innovating solutions to some of the biggest problems in behavioral health

- Youth focus, prevention
- Peer voices, co-design
- Conveners, catalyst for collaboration
- Scalable



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Mapping the Addiction Chain From Early Warning Through Sustained Recovery to Discover Gaps

MIDDLE/ HIGH SCHOOL PARENTS/FAMILY

- Disciplinary cases
- Attendance record Teachers, coaches observations
- Nurse, social worker, psychologist
- Administrators
- Intervention opptys
- Need curriculum Need tools for parents

- Recognize first sometimes Suffer in silence for months/years
- They might be more willing to acknowledge issue than the addicted Don't know where to turn or how to get
- addict help Reluctant to "pull the trigger"
- Will act during narrow window of crises
- Need 24x7 support Need intervention guidance Navigation of system & insurance

ER/HOSPITALS

- Drug Overdose
- Injury/Accident
- Alcohol poisoning Sexual assault
- Need programs here Need chronic disease care model
- Assessment, transfer to treatment
- Oppty for Intervention Angels, Treatment interventionists

POLICE

Injury/Accident

don't open till p.m.

doesn't cover

moments

Courts

Overdose

Blackout

Addiction is an illness: criminal

Protective custody process broken, 24

hour warrants issued in a.m. but beds

Judges order to treatment but insurance

Addicts can sweet talk judges in sober

reform/treatment is needed

Crime

IN PATIENT Revolving door Must transition to **TREATMENT** long term care w/ **CENTERS** CRIMINAL Relapse & OD high risk here JUSTICE/

solution 3-5 days

DETOX

FACILITY

Short term

- 15 day discharge common due to insurance limits- not enouah 14-21 days after detox is
- when individual has acceptance vs. denial Sleep, brain function start but need more time to work
- on recovery Re-evaluate every 15 days Have addict sign promisory
- notes while "impaired" Need tight continuum and insurance coverage

IOP/STEP DOWN

program Sometimes combined with

Lack of insurance an issue 6 weeks ideal, but rarely get enough time

Desperate for help Social worker needs to be involved w/ this

SCHOOL NURSES

No standards screening,

intervention, referral

disorders, LGBT

Flooded w/ anxiety, SUD, eating

- COLLEGE Alcohol violation
- Course drops there is no tracking here, no interventional assessment Grades going down - look at trends
- Attendance rates
- Dorm RA, friends recognize issues Health services screening
- All opptys for intervention
- FERPA allows parental involvement in discipline cases

FRIENDS

- Many friends know when someone has an issue
- Don't feel empowered to do anything about it
- If they do, they try to reason with addict directly
- support and will admit to knowing about the
- Some friends are part of the addicts enablement
- environment = companions in abuse Many times girls intervene on behalf of their bovfriends
- People in recovery maybe able to direct message friends they are concerned about - need helpntact me at any time - I'm doing very well now. I

- After an intervention some can show lots of

Diversion, Amnesty Programs, Drug HOMELESS

SHELTERS

- Ideally 5 months +
- Medication management
- Life skills support Peer support

HOUSING

SOBER

- Matchmaking is needed
- Reportedly depressing

PRIMARY CARE/PEDS/ **BEHAVIORAL HEALTH**

PHARMACY

- Need to address overprescribing
- 70% opioid start w/ prescription 90% OD get another script
- MD doesn't know about OD Clinical, parental, & onsumer education needed
- Prescription take back
- Anxiety, Depression, SUD not picked up
- Lack of integration w/ PCP and BH
- PCP not screening or trained in

SPECIALISTS

- Industry push to integrate but lots of help needed SUD and MH is component of many
- other diseases Intervention oppty

EMPLOYERS

INSURANCE COMPANIES

Confidential, employer not informed

future=ACO model

Provide intervention services based on health algorithms

Working on prevention strategies and programs for

- Company insurer aware of issues, case mgmt oppty
- Privacy ensured employer doesn't know
- Companies can provide EAP support &

TREATMENT APPROACHES

- Medicated assissted treatment vs abstinence
- MAT outcomes bette
- Many feel suboxone, hunenornhene subs one drug for another
- Faith based recovery strong for some
- Anonymity of AA questioned
- Need more to speak up to remove stigma

THERAPISTS

- Many people in recovery don't go into residential treatment programs and use traditional therapy
- Mental health and substance use treatment are separated in many cases
- Integrated treametne needed
- Insurance reimbursement lacking

SUSTAINED RECOVERY. **WELLNESS PROGRAMS**

- Ongoing 12 Step or SMART programs, Yoga
- Need more sustained recovery modalities
- Mix of in-person and virtual

Thank you to the individuals in recovery and their families for contributing to this document

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'I'd be in a worse situation—or dead—if I weren't here.'

Harrison, Rockdale Recovery High School

http://www.boston.com/news/localnews/2016/08/03/massachusetts-high-school-teens-addictedneroin-stay-alive?event=event51

MY CHOICE MATTERS YOUTH SUMMIT

May 18, 2017 Cape Cod Community College

MY CHOICE MATTERS YOUTH SUMMIT Amplify the voice of youth

- HS and MS Student Leadership and Design Team w/
- Recovery High School peers
 - 7 Middle Schools, High Schools
 - Day long facilitated, small groups
 - Curriculum Highly Interactive
 - Education alcohol, marijuana, prescription
 - Healthy coping, social emotional
 - Peers in Recovery





May 18, 2017 MyChoice Matters Youth Summit Survey Quotes

Did anything you learned today change your mind about using drugs or drinking?

Cape Cod Regional Technical School- 9th grader

Yes. "Long term effects."

Monomoy High School- 12th grader

Yes. "Drugs ruined my life".

Dennis-Yarmouth -11th grader

Yes. "How careful you have to be."

Dennis-Yarmouth -11th grader

Yes. "Nicole" [Rockdale Recovery High School student panelist].

Dennis-Yarmouth -11th grader

Yes. "Mostly, knew a lot of it, but listening to their stories showed the real side of abuse."

Dennis-Yarmouth -11th grader

Yes. "Don't use there is no way back."

Dennis-Yarmouth -10th grader

Yes. "A lot about marijuana."

Dennis-Yarmouth -9th grader

Yes. "Just listening to their stories".

Dennis-Yarmouth -9th grader

No. "The reason being my family has users and those in recovery so I've seen it firsthand".

(cont'd)

Monomoy- 8th grader

Yes. "It could lead to addiction and depression."

Monomoy- 8th grader

Yes. "How fast you can get addicted to drugs."

Monomoy- 7th grader

Yes. "Just because a doctor approved a drug does not mean it's completely safe".

Monomoy- 7th grader

Yes. "It can affect your future."

Mashpee- 8th grader

Yes. "The major thing that changed my perspective on drugs was the large amount of people doing it at a young age."

Mashpee- 8th grader

No. "I know many alcoholics so I made my mind up a while ago I wouldn't drink or use."

Lighthouse Charter- 8th grader

Yes. "Drinking is even worse than I thought."

Lighthouse Charter- 6th grader

Yes. "How it is bad for you".

Lighthouse Charter- 6th grader

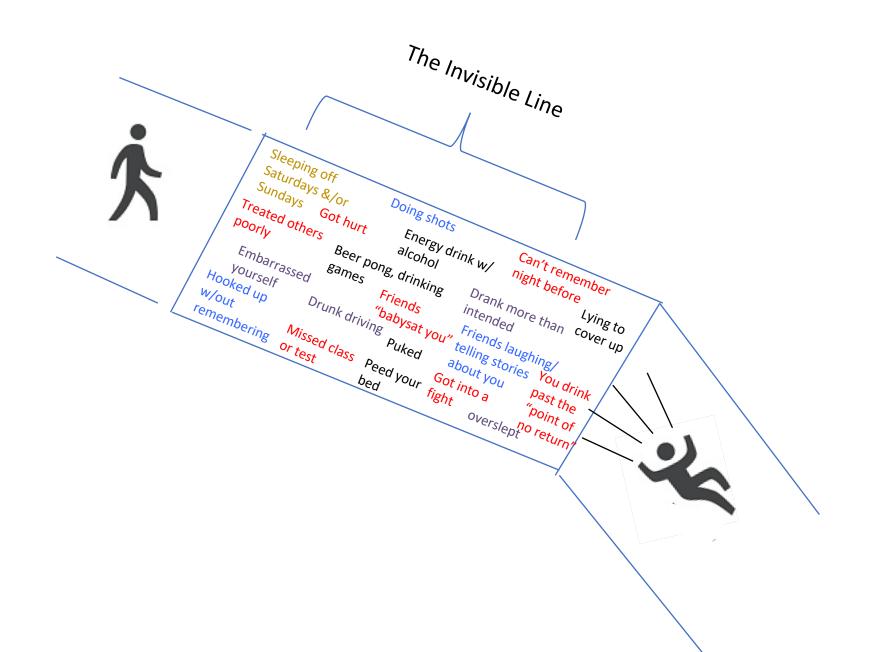
Yes. "It showed me how much using and drinking can affect me".

Zeiterion Partnership

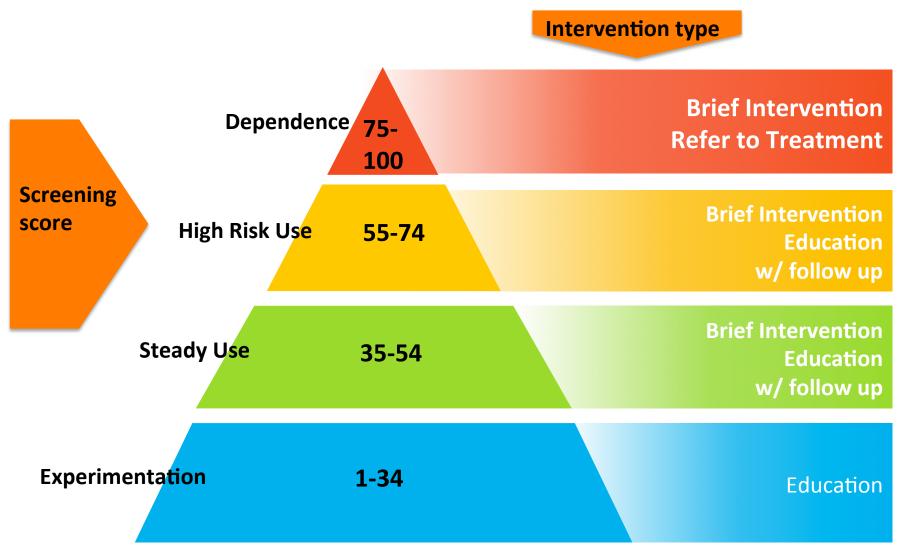
- New Bedford, Fall River April 2017
 - Zeiterion Theater partnership
 - Drug Story Theater school performance & assembly
 - Drug Story Theater Main Stage Public Performance
 - Public Awareness Campaign
 - Creative Expression Artwork (Wasted Time)



THE RAMP™







Younger they begin active use the greater likelihood for adult addiction

RAMP Project Components

RESEARCH

- Survey kids in recovery about discrete behaviors
- Staging & progression
- · Create model, scoring
- Clinical validation

MULTI MEDIA CONTENT

- PEER voices: progression, impact on my life, how easy it is
- Video/ interactive for digital natives
- Brain science via animation as student in recovery describes progression in everyday life
- Student developed content creative expression

LESSON PLANS

- Build content into lesson plans
- Across subjects and grades
- Common core alignment

APP: NURSE & STUDENT

STUDENT

- Nurse can send assessment to student cellphone
- Ranking, visualization of results
- Educational component/intervention/referral

CHANNELS

Calming Voices

Journaling

Cognitive Beh. Therapy

Mini Interactives

Breathing

Hearing From Others

Affirmations

Music

Online Community



PLAYLIST

Ten Topics

- -Happy in Your Skin
- -Forgiveness
- -On Being Yourself
- -Acceptance
- -Trust
- -Patience
- -Gratitude
- -In the Momen
- -Redirecting
- -Relationships

Hearing from others

- -Jane's story
- -Tony's story
- -Torren's story

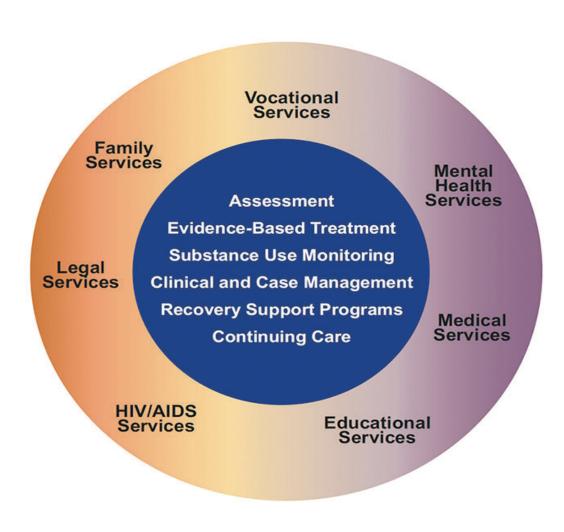
More about you

- -Take a quiz
- -Recognize these triggers?

When to ask for help

Sponsor messages

Components of Comprehensive Drug Misuse Treatment: NIDA'S PRINCIPLES OF ADOLESCENT SUBSTANCE USE DISORDER TREATMENT: A RESEARCH-BASED GUIDE 363



















Continuum of Care for Adolescents

EDUCATION & SUPPORT



- Assessment & Screening
- Individual & Family Therapy
- Youth Meetings (e.g. Church or School-Based)
- Outpatient Program

CLINICAL INTERVENTION



Levels of treatment: Residential Partial Hospitalization Intensive Outpatient Wilderness Therapy

ALTERNATIVE PEER GROUPS



Long-term:

- Peer Recovery
- Social, behavioral, mental health support
- + Treatment aftercare

RECOVERY HIGH SCHOOLS



Long-term:

 Peer Recovery Academic Support

SOBER LIVING



Long-term:

 Peer Recovery Independent Living Support

COLLEGIATE **RECOVERY**



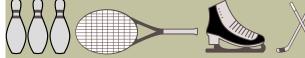
Long-term:

• Peer Recovery Collegiate Support

...Ongoing Leadership & Service...

Source: National Youth Recovery Alliance























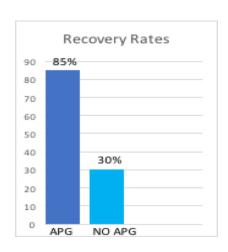






Recovery BUILD – An Alternative Peer Group

...a place where teens come together with their peers in recovery to build a sober life that will sustain them as they integrate into the broader Recovery Community



(Basinger & Edens)





Characteristics of APGs

- Counseling
- Youth interact with others around their own age and talk about things that matter
- Participants develop strengths, self-direction, empowerment and acceptance
- Provide Education About Addiction and Effective Treatment Options
- APGs Offer Access to Recovery Program/Meetings
- Reinforcement Approach

APGs Offer Counseling:

- Each APG is led by a Certified Counselor/Therapist
- A Recovery Coach plays a peer support role
- Intend to use proven recovery model: ACRA- Adolescent Community

APGs Let Youth Interact with Others Around Their Own Age Group and Talk About Things That Matter to Them:

- Younger Group- 12-17 year olds meetings, education, activities are designed for high school students.
- Space to talk about dating, sex, parental pressures.

APGs Let Participants:

- Focus on strengths vs. deficits
- Let go of "stories" and create new sober life
- Develop Self-efficacy/Self-worth
- Step into leadership roles and have peer leaders support others
- "Own" their program
- Understand and honor self-direction, empowerment, and choice
- Accept each other where they are in the recovery process

APGs Provide Education About Addiction and Effective Treatment Options:

- Brain Science
- Medication Assisted Treatment (MAT) education (Naltrexone and Buprenorphine)
 Cognitive Behavioral Therapy
- The effectiveness of meditation, exercise, nutrition and other healthy behaviors as substitutes for addictive behaviors
- Peer Stories and anti-stigma content hearing from others, being inspired by their stories and hope for sustained recovery

APGs Offer Access to Recovery Program/Meetings:

- "All Recovery" Meetings
- AA/NA Meetings
- DIAL/Self Meetings
- Teen Intervene/Youth Build

Reinforcement Approach

Will include Parent Groups and family counseling

Separate meetings; keep teens' conversations confidential

APGs Support Recovery by Helping to Address Social Determinants

Connecting APG members with community resources

Jobs

Continuing education

Sober housing

Healthcare

Recovery Build-Community Partners

- BHI, Inc.
- Duffy Health Center
- Gandara Center- PIER Recovery
- Susan Strong- Principal Rockdale Recovery High School
- Wellstrong
- Institute for Health and Recovery
- Drug Story Theater

We need your help:

Licensed Counselor search started- Spread the word!

• Fundraising for program and increased staff hours underway- Join in the fundraising efforts.

• Be a Community Partner- host a sober activity, provide a venue.

 Be an APG Ambassador- promote the program in schools, courts, churches and your neighborhoods.

Recovery High Schools: effect of schools supporting recovery from substance use disorders (published August 2, 2017)

- Young people who receive treatment for substance use disorders (SUD) often relapse upon return to their prior high school. This study demonstrates the effectiveness of alternative Recovery High School (RHS) attendance in improving student outcomes.
- This article emerges from the first NIH-funded* study of recovery high schools (RHS). This study
 followed students for six months to examine the effects of RHS attendance compared to statistically
 similar recovering students who attend school in other settings.
- The results at six months compared adolescents attending RHSs for at least 28 days following treatment for SUDs to non-RHS students who had received similar SUD treatment:
 - RHS students were twice (59% versus 30%) as likely to report complete abstinence from alcohol, marijuana, and other drugs at the 6-month follow-up
 - RHS students reported significantly fewer days of marijuana use (9 days on average compared to 26 days in the past 3 months), and
 - RHS students reported significantly less absenteeism from school.

These results provide strong evidence of a positive effect of RHSs for adolescents who have received treatment for SUDs.

http://dx.doi.org/10.1080/00952990.2017.1354378

Wasted Time

- Anonymous High School Senior in Recovery
- The time that I've wasted is my biggest regret,
- Spent in these places I will never forget.
- Just sitting and thinking about the things that I've done. The crying, the laughing, the hurt and the fun.
- Now it's just me and my hard-driven guilt. Behind a wall of emptiness I allowed to be built. I'm trapped in my body, just wanting to run. Back to my youth with laughter and fun.
- But the chase is over and there's no place to hide. Everything is gone, including my pride.
- With the reality suddenly right in my face.
- I'm scared, alone and stuck in this place.
- Now memories of the past flash through my head And the pain is obvious by the tears that I've shed. I ask myself why and where I went wrong.
- I guess I was weak when I should have been strong.
- Living for the drugs and the wings I had grown, My feelings were lost, afraid to be shown.
- As I look at my past it's so easy to see
- The fear that I had, afraid to be me.
- I'd pretend to be rugged, so fast and so cool. When actually lost like a blinded old fool. I'm getting too old for this tiresome game Of acting real hard with no sense of shame.
- It's time that I change and get on with my life. Fulfilling my dreams for a family and wife.
- What my future will hold I really don't know.
- But the years that I've wasted are starting to show.
- I just live for the day when I'll get a new start.
- And the dreams I still hold deep in my heart.
- I hope I can make it, I at least have to try.
- Because I'm headed towards death, and I don't want to die.



Stephanie J. Briody Bio

- Stephanie Jordan Briody, co-founder and CEO of Behavioral Health Innovators, Inc. is an experienced attorney who has practiced law for over 22 years, concentrating her practice in medical malpractice, elder and disability law and estate planning and administration.
- Her work includes:
 - ♦ Person Centered Planning –Identify needs and available services, supports for individuals with behavioral/mental health challenges
 - → Family advocacy Work with DDS and other government agencies to advocate for particular services, supports and programs for family members
 - ♦ Create innovative quality residential living, treatment and service programming for persons with behavioral/mental health challenges
 - ♦ As attorney and mediator handles difficult and highly sensitive legal disputes regarding capacity and guardianship
- Stephanie is a consultant to the Massachusetts Technology Collaborative's eHealth Institute as the Behavioral Health Sector Lead and Southcoast Community Manager
- She serves on the Advisory Board of Directors of Cape Cod Village, an initiative to build a residential community for persons with Autism Spectrum Disorder in the town of Orleans, MA.
- As a Certified Yoga Instructor she brings therapeutic practice of yoga and meditation to special needs populations



Mary Beth Schoening Bio

- Mary Beth Schoening is co-founder of Behavioral Health Innovators, Inc. She has spent the
 past 10 years developing health strategies and tools to engage both patients and clinicians
 working with providers, medical device companies, pharma, biotech, HIT and global disease
 non profits.
- In her work, Mary Beth gains insights through market research, develops programs, services and tools to meet specific audience needs, and crafts go to market plans and partnerships to reach those audiences. She has particular expertise in driving results via digital channels internet, mobile, video, eLearning, eHealth, content syndication, ecommerce, online communities and interactive apps. She was on the 1st place team at MIT's Hacking Medicine in 2014 and 2nd place team in 2015.
- Mary Beth held a variety of positions over 15 years at Lotus/IBM, including Director of Strategic Alliances, and Director of Marketing where she launched 12 Lotus products and started a global Women's Leadership Group. She has been quoted in publications such as Fortune Magazine, Boston Business Journal, the Huffington Post, and the New England Society of Healthcare Communicators. Mary Beth lives with her husband Rob and their three children in South Dartmouth, Massachusetts