

Optum's NYC BHO Peer Support Initiative Promotes Behavioral Health Recovery Through Effective Provider Collaborations

By Optum

Optum supports recovery-focused care for mental health and substance use conditions. This approach is best achieved when services are delivered in collaboration with providers and organizations that embrace the principles of person-centered care that is strength-based and recovery-oriented. Optum has successfully developed and implemented community based collaborations that bring together service organizations that support a continuum of care. Resiliency is promoted when Peer Support Services provide community-based assistance that foster hope and empowers recovery.

In New York City, Optum has developed key partnerships with recovery oriented organizations that can provide a full spectrum of services for mental health and substance use conditions. As the New York City regional Behavioral Health Organization (NYC BHO), Optum subcontracted with a consumer run organization to pilot a peer services model that would target individuals hospitalized for a psychiatric or substance use disorder diagnosis in order to enhance community tenure upon discharge and reduce the need for further hospitalizations. The two collaborators for this project include the Kingsboro

Addiction Treatment Center and the Baltic Street Resource and Wellness Center. These are both person-centered facilities that provide a safe and supportive environment to promote sobriety and foster recovery.

The Kingsboro Addiction Treatment Center, located in Brooklyn, NY, provides inpatient addiction treatment for up to 70 adults. As a state-operated provider of addiction treatment, Kingsboro admissions are among the most complex with high acuity for comorbid physical health concerns and co-occurring mental health diagnoses. Their core mission is to provide care in a nurturing, safe, and supportive environment. This is achieved through core values that support teamwork, respect and dignity, honesty, accountability and a commitment to excellence. The Kingsboro program offers inpatient recovery-focused services to empower consumers to attain and maintain sobriety beyond their involvement in the program.

The Baltic Street Resource and Wellness Center, also located in Brooklyn NY, is a peer-run organization that provides peer support, advocacy, and culturally competent social skills development to empower adults who experience substance use and mental health conditions to foster hope and promote recovery. Baltic Street provides a relaxed, friendly, com-

munity-based environment where people can gather, get assistance for their basic needs, socialize and help one another. In particular, Baltic Street's peer-led services help people establish a recovery plan and support for their long-term maintenance. Peer staff assist people with the identification of personal goals and help develop strategies and supports necessary to achieve them. The focus of the plan is promote not only the recovery and whole health of the individual, but to encourage better engagement and integration into the community where they live.

The inpatient residential program at Kingsboro is designed to assist individuals with their challenges and struggles to overcome alcohol and chemical dependency conditions. In order to be eligible for services at the facility there must be a need to have 24-hour supervised care, which is often determined by failures at less restrictive or intensive levels of care. This highly structured program includes medically supervised withdrawal services, physical and psychiatric evaluations, social work services, and counseling groups. Person-centered care guides all services, and recovery-oriented goals support long-term sobriety. In partnership with the Optum BHO, Kingsboro identified a need to better serve those individuals who left the treatment against medical advice and were open to implementing creative and

innovative evidenced-based practices to address this need.

In order to improve transfers between levels of care, the Optum NYC BHO partnered with Kingsboro and Baltic Street to implement a peer support program in March 2013. In this pilot program, peer specialists from Baltic Street actively engage consenting individuals on the inpatient unit during their stay at Kingsboro's detox or inpatient rehabilitation. During both the hospitalization and the post-discharge transition, the peer specialist works closely with the individual to establish a wellness and recovery plan that may include weekly face-to-face meetings or phone contacts, and post-discharge support.

Baltic Street's peer support services are an effective resource to help connect people to others to foster hope and demonstrate that recovery is possible. People will often disclose issues in their life to a Peer Support Specialist that they have not previously told other service providers. The trusting and safe connection that can be established in peer support may be one of the first opportunities that someone has had to share their experiences, fears, and hopes for the future. The Baltic Street program provides these services and expands the continuum of services that are available to foster resiliency and promote recovery.

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With Hope, All Things Are Possible.

Reframing treatment around recovery and resiliency offers new hope and a bright future for those who live with mental illness. While everyone must follow their own path to recovery, and every local community offers a unique set of supports, a few key principles can help ensure success:

- Person-directed support for the whole person, regardless of their age or stage in life
- Building on the strengths and abilities of each individual
- Cultural competence
- Techniques, tools, and technology to empower people to live purposeful lives
- Peer support from others who have been there
- Flexibility and innovation at every step
- Inspiring hope to drive recovery

At Optum™, we put these principles into action every day, serving individuals and communities in 38 states. We're proud to partner with state, county, community, and provider stakeholders in their efforts to further individual recovery.



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treatment community's ability to provide "person-centered" care. Person-centered and person-directed practices have allowed us to find a common language and understanding of the treatment of patients that has moved the fields of substance use disorder (SUD) and mental health (MH) treatment together in the same direction. Evidence-based or promising practices have become the standard of care in both SUD and MH treatment, and together with the movement towards recovery-oriented care, we have laid the foundation for our continued movement toward more effective care.

We at OASAS have worked to improve the addiction field's understanding of mental health issues. We now know that 60 to 80% of patients have co-occurring mental health issues. We have encouraged our programs to use mental health screening tools like the Modified Mini to identify potential co-occurring issues. At OASAS, training on the treatment of mental health and substance use disorder is a priority. We recognize that improving the outcomes for our population with multiple issues is an important responsibility.

Pregnancy from page 13

The use of alcohol screening and brief intervention (SBI) to address risky drinking has been endorsed by the U.S. Preventative Services Task Force. For pregnant women, any amount of alcohol would be considered risky behavior. The elements in effective brief interventions are generally consistent with the 5-A's approach (assess, advise, agree, assist, arrange) to behavioral counseling interventions adopted by the Task Force in 2004. There are several evidence-based screening tools that have been validated for use with women and pregnant women. SBI can be administered easily, effec-

Outpatient from page 26

(Washton, 1999). They help members become better therapy clients.

Community meetings are often parts of these programs and provide roles and jobs (e.g., making coffee, community leader) for people in order to connect to the community. These roles help members who may not be as comfortable with verbal processing and facilitate greater connection to the community. The roles have therapeutic value and can allow members to build a sense of responsibility in their lives and to their community.

There are always ways that these programs can get problematic. As op-

SBIRT from page 35

privately funded second phase of our SBIRT program in order to ensure support for this protocol from the key government health and education stakeholders. We believe this phase will prove that this adaptation of SBIRT can succeed with three-fold benefits (educational, medical, reduction in addiction), rendering it an extremely sensible and worthy investment.

The success of SBIRT is, and will continue to be, multifaceted. Phoenix

Recovery

Along with prevention and treatment, recovery is the third and equally important part of OASAS' approach to providing behavioral health services for people suffering with substance abuse disorders.

Recently, the treatment community has focused on developing a recovery-oriented system of care (ROSC). This hopeful new treatment technique involves changing from the current recovery approach, which treats addiction and mental illnesses as acute crises, to understanding that recovery is a journey which often requires long-term supports and services, particularly for those with co-occurring issues.

OASAS also supports the training of peer-based recovery coaches and participates in public awareness efforts such as celebrating Recovery Month each September.

The field of behavioral health is changing rapidly as the Affordable Care Act and Governor Cuomo's Medicaid Redesign Team's policies are implemented. OASAS is responding to this climate and will continue to deliver prevention, treatment and recovery services to provide a better quality of life for the people of New York.

tively, and fairly quickly within a diversity of health care settings. Implementation of the Affordable Care Act includes coverage of certain preventive health services, including alcohol screening women who are pregnant or trying to get pregnant.

The federal government, through the Substance Abuse Services Mental Health Administration (SAMHSA) FASD Center for Excellence, is currently working with states and local communities to spread the implementation of these two evidence-based strategies. These efforts will go a long way in our efforts to reduce the prevalence of Fetal Alcohol Spectrum Disorders in our society.

posed to traditional group therapy where clients often do not connect outside of group, clients in programs may interact in ways that are concerning such as using together, having sexual and romantic attachments, as well as financial ones. In my experience, the pros of these programs outweigh the possible problems. When assessing new clients, a question of the level of support and structure a client needs is as important as assessing psychiatric issues, legal and vocational issues. When clients are in need of greater support, these intensive programs may provide the support, the repetition, and variety of care that people may need.

House invested in this program because we believe in the youth of this country, and because we take it as our responsibility to promote positive change. In the words of Steve Jobs, "You have to be burning with an idea, or a problem, or a wrong you want to right. If you're not passionate enough from the start, you'll never stick it out." The substance abuse crisis among teens in our country is a wrong that we want to right. We in the treatment field must have the passion to see it through.

Food from page 33

In addition, chemical dependency combined with poor diet can wreak havoc on the immune system and lead to emotional turmoil. In order to restore healthy brain function, it is imperative that harmful junk foods, sugar, caffeine and starches be removed from the person's diet.

A growing number of experts readily agree on the fact that biochemical intervention (proper diet along with supplements, i.e., vitamins, minerals, and essential fatty acids) has the power to heal the root symptoms of chemical dependency, i.e., depression, anxiety, sleep problems, mood swings, etc. There is much evidence that biochemical repair leads to a dramatic drop in the addict's symptoms and diminishes the likelihood of relapse—which is common among recipients of traditional treatment approaches.

Also, it important for the "recovering" chemically addicted person to know that often their symptoms of depression, anxiety, mood swings, low energy and sleep disturbances will, in time, abate with abstinence from alcohol and drugs, abstinence from over/undereating by following a structured food plan that normalizes blood sugar levels, moderate exercise and sufficient sleep.

Often these symptoms are direct biological consequences of the alcohol/drugs rather than symptoms of an underlying psychological condition.

It's a sad reality that the brain is being damaged during drug/alcohol use. But the brain has an amazing ability to repair itself—with the help of good self-care.

Clinicians agree that compulsive behaviors for both chemicals and food must be addressed for a person to achieve and maintain recovery from chemical dependency. Most also agree that the chemical addiction must be tackled first, unless the

eating problems are so severe that the person requires immediate medical attention. "Most people think the best way to treat someone with both problems is to address the problems concurrently," says Elke Eckert, MD, professor of psychiatry and director the Eating Disorders Clinic at the University of Minnesota. "Yet you can't treat the eating disorder without first dealing with the chemical issues. It doesn't work. If people are using substances, they are not cognitively aware enough to deal their eating disorder. If they are still using chemicals, that [the work involved in food recovery] all goes out the window."

At Realization Center, clients focus on their chemical dependency first, but they also begin learning about how their chemical use and food addiction are connected. Food addiction does not cause chemical dependency, nor does chemical dependency cause food addiction, but the two aggravate each other and may contribute to dual relapse. Our clients learn that for "True Recovery," their eating behaviors must be addressed.

Dianne Schwartz developed and has been the Director of the Food Addiction Treatment Program at Realization Center for 18 years. She provides weekly psychoeducation series to all clients on the relationship between food addiction and chemical dependency and the importance of changing/improving eating patterns for relapse prevention and improving overall functioning. Dianne has presented numerous times at trainings to various treatment facilities and presentations to Community Organizations on Eating Disorders. She mostly recently presented at the NASW - 45th Annual Addictions Institute - Innovations in Addictions Treatment Conference: "Exploring the Real Culprits in Food Addiction - It's Not Broccoli!!"

Integrating from page 32

- Services provided to individuals with co-occurring disorders across systems
- Outcomes
- Cost of treatment

Refinements to management information systems include coding data to allow cross-system comparisons, developing capacity to share information across systems and establishing data elements that specifically identify co-occurring disorder services.

BHO from page 29

Through this unique collaboration the Optum NYC BHO, Kingsboro and Baltic Street are integrating peer specialists into the inpatient multi-disciplinary teams. The peer begins engaging and working with individuals while on the unit and continues this work into the community. Peer Support Services can be particularly effective at engaging people with necessary services, helping to activate them for effective illness self-care, and promoting long-term recovery goals and strategies.

The mission of the peer program has been to support, encourage, and foster wellness and recovery through a supportive community. As an active member of the supportive community, the peer specialist helps the participant establish healthy community connections. They engage people and provide community-based supports including transporting participants to the food pantry, doctors' appointments, the pharmacy and parole or probation. Participants have indicated high

levels of support and satisfaction for this program, and have reported that the peer specialist's accessibility, active support and problem solving had helped prevent additional hospitalizations and the need for crisis services, and in some cases even the violation of conditions of probation.

Optum supports services for people with substance use and mental health conditions that are designed to be person-centered, strength-based, and recovery-oriented. This care must span the full continuum of needs that individuals have, and make successful health outcomes a priority. This is accomplished by helping to assure that people get the care that is necessary, at the appropriate level of service and setting, and engages them in the design and implementation of treatment and recovery plans that focus on the individual. Individually, the Kingsboro and Baltic Street programs are examples of these types of services. Together with Optum, their collaboration promotes a full continuum of resources and assures favorable recovery-focused outcomes.