. GCB also operates On-Site School Programs that provide mental health treatment by trained clinicians for children in designated public schools. Clinicians work closely with children, parents, and teachers to address behavioral and emotional issues that impact a student's ability to perform well in school and social situations.

**Highland Park Center** and **Rockaway Parkway Center** both offer integrated physical and behavioral health care on-site. HPC and RPC both strive to help consumers gain control of their lives and live to their fullest potential. Both clinics serve everyone from school-age children to seniors with individual, family, and group counseling.

All of ICL's clinics are staffed by experienced, culturally humble licensed professionals and offer a variety of individualized and recovery-oriented services.



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#### **Leveraging Technology in Enhancing Opioid Care:** How NYC Well is Providing Vital Connections and Support

By Kelly Clarke, Director, NYC Well; and Anitha Iyer, PhD, Chief Clinical Officer, MHA-NYC

n 2016, New York City lost, on average, between three to four people per day to drug overdoses, with approximately 80% of these overdose deaths involving an opioid. The number of deaths resulting from opioid overdoses in 2016 exceeded the number of deaths from car accidents and homicides combined (The City of New York Office of the Mayor, Healing NYC: Preventing Overdoses, Saving Lives, 2017).

NYC Well, the 24/7/365, multichannel access point for New Yorkers is one of 54 initiatives in ThriveNYC, aimed at improving mental health and substance use care access and outcomes. Since its launch in October 2016, NYC Well has connected almost 250,000 individuals to life-saving care for their emotional health and substance use concerns, including those struggling with opioid use and misuse. NYC Well also provides education around various opioids, overdose risk and prevention, connection to evidence-based treatments for opioid misuse, and crisis intervention and overdose prevention resources. Opioid concerns that NYC Well can help address, and specific strategies utilized by NYC



**Kelly Clarke** 

Well toward establishing care connections are outlined below.

Overdose risks

The introduction of illicit fentanyl, a powerful synthetic opioid, has changed the risk of opioid overdose. Before 2015,



Anitha Iyer, PhD

fentanyl was involved in fewer than 5% of all overdose deaths in New York City, yet by the second half of 2016 it was involved in approximately half of all overdose deaths (The City of New York Office of the Mayor, Healing NYC: Preventing Overdoses, Saving Lives, 2017). Fentanyl is undetectable as it is odorless and taste-

less. A user may not be seeking out fentanyl, and may not know that their supply is contaminated until it is too late. Fentanyl is now also found mixed into nonopioid drugs including cocaine and illegally manufactured pills.

The risk of overdose is high in individuals who have recently started using opioids, are returning to opioid use after a period of abstinence (such as after detoxification or incarceration), and in those who are engaging in polysubstance use, particularly when using multiple central nervous system depressants such as heroin and alcohol (WHO Information sheet on opioid overdose, 2014). However all opioid users are now at increased risk of overdose due to the presence of fentanyl in the drug supply.

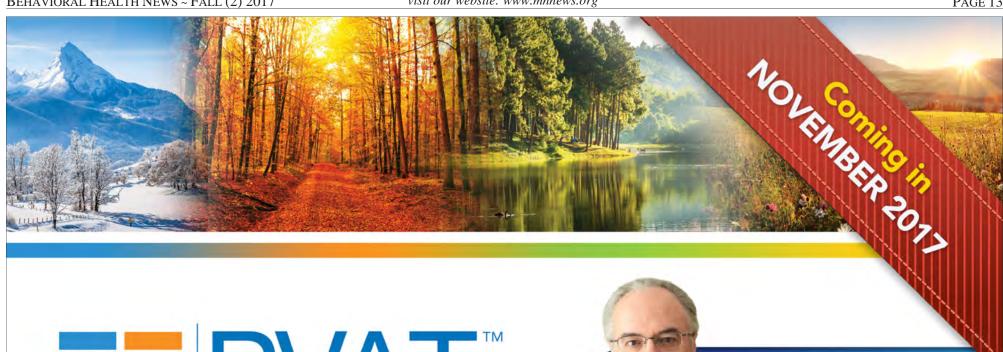
NYC Well counselors provide information and psychoeducation to individuals concerned about opioid use in themselves or a family member, emphasize the potential for undetected fentanyl as the source of potential overdose, and highlight the signs and symptoms of overdose.

Overdose Prevention

One of our biggest weapons in combating the addition of fentanyl into the supply of opioids and other substances is

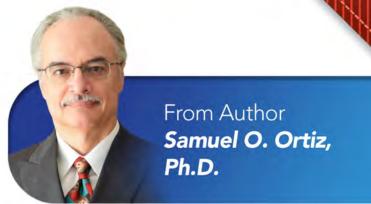
see NYC Well on page 24







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#### Taking a Holistic Approach to Treating Opioid Addiction

By Candace T. Saldarini, MD, Medical Director; and Lisa Strouss, PharmD, Director, Field Medical ODH, Inc.

pioid overdoses led to more than 33,000 deaths in the U.S. in 2015—an average of 91 per day, according to the Centers for Disease Control. That national death toll is the "equivalent to America enduring another 9/11 attack every two-and-a-half weeks," says New Jersey governor Chris Christie, newly appointed chairman of the President's Commission on Combating Drug Addiction and the Opioid Crisis.

Addressing this epidemic is a top priority of The Centers for Medicare and Medicaid Services (CMS). Its strategy is built on four pillars:

- 1. Implement more effective personcentered and population-based strategies to reduce the risk of opioid use disorders, overdoses, inappropriate prescribing, and drug diversion;
- 2. Expand naloxone use, distribution, and access, as appropriate;
- 3. Expand screening, diagnosis, and treatment of opioid use disorders, emphasizing increased access to medication-assisted treatment; and
- 4. Increase the use of evidence-based practices for acute and chronic pain management.

These are laudable goals and we believe that significant public and private resources should be devoted to achieving them. However, it is important to step back and view opioid use disorders through a wider lens. To combat opioid misuse and promote programs that support treatment and recovery, the health care system must look holistically at individuals with opioid use and dependence issues.

That means seeing those individuals not solely as having an opioid problem, and focusing not only on their clinical needs arising from the substance abuse. Rather, we must also consider other health issues—such as co-morbid behavioral or physical health conditions - in conjunction with the disorder that may be an exacer-hoting feator.

People with a substance use disorder are more likely to have a mental disorder such as depression – and people with a mental disorder are more likely to experience a substance use disorder – when compared to the general population. Individuals who have both a substance use disorder and another mental illness often have symptoms that are more severe and resistant to treatment compared with those who have either disorder alone. And yet, only a tiny percentage of individuals presenting with co-morbid sub-

stance use and mental health disorders are enrolled in a comprehensive treatment program.

Additionally, health care professionals have an obligation to understand the economic and social challenges confronting individuals with a substance use disorder. Are they impoverished, living in and out of public housing, suffering from food insecurity or lacking transportation to keep a doctor's appointment? Unless these kinds of conditions are addressed and, at least to some extent, alleviated, there is little likelihood that we can improve patients' medication adherence and reduce opioid dependency. In short: we need to examine the factors in an individual's life that can be impacted in a positive manner to diminish opioid dependency.

Taking a comprehensive view of individuals with opioid use disorder requires sharing of data among health plans and patients' various providers at the point of care. However, current restrictions on health plans sharing opioid disorder claims or prescription data with providers, and providers sharing patient data with each other, impose a barrier to optimal treatment.

Providing necessary patient privacy safeguards, of course, must always be a top priority. But policy makers should consider reforming federal confidentiality regulations pertaining to substance use treatment to allow appropriate data exchange among health care professionals, while still protecting patient privacy.

State-based prescription drug monitoring programs are a step in the right direction. These electronic databases are designed to give providers access to patients' controlled substance prescription history and help them identify opioid misuse. However, states have their own rules on what data to collect and share, creating an ineffective regulatory patchwork quilt. Many states, in fact, don't share their data with other states at all.

Aggregating physical health, behavioral health and social determinants of health data can play a key role in assessing and treating opioid use disorder. Technology tools can help bring together disparate data to inform thoughtful interventions. For example, specific cohorts can be identified such as:

- Individuals already identified as having an opioid use disorder
- Individuals vulnerable to the disorder because of specific preexisting conditions such as depression
- Providers who may be misprescribing opioids

Applying analytics to aggregated data can help identify risk factors that may suggest an individual's vulnerability to opioid use disorder. These factors may include being male, unmarried or publicly insured, or having mental illness, chronic

disease, lower back pain, hepatitis or a history of prior addiction. Certain patterns of care such as repeated emergency room visits may also be an indicator.

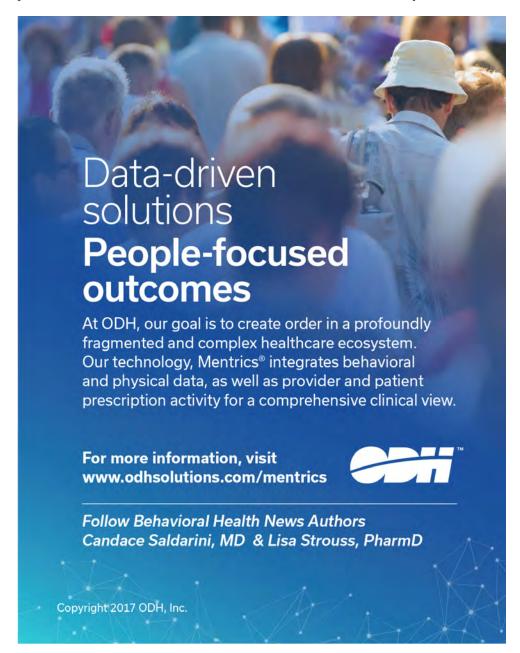
Consider the hypothetical example of John, a man in his twenties who transitions from taking prescription pills to injecting heroin and becomes infected with hepatitis C. His health plan refers him to a facility where he receives high quality psychosocial interventions plus medication- assisted treatment.

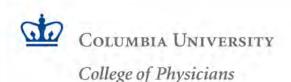
But John is unable to get to the pharmacy or keep his doctors' appointments because he has no car and buses don't service his rural neighborhood, and, living paycheck to paycheck, he sometimes doesn't know when his next meal will be. For people like John, the struggle to meet life's basic necessities like food and transportation invariably outweigh health care concerns.

So, despite the best intentions of his health plan and healthcare professionals engaged in his care, John is unlikely to adhere to his treatment regimen and his condition will worsen. In this case, the lack of a holistic approach has failed the patient.

If, on the other hand, the plan or his healthcare professionals had tools that provided comprehensive data - including social issues - demonstrating barriers to care, they could make referrals to social services agencies and food banks. Peer support programs referrals could also help individuals like John in their recovery journey. Peer support coaches access community resources, assist with transportation to medical appointments, encourage self-help efforts and generally serve as mentors. These relatively simple interventions can help John get his life on track, thereby enabling him to more actively participate in his treatment.

Combating this epidemic requires a comprehensive strategy that promotes safe, effective and appropriate treatment for those with opioid dependency. The Christie Commission's final report, which will be released this fall, is expected to promote wideranging recommendations for a holistic approach. To succeed, this approach must be enabled by data aggregation and analytics tools which identify individuals in need and the best evidenced-based treatment to help them on their road to recovery.

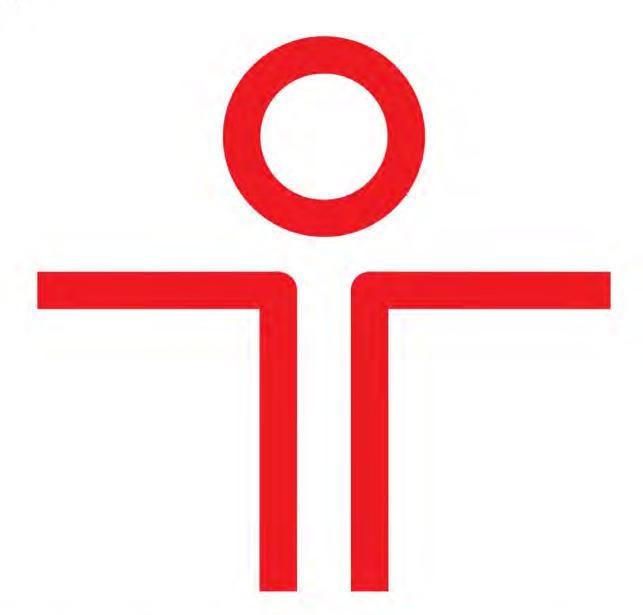




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# The NYSPA Report: Medication Assisted Treatment (MAT) for Opioid Use Disorder - Effective but Still Underutilized

By Frank Dowling, MD Clinical Associate Professor of Psychiatry, SUNY at Stony Brook

s our society continues to struggle with opioid use disorders and diversion of opioid pain medication, several strategies here in New York State have proven helpful. The duty to consult the online Prescription Monitoring Program prior to prescribing controlled substances has resulted in a 90% drop in doctor shopping and a 15 % reduction of opioid medication prescriptions overall. Public awareness of the problem has increased as a result of State and Federal awareness campaigns for physicians, other prescribers and the public, education initiatives by medical societies, and consistent articles by the press. Physicians and other prescribers in New York State have participated in many voluntary educational activities regarding safer opioid prescribing and screening and intervention for substance use disorders, and all licensed prescribers have now completed a mandatory 3-hour CME course (conducted by MSSNY and others) to address these issues. Additional initiatives to educate prescribers and the public will surely be forthcoming.

Despite these efforts, over the last few years we have seen an alarming increase in the number of accidental drug overdose deaths involving opioids or combinations of drugs including opioids. As we have observed a reduction in doctor shopping and abuse of pain medications (and we need to continue to address this issue), we have seen an increase in heroin abuse. Heroin itself has become more potent as dealers are selling this drug in a purer state with a higher amount of heroin in each dose or "bundle." Even more alarming, heroin is commonly laced with fentanyl, a highly potent opioid sometimes used by physicians as an anesthetic and for pain management. Individuals are at the highest risk for an overdose when they first start using an opioid; when they switch form of drug, for example, oral to intranasal snorting, or snorting to IV use; or when they switch from one type of opioid to another, such as oral pain medications to snorting heroin. Opioid users are especially at risk when they start using after a period of abstinence (including medical detoxification or withdrawal management) when they have lower tolerance and a misperception about the amount tolerated or needed to achieve a

As reports of fentanyl mixed with heroin and reports of fentanyl replacing heroin are increasing over the last few years, the overdose death rate has increased with frightening numbers. Fentanyl has been found in heroin, cocaine and even counterfeit alprazolam. The National Center for Health Statistics now estimates that over 64,000 people died from drug overdoses in 2016, an increase of more than 21% from the previous year. Synthetic opioids (mostly Fentanyl) are blamed for over 20,145 deaths, while 15,446 deaths



Frank Dowling, MD

are the result of heroin and 14,427 deaths the result of opioid pills. In fact, the rate of overdose deaths in teens aged 15-19 has sharply increased in 2015 after seven vears of stable or declining rates in this age group. Fentanyl and heroin are the main causes of these overdose deaths. New York City saw a huge increase in accidental overdose deaths in 2016 (1374 deaths) compared to 2015 (937 deaths). Unintentional overdose deaths in New York City have increased for seven years in a row, from 8.2 per 100,000 residents in 2010 to 19.9 per 100,000 in 2016, a 143% increase. Most of these overdose deaths involved heroin and nearly half involved Fentanyl.

Some steps have been taken to increase access to care, including federal and state funding for drug treatment programs. However, many programs in New York State do not have access to medication assisted treatment ("MAT"). Some programs are philosophically opposed to MAT, viewing a patient who uses MAT as not abstinent. Many patients and families share a similar viewpoint and may view prescription medications for opioid use disorders as continued substance use/abuse. These well intended but misguided perceptions are often reinforced by drug treatment program staff and by peers in 12-step programs who may be opposed to MAT.

In addition, there is a shortage of access to MAT. Many methadone programs have long wait lists. Although there are more than 32,000 prescribers authorized to prescribe buprenorphine, most of these eligible prescribers don't prescribe at all or prescribe to only a few patients. Possible causes include stigma against persons with substance use disorders and those who treat substance use disorders and provider fears related to screening and prescribing medications for substance use disorders. Some providers fear extra liability, management of difficult patients, and possible stigma for their practice. Further, public and private payors usually don't pay primary care physicians to treat substance use disorders and payments for screening and brief interventions are inadequate for the time and effort involved. Too often a physician wants to offer MAT

but cannot find available and appropriate substance use treatment programs due to wait lists and geographical limitations. Most psychiatrists and psychotherapists seem to fall into two camps, those who treat addictions and those who don't. While some experience and expertise is needed to provide good addiction care, 30 -50% of patients with psychiatric diagnoses also have a co-occurring substance use disorder, and 30-50% of patients with a substance use disorder also have another co -occurring psychiatric disorder. It would be beneficial for all mental health professionals to address substance use disorders more routinely in their practices, including the use of MAT when appropriate.

There are currently four medications available for MAT for opioid use disorders: methadone; buprenorphine; monthly injectable naltrexone; and naloxone for overdose prevention. Due to the high rate of overdose deaths in New York, particularly in New York City, Long Island and other areas, overdose prevention should simply be another component of MAT.

Methadone is an opioid agonist with a 52+ year evidence base of experience and effectiveness. As methadone saturates and binds to opioid receptors, the reward of using other opioids (the high) is taken away, and withdrawal symptoms and cravings for opioids are alleviated. The data is clear that patients who choose methadone maintenance have lower chances of dying, using IV or other drugs, engaging in criminal activity, or contracting HIV or Hepatitis C and they experience better out-

comes in employment, overall physical and mental health, and social functioning. In addition, there is a low risk of overdose death for patients who are on methadone maintenance while the opposite is true for patients who may take methadone for pain management, where there is a high risk of overdose death. However, there remains a high stigma against methadone and methadone can only be prescribed for opioid use disorder at a licensed methadone treatment center. It is often difficult for patients to attend a methadone maintenance treatment program every day or even a few times per week.

Buprenorphine is an opioid agonistantagonist, which binds to opioid receptors to stimulate them like other opioids, but also blocks the receptors. A patient on buprenorphine may experience relief from withdrawal symptoms and may experience less or no cravings for other opioids. With methadone and buprenorphine, a patient with opioid use disorder often feels a sense of well-being because either drug offers a safer, longer acting replacement for the opioids that they were abusing. Buprenorphine is usually combined with Naloxone, a potent opioid antagonist, which reduces the risk of tampering with the buprenorphine and using it intravenously. Buprenorphine itself is taken sublingually, dissolves under the tongue, and is not absorbed well if swallowed. Naloxone itself is not absorbed well sublingually, but if a patient tries to use the combination medication by IV, the

see NYSPA Report on page 36



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#### The Doctor Will Actually See You Now

By Harshal Kirane, MD, Director of Addiction Services and Elina Drits, DO Northwell Health – Staten Island University Hospital

n New York City only 1 out of 10 adults struggling with substance use issues accesses any form of clinical care. This profound treatment gap the mismatch between community need and clinical care - perpetuates our city's escalating opioid crisis. Barriers to addiction treatment are well established and range from patient centered issues, such as denial and privacy concerns, to physicians' fears of drug diversion and lack of counseling support. At the same time, evidence based approaches to contain the opioid crisis are also well defined, and comprise 7 broad domains: 1) prescribing guidelines, 2) prescription drug monitoring programs, 3) pharmacy benefit managers and pharmacies, 4) engineering strategies, 5) overdose education and naloxone distribution (OEND) programs, 6) addiction treatment, and 7) communitybased prevention (Johns Hopkins Bloomberg School of Public Health, 2015). Clinical providers (i.e. MDs, DOs, NPs, and PAs) play a central role in the effective implementation of these approaches, yet most US healthcare providers lack formal clinical training in addiction care. Not surprisingly, medicationassisted treatment (MAT) for opioid use



Members of the SIUH Ancillary Withdrawal Management Team (Front Row) Uzma Zaidi, PA; Patricia Iovine, LCSW, CASAC; Melanie Collazo, LMSW, CASAC (Back Row) Regina DiGiovanna, MD; Efrain Varela; Mahmod Aly, RN (not pictured)

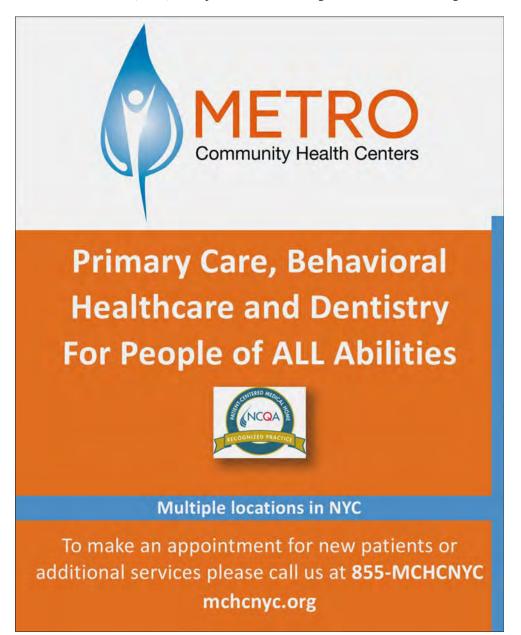
disorders is widely underutilized or even unavailable in communities throughout New York City. The consequences of limited access to treatment are especially evident on Staten Island and the Bronx, the epicenters of NYC's opioid epidemic. Based on recent NYCDOH epidemiological data, opioid overdose death rates in these regions is over two-fold higher than

rates in the rest of the city. Expanding access to addiction treatment in these high risk communities is an urgent need. Northwell Health – Staten Island University Hospital (SIUH), in conjunction with the Staten Island Performing Provider System (SI PPS), took up the call to deliver innovative and effective solutions for Staten Islanders.

In January 2016, Northwell Health -SIUH launched the Ancillary Withdrawal Management (AWM) Program to offer essential resources and treatment options for addiction care. The program is located on the SIUH South site, and embedded within an entire continuum of addiction services. At SIUH South, we have a comprehensive outpatient substance use disorders clinic, a methadone maintenance treatment program clinic, a 23-bed inpatient detoxification unit (the only such unit on Staten Island), as well as an inpatient drug rehabilitation unit. The AWM program serves many purposes including outpatient detoxification, MAT maintenance, recovery counseling, and acts as a vital conduit to comprehensive mental health services and primary medical care. To date, the Ancillary Withdrawal Management Program has welcomed over 550 new patients through its doors, of which over 90% were struggling with an opioid use disorder. A significant portion of patients transition to maintenance management as well as engage in an array of recovery efforts within the clinic such as recovery process groups and vocational services.

The AWM program was uniquely constructed with the specific intent to diminish barriers to addiction care. This begins with easing the process of accessing care itself. The facility operates

see The Doctor on page 36









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Mary Pender Greene, LCSW-R, CGP, is the President & CEO of MPG Consulting. She is a psychotherapist, career & executive coach, trainer and consultant with a private practice in Midtown Manhattan. She is a thought-leader in the social services industry, recognized by her peers for her novel ideas on coaching, training and mentoring. She has 20+ years of experience helping individuals, couples, companies and non-profit organizations. MPG Consulting provides culturally competent and anti-oppressive (anti-racist, LGBTQ affirming, non-sexist) coaching and professional development to individuals at all levels, and specializes in working with senior management and executive leaders.





# Improving Behavioral Health Outcomes Through Collaborative Efforts and Strategies

By Kate Lynn Chimienti, MBA, Project Manager of Behavioral Health and Ambulatory Care Initiatives; and Victoria Njoku-Anokam, MPH Director of Behavioral Health, Staten Island Performing Provider System

PAGE 20

he Staten Island Performing Provider System (SI PPS), formed as a partnership between Richmond University Medical Center and Staten Island University Hospital (SIUH), is leading the New York State Delivery System Reform Incentive Payment (DSRIP) program on Staten Island (SI). The goal of DSRIP is to restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years, by 2020 for Medicaid beneficiaries and the uninsured. SI has one of the highest incidences of opioid related deaths within the 5 boroughs of New York City. SI PPS has been working with a cross-sector group to facilitate sharing of best practices, improved workflows, solutions, and to test new innovative ideas that are becoming sustainable within organizations and across the system. Participation is representative from all sectors including substance use disorder (SUD), mental health, government agencies, medical providers, community-based organizations, and managed care organizations.

In order to measure Staten Island's performance to improve quality of care



Kate Lynn Chimienti, MBA

and population health outcomes, numerous quality measures are being monitored that pertain to people with behavioral health (BH) needs. A cross-sector group met regularly to identify and implement strategies that will enhance measure outcomes, which included decreasing potentially preventable emergency department (ED) visits for people with BH conditions, and the initiation and engagement of alcohol and drug treatment. Individuals with alcohol and substance use disorders are deemed the highest utilizers of ED ser-



Victoria Njoku-Anokam, MPH

vices and emergency medical services (911) based on recent PPS data. A high proportion of these ED visits are avoidable. Initiating individuals with SUD needs in to treatment and keeping them engaged in treatment is another measure and has been a challenge not only on SI but across the State and country. Several studies have shown that a high percentage of individuals who have a SUD do not seek or choose to stay in treatment (SAMHSA, 2017). Making improvements in these measures and quality of care for

the BH population required the crosssector group to focus on practical changes within the four walls of treatment provider organizations, beyond their four walls to bring care to individuals, and the increase of new specialized staffing.

Changes within the Four Walls of Treatment Providers

The first effort treatment providers initiated was the expansion of ancillary withdrawal services for opioid and other SUD. Ancillary withdrawal services comprise of the medical management of mild or moderate symptoms of withdrawal from opioid or other substances within an OASAS certified setting. Medical staff monitor withdrawal symptoms and establish a treatment plan that will include the medication protocol to achieve safe withdrawal management, clinical interventions to provide engagement, management of urges and cravings, addresses cognitive and behavioral issues and recovery supports. Multiple sites have expanded ancillary withdrawal capacity and are designated by OASAS. Since 2015, the providers have engaged approximately 1,300 unique clients in ancillary withdrawal services on SI. With the increase in opioid overdose deaths and substance misuse on SI, treatment providers recognized a need to increase the hours of operation for outpatient programs to allow community members access to treatment

see Improving Outcomes on page 37

#### Context Counts in Caring for Chemically Dependent Kids and Families

By Andrew Malekoff, LCSW, CASAC Executive Director, North Shore Child and Family Guidance Center

espite feeling blindsided, many of us now know that we are living in the midst of an unprecedented drug epidemic. According to the U.S. Department of Health and Human Services, since 1999, the rate of overdose deaths including prescription pain relievers, heroin and synthetic opioids such as fentanyl, nearly quadrupled.

In the intervening years, many steps have been taken to help save lives. These include improving prescribing practices and expanding access to medication-assisted treatment and the use of Naloxone.

Medication-assisted treatment combines behavioral therapy and medications such as methadone or buprenorphine to treat opioid addiction. Through affordable, accessible and quality care people can recover and go on to live productive lives.

Naloxone is used to treat a narcotic overdose in an emergency situation by reversing the effects of opioids, including slowed breathing or loss of consciousness.

Notwithstanding the increased attention to lifesaving measures, there is rela-



Andrew Malekoff, LCSW, CASAC

tively little focus on the devastating impact of addiction on children living in families where a parent is addicted to drugs or alcohol.

There are more than 8 million children under 18 years of age that are growing up in homes with alcohol and other drugabusing parents. These young people are likely to become alcohol or drug abusers themselves without intervention.

Parental alcoholism and drug addiction influence the use of alcohol and other drugs in several ways. These include increased stress and decreased parental monitoring that contributes to adolescents' joining peer groups that support drug use.

Children who grow up with an addicted parent learn to distrust to survive. When unpredictability dominates one's life, he or she is likely to be wary, always sensing disappointment lurking nearby.

Children growing up with an addicted parent become uncomfortably accustomed to living with chaos, uncertainty and unpredictability. When a child grows up under these conditions, they learn to guess at what normal is.

Denial, secrecy, embarrassment and shame are common experiences of children who live with an addicted parent. Even seeking help outside of the family might in itself be seen as an act of betrayal, a step toward revealing the family secret. The stigma of addiction can leave chemically dependent persons and family members feeling utterly alone in the world.

Children who grow up with an addicted parent live with the unspoken mandate - don't talk, don't trust, don't feel.

Growing up with an addicted family member leaves children with little hope that things will ever change. I am re-

minded of a parable about the small village on the edge of a river.

One day a villager saw a baby floating down the river. He jumped in the river and saved the baby. The next day he saw two babies floating down the river. He and another villager dived in and saved them. Each day that followed, more babies were found floating down the river. The villagers organized themselves, training teams of swimmers to rescue the babies. They were soon working around the clock

Although they could not save all the babies, the rescue squad members felt good and were lauded for saving as many babies as they could. However, one day, one of the villagers asked: "Where are all these babies coming from? Why don't we organize a team to head upstream to find out who's throwing the babies into the river in the first place!"

Mobilizing resources to pull babies from the river, while neglecting the one's left behind makes no sense.

Andrew Malekoff is the Executive Director of North Shore Child & Family Guidance Center, which provides comprehensive mental health and chemical dependency services for children from birth through 24 and their families. To find out more, visit www.northshorechildguidance.org.

#### The Epidemic of Opiate Abuse: Its Causes and (Potential) Solutions

By Ashley Brody, MPA, CPRP Chief Executive Officer Search for Change, Inc.

he use of mind and mood altering substances is certainly not unique to our modern post-industrialized society. Epidemics of substance use and addiction have ravaged communities for hundreds of years. Homo Sapiens and their ancestors have sought relief from suffering for as long as suffering has attended our existence. Such unpleasant truisms beg obvious questions concerning the current epidemic of opiate dependence. What is unique about it? Why is it happening now? How, and by what means, will it end?

Many of our previous epidemics entailed the abuse of legal or illicit substances presumed to hold little or no medical or rehabilitative value. Nicotine and alcohol are among the most prominent examples of this class, and they continue to curtail the lives of their users and to cause collateral damage valued in the billions of dollars annually. The Centers for Disease Control and Prevention reports excessive alcohol consumption cost the U.S. approximately \$223.5 billion in 2006. This was attributed largely to reduced work productivity, health and legal expenditures and motor vehicle accidents (Centers for Disease Control and Prevention, 2017). Worldwide costs associated with tobacco use and nicotine dependence are nearly incalculable. Cocaine, hallucinogens, cannabinoids and countless other illicit drugs continue to exact a great toll on our healthcare and criminal justice systems. Moreover, they expose deep fissures in our national drug policies and the prevailing attitudes and political sensibilities underpinning them.

Opiates are unique, however, inasmuch as their proliferation was borne of a complicit medical establishment and pharmaceutical industry. Until recently, legal access to opiate medications was limited to individuals who experienced exceptionally severe pain associated with debilitating or terminal health conditions. In 2001, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) established new standards in response to this unduly conservative approach to pain management. These standards required organizations subject to JCAHO's oversight to educate their practitioners in pain management and to respect patients' "right to pain management" (Joint Commission on Accreditation of Healthcare Organizations, 2016). Hospitals and healthcare organizations were subsequently evaluated (and reimbursed) in accordance with their success in alleviating patients' pain as measured by the Hos-



Ashley Brody, MPA, CPRP

pital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and other tools (Blumenthal & Kaplan, 2017). These trends inevitably stimulated a market for opiate-based analgesics and a symbiosis between manufacturers and purveyors. The pharmaceutical industry, reputed for its rapacious marketing tactics, found a receptive audience within a medical establishment driven by changing regulations and incentive structures. It was, in short, a perfect storm. During the past 16 years we have witnessed a threefold increase in the volume of opiate prescriptions, and this has been accompanied by a similar rise in the use of illicit opiates such has heroin and fentanyl. In addition, more than 50% of opiate prescriptions are issued to individuals experiencing anxiety and depression, the two most common mental illnesses in the U.S. (Blumenthal & Kaplan, 2017). The most vulnerable among us, including individuals living with mental illness, poverty and other stressors, are at elevated risk of opiate dependence. In this respect the current epidemic is no different from its predecessors.

A successful campaign against this epidemic requires nothing less than an honest and transparent acknowledgement of the foregoing factors that have perpetuated it. To this end, local, state and federal governments must reevaluate a host of policies and payment structures that have incentivized the wanton proliferation of opiate drugs. These same actors must also support a broad array of evidenced-based interventions that would reduce our collective dependence on these substances. There have been auspicious developments on these fronts. A handful of counties in New York State have recently initiated

legal actions against drug manufacturers, alleging they employ deceptive marketing tactics to promote opiate-based medications (Mahoney, 2017). This might serve as a bellwether for others to follow in holding the pharmaceutical industry accountable for its role in this crisis. A major pharmaceutical retailer (CVS) recently announced it will limit the quantities of opiates dispensed to seven days (excepting certain circumstances). New York and other states have adopted prescription drug monitoring programs in order to prevent "doctor shopping" (i.e., filling multiple opiate prescriptions issued by different doctors). In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) and Office of Alcoholism and Substance Abuse Services (OASAS) have funded numerous initiatives that address social determinants of health and their role in this crisis. (Social determinants of health include various conditions and life circumstances

that influence individuals' overall health and wellbeing. These include housing, socioeconomic status, education, social support networks, and a host of other factors inextricably linked to this epidemic.) Perhaps not surprisingly, opiate dependence is more prevalent in economically distressed communities with a large working class and high rates of unemployment. One writer characterizes fatal overdoses within these communities as "deaths of despair" (Monnat, 2016) and suggests this epidemic will persist until all of its root causes are addressed.

These root causes are surely numerous and complex, and they require a continuing and concerted response from the public and private sectors. Most importantly, they require our collective resolve to overcome the political inertia that threatens to perpetuate this crisis.

The author may be reached by phone at (914) 428-5600 (x9228) or by email at abrody@searchforchange.org.















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#### **Reducing Opioid Overdose Deaths:** NYC Department of Health and Mental Hygiene Responses

By Hillary Kunins, MD, MPH, MS Assistant Commissioner, Bureau of Alcohol and Drug Use - Prevention, Care and Treatment, NYCDHMH

et us address the epidemiology of overdose deaths in New York City. Like cities and states around the United States, New York City is in the midst of an opioid overdose epidemic. In 2016, someone died every seven hours of an overdose in New York City, resulting in 1,374 confirmed deaths. More New Yorkers die from overdose than from suicides, homicides, and car crashes combined. Approximately eighty percent of overdose deaths in 2016 involved opioids: heroin, fentanyl, and/or prescription painkillers. Fentanyl, a drug 50 to 100 times more potent than heroin and morphine, is being illicitly produced and mixed into the illicit drug supply - often without the knowledge of the person taking the drug. Fentanyl is deadly in very small quantities, and it drove the 45% increase in overdose deaths from 2015 to 2016 in NYC.

Nearly every part of the city has seen increases in drug overdose deaths. In 2016, Bronx and Staten Island residents had the highest rates of drug overdose deaths, 28 and 32 per 100,000 people respectively, but Bronx and Brooklyn residents had the greatest numbers of overdose deaths, at 308 deaths and 297 deaths. This epidemic is affecting people of every race and from every neighborhood. Al-



though middle-aged people have the highest rates of overdose, it is the leading cause of mortality among NYC residents aged 25 to 34 years.

Principles to Address the Opioid Epidemic: Reduce Stigma and Address the Continuum of Substance Use

Two key principles underpin our initiatives. First, we must dismantle the profound stigma around substance misuse and addiction. This stigma surfaces in myriad ways, such as the misconception that substance use disorders (addiction) are moral or character failures and the use of negative words like "junkie" or

"addict." Stigma prevents individuals and their families from seeking help, and it may discourage health professionals from treating people with dignity and respect or from choosing to work in the field of substance use services.

Second, we must acknowledge the continuum of substance use in our society and design appropriate interventions along this continuum. Most people who use alcohol or drugs do so with no harmful consequences. They simply need awareness about the potential health risks of substances and strategies to remain safe and healthy. Some people who use substances experience harmful consequences - perhaps as minor as a twisted ankle

while tipsy, but perhaps a very serious one, like an overdose - but do not have an addiction or substance use disorder. People who use substances in ways that pose health risks need targeted interventions to reduce that risk: counseling, education, and in the case of opioids, naloxone, an emergency medication that reverses an opioid overdose.

Only a small number of people who use substances have a substance use disorder (or addiction) and will benefit from effective treatment, either methadone or buprenorphine. In New York City, these treatments are widely available. Not all people with opioid addiction might choose the structure of methadone maintenance programs, so the NYC Health Department is working to expand availability of buprenorphine treatment in primary care settings. Nationwide, only one in ten people with a substance use disorder enters treatment. People who are not interested in treatment or unable to enter treatment can still benefit from other interventions, like harm reduction services, naloxone for overdose prevention, primary care and mental health care.

HealingNYC: New York City's Response To the Opioid Overdose Epidemic

We know that the opioid overdose epidemic can be turned around with a comprehensive public health approach. Under HealingNYC, Mayor Bill de Blasio's \$38

see Overdose Deaths on page 30

#### **Unintentional Drug Poisoning (Overdose) Deaths** in New York City, January - March 2017

Overdose deaths in New York City remained at epidemic levels during the first three months of 2017



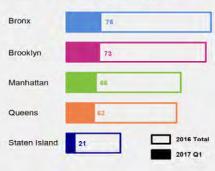
#### **Key Points**

- Every seven hours, someone dies of a drug overdose in New York City.

  More New Yorkers die of drug overdoses than homicides, suicides, and motor vehicle crashes combined.

  Overdose deaths in New York City (NYC) have increased for the previous six years.
- Fentanyl, a highly potent opioid, continued to be involved in approximately half of all overdose deaths.

#### Number of overdose deaths by borough of residence, January – March, 2017



#### Bronx and Staten Island neighborhoods had high rates of overdose death



#### Concerned about overdose?

Here's what you can do

#### Obtain naloxone, a medication that can reverse an opioid overdose

- Opioid-involved deaths are preventable and can be reversed using the medication naloxone (Narcan®). Nearly all overdoses involve multiple substances, and more than 80% of deaths to date in 2017 involved an
- opioid.

  All New Yorkers can receive free training to carry and use naloxone.

  Naloxone is available free of charge from overdose prevention programs and can be purchased at participating pharmacies in New York City. Many insurance programs cover most or all of the cost of
- To find an overdose prevention program or a pharmacy near you, visit nyc.gov/health and search

#### Know the most effective treatment for opioid use disorder (addiction)

- Medication-assisted treatment is the most effective treatment for opioid use disorder (addiction)
- Many New Yorkers have opioid use disorder and could benefit from treatment. Medication-assisted treatment, such as methadone or buprenorphine (Suboxone®), can prevent overdose and effectively treat opioid dependence.
- If you or someone you know has an opioid use disorder, medication-assisted treatment can help
- To find a buprenorphine prescriber or a methadone treatment program near you, call 1-888-NYCWELL or
- New York City providers who would like to prescribe buprenorphine can register for training by e-mailing buprenorphine@health.nyc.gov.

#### **Data Notes and Definitions**

- Data for 2015, 2016, and 2017 are provisional and subject to change.

  Data include drug overdoses where medical examiners determined the manner of death to be accidental. This report includes only deaths where the medical examiner has determined the cause of death. Since it
- can take several weeks for the medical examiner to complete investigations of suspected overdoses, an estimate of the number of pending overdoses was calculated.
- Borough-level data are presented by borough of residence. Because borough-level data exclude non-
- residents, numbers will not reflect the total number of overdose deaths in New York City.

  Mortality data were collected through an in-depth review of data and charts from the Health Department's Bureau of Vital Statistics and the Office of the Chief Medical Examiner



#### What's Hidden in the Hallways: A Look Inside Teenage Opioid Use

By Maria Afordakos, MHC Coordinator of Adolescent Treatment Program, Realization Center

alking through the hall-ways of any high school in America, you will notice student cliques that have existed for generations. You will find your scholars, your athletes, your artists, your so-called "outcasts," your musicians, your "popular" kids, and anyone and everyone else that falls in-between. Which group is more susceptible to having an addiction to opiates? The answer is – all of them. Addiction does not discriminate.

I have been a therapist working with adolescents dealing with mental health and addiction for seven years in both hospital and outpatient settings in the suburbs of D.C., and currently as the Coordinator of Adolescent Treatment Services at Realization Center in Manhattan. The demographics may change a little bit but the epidemic that our youth and their families are facing are the same regardless of geography. To put it simply, our youth are dying and their families are being blind-sided by the secretive world of opioid addiction.

As a nation, we have never dealt with an epidemic like this before. If we actually want to help the youth of today, we must accept the reality that all adults are intentionally excluded from knowing the inner lives of teens who both traffic or use drugs. For one, technology has made it possible to have access to both information and products at their fingertips. All of which can be protected with privacy settings so that parents, teachers, or any other outsider is not able to retrieve any information or detail about their daily lives. For example, it is a well-known practice to have fake online social media accounts, like a "Finsta," which stands for "fake Instagram." This is a profile which teens create to give to their parents so that they think they know what their child is doing and who they are spending their time with. Social media is anything but "private," yet I find when working with parents and their teens that parents continue to provide and financially support their youth with smartphones of which they do not know the passcodes to. Why is that?

Social media and technology have absolutely taken access to substances to a new level, however, it is not the only reason this epidemic exists. Why are opiates, including heroin, killing our youth at such a rapid pace? As adults, I think we look for some complicated answer. Something that could truly explain why our youth who have such promise and with so many resources at their fingertips would sacrifice their lives before they truly even began to live it. But the answer may be quite simple; pills are not scary anymore. You can't sleep? Take some Benadryl or ZZOuil. You have anxiety? Take a Xanax. You can't focus in class or you need to study for an exam? Take an Adderall. We live in a world of, what I like to call, "Instant Pharmaceutical Gratification." If there is an issue - there's either an app or a pill for it. As a society we know this to be true. We are exposed to a vast number of commercials advertising prescriptions drugs as the cure for all of our ailments and encouraging us to "ask your doctor if \_\_\_\_\_ is right for you," followed by a long list of horrifying side effects. So why should our youth be so terrified of medications that are prescribed for symptoms they experience when those same medications are advertised and commonly used amongst their parents, family members, and peers?

With the influence of technology and the normalization of prescription drug use contributing to the opioid addiction in our youth, what is the solution? How do we prevent our youth from dying? How do we support them as a society and intervene to save them and prevent the inevitable deaths that opioids afflict on families nationwide? Again, the answer may seem quite simple - treatment. But treatment is inconvenient, especially for teenagers. This would require them to go to a program after school, postponing their homework, extracurricular activities, or after school employment. This may require you, as their parent, to leave work early in order to attend treatment with them in addition to all the responsibilities you have. At the same time, you MUST remember that addiction is the only FATAL disease people spend their entire lives debating they have; regardless of age or how successful they are. So you cannot be surprised when your child tells you that they have it "under control" or they say "it's my friend's" or they tell you "I've only done it once" or they tell you its their friends "who really need help" and not them. Let us, as clinicians, help you help your child to navigate themselves through this drug-induced world. The earlier and more intensely you intervene, the better the outcome could be. No treatment is convenient and the old school notion of a "rock bottom" no longer exists because this generation is dying far before that happens.

There is absolutely nothing worse than burying a child. This is something that a family does not recover from, especially when it could have been prevented. Having seen firsthand, families that I have worked with as a clinician or that I have personally grown up with who have lost their children to addiction, it is something that a family never heals from. The guilt for what they could have done and the blame that they accuse themselves of for what they all could of or should of have done is just something that not disintegrate over time. Yes, technology plays a role and yes, so does the normalization of the pharmaceutical industry. However, the most prohibiting aspect of treating this opioid epidemic is how we as a society view addiction in it of itself. It is the shame and the judgment that is afflicted upon on those who are addicted that truly kills. It is the judgment that is fatal for those who are suffering or those who are witnessing someone suffer to want to reach out for help. If you have any other mental health disorder like depression, anxiety, OCD, or a learning disability you are accommodated in our high schools. It is required by the state that you are to be provided with resources to support your needs

within the classroom. The school may make accommodations for you and give vou passes to excuse vourself from class if you are feeling overwhelmed, anxious, or need extra time on tests. I am not saying that they should not do that, but I am saying where are the accommodations for the youth that abuse substances? Why do they get suspended or expelled, and referred to "alternative programs" for their symptoms? Our drug addicted youth are living in a "perfect storm" where they are exposed to all the technology, all the access to the most potent substances ever created, and yet are treated with the same ineffective and discriminatory approach as every generation before them despite the knowledge that we have. Schools would rather save their name and their credibility as an institution than your child.

All of these factors make treatment for adolescents hard for families to find. It is not only a challenge to find treatment with the quality of service needed, but also but the comprehensive approach necessary to address all of these aspects that our youth and families face need in order to recover in today's world. At Realization Center in Manhattan and Brooklyn, we provide group therapy five times per week for adolescents. This is in addition to individual therapy, family therapy, and medication management. While providing these services to our youth and families, we

also coordinate with schools, outpatient therapists and psychiatrists, and other community organizations that may be involved in your child's care to provide the most comprehensive and collaborative approach to support your child and family so that you receive the education, support, and resources necessary to address your families' individual needs. Yes it may be time consuming and yes you may think that it is not necessarily needed, but believe us, it absolutely is.

Our society has preconceived notions regarding drug addiction in general, but especially when in regard to adolescents. It is irrelevant whether your child is enrolled in AP courses, has a high GPA, SAT or ACT score, whether they attend a public or private school, or reside in an urban, suburban, or rural area, your socioeconomic status is irrelevant, or whether or not they are engaged in extracurricular activities. Opioid pills and heroin are everywhere. The only way to find out if a teen is doing drugs is very simple; involuntarily drug test them and believe the results as opposed to what your teenager tells you. It may be a difficult decision to make, but it will not be one that as a parent you will regret.

You can reach Maria Afordakos, MCH, by Email at: A4@RealizationCenterNYC.com, or reach her by phone at (212)627-9600, www.realizationcenternyc.com.

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Marilyn J. White, Executive Director, CEO

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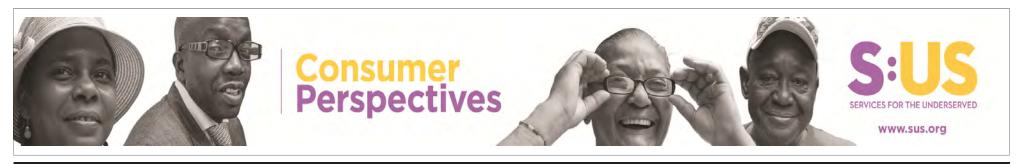


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#### The Opioid Epidemic: A Consumer's Point of View

By Jimmy, Jose, Clinton, Calvin, Aaron, David, Terrance, Pedro, Prescott, Cynthia and Raphael

s Gertrude Stein would have said it: addiction is addiction is addiction. This was the central theme of the focus group that got together to talk about the opioid epidemic: the pitfalls, how it all happens, what helps for real, and the power of peer support.

We all have our stories. Some of us were raised by a single parent, or by an aunt or an uncle or some other relative. Many of us experienced early family instability and there is no question that growing up around people who are using drinking and drugging right in front of little kids or on the street corner – is going to lead to some bad behaviors. The story is just all too familiar and while we're not blaming anyone for what happened, it's a lesson in how not to raise a kid if you don't want that kid getting addicted. In some families, it all seemed harmless like just having a family where everyone was "just" a social drinker, or where people were "just" smoking pot casually without doing a lot more. But when you're 12 year old, or 14 years old and you start smoking pot, chances are it's going to lead to other stuff, and that stuff isn't going to be good.

Layered onto this background, which was definitely the case for almost all of

us, is the issue of what happens when a person is "just" vulnerable to begin with. We all know that you can take two people and put them in the exact same circumstances and one will react one way and one will react another way. That's because we're all wired differently, with different sets of DNA and different levels of resilience. But when you tip the scales, and drugs and alcohol are easily accessible for a young person who already has the deck stacked against them, you can pretty much count on an outcome that's going to lead to addiction.

Self-medicating is one of the most common things people do when they're vulnerable, or in pain, or both. And while self-medicating can start because of insecurity (being left by a girlfriend, or having a slight physical difference) it soon goes full bloom when it takes the form of alcoholism, cocaine use, snorting and shooting up heroin, and finding little colorful pills to pop under your tongue. The dangers of not professionally addressing vulnerability in young people is that they'll just find their own ways to deal with it – so in the work being done with young parents who aren't necessarily prepared to raise kids, they need to learn that at the very early stages, kid's problems need to be looked at, dealt with, handled and not just swept under the carpet. That's what happened with all of us, and now we're here to tell the tale. Thank God we made it this far.

As far as what helps for real, places like SUS really have this down to a science. First though, let's talk about what doesn't help for real, and that would include two big things: incarceration and in most cases, Methadone. Getting clean in jail isn't really getting clean, and that's because the craving is still there and as soon as you get out, the first thing you look for is your next fix. And, there's almost no such thing as getting clean in jail because if you want to find drugs, you can find them. They're everywhere. We didn't really go into a long conversation about how to fix this system, but we did all pretty much agree that the system the way it is isn't working very well. As far as Methadone is concerned, the toxic side effects and addiction to Methadone, for those of us who have been on it, made it almost just as bad a drug as heroin. There's got to be a better way.

What really works? Facing our demons. Getting to the bottom of what started all of this to begin with. Being honest with ourselves. Having the courage to ask for help. Having people around you who you can talk to and who are invested in your keeping clean. All of these things become part of the whole picture of what helps a person go from desperation to hopefulness. In all our cases, each and every one of us needed to focus on psychological and internal trauma before we could really start on a path to recovery. Drugs were never the answer to our problems, but they were the only answers we had for a long, long time – and drugs became the substitute

for love: loving one's self, loving someone else, and being loved.

'The person I've become is a person I actually like." This is what one of us said in the meeting, but it's true for a lot of us. The mirror we were looking into was reflecting the kind of person we never thought we'd become, and then, once you are that person, you have got to face up to what happened and why anger became the default for dealing with things like peer pressure, abandonment and insecurity.

And then there's the very big issue of peer support. At SUS, we know that a lot of the people who now have jobs helping us pick our lives up again have been exactly where we were. Peers understand what being at the bottom of your game is all about, and they understand that sometimes you just have to suspend judgment and work with people where they're at instead of wondering why they're not further along in their journeys.

The last thing, but an important thing is gratitude. When you're 16 months clean, or three days clean, you've got to be grateful for where you've come. We all learned that a lot can be reversed, and that whether the new road leads to getting a G.E.D. or a job, or reestablishing relationships with kids and family, it's a road that starts each day with recognizing the blessing of life as we know it now. Recovery is about the fact that life is difficult for everyone, but that doesn't mean you stop trying.

#### NYC Well from page 12

naloxone—a life-saving medication that can reverse the effects of an opioid overdose while waiting for emergency services to respond. Naloxone acts as an antagonist, blocking the opioid receptor for a period of time, preventing the physiological response. It is an easily administered medication that can be delivered through an intranasal spray or intramuscular injection without any medical training.

New York City has made significant efforts to make naloxone accessible within the community. Naloxone can be obtained without a prescription from participating pharmacies, and for free from community organizations. NYC Well counselors are available 24/7 by phone, text, and chat to discuss the life-saving effects of naloxone in reversing the effects of overdose. Education about naloxone and connection to free naloxone resources is offered to individuals and concerned family and friends, along with knowledge about how to administer naloxone while waiting for emergency services to arrive. Such discussion is particularly empowering to family members

who may otherwise feel helpless in their worry for their loved one's safety.

#### Treatment

While Naloxone is a vital tool in preventing opioid overdoses, the most effective treatment for opioid use disorders is medication assisted treatment (MAT). The most common of these, methadone and buprenorphine, have been extensively studied and are demonstrated evidencebased treatments for opioid dependence. MAT helps to reduce opioid withdrawal symptoms, reduces cravings, and often provides respite from the repetitive cycle of obtaining, using, and recovering from drug use. Stabilization through MAT can allow individuals to engage in interventions focused on recovery such as accessing behavioral health care, social support services, engaging in educational and vocational activities, and building or enhancing supportive relationships. MAT is becoming increasingly accessible, and buprenorphine is now available within primary care settings by qualified nurse practitioners and physician assistants (Comprehensive Addiction and Recovery Act (CARA) 2016).

NYC Well counselors provide information about MAT, and connect individuals and their families with resources near their home that provide this evidencebased treatment.

#### Strategies for Establishing Care Connections

NYC Well incorporates screening for substance use into each telephonic, text, and chat-based intake, allowing exploration of substance use to become part of routine conversation, thereby reducing the associated stigma. This creates opportunity for judgement-free conversation about an individual's substance use, and the impact that it is having on their mental health, their relationships, and/or their responsibilities. Related inquiry around impact of an individual's emotional struggles on their substance use can also occur in this space. As noted earlier, active and meaningful conversations around substance use during NYC Well calls also provides an opportunity for psychoeducation regarding the presence of fentanyl in cocaine and illegally manufactured pills for non-opioid users.

Additionally, NYC Well offers a robust follow-up service, stemming from the understanding that individuals in crisis need proactive and consistent follow-up to ensure successful and sustained connection to care (Luxton, D., June, J., & Comtois, K. (2013). Crisis, 34(1), 32-41). By providing ongoing follow-up to New Yorkers struggling with opioid use and misuse, NYC Well ensures that resources for treatment and recovery are utilized.

Finally, the continuum of NYC Well services includes a thriving peer support line, which includes peer support specialists who have themselves emerged from and maintained their recovery from substance misuse, including opioids. NYC Well's peer support service provides hope to New Yorkers reaching out about their opioid use struggles, and reminds them that recovery is possible.

Kelly Clarke is the NYC Well Program Director at the Mental Health Association of New York City. Anitha Iyer, Ph.D. is the Chief Clinical Officer and Vice President, Crisis and Behavioral Health Technologies at the Mental Health Association of New York City. Contact them at kclarke@mhaofnyc.org and at aiyer@mhaofnyc.org

#### A Person-Centered Approach to Substance Use: Lessons from the Barbershop

By Ernest Bonner, Program Director, Ujima; Roberto Moran, Vice President for Homeless Services; and Trish Marsik, Chief Operating Officer, Services for the Underserved (S:US)

hen you walk into your favorite barbershop or hair salon to get a shape-up, a trim, or a new look, what happens? Likely you're greeted with smiles and welcoming words. If it's a bit fancy, maybe an assistant offers you something to drink. Somebody takes your coat, offers you a seat. There is a sense of community here. Maybe you're ushered into the chair immediately. Looking into the mirror, you see a trusted confidant and guide hovering above your head. You know this is someone who wants you to look your best for the world.

You know that no matter how often or how rarely you come to this chair to see this person, they will offer unconditional warmth and an attentive ear. You know that if you suggest a new style for yourself, they will give you an honest and considered opinion. You know that if you insist on a look they believe won't flatter you, they will gently encourage you not to go there, even offering scenarios for how it might play out – whether it's that platinum color you've been coveting, or the

comb-over you insist will hide the growing bald patch on your crown. You respect the opinion they offer, so you listen and contemplate your decision carefully. Past experience has shown you that they have a good sense of what works for you, and what doesn't. And even when you've been gone for a while, and show up with the remains of a bad cut from someone else, they don't harangue you for your bad decisions, or turn you away. So you keep returning to this chair because your partnership with this person has helped you to feel good in the past, consistently, and their wisdom, when it comes to your hair, has taught you things about yourself.

A person-centered approach is common in so many areas of our lives. It shapes our neighborhood relationships, our community involvement, and even our daily social interactions. We take for granted that this is what we expect to encounter in our transactions with others. But we've been slow to adapt it to our response to substance use disorders, despite the strength and value of this approach in mental health.

At Services for the Underserved (S:US), we have recently embarked on a transformational process to renovate and strengthen the ways in which we deliver substance use services. Many of the people we serve, with histories of homelessness, criminal justice involvement, inti-

mate partner violence, and other traumas, struggle with substance use. Now more than ever, in the face of a growing overdose epidemic, we are obligated to integrate a focus on substance use throughout our system. With this sense of urgency, we are exploring the ways we can leverage the opportunities of a rehabilitation model to design a continuum of engagement and tailor a range of services to offer the most meaningful, effective response to our participants.

The barbershop-hair salon metaphor was among several analogies proposed by our program leadership during a recent ideating session we held, as we worked to articulate the aspects of a person-centered approach we want to create. We know that we need to reach people no matter how they are managing substance use in their lives right now. We need to accommodate all levels of participation in substance use services, from those who are frequently involved in services to those whose participation is intermittent and even rare. How do we ensure we have made our services easily accessible to our participants? How do we ensure they have gotten a useful minimum set of services, if we only have this one opportunity to engage them?

It is critical for us that we consistently support a harm reduction lens to substance use services at S:US. We recognize the structural vulnerability our participants experience, and the imperative of our role for mitigating the potential harms in their lives, including related to substance use. Our services must be flexible and engaging, taking into account the individual paths that people are taking, and maximize a person-centered approach by embracing harm reduction as a wideangle view for approaching self-defined recovery. The four pillars of recovery health, home, purpose, and community describe a framework for this approach, ensuring we account for the many dimensions of our participants' lives in the ways that we work with them. Recognizing the social determinants of our participants' health, we can integrate a focus on substance use across our services.

We look forward to implementing the transformative approach we are developing at S:US in the coming months, and to showcasing it in action next year. We are optimistic that our attention to the principles of person-centered care and harm reduction will yield positive results. A responsive approach to substance use is one that accommodates everybody, without judgment, neither in the moment nor for the long haul.

Services for the UnderServed has been serving vulnerable New Yorkers for 40 years. Contact us at www.sus.org or info@sus.org.

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- Ancillary withdrawal services
- Medication management
- Peer support
- Case management
- Assistance with other community resources and supports



For more information and appointments: 877-583-5336 / services@sus.org







# Paul Russi Announces \$1 Million Dollar Donation for Puerto Rico Relief Acacia Launches DonatePuertoRico/AyudaPuertoRico Campaign

By Staff Writer Behavioral Health News

cacia Network, Inc., in response to the most catastrophic hurricane to hit our beloved Island in almost a century, has launched a national relief effort to assist the people of Puerto Rico in the aftermath of the devastation they are experiencing. Acacia Network, the largest Puerto Rican non-profit organization in the U.S., in partnership with Unidos por Puerto Rico, the Puerto Rico Federal Affairs Administration (PRFAA), and other organizations, government, and private entities is mobilizing to provide critical relief directly to the victims of Hurricane Maria. Acacia's leadership and Board have committed \$1 million dollars to kick off the AvudaPuertoRico or DonatePuertoRico campaign and request everyone's support.

The impact of Hurricane Maria will be felt, both on the Island and the mainland, for a long time to come. With the total loss of electric power and catastrophic flood waters, many parts of the Island are uninhabitable. The first response needed at this time are cash donations to assist with their immediate needs -- clearing the roads, getting medicine to the sick and injured, and helping the most vulnerable



Raul Russi, CEO, Acacia Network

residents, the elderly and the very young. "We plan to have the Acacia team on the first flights to Puerto Rico as a part of our initial response, and to keep you informed," said Raul Russi, CEO Acacia Network. "We will work onsite with the various communities, people, and entities in Puerto Rico to best determine what is needed and where."

Acacia has set up donation drop off locations across the city. At this time, there is greatest need for the following.

EMERGENCY SUPPLIES: Bottled Water, Baby wipes, Hand sanitizer, Diapers, Canned foods, Dry foods, Baby formula, Garbage bags, Towels, Canned milk, Canned and dry pet food, Baby and adult pain relief medicine, Stomach and Diarrhea relief medicine, Mosquito repellant, Blankets, Pillows, First-aid kits, Laundry detergents, Dish soap, and Cots.

construction supplies: Extension cords, Ground fault protectors, Popup canopies, Shovels, Wheelbarrows, Crowbars, Hammers, Utility knives, Work gloves, Wood panels, Electric generators, Electric cables, Tarp, Ropes, Chainsaws, and Safety glasses. All donations must be 100% sealed and new. Please check expiration dates. We cannot accept donations other than these items or that have expired.

The Acacia team will be arriving into Puerto Rico shortly to ensure that all donations will be delivered immediately to those in need. Daily updates will be provided from the Island to keep you informed. "After the news stops reporting on the aftermath of the Hurricane, we will be there to let you know what is happening," says Russi. "It will take months, if

not years, for all of the people of Puerto Rico to bounce back from the devastation. AyudaPuertoRico will continue providing assistance for as long as our resources will allow." 100% of ALL donations will go directly to victims of this hurricane. All contributions, no matter how large or small, make a difference. Please visit www.DonatePuertoRico.com or visit www.AyudaPuertoRico.com for more details on the work being done.

#### **DROP OFF LOCATIONS:**

#### **Manhattan**

East Harlem Multi Service Center 419 East 120th Street, NY Contact: Paul Delgado 347-489-6516

Institute for the Puerto Rican and Hispanic Elderly - Carver Senior Center 55 East 102nd Street, NY between Madison Avenue

Contact: Maria Rivera 917-838-8028

The Loisaida Center 710 East 120th 9th Street, NY Contact: Libertad Guerra 646-757-0522

#### **Bronx**

Ramon Velez Health Center 754 East 151th Street, Bronx, NY 10455 Contact: Michael Orozco 347-924-3435

see Puerto Rico Relief on page 35

#### Wraparound and Wellness: A Catalyst for Recovery

By Crystal Wytenus, LPC, LCADC, NCC, ACS, Director of Care Management; Jan Schlaier, EdD (c), FNP-BC, Director of Health Services; and Ellen Indoe, MA, CHES, Health and Wellness Educator Bergen's Promise

rappling with the ever-growing population of youth experiencing opioid abuse in New Jersey necessitates bold action. Is getting back to the basics of wellness and community connectedness too basic for this complex dilemma? Wellness and community connectedness are essential components for a successful recovery process in this population. The theoretical constructs of the Wraparound Model of Care while using the 8 Dimensions of Wellness from The Substance Abuse and Mental Health Services Administration (SAMSHA) can be foundational to this approach. The Wraparound Model of Care "is an intensive, holistic method of engaging with individuals with complex needs so that they can live in their homes and communities and realize their hopes and dreams" (National Wraparound Initiative, 2017). The Wraparound Model of Care is a process that involves strength, community and team based principles to support individuals in meeting their goals. SAMSHA promotes the utilization of the 8 Dimensions of Wellness for substance use treatment. The 8 Dimensions of Wellness are

not bound to the notion that "wellness [is the] absence of illness or stress", but the idea that an individual can have wellness in various aspects of their life including physical, emotional, environmental, social, intellectual, occupational, financial, and spiritual wellness (SAMSHA, 2017).

The Wraparound Model of Care, which is utilized by the Children's System of Care in New Jersey, is a process of wrapping supports around a youth and their family so they have sustainable connections and coping skills to manage the inevitable stressors of life. The process includes building a Child and Family Team which may include formal, informal and natural supports to assist the vouth and family with the challenges they are facing. The wraparound model of care promotes prevention, treatment and recovery from substance use. Regarding prevention, the process provides the opportunity for caregivers to obtain support and education, which may include parenting coaching, peer support partners, or other services for the caregivers. By supporting the caregivers in developing the skills they need, the goal is to increase the likelihood of developing appropriate bonds with their children. These bonds assist children in developing adaptive, as opposed to maladaptive, coping skills. Should there warning signs or substance use in the home-there is a team of people to go to for support and assistance to handle the situation.

An issue with substance use treatment is that it is time limited and restrictive in

nature. Regardless of the fact that treatment intensity varies, in all cases treatment ends at some point. Too often, a youth goes away to treatment and gets clean, only to return home and relapse in a short period of time. The environment is not always conducive of recovery. The underlying community-based principal of wraparound encourages the youth's relationship with his or her environment as a critical part of the treatment process. The youth and the team develop sustainable resources and strategies that can be used when there are stressors in the environment promoting long term recovery. Wraparound services compliment the treatment process well. The Child and Family Team includes the clinicians or other professionals while treatment is occurring; however, the whole team includes caregivers and natural supports that reinforce long term recovery.

To further enhance this team process and integrated care, the New Jersey's Children's System of Care tasked Bergen's Promise, the Care Management Organization (CMO) of Bergen County, to initiate the nation's first pediatric Behavioral Health Home utilizing the wraparound model. As a result of this significant organizational change, Bergen's Promise committed to the integration of physical and mental health needs influenced by the SAMSHA 8 Dimensions of Wellness. Through the adaptation of integrated care, all youth and families are supported in using the various dimensions

of wellness to create individualized wellness goals supported by their Child and Family Team. These wellness goals include, but are not limited to improving diet and maintaining physician visits, in fact, they address topics such as social media, healthy relationships and sleep, to name a few. Youth struggling with opioid use are unique in that many wellness goals revolve around independent living skills such as healthy food preparation, money management and attainment of a High School diploma or equivalent. By building on their strengths, youth are given the opportunity to focus on positive aspects of their recovery. Why is this relevant? This strength based approach fosters increased self-efficacy and motivation in youth necessary to the recovery process. Through engagement, high quality team work and inclusion of natural supports, positive preliminary outcomes have been reported regarding our youth struggling with opioid use including reduction of use and increased engagement in their recovery process. These promising preliminary findings support the notion that the principles embodied in the wraparound model of care and the 8 dimensions of wellness can be catalysts for recovery for youth struggling with opioid use disorders.

For more information about Bergen's Promise and the Wraparound Model of Care, please see our website at bergenspromise.org.

#### Confronting the Opioid Epidemic: A Comprehensive Treatment Approach at Odyssey House

By Justin Mitchell, LMHC, CRC VP, Director of Residential Services and Daphne Juste, LMHC, NCC Clinical Support Coordinator Odyssey House

ith more than 60,000 opioid overdose deaths nationally in 2016, a multipronged treatment approach is necessary to address the worst drug crisis in American history. Odyssey House is on the front line in treating those diagnosed with the most severe opioid use disorders. Since 2014, individuals admitted to Odyssey House with a primary or secondary opioid use disorder diagnosis has increased by 38 percent. Through a combination of prevention, education, targeted clinical interventions and addiction medication, Odyssey House has established a comprehensive treatment approach that focuses on minimizing the risk of accidental overdose, reducing recidivism and supporting sustainable recovery.

#### Overdose Prevention

Drug overdose deaths rose approximately 19 percent in 2016, continue to rise in 2017 and are now the leading cause of accidental death in America. In response to this epidemic, Odyssey House has implemented a campaign to raise awareness of the risks and health and safety concerns associated with continued opioid use. This campaign includes the addition of an overdose risk assessment screening, enhancement of key policies and practices, and training of both staff and service recipients on the use of naloxone - the approved opioid overdose reversal medication. In instances of a suspected opioid overdose, the availability of naloxone can be the difference between life and death.

Odyssey House's Opioid Overdose Prevention Program (OOPP) prepares staff and service recipients to act as first responders in the reversal of an opioid overdose. All staff members receive overdose responder training within 30 days of hire and all service recipients are offered training within 14 days of admission. With 30 qualified Opioid Overdose Rescue Trainers on staff, approximately 250 staff members and over 920 service recipients have been trained to recognize the signs of overdose and to administer naloxone. For added safety, naloxone kits are available throughout our organization including in our residential, supportive housing and outpatient facilities. Additionally, Odyssey House, through our training department and Bronx Recovery Center, provides OOPP training for collaborating organizations, private businesses, families of service recipients, and local community members.



Justin Mitchell, LMHC, CRC

**Clinical Interventions** 

Odyssey House uses well-established clinical interventions and integrated medical services to treat individuals struggling to recover from a substance use disorder. Clinical interventions include evidence-based services such as Motivational Enhancement Therapy, Behavior Modification, Seeking Safety, Thinking for a Change, and Wellness Self-Management Plus. Medical services provide access to primary and psychiatric care and allow for the management of symptoms of both short-term mild/moderate opioid withdrawal and longer lasting post-acute withdrawal.

Psychosocial education begins at admissions and focuses on understanding opioid use disorders, overdose risk and prevention, available addiction medications and relapse prevention. These services are part of an individualized continuum of care, which includes residential, outpatient, and recovery center services.

#### Medication-Assisted Treatment

The availability of medication-assisted treatment (MAT) is essential to Odyssey House's opioid use disorder treatment. As part of Odyssey House's treatment protocol, MAT combines prescribed addiction medications with the available clinical interventions designed to assist, not replace, other treatment and recovery efforts. MAT utilization can increase engagement in treatment and reduce cravings, drug overdose deaths, and infectious disease transmission.

To this end, Odyssey House has established the following goals in integrating MAT into our clinical practices: 1) Screen for a history of opioid use disorders; 2) Educate



Daphne Juste, LMHC, NCC

on available MAT; 3) Assess motivation and the medical and clinical appropriateness to participate in MAT; 4) When appropriate, provide access to addiction medications; and 5) Complete appropriate discharge referrals to providers, which allows continued ambulatory participation in MAT.

In collaboration with community partners, Odyssey House provides access to all three medications approved for the treatment of opioid use disorders. Access to methadone, buprenorphine, and naltrexone (oral and extended release injectable) allows service recipients, clinicians and medical providers to establish a treatment plan that meets an individual's assessed needs, motivation, and discharge plan.

Substance use disorder treatment services remains a critical factor in ensuring that individuals and families are connected with the support services that they need to enter sustained recovery. By combining prevention, education, a full continuum of substance use disorder services and addiction medications, Odyssey House is committed to providing a comprehensive treatment approach to confront today's most pressing public health crisis.



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#### Addressing Behavioral Health and Opioid Use Disorder In Primary Care Settings

By Jazmin Rivera, MPH, Program Manager; Nadeen Mahklouf, MPH, PharmD, Senior Clinical Outreach Coordinator; and Adrienne Abbate, MPA, Executive Director. Staten Island Partnership for Community Wellness

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he Staten Island Partnership for Community Wellness (SIPCW) is a non-profit organization established to promote wellness and to improve the health of the Staten Island community through collaboration and a multidisciplinary approach. For more than 20 years, SIPCW has addressed critical public health issues such as obesity, chronic disease prevention and behavioral health on Staten Island. SIPCW serves as project lead for the Staten Island Performing Provider System (SI PPS)'s Behavioral Health Infrastructure Project (BHIP). The PPS is responsible for the local implementation of the NYS Medicaid Delivery System Reform Incentive Payment Program (DSRIP). Under the auspices of BHIP, SIPCW and PPS staff are working closely with primary care and behavioral health providers to strengthen linkages, to encourage integration, and to build a supportive infrastructure for a patient centered care approach. Primary care physicians (PCPs) serve as gatekeepers for the health of the community. They are

generally the first point of entry into the healthcare system and are uniquely poised to support patients in addressing wholeperson care for those with complex health needs. However, PCPs on Staten Island have historically reported low comfort engaging with patients around substance use and mental health. Further, despite evidence demonstrating the effectiveness of SBIRT (Madras, Bertha K. et al; Drug and alcohol dependence, 2009), mental health screening tools, and Medication Assisted Treatment (MAT) in primary care settings (Volkow, N; National Institute Drug Abuse, 2014), many Staten Island physicians are reluctant to integrate behavioral health screening and treatment into their practice. This lack of engagement with behavioral health is coupled with the alarming rate of opioid related overdoses and avoidable behavioral health related emergency department visits and hospitalizations on Staten Island. To further complicate the issue, stigma has been reported as a major barrier to accessing behavioral health services in the community and many residents are not comfortable discussing prevention and treatment options with their primary care physician. In response, BHIP partnered with our local health department to conduct a two pronged public health detailing campaign to increase the capacity of PCPs to address behavioral health in their practices on

Staten Island. This strategy is based on the pharmaceutical detailing model of providing in-office education to clinical practices.

The first component of the outreach strategy targets primary care practices with high Medicaid populations that were not conducting the recommended behavioral health screenings for depression and substance use. The primary goals of this effort were to: 1) Have PCPs universally screen for mental health and substance use disorder 2) Link providers to behavioral health services 3) Have PCPs refer patients to care coordination services supported by the SI PPS. Preliminary conversations with physicians indicated that universal screenings and referrals to services required time and expertise that many PCPs did not feel that they had. To increase their capacity to address their patients' holistic needs, outreach staff provided technical assistance to these practices to connect with a NYC Department of Health and Mental Hygiene program to provide city funded, co-located, behavioral health specialists (LMSW). Each practice was also provided with a behavioral health toolkit developed by the BHIP initiative that included evidence-based guidelines regarding depression and substance use disorders as well as a guide to local behavioral health services and care coordination. SIPCW provided support to 11 practices in submitting an application

for city funded social workers. To date, four practices have been assigned colocated behavioral health specialists.

The second detailing component focuses on a subset of physicians waivered to prescribe buprenorphine to treat opioid use disorders (OUD). Despite being the gold standard of treatment (World Health Organization, 2013), MAT remains a controversial method of treatment among both primary care and substance use treatment providers. To assess the current state of buprenorphine prescribing on SI, BHIP outreach staff visited 41% of federally waivered physicians practicing on Staten Island to understand current buprenorphine prescribing practices, provide technical assistance to those interested in increasing their capacity to treat OUD (including the new order allowing Nurse Practitioners and Physician Assistants to prescribe), and provide them with toolkits on behavioral health resources and care coordination services on Staten Island. For those successfully managing their patient panel, BHIP provided an opportunity to serve in a mentoring capacity to newly waivered clinicians or practices seeking additional support. Another core resource, www.sidrugprevention.org developed by the PPS, offers authoritative information for professionals seeking

see Primary Care on page 34



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#### The Opioid Epidemic: Expanding Access to Medicated Assisted Treatment

By Ellen Hoffman-Jeffrey, MS, CASAC-G, SAP, MAC, FDC, CARC, Senior Director of Medication Assisted Treatment, VIP Community Services

he Researched Abuse, Diversion, and Addiction-Related Surveillance (RADARS) System describe the diversion and abuse of prescription opioid analgesics, using data from January 2002 through December 2013. Because drug abuse is an illegal activity that is often concealed from authorities, the RADARS System uses a "mosaic" approach, measuring abuse and diversion from multiple perspectives, to describe this hidden phenomenon as comprehensively as possible.

The rate of death from overdoses of prescription opioids in the United States more than quadrupled between 1999 and 2010 Opioid Sales, Admissions for Opioid-Abuse Treatment, and Deaths Due to Opioid Overdose in the United States, 1999 –2010.Data are from the National Vital Statistics System of the Centers for Disease Control and Prevention, the Treatment Episode Data Set of the Substance Abuse and Mental Health Services Administration, and the Automation of Reports and Consolidated Orders System of the Drug Enforcement Administration., far exceeding the combined death toll from cocaine and heroin overdoses. In 2010 alone, prescription opioids were involved in 16,651 overdose deaths,



Ellen Hoffman-Jeffrey, MS

whereas heroin was implicated in 3036. Some 82% of the deaths due to prescription opioids and 92% of those due to heroin were classified as unintentional, with the remainder being attributed predominantly to suicide or "undetermined intent."

Whatever the measure, the past two decades have been characterized by increasing abuse and diversion of prescription drugs, including opioid medications, in the United States. An estimated 25 mil-

lion people initiated nonmedical use of pain relievers between 2002 and 2011. In response to the epidemic, hundreds of local, regional, state, and federal interventions have been implemented. For example, 49 states have enacted legislation to create prescription-drug monitoring programs. The U.S. Office of National Drug Control Policy has responded to the epidemic with numerous recommendations. including the need to evaluate "current databases that measure the extent of prescription drug use, misuse, and toxicity." In 2013, a Pew Research Center survey showed that only 16% of Americans believed that the United States was making progress in reducing prescription-drug abuse.

The impressive response to the epidemic is heartening, but the effect of these programs is not yet known. Some local and state interventions have described a reduction in the abuse and diversion of prescription opioids after the enactment of state legislation. A number of barriers contribute to low access to and utilization of MATs, including a paucity of trained prescribers and negative attitudes and misunderstandings about addiction medications held by the public, providers, and patients. For decades, a common concern has been that MATs merely replace one addiction with another. Many treatmentfacility managers and staff favor an abstinence model, and provider skepticism may contribute to low adoption of MATs. Systematic prescription of inadequate doses

further reinforces the lack of faith in MATs, since the resulting return to opioid use perpetuates a belief in their ineffectiveness.

Whatever the precise cause, changes in rates of opioid analgesic abuse are associated with increasing heroin-related mortality. The similarities between data from the National Survey on Drug Use and Health and data from the National Poison Data System with respect to heroin use and adverse consequences are striking. A better understanding of the relation between prescription opioid abuse and heroin use is crucial for developing public health policy as well as guiding prevention and treatment initiatives.

A key driver of the overdose epidemic is underlying substance-use disorder. Consequently, expanding access to addiction-treatment services is an essential component of a comprehensive response. Like other chronic diseases such as diabetes and hypertension, addiction is generally refractory to cure, but effective treatment and functional recovery are possible. Fortunately, clinicians have three types of medication-assisted therapies (MATs) for treating patients with opioid addiction: methadone, buprenorphine, and naltrexone. (Characteristics of Medications for Opioid-Addiction Treatment.). Yet these medications are markedly underutilized. Of the 2.5 million Americans 12 years of

see Expanding Access on page 33





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#### **Opioid Addiction Wears Many Different Faces**

By Maria Siebel, LCSW-R, CEO HealthCare Choices (HCC)

pioid addiction wears many different faces. It is time to open the door to stop the epidemic of people addicted to opioids. Some people going into surgery come out needing medication for pain. In a book by Arwen Podesta, MD, called Hooked: a Concise Guide to the Underlying Mechanics of Addiction and Treatment for Patients, Families, and Providers, she indicates that of the patients who are prescribed pain killers for more than one week, 1 in 7 will become dependent and will be taking them a year laterthrough no fault of their own. The stigma of being an addict prevents many from reaching out for help, despite the spiraling grip it has on one's life.

At HealthCare Choices, a Federally Qualified Health Center with two (2) locations in Brooklyn, New York, primary care physicians are trained to treat the whole person, which includes opioid addiction. Through a grant, primary care physicians have been trained in buprenorphine treatment, a successful option, obtained the necessary waivers to prescribe this life changing medication and have added another treatment option for individuals to be supported in their recovery.

Approved for clinical use in October 2002 by the Food and Drug Administration (FDA), buprenorphine represents the



Jose Vazquez, Nurse Care Manager; Dr. Faraj Gadee, MD, Internal Medicine; Dr. Asya Levy, Medical Director; Ketie Saintelus, Nurse Practioner; Paul Ammendola, LCSW Director of Substance Abuse Program

latest advance in medication-assisted treatment (MAT). Medications such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid dependency. (SAMHSA). The necessary change to combat the problem is in raising aware-

ness, training more primary care physicians in treating the problem, and helping prescribers of pain killers to understand the dangers, to monitor closely the continued use and to consider alternatives such as: Non-opioid medications that reduce pain; Physical or Occupational therapy; Psychological counseling;

Relaxation techniques; Support groups; Exercise, weight loss, or other lifestyle changes

At HealthCare Choices when an issue with opioids is revealed during a primary care visit, the physician, nurse, and social worker work to support the recovery process. Change is a process, which includes hope and understanding.

It is our mission to aid in the recovery and treatment of addiction. Drug overdose is a serious public health concern and opioid-related overdose has increased as a health threat. Thanks to a life-saving law, it is now legal in New York State for non-medical persons to administer Naloxone (Narcan) to prevent an opioid/heroin overdose from becoming fatal. We are proud to be one of the registered NYS opioid overdose programs (OOPP) who receive Narcan kits from the Department of Health. These kits are distributed to everyone who participates in a training conducted by members of our Substance Abuse Services program. Narcan is a medication that reverses an overdose by blocking heroin (or other opioids) in the brain. We stand ready and available to assist individuals, families and organizations to help end the opioid crisis.

For more information about our Hope Matters Recovery Center or to schedule a free presentation/training, contact Paul Ammendola, LCSW, at 718-234-0073 or PAmmendola@HealthCareChoicesNY.org.

#### Overdose Deaths from page 22

million plan announced in March 2017, City agencies are working together to prevent opioid overdose deaths, prevent opioid misuse and addiction, connect New Yorkers to effective treatment, and reduce the supply of dangerous opioids. The NYC Health Department is undertaking six main activities to meet the goals of HealingNYC.

1. Distribute naloxone kits. Under New York State law, laypeople can be trained to recognize overdose and carry and administer naloxone, an easy-to-use emergency medication that reverse the effect of an opioid overdose and restores someone's breathing. The NYC Health Department, along with many community partners, trains people in how to recognize an overdose and administer naloxone. The training is free and open to everyone, but we are particularly interested in reaching people who use drugs and their friends and families. Since the program began in 2009, the Health Department has distributed more than 60,000 doses of naloxone. Nearly 1,000 overdose reversals have been reported, and more than 450 of them were in 2016 alone. Under HealingNYC, the City will distribute more than 100,000 naloxone kits annually, including to community organizations such as syringe exchange programs, drug treatment programs, shelters, and the Rikers jail visit house. Additionally, more than 20,000 police officers will be equipped with naloxone. Naloxone is also available in more than 700 NYC pharmacies, including all the major chains, under a standing order so that individuals can request naloxone without a prescription. Most insurance now pays for at least one formulation of naloxone, and a New York State program entitled N-CAPS covers co-pays of up to \$40.

2. Educate New Yorkers about effective ways to prevent overdose, treat addiction and substance misuse.. To reduce opioid overdose deaths, we need to raise public awareness and provide easy opportunities to connect people to care. So far, the NYC Health Department has run three media campaigns dedicated to overdose awareness and prevention. The most recent campaign, "I Saved a Life," featured six New Yorkers who used naloxone to reverse an opioid overdose. More media campaigns on opioids will be coming. In addition, the Health Department ran a series of campaigns about NYC Well, a free and confidential service for mental illness and substance use available by phone (1-888-NYC-WELL), text (text WELL to 65173), and chat (nyc.gov/ nycwell) in over 200 languages.

3. Rapid assessment and response. Applying an infectious disease public health model, the NYC Health Department investigates clusters or increases in overdoses and then creates targeted responses. In the last six months, our efforts have focused on disseminating information and risk reduction strategies around fentanyl and distributing naloxone in highly affected communities.

4. Judicious opioid prescribing. While opioid analgesics (painkillers) are a critical part of care for patients with acute pain and end of life and cancer pain, they can pose serious risks to people who take them, including overdose and addiction. The NYC Health Department has been educating prescribers on judicious - or safer - opioid prescribing practices. Our guidelines include the recommendation that three days' worth of an opioid prescription is often sufficient to treat acute pain, that opioids should be avoided whenever possible, and that prescribing benzodiazepines (like Ativan or Xanax) in conjunction with opioids increases the risk of overdose. To get this message out, we have conducted one-on-one educational visits with more than 3,000 providers in Staten Island, the Bronx, and South Brooklyn.

5. Non-fatal overdose response system. Individuals who experience a nonfatal overdose are at increased risk for having a subsequent fatal overdose. In June, the NYC Health Department launched a new program, Relay, to reach people in the hours after surviving an opioid overdose. On call 24/7, our Wellness Advocates people with lived experience with substance use - meet with the individual while they're still in the emergency department. The Wellness Advocate engages the patient voluntarily, provides tailored risk reduction information, naloxone, and offers to link the patient to needed services, such as drug treatment, syringe exchange, mental health and primary care. The Wellness Advocate follows up with the individual for up to 90 days. Relay is currently active in three emergency departments and will expand to at least ten over the next 18 months.

6. Increase access to medication for addiction treatment. Opioid use disorders can be effectively treated, and the most effective forms of treatment include the use of the methadone or buprenorphine. Currently, in NYC, there are no wait lists to obtain methadone treatment. Additionally, we believe more people will obtain treatment if buprenorphine treatment were more widely available in primary care and addiction treatment settings, so we are working to expand access to buprenorphine in NYC. We are training physicians, nurse practitioners and physician assistants so that they may obtain certification to prescribe buprenorphine and then offering them technical assistance and mentoring to start offering this treatment in practice. Additionally, we will fund 14 primary care organizations to implement the nurse care manager buprenorphine treatment model that has been demonstrated to be effective in Massachusetts.

Opioid overdose is a grave and complex challenge facing our city and country. Together with New Yorkers, health care and social service partners, and across City government, the NYC Health Department is working to implement a range of initiatives that will help turn this epidemic around.

#### Veteran Mental Health Professional Jorge Petit, MD Named to Lead Nonprofit Coordinated Behavioral Care

By Staff Writer Behavioral Health News

oordinated Behavioral Care (CBC), a behavioral healthcare nonprofit dedicated to improving the quality of care for New Yorkers with mental illness, chronic health conditions and substance use disorders, has named Dr. Jorge Petit as their new Chief Executive Officer.

Dr. Petit, a board-certified psychiatrist, is the former New York State Regional Senior Vice President for Beacon Health Options, a behavioral health wellness company. Previously he was president and founder of consulting firm Quality Healthcare Solutions Group and served as associate commissioner of the Division of Mental Hygiene at the NYC Department of Health and Mental Hygiene.

"I am excited to be joining CBC at this unprecedented time of change in the local and federal healthcare landscape," Dr. Petit said. "I eagerly look forward to working with CBC agencies and its affiliated members, managed care organizations and hospital systems, as well as lo-



Jorge R. Petit, MD

cal and state government agencies, to create innovative approaches to improve behavioral health outcomes, develop an integrated delivery system, and strategically align our agencies to embark on value based contracting, a challenging but achievable goal."

Dr. Petit, a noted psychiatrist, earned his medical degree from University of Buenos Aires and completed his psychiatry internship and residency at the Mount Sinai Hospital School of Medicine. Additionally, he completed a public psychiatry fellowship at Columbia Presbyterian-New York State Psychiatric Institute.

"We look forward to Dr. Petit's leadership as we build our city-wide IPA, alongside our already successful Heath Home, to offer meaningful choices for the people we serve, while improving the quality of care, reduce costs and provide streamlined local services our communities need," CBC Board President Donna Colonna said. "In collaboration with Danika Mills, Executive Director, and the rest of our team, I know Dr. Petit will help us get to the next level."

CBC was created in 2011 by a citywide network of nonprofit behavioral health providers to participate in New York State's "managed care for all" system. CBC marshaled the unique expertise of its founding nonprofit organizations to develop innovative solutions to improve people's health, provide a better health-care experience, and reduce costs. CBC's founding members include non-profits that have long provided specialized case management, rehabilitation and supportive services, supportive housing, and neighborhood-based clinical treatment for medical, mental health and substance use disorders.

CBC's Health Home (HH) is the largest in New York City, serving more than 16,000 enrolled adults and children, working with 47 care management providers. CBC also provides administrative oversight, quality and health information technology services to care transitions and health coaching interventions. CBC's unique Independent Practice Association (IPA) brings together community-based nonprofit behavioral health providers to create an integrated service network that aligns with the state's Medicaid redesign. The CBC IPA service network will improve the health and quality of life of New Yorkers with behavioral health conditions by offering integrated medical and behavioral care, social services and

# MHNE Board Member Honored as SAMHSA Minority Fellowship Program's Fellow of the Month

By Staff Writer Behavioral Health News

or Jonathan Edwards, a Ph.D. candidate in the social welfare program at the Silberman School of Social Work at Hunter College in New York, being in the Minority Fellowship Program has been a sustaining factor in his academic development. "Finding my place among colleagues in the MFP engenders a sense of pride and belonging—attributes that many do not experience in academic programs," Jonathan acknowledged. He credits the social support and opportunities to collaborate in the MFP with providing the needed boost to achieve his goals.

"One example is being selected to present a workshop at [the] Society for Social Work and Research (SSWR) conference earlier this year and partnering with Robert Rosales, another MFP Fellow, whose research interests intersected with my topic," he explained. "We developed a successful workshop and engaged participants that included academic peers, dissertation committee members, former professors, researchers, and our extraordinary MFP director and steward, Dr. Geraldine Meeks."

The two MFP Fellows would later copresent a Webinar for their MFP cohort and are currently co-authoring a paper on Certification Matters: The Relationship between State Certification and the Availability of Peer Support Services. He



Jonathan P. Edwards, LMSW

also cites his collaborative work last spring with two other MFP Fellows, Tania Paredes and Shantel Crosby, on a Webinar about Self-Care and Time Management Strategies for Social Work Professionals.

Choosing a career in a helping profession was natural for Jonathan, whose father was a social work administrator and therapist who served as a director for both a women's and a men's shelter in the early 1970s. "My father also did a lot

of work in foster care and typically worked anywhere from two to three jobs to support our family," Jonathan recalled. "From an early age, I was fascinated by how both my father and mother interacted with people from all walks of life and how they demonstrated through service the importance of sharing, supporting, showing positive regard, and fostering hope for others."

After overcoming personal battles with substance use and depression, Jonathan decided he would use lessons learned from these experiences to help others. After completing his undergraduate degree in psychology, he earned his MSW from the Silberman School of Social Work.

"Several professional experiences and tools solidified my decision to become a social worker, including excellent strengths-based supervision, a meaningful practicum and field advisor, mentors and professors who helped me turn curiosity into action and nurtured the belief that everyone has something to offer humanity," he said.

A licensed clinical social worker, Jonathan works as a program consultant at the New York City Department of Health and Mental Hygiene and teaches social work research and organizational theory in the MSW program at Silberman. He has more than 20 years of experience that encompasses clinical work, program oversight, project management, training, and supervision within organizations that provide behavioral health

and HIV services for individuals and families. His behavioral health research in his doctoral program focuses on how historical events in mental health service delivery have led to the inclusion of a peer support model in contemporary service models; he will seek to identify salient factors that organizations providing behavioral health services should consider in hiring, cultivating, and retaining a peer workforce.

After completing his doctorate, Jonathan plans to conduct intervention research on peer workforce issues, creating training products that promote recoveryoriented, culturally sensitive engagement of ethnic minorities. "Peer supporters are important to behavioral health systems of care because of the credibility established through identification with the problems and personal lived experiences," he explained. "Peer support among justice-involved people has been referred to as 'credible messengering' connoting the trustworthiness established through experience and successful community integration. Peer supporters also foster culture change and shifts in attitudes about the agency and efficacy of individuals dealing [with] a number of issues, including mental health and substance use."

Constance Brown-Bellamy, Chair of the MHNE Board stated that "Jonathan has been a valued member of our Board and we are so proud of his achievements."

To contact Jonathan Edwards, email him at jedward@hunter.cuny.edu.

#### **Medication-Assisted Treatment:**

#### An Effective Yet Underused Intervention for Treating Opioid Use Disorder

Martin Rosenzweig, MD **Chief Medical Officer for Behavioral Solutions Optum** 

he United States is in the midst of a public health crisis. Opioid use disorder (OUD) is a chronic medical condition of epidemic proportions, yet one of the most promising, evidence-based treatments for OUD is underused.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), medication-assisted treatment (MAT), combined with evidence-based behavioral interventions, is an effective treatment for OUD. Yet fewer than half of individuals struggling with opioid or heroin use disorders receive MAT (Volkow, N.D., Frieden, T.R., Hyde, P.S., Cha, S.S. 2014. Medication-assisted therapies: tackling the opioid-overdose epidemic. New England Journal of Medicine; 370:2063–2066).

For those who do receive MAT to help with their addiction, common medications include methadone, buprenorphine and naltrexone. Prescriptions are based on an individual's personal and clinical needs. Though MAT may be used during inpatient treatment, it is more often administered in an outpatient setting.

The positive effects of MAT are well documented. MAT is associated with a

marked reduction in overdose deaths (Schwartz, R.P., Gryczynski, J., O'Grady, K.E. et al. Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. American Journal Public Health. 2013;103(5):917-922). And - critically important — MAT has proven successful at retaining patients in treatment (Mattick, R.P., Breen, C., Kimber, J., Davoli, M. 2009. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. (Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD002209. DOI: 10.1002/ 14651858.CD002209.pub2).

In addition, a recent peer-reviewed study, reported by the National Institute on Drug Abuse, revealed promising long-term outcomes for MAT participants. The research showed 61 percent of participants once addicted to prescription opioids were still clean more than three years later. About half the participants still received a maintenance dose of buprenorphine-naloxone. Overall participants reported a general improvement in their health and a decline in chronic pain (National Institute on Drug Abuse. 2015. Long-term follow-up of medication-assisted treatment for addiction to pain relievers yields "cause for optimism").

Unlike MAT, the traditional approach to treating OUD has individuals undergo a medically supervised detoxification process. They are then weaned off the opioid

and return home. But this approach doesn't treat the chronic nature of substance opioid use disorder, or its effects on the brain. Without appropriate maintenance medication to subdue cravings and adequate psychosocial support, most people relapse (Volkow et al., 2014). The results are often tragic. Even a brief abstinence from opioids can reduce a person's tolerance level, which leads to a greater chance of overdose with later opioid use (Knopf, A. 2016. Even a low dose of opioids after a short period of abstinence can result in overdose. Alcoholism & Drug Abuse Weekly).

Given that OUD is a chronic medical condition, it can't be cured by short-term interventions. A more effective approach is to manage it over an extended period of time. MAT pairs therapies such as counseling or cognitive behavior therapy with FDAapproved medications to treat substance use disorders and prevent opioid overdose (SAMSHA. 2015. Medication-assisted treatment: Medication and counseling treatment).

So why is MAT not used more often in treating OUD?

#### Barriers to MAT

Despite MAT's powerful outcomes, it has been adopted in fewer than half of private-sector treatment programs. Even in programs that do offer MAT, only 34.4

percent of patients receive it (Knudsen, H.K., Abraham, A.J., Roman, P.M. 2011. Adoption and implementation of medications in addiction treatment programs. Journal of Addiction Medicine. 2011;5:21–27).

Barriers to MAT may include lack of treatment capacity and a lack of providers certified in MAT, deficits most profound in rural areas. To address this problem, Optum has developed one of the most robust MAT networks in the nation. Further, some providers seem reluctant to take the eight-hour training required for MAT and apply for the federal waiver because they, or their office neighbors, do not want people with substance use disorders frequenting their practice. This may explain why a substantial number of providers who have undergone the required training still are not treating patients with MAT (American Society of Addiction Medicine. 2013. Advancing access to addiction medications: Implications for opioid addiction treatment).

The stigma about using drugs to treat opioid use disorder also creates a barrier. Many providers, patients, and members of the substance use treatment and 12-step communities object to MAT. They mistakenly believe that it replaces one dangerous drug with another. But we wouldn't withhold insulin from a diabetic, for

see Underused on page 36

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T-F, 9-2

#### Veterans Heroic Battle with the Opioid Epidemic

By Rachel W. Bush, PhD Assistant Professor of Psychiatry and Behavioral Sciences, New York Medical College

ow can we ever fully thank our veterans for their service? As a group of health care professionals we have an obligation to provide outstanding clinical care to this heroic population. Every Veterans Day we celebrate the service of all U.S. Military Veterans. We know that this courageous group has been protecting American's freedom at home and abroad. As clinicians we can continue to offer our veterans freedom from chronic pain. We know that untreated chronic pain can significantly increase the risk of suicide, but poorly managed opioid regimes can also be fatal. Appropriate clinical management poses a double edge threat. Our veterans are a vulnerable population. Veterans are twice as likely to die from accidental opioid overdoses than non-veterans. We are capable of working more effectively with those who are suffering from significant physical and psychic pain.

Addiction medicine has historically been segregated from the entire medical field. However, we now know that most individuals with opioid use disorders have at least one co-occurring mental health issue that requires evaluation and effective treatment.



Rachel W. Bush, PhD

Recently there has been a focus on employing evidence based therapeutic interventions. We have developed a sophisticated model of Medication Assisted Treatment (MAT) in combination with behavioral intervention (Fiellin, 1917). A weak opioid when carefully administered has reduced opioid rates up to 80 % with both Methadone and Suboxone (buprenorphine).

The Opioid Safety Initiative was created by the VA to provide alternative therapies to military patients for pain management and to prevent opioid misuse (Torres, 2016). The list has included much safer pain management approaches including physical therapy, acupuncture, aquatic therapy, massage therapy, tai chi, yoga therapy and meditation. We desperately need to increase the ease and availability of these therapies for all of our Veterans.

Increased access to the opioid antagonist Naloxone can significantly reduce opioid related morbidity and mortality. The Substance Abuse and Mental Health Services (SAMHSA) has expanded the availability and use of Naloxone. Naloxone Rescue Kits are now available to prescribers, pharmacists and patients. In addition the national Opioid Overdose Education and Naloxone distribution program has been a game changer (Oliva, 2017). A timely administration of Narcan/Naloxone must occur if lives are to be saved. Naloxone can now be given by intranasal spray, intramuscularly (into the muscle) and subcutaneously (under the skin) for opioid overdoses (Davis, 2015). Naloxone Rescue Kits have been offered in 23 states since March of 2016. The OEND program was implemented at Fort Bragg, NC. This program prescribed 45,178 Naloxone prescriptions to 39,328 patients at Fort Bragg with

impressive success (Goebel, 2011). The Veterans Health Administration has successfully utilized a community based public health approach for patients prescribed opioid analgesics to prevent opioid-related mortality.

The entire field of addiction medicine had been stigmatized and antiquated. In 1914 the Harrison Narcotics Act prevented physicians from prescribing to patients recognized as drug abusers. There is an ongoing need for psychoeducation; addiction must be viewed as a medical issue rather than a moral failure (Volkow ,2017). Mclellon (2017) found that less that 15 percent of U.S. medical schools have been offering course work in addiction. This helps us to further understand and appreciate why clinicians felt like they were dealing with complex challenges when treating opioid addiction. Addiction therapy has not been a focus of medical education; (Kolodny, 2017) reported that only 39,000 of medical doctors can offer treatment to the more than two million people who need it. In some parts of the country, finding a specialist in addiction medicine is nearly impossible. Naloxone can now be given by intranasal spray, intramuscularly (into the muscle) and subcutaneously (under the skin) for opioid overdoses (Davis, 2015). Naloxone rescue kits have been offered in 23 states since March of 2016.

see Veterans Battle on page 37



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#### Expanding Access from page 29

age or older who abused or were dependent on opioids in 2012 (according to the National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration [SAMHSA]), fewer than 1 million received MAT.

The epidemic of prescription-opioid overdose is complex. Expanding access to MATs is a crucial component of the effort to help patients recover. It is also necessary, however, to implement primary prevention policies that curb the inappropriate prescribing of opioid analgesics the key upstream driver of the

epidemic while avoiding jeopardizing critical or even lifesaving opioid treatment when it is needed. Essential steps for physicians will be to reduce unnecessary or excessive opioid prescribing, routinely check data from prescriptiondrug-monitoring programs to identify patients who may be misusing opioids, and take full advantage of effective MATs for people with opioid addiction. The results suggest that the United States is making progress in combating the abuse of prescription opioid analgesics. If the observation of decreased abuse is confirmed, changes in public health policy and strategy will be needed

#### Care from page 10

the local drug supply. For instance, when a "bad batch" leads to law enforcement "flooding the zone," users who frequent the area will scatter, making the public health response more difficult. Outreach staff are able to bridge the gaps between enforcement, protection, and public safety by strategically seeking known contacts to spread the word to individuals who have fled to alternate locations and may not have heard about the health threat.

Low-barrier engagement is not just about outreach and needle exchange. People often ask for help to stop using drugs and to find safe and stable housing. Staff support people to initially access services. For example, if an individual wanted to begin seeing a mental health treatment provider, staff will walk through the options based on the specific benefits and programs that are available, help make an appointment, and then support the individual to physically get to the appointment. As well, engagement at

NYHRE and WHCP often expands outward from each participant to their network. For example, an individual may come in with a friend who is just interested in getting a cup of coffee, but then perhaps a staff member approaches just to say hello. In this organic way, additional individuals are engaged via existing participant networks.

The capacity to demonstrate success reaching high numbers of people who are active intravenous drug users wellpositions harm reduction organizations to deepen partnerships with payers, such as managed care organizations and entities engaged in value-based payment models. Indeed, both NYHRE and WHCP are connected to Performing Provider Systems, implementing Medicaid financed HCBS services, and partnering to offer an array of on-site services. The organizations are part of the iHealth network of care management providers serving those with HIV/AIDS and they are exploring additional service delivery opportunities via new partnerships. For instance, the

Licensed Behavioral Health Practitioner Benefit (https://www.omh.ny.gov/omhweb/bho/docs/guidance-on-licensed-behavioral-health-practitioner-benefit.pdf) is a Waiver option that allows treatment providers to conduct offsite services for individuals whose managed care provider approves the need for community-based engagement. Approaches like Motivational Interviewing, Seeking Safety and Non-Violent Crisis Intervention work well with people who are active drug users dealing with both trauma and addiction.

In addition to service expansion and new linkages, both organizations offer opportunities for practitioners to build their counselling skills in order to better engage active drug users who lack support and are struggling in isolation. New York Harm Reduction Educators (NYHRE) operates national training and capacity building services to promote nonjudgmental, evidence-based, approaches to enhance individual, organizational and community effectiveness. These tailored, capacity-building services for community-

based organizations, Health Departments, and community coalitions are collaborative and interactive to promote:

- Drug User Health: Syringe access and other harm reduction services including prevention of HIV, hepatitis C and overdose, etc.
- Drug User Dignity: Anti-stigma, leadership development, and increasing cultural competency
- Community Impact: Program development & sustainability, organizational development, monitoring and evaluation, and community mobilization

The health and behavioral health community seeks opportunities to reach people – and their families – to help them connect and navigate the system of care. Harm reduction programs offer places where people are encouraged to support one another, find hope, and better cope with their drug use until recovery is possible.

#### Heroin from page 10

Interestingly, compared to the larger sample of respondents, individuals with a history of heroin use were more likely to work in the fields of substance abuse (55% vs. 26%) and housing/homelessness (26% vs. 14%), and much less likely to work with children/adolescents (34% vs. 51%) or in schools (11% vs. 22%).

Wellness of Social Workers with a History of Heroin Use

The study included numerous items assessing respondents' personal histories, including Adverse Childhood Experiences (ACEs), physical health, and behavioral health problems. The ACE scale is a widelyused, 10-item inventory of childhood maltreatment (Felitti et al., Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study, American Journal of Preventive Medicine, 14(4), 245-258, 1998) that has identified strong associations between childhood abuse, neglect, and household challenges and later-life behavioral health problems, including increased AOD misuse (Dube, S. R., et al. Adverse childhood experiences and personal alcohol abuse as an adult. Addictive Behaviors, 27 (5), 713-725, 2002), and opioid use (Stein, et al., Adverse childhood experience effects on opioid use initiation, injection drug use, and overdose among persons with opioid use disorder. Drug and Alcohol Dependence, 179, 325-329, 2017).

Regarding results from the Social

Workers' Self-Reported Wellness study, the average number of ACEs among all study respondents was 2.1. Among study respondents with a history of heroin use. the average number of ACEs was much higher - 3.3. The finding that respondents who had ever used heroin reported higher rates of childhood maltreatment than those who had not used heroin is consistent with results from previous studies that examined illicit drug use and ACEs in the general population (Dube, S. R., et al., Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. Pediatrics, 111(3), 564-572, Among respondents who indicated that they had been exposed to at least one ACE, 55% indicated that these events influenced their decision to enter the social work profession, and 54% reported that ACEs affected their work as social workers. For example, according to one respondent, "I think that I am more perceptive of nonverbal behavior and follow my instincts more often than some people might. I have tried to channel my experiences into something positive and at times have self-disclosed a measure of my experience in order to help a client. I also don't allow myself to be bullied by an aggressive client."

Regarding problems with wellness, in comparison to other social workers, respondents with a history of heroin use were just as likely to report physical health problems (60% vs. 61%), but were more likely to report mental health problems (63% vs. 52%). Specifically, they had significantly higher rates of depres-

sion (60% vs. 32%), PTSD (23% vs. 11%), ADHD (19% vs. 5%), bipolar disorder (17% vs.1%), eating disorders (9% vs. 2%) and learning disabilities (9% vs. 2%), but only slightly higher rates of anxiety disorders (37% vs. 32%). They also had a much higher tobacco use (21% vs. 12%) over the course of their social work careers. In addition, compared to other study participants, respondents with a history of heroin use had much higher rates of alcohol problems (74% vs. 10%), and problems with other drugs (89% vs. 6%). Interestingly, 89% of respondents who ever used heroin indicated that they utilized behavioral health services to treat their mental health and/or AOD problems. This figure is higher than rates of service use among other study participants (69%), and in the general population. As reflected by one respondent, "I have been fortunate to have had wonderful and supportive professionals provide me the care I needed. That informs my work and modeled for me some of the attributes of effective treatment."

#### Conclusion

Additional research is needed to assess the ways in which opiate use is impacting the behavioral health workforce in general, and social workers in particular. Our study of over 6,000 licensed social workers found that only a small number of respondents had ever used heroin, while over 23%.had ever used non-prescribed painkillers, some of which may have been opioids. Compared to the other licensed social workers who participated in this

study, the 47 respondents who reported heroin use were more likely to be male and gay/lesbian/bisexual. They also reported higher rates of behavioral health problems, and were also more likely to have utilized professional services to treat these issues. While these findings cannot be generalized to the entire profession or other helping professionals, the study results suggest that social workers with a history of heroin use may be disproportionately affected by histories of childhood maltreatment, mental health issues, and AOD misuse; experiences that may have influenced their decision to enter the field and that may affect their performance in the workplace.

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#### Primary Care from page 28

information on a wide variety of these topics as well as for patients and families.

Despite a high burden of behavioral health issues among Staten Island residents and the influence of the stigma associated with substance use disorder, this strategy has been largely well received by the clinical community. Evidence of this is the success of the SI PPS project Development of Withdrawal Management Services which has accrued over 1,000 new patients into MAT since April 2015. Participating providers cited increased knowledge of behav-

ioral health resources in the community and were interested in further engagement around additional topics and modalities. 65% of actively prescribing buprenorphine waivered physicians reported interest in increasing their capacity to treat additional patients with opioid use disorder. These positive preliminary findings indicate the need to continue to engage clinicians, using an in-person approach, in collaborative efforts to integrate primary care and behavioral health services.

This two pronged detailing model serves as a point of entry for future outreach to educate health professionals on a variety of topics to institute behavioral health prevention in primary care. Future visits will be tailored to relevant topics by provider type/specialty in accordance with the NYS Prescription Monitoring Program (PMP) and additional data sources. Toolkits will include information specifically targeting opioid prescribing practices as opioid prescribing practices as opioid prescribing and doses remain high in Staten Island and are strongly associated with mortality (Bohnert, A, et al; JAMA, 2011). Overall, the strategy intends to achieve long term changes in provider practices regarding screening for behavioral health

conditions and competency with either addressing identified conditions on-site or connecting patients to appropriate resources in the community.

Credits: By the Staten Island Partnership for Community Wellness: Jazmin Rivera, MPH, Program Manager; Nadeen Mahklouf, MPH, PharmD, Senior Clinical Outreach Coordinator; and Adrienne Abbate, MPA, Executive Director. Staten Island Performing Provider System, Joseph Conte, PhD, Executive Director.

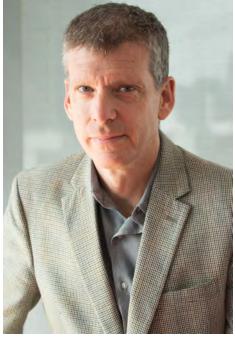
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#### Vision from page 1

describe the anchors for such an approach. This groundbreaking effort pushes the envelope of what city government can do to improve outcomes, address gaps, and reduce harms for mental illness and substance use.

ThriveNYC rests on key strategic building blocks specified in six principles that can align action on behavioral health: Act Early, Change the Culture, Close Treatment Gaps, Partner with Communities, Use Data Better, and Strengthen Government's Ability to Lead. All of them apply to the opioid epidemic, as they do to other challenges, and they anchor where the fiscal commitment of \$850 million over the first four years for the 54 ThriveNYC initiatives, and where to continuously aim moving forward. These initiatives are not only programs in their own right, but are intended as new structures that can last and grow integrated action to scale moving forward.

One of those new structures is NYC Well, a one-click, one-call connection to counseling, crisis intervention, peer support and referrals to ongoing treatment services serving all five boroughs. NYC Well



Gary S. Belkin, MD, PhD, MPH

builds on the City's previous call line, LifeNet, by having peer specialists on staff and training on the array of services available to people with opioid use disorder, from buprenorphine and methadone to free naloxone. NYC Well will do real-time warm hand-offs to appointments and do multi-session short-term counseling by phone. NYC Well is available 24/7, accessible in more than 200 languages and staffed by professional mental health counselors at the NYC Well Call Center. The program is administered by the Mental Health Association of New York City (MHA-NYC) and funded through the NYC Health Department. In its first eight months in operation, NYC Well received more than 215,000 calls, texts and chats.

ThriveNYC also heavily invests in expanded roles for treatment providers to better partner with and enhance those "outside" stakeholders – from schools and churches, to CBOs and primary care practices. An example of this is the Thrive Weekend of Faith for Mental Health, an event led by First Lady Chirlane McCray and the nation's largest effort to engage faith leaders in a single effort around mental health. In May of this year, 2,000 NYC houses of worship and more than 40 cities took part in the event to speak to their congregations about addiction and treatment options, reaching half a million

New Yorkers and thousands more in cities like Houston, Philadelphia, and San Jose. As trusted leaders of their community, clergy have an important role to play in offering advice and encouraging members of their community to seek care.

ThriveNYC rests on new building blocks specified in six key principles that can align action on behavioral health: Act Early, Change the Culture, Close Treatment Gaps, Partner with Communities, Use Data Better, and Strengthen Government's Ability to Lead. All of them apply to the opioid epidemic, as they do to other challenges, and they anchor where the fiscal commitment of \$850 million over the first four years for the 54 ThriveNYC initiatives, and where to continuously aim moving forward.

We are excited to see in this issue of *Behavioral Health News* the breadth of interest and the innovation that is emerging to take on this epidemic. They reflect on and contribute to advance many of these key driving principles. Organizing and innovating around them should help drive change forward for all of our efforts in behavioral health. Track our progress on ThriveNYC at the Health Department's site, www.nyc.gov/health.

#### Pain from page 1

and biomedical research to identify effective ways to manage pain, to prevent and treat addiction, and to disrupt the pathway that 5-10% of those prescribed opioids follow from pain management to addiction to lethal street drugs. Understanding this pathway is particularly important because upwards of 75% of current heroin users began with a prescription painkiller, which may or may not have been prescribed for them.

Secretary Price, to his credit, has also noted the importance of understanding the social and psychological factors that contribute to rising substance abuse and suicide. "We must not forget", he said recently, "the types of pain that can hurt the most but are often the hardest to treat—the pain of loneliness and despair, of feeling unloved or unvalued.... Today's epidemic...is the story of...our search for meaning and purpose in a broken world."

Of course, what he has in mind as a "broken world" is far more about the de-



Michael B. Friedman, MSW

cline of religious faith than the growth of disparity and the rising economic and racial divide in America. Still it is encouraging that the Secretary of Health and Human Services in the current administration sees the problem of pain, rather than moral decay, as a critical root of the opioid epidemic.

But talk is cheap; action costs money. The current federal administration still seems intent on undercutting health policies that make treatment affordable and on vastly reducing spending on social programs. Without funding for prevention and treatment, for education and research, and for efforts to build stronger communities, there is every reason to believe that very good recent federal reports and strategies will join many others gathering dust on the long-forgotten shelves of history.

#### References

1. Bonnie, RJ et al (2017). Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. National Academies of Sciences, Engineering, and Medicine. Forthcoming. http://www.nationalacademies.org/hmd/Reports/2017/pain-management-and-the-opioid-epidemic.aspx

- 2. National Institute on Drug Abuse (2017). "Opioid Crisis". https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis
- 3. National Institutes on Health (2016). The National Pain Strategy. https://iprcc.nih.gov/National\_Pain\_Strategy/NPS\_Main.htm
- 4. President's Commission on Combating Drug Addiction and the Opioid Crisis (2017). Draft Interim Report. https://www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf
- 5. Price, TE (2017). "Secretary Price Announces HHS Strategy for Fighting Opioid Crisis". https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html
- 6. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. https://addiction.surgeongeneral.gov/

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#### Puerto Rico Relief from page 26

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About Acacia Network, Inc.

Acacia Network, the leading Latino integrated care nonprofit in the nation, offers the community, from children to seniors, a pathway to behavioral and primary healthcare, housing, and empowerment. We are visionary leaders transform-

ing the triple aim of high quality, great experience at a lower cost. Acacia champions a collaborative environment to deliver vital health, housing and community building services.

Acacia's behavioral health services care for people with substance and/or mental illness within a comprehensive set of 31 programs including detoxification, adult, youth, and women and children residential treatment, ambulatory treatment including medication assisted treatment, mental health outpatient and strength based day treatment, community residences, and supportive housing. Our primary health care is delivered through 7 health care centers, 5 of which are Federally Qualified Health Centers, along with our Medicaid Certified Health Home Care Coordinators, and skilled nursing facility for people with HIV.

Academic enrichment and supports are delivered in over 15 academic enhancement programs, and our 8 senior centers provide meals and social and cultural activities.

Acacia Network manages over 5,000 units of housing across the continuum. People in need of housing find stability, case management, and community affiliation in our transitional, supportive, and affordable housing units. All of our tenants are part of the larger Acacia Network family and linked to our fully integrated services.

Acacia Network is led by Raul Russi, Chief Executive Officer, Honorable Hector Diaz, President, Pamela Mattel, Executive Vice President and Chief Operating Officer, Milton DeRienzo, Chief Financial Officer, David Glasel, Chief Legal Officer, and Jose Rodriquez, Executive Vice President and Special Counsel.

#### Underused from page 32

example. MAT drugs block cravings, allowing individuals to lead normal lives — with family, work or school — while undergoing treatment.

#### Treatment for a Chronic Medical Condition

Dr. Dan Karlin, an Optum Behavioral Health provider board-certified in psychiatry and SUD medicine, is an advocate for MAT and more specifically, for buprenorphine. "Buprenorphine is the single most effective medication in psychiatry. It's more effective than antidepressants for depression," Dr. Karlin says.

Along with buprenorphine, "the treatment of comorbid conditions is incredibly important," he says. Through psychotherapy, patients can start addressing their sub-

stance use disorder and then move on to other underlying and emerging troubles.

When people engage in MAT and a moderate level of psychosocial counseling, they have better outcomes than individuals who only receive MAT or MAT with minimal counseling (Center for Substance Abuse Treatment. 2005 Medication-assisted treatment for opioid addiction in opioid treatment programs. SAMHSA).

Therefore, a comprehensive treatment plan consists of three elements:

- 1. Medication used to manage the effects of withdrawal from the opiates
- 2. Therapy or counseling, such as cognitive behavioral therapy, that may also help provide the patient with skills to aid in recovery
- 3. Connection to long-term support that

will encourage patients to stay engaged in treatment, preventing the risk of relapse

MAT medications can alleviate cravings and withdrawal symptoms, and block the effects of opioids in the event of relapse. They also adjust the chemical imbalances in the brain created throughout the development of an addiction.

At the proper dose, MAT substances do not impair a person's intelligence, mental capability, physical functioning or employability. On the contrary, they allow people to more fully engage in such proven behavioral interventions as counseling and begin to reclaim their lives. Many people stay on a maintenance dose of medication for years.

To overcome barriers and the stigma of MAT treatment for OUDs, Optum Behavioral Health is working to educate providers, health plans, the recovery community,

and the public in general to see MAT as a safe and accessible path to recovery. We believe in the effectiveness of MAT, and have developed a nationwide network of MAT providers; 95 percent of our members are an average of 20 miles away from a MAT provider.

Working together, we can take on this public health crisis by advancing proven treatment methods and bringing dignity to those who suffer from the chronic medical condition that is OUD.

Dr. Martin Rosenzweig is chief medical officer for behavioral solutions at Optum, and the head of the substance use disorder treatment initiative across the company's behavioral health business. A practicing physician for more than 30 years, he received his medical degree from the University of the Witwatersrand in South Africa.

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#### NYSPA Report from page 16

Naloxone is quickly absorbed and blocks the buprenorphine from the opioid receptors and will cause severe withdrawal. Buprenorphine has been used successfully for over 15 years with results similar to methadone and most patients report that buprenorphine has fewer side effects than methadone.

Some may question the use of methadone or buprenorphine maintenance and consider this merely a substitute for heroin or opioid pills. However, methadone and buprenorphine offer stabilization and elimination of the usage/high and withdrawal cycle that persons with opioid use disorder cannot break. Although various psychosocial strategies such as inpatient or residential rehabilitation program, intensive outpatient programs, individual drug counseling, 12 step groups and various combinations may work for patients with opioid use disorder, most patients who stop using opioids end up using again within a year. Some reports place the rate of returning to opioid usage as high as 8090%. Comparison studies show that MAT combined with psychosocial strategies is more effective that psychosocial strategies alone. Although some results are mixed, MAT combined with psychosocial strategies appears to be more effective for most patients than MAT alone.

Naltrexone, a potent opioid antagonist, is available in a daily oral form and monthly injectable form. The oral form is largely ineffective for opioid use disorder because patients simply stop using it when they decide to return to opioid abuse. Data shows that the monthly iniectable form will result in longer periods of abstinence because the medication will block all or most of the effect from opioids if taken. However, there is little long-term data of effectiveness and the studies that demonstrate effectiveness were largely from a population in prison or on probation/parole so it's not clear how effective Naltrexone IM will be in the general population. Many patients stop coming for injections and since Naltrexone blocks opioid receptors, it may not be a good choice for patients with complicating medical conditions.

Naloxone is another potent opioid antagonist that has been used in hospitals in IV and IM forms to reverse opioid overdoses. In recent years, its use has increased among police officers, EMTs and other first responders. Pursuant to recent state legislation, the general public can now attend a free training and obtain an overdose reversal kit with one or two doses of IN (intranasal) Naloxone. If someone sees a person who has overdosed on opioids or suspects an overdose they should administer a dose and call 911; if there is no response, a second dose should be administered. There is essentially no downside to the IN Naloxone and the risk of significant side effects (other than causing withdrawal symptoms) is negligible. Any physician can now prescribe IN Naloxone or a patient can request it without a prescription at many large pharmacy chains. To help with the cost, the State requires prescription plans to cover IN Naloxone and is soon to offer up to \$40 savings on co-payments.

Despite best efforts by the medical community, overdose deaths from opioids, particularly fentanyl and related compounds, have skyrocketed across the country and New York State. It is high time to address this crisis by addressing substance use and addiction as both a medical and societal problem. Furthermore, we must embrace medication assisted treatment as an option for all who struggle and seek treatment for opioid use disorders.

Frank Dowling is board certified in psychiatric medicine and addiction medicine, has a private practice in Garden City and Islandia, NY that specializes in the care of emergency responders and healthcare professionals and has served in NYSPA/APA and MSSNY/AMA in several capacities. He currently serves as a member of the NYSPA Committee on Legislation and Advocacy, the Secretary of the Medical Society of the State of New York and a member of the AMA Opioid Task Force. He is a Clinical Associate Professor of Psychiatry at SUNY at Stony Brook School of Medicine.

#### The Doctor from page 18

as a walk-in clinic for the community, and also accepts referrals from inpatient units, outpatient clinics and emergency departments. In order to support the varied needs of such a patient flow, the AWM program developed a dynamic team that consists of the following: an addiction medicine specialist, an addiction psychiatrist, a physician's assistant with a strong background in pain management, two masters-level mental health counselors, a registered nurse, and a clinic registrar. Each member of the team works closely with patients to address an array of complex social, clinical, and recovery needs. When asked about the experience of AWM, a

patient commented, "I was lost before walking through these doors, I could never have imagined the connection I feel to my counselor and safety I feel here. For the first time, in such a long time, I have hope."

From the point of entry all patients complete a detailed medical and psychosocial assessment. Patients may be offered treatment options for short-term detoxification or maintenance treatment. MAT for opioid use disorders, such a buprenorphine or naltrexone, can be initiated from day 1. All patients are also offered overdose education and naloxone training. The AWM program is an effective setting for naloxone kit distribution. The AWM clinic relies on home-induction strategies, which increases the

flexibility of MAT care, but also retains the capacity for daily follow-up and monitoring if clinically indicated. The clinic is open on weekdays from 8-5 and in the process of expanding evening and weekend hours. In turn, as patients stabilize, their treatment plans evolve to address longitudinal goals. On the other hand, if a patient is not responding to treatment options then they are swiftly connected to higher levels of care within SIUH's addiction or mental health services. Over 125 patients are actively engaged in continuing care with the SIUH AWM clinic. The robust response to the availability of the AWM program highlights the transformative potential of increasing accessibility of care in areas of unmet need.

As the US opioid crisis evolves, the potential for catastrophe accelerates. In 2016, the number of fatal opioid overdoses in NYC jumped to 1,200, which was a 60% increase from 2015. Bridging treatment gaps by increasing access to addiction treatment is an essential component of ending NYC's drug epidemic. Northwell Health – Staten Island University Hospital is committed to bringing about positive sustainable change for the community it serves.

If you need more information about Northwell Health SIUH Ancillary Withdrawal Management Program please call 718-226-2824/2812 or Central Intake at 2800 or visit our service locator website at www.northwell.edu.

#### Improving Outcomes from page 20

and support services beyond regular business hours and to help avoid unnecessary trips to the emergency room. SI PPS conducted an analysis to identify the hours in which there was a gap. Most providers extended their business hours and now outpatient treatment sites are available from 7am- 9pm. In addition, Stabilization, Crisis respite, and Resource & Recovery centers are also available 24/7 to support individuals with their BH needs. Inpatient and residential facilities are continuously available 24/7 to individuals who need that level of care.

In order to help more individuals, initiate and engage in treatment, providers also looked to expand services they offered to not only individuals with SUD, but to the client's family, spouse, or significant other. This approach of leveraging the individual's support system has proved to be a worthy and growing best practice among providers, with positive outcomes. In addition, providers have been trained in care coordination and have connected patients to dedicated care coordination resources. Providers have also improved patient engagement strategies through intensive motivational interviewing training and robust patient education resources.

These implemented changes have contributed to positive trends in multiple

measure performances particularly decrease in ED visits for individuals with SUD (33%) and increase in number of individuals initiated and engaged in treatment (Salient).

#### Beyond the Four Walls

Meeting people where they are and bringing the appropriate care to them is a critical component to ensuring a patient centered care delivery approach. Changes in New York State regulations under OASAS and OMH agency regulations ultimately enabled expansion of off-site services to individuals in the community. Treatment providers like Silver Lake Behavioral Health have implemented off-site services to fill the gap in initiating treatment for patients that were deemed 'high risk', as well as, to reduce the stigma of addiction treatment. The option of meeting someone in the community creates a much more benign introduction to treatment and the resources that may be available for that individual. The role of Silver Lake Behavioral Health's 'Diversion Specialist' is to provide off-site services to current and potential patients. The Diversion Specialist is an OASAS approved Qualified Health Professional (QHP) with a background in crisis intervention. The DS can provide billable services that include; individual counseling, collateral

visits, and complex care coordination.

Many other providers on the Island are providing services outside their "four walls" or working to expand their capacity to meet patients where they are. These changes have fueled many providers to explore innovative ideas to better engage patients and has offered a sustainable model for future years.

Increase of Specialized Staffing To Support Individuals with SUD

The providers identified a need to have people with different expertise to support the engagement of individuals with substance use disorders and their linkage to appropriate services. The inclusion of professionally trained peers in clinical and non-clinical settings is a growing trend, supported by state and local regulatory agencies. Peers are individuals who have been certified and utilize their lived experience to provide coaching, advocacy, information, guidance, and motivation to those seeking or sustaining recovery from a substance use diagnosis. The Richmond University Medical Center have placed certified peers in the ED to engage patients and expedite their linkages to services in the community. Similarly, the inclusion of professional trained SBIRT health coaches in non-SUD treatment settings such as the ED and primary care

practices is a growing trend and evidenced-based practice supported by state and local government health agencies. SBIRT is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. SIUH has placed SBIRT health coaches in the ED to ensure individuals are screened and linked to appropriate SUD treatment and/or support services. The changes in OASAS regulations has aided in retention of specialized staff within BH and non-behavioral health organizations. Similarly, the provision of funding reimbursement from regulatory agencies for peer support and SBIRT services has enabled for a sustainable model.

Due to the collaborative effort of the providers on SI, they identified areas of improvement within their own four walls, outside the four walls, and the need of specialized support staff to deliver the best care for individuals with BH conditions. Solutions implemented have impacted multiple indicators including initiation and engagement of SUD treatment, and the reduction of ED utilization for BH and has accelerated plans for sustainability of improved outcomes.

For more information please visit our website at www.statenislandpps.org.

#### Veterans Battle from page 33

Unlike other medical problems, unfortunately pain is a medical condition that can't be objectively measured at this time. We do know clinically that chronic pain has the power to impair all domains of functioning (Brag, 2016). Brag also argues that many veterans endure traumatic events and injury resulting from combat and general military activities. Everyone is impacted by their service in some way, although the symptomatology ranges significantly in its presentation. Military duty negatively impacts the fabric of our society by disrupting family relationships and our cultural social support networks. Dart

(2015) and Seal (2012) have suggested that clinicians need to work from a dual diagnosis framework with careful and thorough assessment and sensitivity to understanding the ways in which chronic pain triggers a downward spiral. Veterans lives have been ruined by premature death, drug addiction, broken families, incarceration, the trauma of civilian readjustment, social isolation, joblessness, homelessness, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, aggression and violence.

We need to be proactive about changing the logistical barriers to care given the high risk of veterans living lives of despair. Self -reliance is a major risk fac-

tor for adverse health consequences. Selfmanagement of mental health and physical problems can be deadly. Since 2012 we have reduced the number of veterans receiving opioids by 20 percent. Veterans' health care gap creates a greater risk for opioid abuse. We have to be mindful of the dangerous hole in the system, when veterans are given the ability to obtain outside medical care at the expense of the government. We need to make sure that treatments are appropriately monitored. We know that when physicians stop prescribing opioids we can have a perfect storm. The timing has the potential to be catastrophic given that heroin is easier, stronger and cheaper than opioids. It is a medical fact that 80 percent of heroin users today first became addicted to prescription opioids.

In conclusion, we need to be well trained academically and prepared to care for our patients. There is a significant amount of data to explain the etiology of prescription opioid misuse among our active duty and veteran populations (Bray, 2012). Prescription opioid misuse has increased over the past decade across the nation. Now is the time for the next chapter in health care where professionals fight along with our veterans to successfully battle the opioid epidemic.

You can reach Dr. Rachel Bush at Drrachelwbush@gmail.com.

#### Behavioral Health News - Theme and Deadline Calendar

Winter 2018 Issue:

"Understanding and Treating Co-occurring Disorders"

Deadline: January 8, 2018

Spring 2018 Issue:

"Harm Reduction: Theory and Practice"

Deadline: April 1, 2018

Summer 2018 Issue:

"Spotlight on Research: Honoring the Brain and Behavior Research Foundation"

Deadline: July 1, 2018

Fall 2018 Issue:

"System Transformation: Challenges and Opportunities"

Deadline: October 1, 2018



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#### Deadline Calendar and Ad Size Specifications

#### **Deadline Dates**

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