ALCOHOLISM & DRUG ABUSE WEEKLY
News for policy and program decision-makers

Volume 24 Number 40
October 22, 2012
Print ISSN 1042-1394
Online ISSN 1556-7591

Inside This Issue...

IC&RC and NAADAC support ATTC workforce recommendations . . . *See page 3*

CRC celebrates Recovery Month with expansion in Pennsylvania . . . *See page 5*

Rat study finds intermittent drinking leads to heavier use . . . *See page 6*

RWJF award for Brason of Project Lazarus . . . *See page 8*

Jeffers resigns from New Jersey state post . . . *See page 8*

View this newsletter online at wileyonlinelibrary.com
DOI: 10.1002/adaw.20350

CMS may stop Maine Medicaid from limiting methadone treatment

Maine's plans to limit Medicaid patients to two years in methadone or buprenorphine treatment and cut rates for methadone treatment may be thwarted by the Center for Medicaid and Medicare Services (CMS), *ADAW* has learned.

The CMS had 90 days to approve the state Medicaid plan amendment, which includes a cut in rates to methadone treatment but does not include the two-year cap. That time is up. At the end of August, CMS told Maine the amendment was not approved but gave itself another 90 days, which ends in December. If CMS does not approve the rate cut, the state would have to go back to April and reimburse methadone clinics.

Maine never submitted a request to CMS to amend MaineCare, the state's Medicaid plan, to limit treatment with methadone or buprenorphine to two years. "If you are putting any kind of restrictions around a treatment and it's a Medicaid service that you are getting federal dollars for, you are supposed to submit it to CMS," said Jennifer Minthorn, the Maine representative of the American Association for the Treatment of Opioid Dependence (AATOD).

There is no scientific evidence recommending capping treatment at two years; in addition, the cap is retroactive, the state announced this summer. That means that as of January 1, anyone who has been in treatment for two years would no longer get it reimbursed by Medicaid. That is a huge change for Medicaid patients, and one that both the Substance Abuse and Mental Health Services Administration (SAMHSA) and CMS are concerned about.

"I feel pretty confident that CMS is going to intervene in this," said

See Maine page 2

Treatment Program Profile

Rimrock CEO seeks to draw from experience in primary care

Having served for just over a year at the helm of an addiction treatment organization where the prior CEO had served for 32 years and the former COO held that position for four decades, Lenette Kosovich of Rimrock Foundation has sought to achieve a balance between honoring her facility's past and preparing for a potentially transformative future.

Kosovich, who started her healthcare career as a registered nurse and most recently worked to establish primary care clinics for large employers under a third-party insurer, realizes that directors of Montana's oldest and largest addiction treatment facility were attracted to her general healthcare experience in choosing her to replace the retired David Cunningham. Based on where she sees healthcare service delivery heading in general, Kosovich wants to establish stronger ties with primary care, with short-term goals such as having chemical dependency counselors work side-by-side with physi-

See Rimrock page 7

Maine from page 1

Minthorn, who is also assistant vice president of development and community relations for Merrimack River Medical Services in Portland.

Kathryn Power, who is the SAMHSA regional director in Boston, tried to be helpful, said Minthorn. "She tried to use her personal connections with CMS to get them to not approve the state plan," Minthorn said. But in general, the CMS does not like to tell states what to do, Minthorn said Power told her, preferring to use persuasion.

The plan has the united support of Gov. Paul LePage, Department of Health and Human Services (DHHS) Commissioner Mary Mayhew and MaineCare (Medicaid) Director Stefanie Nadeau.

The Letter

From the July 20 letter informing patients that treatment with methadone and buprenorphine (Suboxone) would be capped at two years, retroactively, starting January 1, 2013:

Methadone and Suboxone are used for the treatment of opioid addiction. If you need either of these drugs for more than 24 months in your lifetime, then you will need to get Prior Authorization (PA). To get a PA, you and your doctor will need to show that it is "medically necessary" for you to continue with these drugs.

The new methadone and Suboxone policy starts on January 1, 2013.

If you first start getting methadone or Suboxone treatment after January 1, 2013, you should work with your doctor on a treatment plan to try to limit your use of these medications to 24 months or less. If you are currently prescribed methadone or Suboxone for opioid addiction, you and your doctor should plan how you may be able to transition off the treatment.

Important: If it is "medically necessary" for you to continue with these drugs after 24 months, then you may be able to get Prior Authorization to continue beyond 24 months.

Retroactivity

"Our attorney did some research in terms of the way the law can be implemented," Minthorn told *ADAW*. "Laws must be implemented prospectively, not retroactively, unless the law specifically says it is retroactive," she said. "The law for Suboxone specifically says it is retroactive, but the law for methadone doesn't."

If there is medical necessity for patients to stay on the medications longer than two years, the treatment provider can file a request for prior authorization, based on this medical necessity. However, the criteria for this have not been released or even developed in the state, said Minthorn.

Patients in panic

Methadone patients "panicked" after they received a letter (above) from Nadeau, director of the Office of MaineCare Services, on July 20 telling them about the two-year cap, said Minthorn.

After the letter, patients started tapering — which providers must let them do, if they want to — and some relapsed, said Minthorn. "They were freaking out; they were a mess," she said. "I sent out a letter to my patients that they wouldn't be cut off, which improved things," she said. But first, the American Civil Liberties Union intervened to MaineCare's medical director and obtained "assurances that this wouldn't happen without a process."

"All the research shows is that people should stay in treatment for as long as they need it," said Minthorn. Some patients with stable lives, jobs and support systems are able to ta-

ALCOHOLISM & DRUG ABUSE WEEKLY
News for policy and program decision-makers

Executive Managing Editor Karienne Stovell
Editor Alison Knopf
Contributing Editor Gary Enos
Production Editor Douglas Devaux
Executive Editor Isabelle Cohen-DeAngelis
Publisher Sue Lewis

Alcoholism & Drug Abuse Weekly (Print ISSN 1042-1394; Online ISSN 1556-7591) is an independent newsletter meeting the information needs of all alcoholism and drug abuse professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in alcohol and drug abuse, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the second Monday in April, the second Monday in July, the first Monday in September, the last Monday in November and the last Monday in December. The yearly subscription rates for **Alcoholism & Drug Abuse Weekly** are: Print only: $695 (individual, U.S./Can./Mex.), $839 (individual, rest of world), $5433 (institutional, U.S.), $5577 (institutional, Can./Mex.), $5625 (institutional, rest of world); Print & electronic: $765 (individual, U.S./Can./Mex.), $909 (individual, rest of the world), $6251 (institutional, U.S.), $6395 (institutional, Can./Mex.), $6443 (institutional, rest of the world); Electronic only: $555 (individual, worldwide), $5433 (institutional, worldwide). **Alcoholism & Drug Abuse Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: subinfo@wiley.com.

Alcoholism & Drug Abuse Weekly is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Proquest 5000 (ProQuest), Proquest Discovery (ProQuest), ProQuest Health & Medical, Complete (ProQuest), Proquest Platinum (ProQuest), Proquest Research Library (ProQuest), Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

Business/Editorial Offices: John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; Alison Knopf, e-mail: aknopf@bestweb.net; (845) 418-3961.

To renew your subscription, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: subinfo@wiley.com.

per off, but it may take two or three years to do so, she said. "They drop 2 or 3 milligrams a week," she said. "We don't discourage people from leaving treatment, but we suggest they do it in a reasonable way."

Rate cut

In Maine, methadone clinics get a bundled rate for Medicaid patients, which includes medication and counseling. The legislature approved the rate cut at 11:00 at night, said Minthorn. Opioid treatment programs (OTPs) had been cut from $80 a week to $72, and the new cut drops the rate to $60. "Financially we're not able to sustain ourselves," said Minthorn.

"We had to lay off counselors, and we now have a 150:1 patient-counselor ratio," said Minthorn. The two-year cap will also hurt financially. While providers will apply for medical necessity prior authorizations for patients to stay on the medications more than two years, this will mean "a lot of administrative work," she said.

The most prominent state official who believes in methadone treatment is Guy Cousins, who is now the director of the Office of Substance Abuse and Mental Health Services (OSAMHS), which was formed on August 30 as a merger of the Office of Substance Abuse (which was headed by Cousins for years) and the Office of Adult Mental Health Services. Cousins declined to be interviewed but did respond by email, saying he and the Maine-Care medical director "would be happy to speak with you when we have completed the framework of the three workgroups we are currently working on regarding. Suboxone limits, pain management, and methadone limits." The three workgroups, he wrote, "are comprised of various stakeholders in the process, consumers, advocates, prescribers, treatment providers, and individuals in recovery." Because these work groups "have yet to finalize their recommendations or submit their reports," Cousins wrote that "it would be premature to speak with you at this time." Cousins wrote that in January, "we could better address your questions."

Minthorn was sympathetic. "Guy is appointed by the governor, he works at the pleasure of the governor; he's not going to do anything to jeopardize his job," she said. "I think he has provided the governor with information; it's just that the governor doesn't want to listen to it."

And Cousins' own boss, the commissioner of the DHHS, was personally appointed by the governor. The Maine Association of Substance Abuse Professionals and the OTPs met with Nadeau and Mary Mayhew, the commissioner of the DHHS, last year. At the meeting, Mayhew said, "'We're going to set up the state starting from zero,'" recalled Minthorn. "She said they would only fund services that provide the best outcomes." Minthorn then prepared a report on the outcomes of methadone treatment and sent it to her and copied Nadeau. But still, the rate cut and the two-year cap were enacted.

SAMHSA

Nick Reuter, senior public health analyst with SAMHSA, said the agency has been providing some assistance to the state's treatment advocates. "In response to requests from the Maine Opioid Treatment Authority, SAMHSA has been providing information about how funds applied to substance abuse treatment can be used to reduce costs in other areas," said Reuter. "In addition, we responded to a request to clarify that there are no maximum length of treatment recommendations for buprenorphine or methadone in SAMHSA regulations, guidelines, or Treatment Improvement Protocols."

> **'I think Maine wants to shut down methadone treatment in the state.'**
>
> Mark Parrino

Mark Parrino, president of the AATOD, had been meeting with SAMHSA and CMS on this issue. "I think Maine wants to shut down methadone treatment in the state," he told *ADAW*. From Minthorn's perspective, SAMHSA and CMS will not let that happen. "We're working with CMS on this," said Minthorn. "CMS is on our side." •

IC&RC and NAADAC support ATTC workforce recommendations

The two associations representing substance abuse counselors are supporting the recommendations in the workforce report prepared by the Addiction Transfer Technology Center (ATTC) network for the Substance Abuse and Mental Health Services Administration (SAMHSA) (for coverage of the report, see *ADAW*, October 15). In interviews conducted on October 16, NAADAC, the Association for Addiction Professionals (NAADAC) and the International Certification and Reciprocity Consortium (IC&RC) agreed on the main conclusions — that more training is needed and that more counselors will be needed when the Affordable Care Act (ACA) takes effect in 2014.

"IC&RC has long been con-

Continues on next page

Continued from previous page

cerned about the shortage of professionals entering the workforce," Mary Jo Mather, IC&RC executive director, told *ADAW*. "We certainly support the recommendations in the report," she said, citing in particular improved reimbursement rates, healthcare benefits for counselors, and access to continuing education.

Master's degree

Access to continuing education is a key point for NAADAC as well, said Cynthia Moreno Tuohy, NAADAC executive director. The Health Resources and Services Administration (HRSA) has a loan forgiveness program for substance abuse counselors who have master's degrees and are working in areas where clinicians are needed. "Some of our counselors are in that program and they're now working on their Ph.D. and getting loan forgiveness," Tuohy told *ADAW*. "There needs to be a similar program for people who have their two-year degree who need to get their bachelor's, and for people who have their bachelor's who need to get their master's."

While the topic of the master's degree was not explicitly addressed in the ATTC report, that is probably the single most contentious difference between NAADAC and IC&RC. While both say they support a "career ladder," NAADAC says the reality of the Medicaid reimbursement scenario means that everyone will need to be licensed, most likely with a master's.

The federal government is leaving the decision of whether counselors should have a master's up to individual states (see *ADAW*, March 5). And the states, most of which are moving to Medicaid managed care, will make that decision based on the Medicaid third-party reimbursement model, said Tuohy, who said most of the managed behavioral health organizations prefer NAADAC's master's credential (MAC). "Why do they do that? Because it means the same thing in every state — the same minimum requirements," she said. "Insurance companies are not going to look at 50 different states."

But Mather said the discussions about master's degrees and counseling have "needlessly generated a lot of fear." While IC&RC has always encouraged its counselors to get more education ("If you don't have a bachelor's, go get it, and if you don't have a master's, go get it," said Mather), "our folks are accepting as gospel that it's required," she said. "Really nobody knows what's required and how quickly folks are going to have to meet that next higher bar."

Noting that IC&RC boards are hearing about the master's issue in all their jurisdictions, including international, Mather said it's difficult for counselors to move forward if they don't know what the plan is. "Nobody wants to sit back and not start preparing for the future," she said.

'Really nobody knows what's required and how quickly folks are going to have to meet that next higher bar.'

Mary Jo Mather

IC&RC was asked to provide data to SAMHSA for the report on the workforce that was due to Congress March 31 — a report SAMHSA has still not delivered (see *ADAW*, October 15). "We had just days to pull it together, so we reached out to many of our member boards, especially the larger ones," Mather said. Because good data is lacking for the substance use disorder (SUD) field, the ATTC report is particularly valuable, she said, speculating that perhaps SAMHSA was waiting for the ATTC report before giving the information to Congress. "We've been waiting to see the report as well," she said of the report to Congress.

The ATTC report found that the SUD workforce is mostly white, female and over 45. Tuohy noted that this lack of diversity is obvious from NAADAC membership as well. "The NAADAC average age is 49 or 50, and we have many white females," she said. The greatest number of clients are of color and male, and the average age is 33, she said. "So we need to be putting a lot more resources into getting more counselors, and that means helping people through loan forgiveness and access to education."

Licensure

Licensure is run by the states, and many states are backing off from additional services that need funding. All states have licensure for psychologists, social workers, and marriage and family therapists. Only some have licensure for addiction counselors. "If we're going to compete with people who are licensed, we need licensure too," said Tuohy. "States need to make a plan."

There's some concern that without licensure, other practitioners who are licensed will step in. "From my perspective, mental health practitioners have been encroaching on the substance abuse field for a number of years," said Mather. "We've been hearing for many years that social workers, marriage and family therapists, and licensed professional counselors have all been looking for a piece of the substance abuse pie."

Whether this trend continues — or gets worse — as a result of the stress on a "behavioral" workforce is another concern. "If we end up with allied professions treating more and more and more SUD clients, we're going to end up seeing that those services are not going to be what we hoped, and we're going to see a revolving door with clients coming back for the same ser-

 Alcoholism & Drug Abuse Weekly DOI: 10.1002/adaw

vices," she said.

The solution, both Mather and Tuohy agree, is to make sure that professionals — whether they are psychologists, social workers or counselors — also have the skills to treat substance use disorders. That's where licensure comes in, said Tuohy. "If you do not have the training in SUDs, you are not competent to work with SUD patients," she said. "You have to have that specialty training. I am a social worker, but I have my certificate in addiction studies," she said. "It is not social work. And that's how we're communicating this to SAMHSA — if people don't have the training, if they cannot prove that they have competency by taking an addiction-related test, then they don't pass." •

CRC celebrates Recovery Month with expansion in Pennsylvania

CRC Health Group had several reasons for choosing Bowling Green Brandywine in Kennett Square, Pennsylvania, as headquarters for the treatment group's Recovery Month event September 20: the program's specialty track to treat first responders, focusing on police officers; the track for addicted pregnant women using medication-assisted treatment; and the planned expansion adding 42 beds and 23 jobs. *ADAW* interviewed Chief Operating Officer Jerry Rhodes and General Barry McCaffrey, former director of the Office of National Drug Control Policy and a member of the CRC advisory board, by telephone the morning of the celebration.

First responders

The first responders program was set up in conjunction with the New York City Police Department and other law enforcement organizations for officers who have addiction and other mental health issues. Rhodes explained that this population is exposed to frequent stress and trauma. As in the military population, there is a certain acceptance of alcohol abuse, said Rhodes. Also, there is trauma — witnessing violence, repeatedly — with officers resorting to the use of alcohol or prescription drugs, said Rhodes. It's also important for the program to reflect the fact that these patients are in law enforcement, with their own group therapy sessions. The majority of the patients in the first responders program are from out of state, which helps diminish concerns on the part of the local patients who may have gotten in trouble with the criminal justice system.

"One of the things we try to do is break down apprehension between cops and the treatment community," said McCaffrey. Treatment providers think police officers are aggressive, he said. "But I found just the opposite. If you want to know about drugs, ask a community sheriff, who is likely to be older, compassionate, and pragmatic," McCaffrey told *ADAW*. "They know it doesn't help to lock someone up for 48 hours."

'One of the things we try to do is break down apprehension between cops and the treatment communit.'

Gen. Barry McCaffrey

Pregnant and addicted

The residential program for opioid-addicted pregnant women is one of the few in the country. Women on opioids are not detoxified, because withdrawal is dangerous for the fetus, Rhodes noted. "The safest and most effective treatment is with methadone," he said. The women stay at the facility until they deliver; delivery takes place in a number of local hospitals. Bowling Green Brandywine arranges for the obstetric care throughout the pregnancy. After delivery, when the women have had postpartum care, they are discharged to aftercare, typically placed in another agency. These patients stay much longer than most patients, usually well over three months, said Rhodes. Most of the referrals come from the City of Philadelphia, he said. Typically there are about five to seven patients, addicted either to prescription opioids or heroin.

Press attacks on Aspen

We also asked McCaffrey about some recent press coverage of CRC criticizing the company's programs at Aspen Education, a CRC subsidiary that has residential programs for adolescents. Because CRC is owned by Bain Capital, which was founded in 1984 by presidential candidate Mitt Romney, the coverage has appeared mainly in liberal media and has consisted of no new reporting but focused on abuses that occurred before Bain/CRC acquired Aspen in 2006. "I'm absolutely non-partisan," responded McCaffrey. "I've been on the board of directors at CRC from when we were just a dozen California treatment centers, so I've been through the changes in governance." McCaffrey, while not afraid of controversy, believes "it's normally a bad idea to take on the media and try to move the discussion."

"I think the Bain guys are smart and have integrity," he said. "And I

Continues on next page

Continued from previous page
don't think the media attacks are going after Romney. There's something more." He thinks the same old stigma — addiction and its treatment — is just rearing its head in a new way but with the same attacks. "It's selective invalid journalism," he said, adding that there are more than 23 million Americans in need of substance abuse treatment. "I think we have to stick up for this incredibly important part of healthcare." •

Editor's note: CRC has responded to attacks on Aspen with letters, which have been published. For an example, see CRC's response to the articles published in Time online at http://ti.me/Uad0SA. The other two programs still under criticism in these reports — Straight, Inc. and Synanon — are out of business.

Rat study finds intermittent drinking leads to heavier use

A study of binge-drinking rats has found that drinking every few days was more likely to lead to increased drinking than steady daily drinking. The study, by Olivier George, Ph.D., and colleagues and published online ahead of print in the *Early Edition of the Proceedings of the National Academy of Sciences* last week, found that the rats' brains were impaired by neurons that had a lot of activity in the days between binges. The more active these neurons were when the rats weren't drinking, the more the rats were likely to drink on their next binge; in addition, the intermittent-drinking rats drank much more overall than the rats who drank every day.

If the findings are confirmed in humans, better treatments, preventive approaches and diagnostic tests could be developed, according to The Scripps Research Institute.

"We suspect that this very early adaptation of the brain to intermittent alcohol use helps drive the transition from ordinary social drinking to binge drinking and dependence," George, who is senior staff scientist at The Scripps Research Institute, said in a press release. "This research is giving us a window into the early development of the addiction process," George F. Koob, Ph.D., senior author of the study and chairman of the Committee on the Neurobiology of Addictive Disorders at The Scripps Research Institute, said.

In the study, rats who only had access to alcohol on Tuesday, Thursday and Saturday ended up consuming more alcohol than rats who had access to alcohol seven days a week. "It's like a lot of things in life that the brain perceives as good — if it loses access to it, you feel bad, you get into a negative emotional state, say a little bit frustrated, and so you take more the next time you have access," said George.

'They drink to restore normal prefrontal function, but ultimately that leads to even greater impairment.'

Olivier George, Ph.D.

After only six weeks, the rats with intermittent access to alcohol drank significantly more alcohol on average than those with continuous access. In addition, the intermittent drinking rats did poorly on memory tests even on "dry" days — when they were probably craving alcohol. Brain changes were found in these rats that were not found in the steady-access rats. "We normally see such changes in the brains of humans or other animals that are highly dependent on alcohol, but here we found these changes in the rats after only a few months of intermittent alcohol use," said George. The steady-access rats, however, were moderate in their consumption. "They just drink a bit like the French way, the equivalent of a couple of glasses of wine every day, and they're fine," George said.

Good news for humans, if the research translates to them: The cognitive impairment in the binge-drinking rats disappeared after two weeks of not drinking. It came back again if they consumed alcohol. "One can see the vicious cycle here," said George. "They drink to restore normal prefrontal function, but ultimately that leads to even greater impairment."

Koob is looking into medications called corticotropin-releasing factor (CRF) drugs to treat and prevent alcoholism. •

The research was supported by grants from the National Institutes of Health and the Pearson Center for Alcoholism and Addiction Research at The Scripps Research Institute. For an abstract of the article, "Recruitment of Medial Prefrontal Cortex Neurons During Alcohol Withdrawal Predicts Cognitive Impairment and Excessive Alcohol Drinking," go to http://bit.ly/Wgxxpn.

 Alcoholism & Drug Abuse Weekly DOI: 10.1002/adaw

Rimrock from page 1
cians during appointments.

Possibly longer-term, "In my dreams I want to have a primary care clinic here," Kosovich said, referring to an on-site primary care operation at Rimrock. She sees this goal as attainable "only because I have the [general health] experience."

Planning a strategy

But at the same time, lingering uncertainties over how the Affordable Care Act (ACA) and related initiatives will affect the addiction treatment landscape have Rimrock Foundation leaders carefully examining their strategic options rather than leaping into significant programmatic changes.

At an annual strategic planning session attended by 17 of the organization's leaders earlier this month, "We asked ourselves, 'Do we know enough about [the ACA's impacts] to plan our future?'" Kosovich said. "The answer was no," and as a result the organization will spend the next quarter engaged in an aggressive research effort to better understand its options for positioning itself as an organization to achieve maximum benefit in the marketplace.

Some of the key questions Rimrock is seeking to answer involve how providers will be able to capture payment in a system that likely will emphasize preventive health services to a greater degree than in the past. The answer to this will help Rimrock verify whether efforts it has initiated in recent years, such as programs it conducts in local public schools, position it well for future success under health reform.

Rimrock Foundation traditionally has offered a continuum of inpatient, residential, intensive outpatient and outpatient services, as well as treatment efforts in eating disorders and process addictions that have been part of the service mix for about 15 years, Coralee Goni, clinical director of residential treatment, told *ADAW*. More recently, Rimrock has participated in prevention and early intervention programs in three area high schools since the mid-2000s.

Rimrock Foundation

Location: *Billings, Montana*
Founded: *1972*
Services: *Full continuum of care that includes 43 adult inpatient beds, residential program for adolescent males and females and two residential programs for indigent adults*
Employees: *150*
Payer Mix: *42 percent all insurance, 27 percent self-pay, 18 percent grant/contract, 9 percent Medicaid and 4 percent miscellaneous*

'Under the change in leadership, we always want to honor what was built before, but we're also open to new ideas.'

Lenette Kosovich

In 2003, Rimrock was part of a launch of a truancy project in which youths who had received a three-day suspension from school were offered a chemical dependency evaluation if their parents consented to it. In a period in which 187 students were evaluated, 121 were determined to have some type of substance use problem. That number might seem extremely high, until one stops to think about Montana's profile as a state where school-age youth turn to marijuana and alcohol as a pastime in a largely rural community with a reputation for having comparatively few alternative activities.

Courses of action for those individuals who were determined to have a substance use issue in the truancy program ranged from agreeing to a "no use" contract to being referred for mental health or substance abuse services (not all of which were for services delivered at Rimrock).

"This was our version of an employee assistance program," Kosovich said of the school-based effort.

Building on legacy

Kosovich said Rimrock is reaping numerous benefits from the contacts built through the longtime service of Cunningham and former chief operations officer Mona Sumner. "We have a deep referral network, but also a lot of our referrals are from word of mouth," she said.

Kosovich added, "The founders of Rimrock Foundation have built an incredible base for us to work with. Under the change in leadership, we always want to honor what was built before, but we're also open to new ideas."

Partnerships with primary care and other entities are likely as the healthcare system continues to evolve. Rimrock maintains a strong relationship with Yellowstone County's health agency; one manifestation of that has been its involvement in a grant-funded project in which homeless men are receiving addiction treatment and housing services (in partnership with The Salvation Army) and are learning to work in an enterprise that manufactures and markets a rapid composting product, Kosovich said.

She added that in the research that will take place in the coming months, Rimrock will study the accountable care organization (ACO) in order to better understand how it would potentially fit into that structure.

Finally, an area she would like to see become more of a priority at the state level involves having the state's addiction treatment programs reap more of the benefits from being located in one of the only regions where state surpluses are commonly seen these days. With

Continues on next page

Continued from previous page
payment rates for treatment historically lagging despite the relatively stable fiscal picture, the state "has got to share the love," Kosovich said. "We've got to fund these programs better." •

Names in the News

RWJF award for Brason of Project Lazarus

Fred Brason II, founder of Project Lazarus in Wilkes County, North Carolina, has been named one of 10 recipients of the Robert Wood Johnson Foundation Community Health Leaders Award for 2012. The award is for overcoming obstacles to tackle challenging healthcare problems in the community. Brason started Project Lazarus, which distributes naloxone to reverse opioid overdoses, in the wake of overdose deaths in his community. "The first thing we had to do was get everybody past the blame game. Everyone was pointing fingers and saying doctors are over-prescribing, or the police need to make more arrests," said Brason in the announcement of his award. "But prescription drug abuse is not that simple. How can we change the habits of an individual who is addicted? The only way is to get family members, civic organizations, medical providers, youth groups, schools, law enforcement and faith groups aware of the problem and working together on how to solve it and prevent harm. And that's what we did." Overdose deaths decreased by 69 percent in Wilkes County between 2009 and 2011, from 46.0 per 100,000 to 14.4 per 100,000. Project Lazarus now provides technical assistance and training in overdose prevention and develops programs for the U.S. military, Native Americans, pregnant women and the North Carolina Community Care Medicaid management system. Brason received his award in a ceremony in San Antonio on October 17.

Jeffers resigns from New Jersey state post

Raquel Mazon Jeffers, who six years ago became the head of the then-named Department of Addiction Services in New Jersey, resigned as deputy director of the Division of Mental Health and Addiction Services (DMHAS) last week. She will be joining The Nicholson Foundation as the director for health integration. "During the 10 years that Raquel served in various roles at the Department, she has been dedicated to the care of consumers, and has continued to promote and implement program innovation," said Lynn A. Kovich, assistant commissioner of the DMHAS, in an October 17 message to stakeholders. Noting that Jeffers provided "strong leadership" for the "behavioral health components of the Medicaid Comprehensive Waiver and in the areas of service integration both for mental health and substance abuse and with primary care and behavioral health," Kovich said "the Division will miss her significantly." Jeffers will be with the DMHAS "throughout most of November," wrote Kovich. Debra L. Wentz, Ph.D., CEO of the New Jersey Association of Mental Health and Addictions Agencies, told *ADAW* that Jeffers will, indeed, be missed. "Everything she did had commitment," Wentz said. But she added that Jeffers will bring the same commitment to work in the Nicholson Foundation, and she expects that the addiction and mental health fields will continue to work with her.

Coming up...

The **Association for Medical Education and Research in Substance Abuse** 36th Annual Conference will be held **November 1-3** in **Bethesda, Maryland**. For more information, go to **www.amersa.org/conf.asp**.

The **American Academy of Addiction Psychiatry** Annual Meeting and Symposium will be held **December 6-9** in **Aventura, Florida**. Go to **www.aaap.org** for more information.

In case you haven't heard...

If overeating is like substance abuse in how it affects the brain, is the scalpel really the best solution? Yet another study has found that patients who get bariatric surgery for weight loss are at increased risk for substance abuse afterward. According to the study, patients were more likely to abuse alcohol after the surgery. "Studies have shown that drugs, alcohol, and food trigger similar responses in the brain and that bariatric surgery candidates whose condition has been diagnosed as binge-eating disorder (BED) display addictive personalities similar to individuals addicted to substances," the authors wrote. Alcohol is a substitute for overeating in these patients. The study was conducted by Alexis Conason, Psy.D., of the New York Obesity Nutrition Research Center and published in the *Archives of Surgery*. The authors concluded that patients should be assessed for risk of alcoholism — such as checking their family histories — before the surgery is done. It stopped short of recommending that patients look into food addiction treatment instead of surgery.