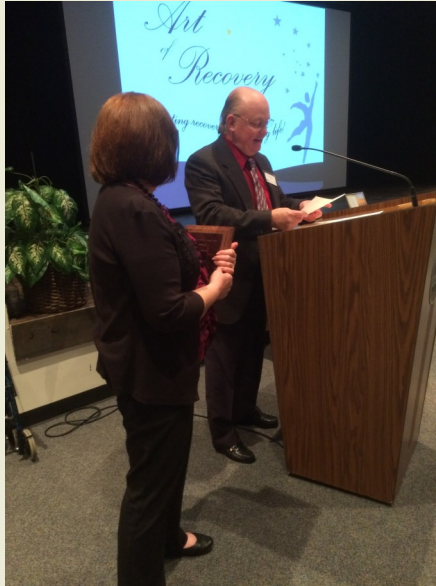


Tri-County Board of Recovery and Mental Health Services

Serving Darke, Miami and Shelby Counties since 1968

NOVEMBER 2014

Buckner is Geraldine B. Nelson Advocate of the Year



Gordon Buckner, a therapist at Recovery & Wellness Centers of Midwest Ohio, reads remarks on accepting the 2014 Geraldine B. Nelson Award for advocacy as his wife, Rosie, stand alongside holding the engraved plaque.

Gordon Buckner, a Therapist with Recovery & Wellness Centers of Midwest Ohio, has been awarded the 2014 Geraldine B. Nelson Advocacy Award by the Tri-County Board of Recovery and Mental Health Services. The presentation was made at the Board's Art of Recovery Showcase October 15 at Edison Community College in Piqua.

In presenting the award, Tri-County Board Chairman Jason Wagner cited Buckner's unwavering dedication to his clients through three decades of changes within the mental health and addictions service system.

Buckner, accompanied by his wife, Rosie, accepted the award on behalf of his colleagues at the Recovery & Wellness Centers, and at agencies and organizations throughout the Tri-County system. His emotional acceptance recounted his personal journey in recovery and in helping others manage their behavioral health.

The Geraldine B. Nelson Advocacy Award is named for the Tri-County Board's first Director of Community Resource Development, and has been presented annually since 2000 to individuals or groups who demonstrate exceptional advocacy in the realm of mental health and addiction issues.

Director Honors Shelby Co. Commissioner Bornhorst



Shelby County Commissioner Tony Bornhorst accepts the 2014 Director's Award as Mark McDaniel looks on.

Shelby County Commissioner **Tony Bornhorst** has a reputation for speaking his mind and for making himself heard. When Bornhorst applied those traits to advocating for local control of mental health and addictions services dollars during Ohio's recent Mid-Biennium Budget Review process, Mark McDaniel, Executive Director of the Tri-County Board of Recovery and Mental Health Services, took notice.

At the Tri-County Board's Annual Meeting and Art of Recovery Showcase October 15, McDaniel presented Bornhorst with the Director's Award in recognition of his outstanding advocacy and support of the mental health and addictions services system in Shelby, Darke and Miami counties.

In accepting the award, Bornhorst reiterated the importance of locally-controlled funding to address issues in our communities and said, "I'm just doing my job."

The Director's Award is presented annually to an individual or group who has demonstrated exemplary service to the Tri-County recovery and mental health system.

Provider Points

- **Cynthia Cook** has been named Executive Director of Recovery & Wellness Centers of Midwest Ohio. Ms. Cook has been with the agency since 1995 and was Interim Director since early 2014. **Dwight Richard**, MS, LPCC-SC, LSW, LICDC-CS is the new clinical director for the Troy site.
- Miami County Recovery Council recently announced that **Dr. Jon Silk**, M.D. has been hired to see clients on a part-time basis for medication and/or behavioral health needs. Dr. Silk is a full-time Upper Valley Medical Center practitioner located at the Hyatt Center in Tipp City. As a Troy resident with an interest in helping clients find and maintain recovery, he has begun seeing clients one day per week at the Recovery Council. Dr. Silk joins **Dr. Ariz Anklesaria**, D.O. in the provision of medical-somatic services for the clients of MCRC.

Medication-Assisted Treatment —

What is Medication-Assisted Treatment?

Medication-assisted treatment, or MAT, is a general term used for addiction treatment plans that include a medical intervention along with counseling and support services. The most successful programs are those in which the medicine reduces or eliminates cravings, blocks the effects of the addiction substance, and includes wrap-around services to help the addict change behaviors, and in some cases environments, to have a successful long-term recovery.

Isn't MAT just trading a drug for a drug?

The point of MAT is to change abuse into recovery. Substances such as alcohol and opioids are dangerous for several reasons: they create a biochemical need in the brain (cravings); the body can build up tolerance, creating a runaway spiral of dosages needed to get high; and, particularly for street drugs, contaminates – either intentionally or unintentionally added – increase the risk of adverse reactions, including death. Medications used in MAT are controlled for dosage, for purity, and have been engineered to minimize side effects, although they can occur. There's a huge difference between using illicit drugs or alcohol to try to satisfy runaway cravings or avoid the pain of withdrawal, and using medicines under the supervision of a doctor.

I'm hearing a lot about Narcan – is that the same thing as Vivitrol?

No, but they have interesting similarities and differences. Narcan is a trade name of the drug **naloxone**. It is used as an emergency response to opioid overdose when the patient is in imminent risk of dying. Vivitrol is an injectable, time-release version of **naltrexone**. While both drugs



counter the effects of opioids, Vivitrol is designed for dependence treatment over a longer time period. Administering either drug to a person under the influence of opioids will immediately trigger withdrawal symptoms. In some communities, doses of Narcan are carried by law enforcement officers, or are even made available to families of addicts for use in overdose emergencies. In most areas, Narcan is administered by emergency medical responders.

Opioids, opiates – what's the difference?

The terms derive from the opium poppy. Generally, opiates are drugs derived from the plant, such as opium, morphine, codeine and heroin. Opioids are the larger class of narcotic drugs that also include synthetic and semi-synthetic formulations, such as oxycodone, hydrocodone and others. Medically, opioids are primarily used for pain management. Prolonged use, over-dosing and genetic factors contribute to addiction and abuse of opioids. Cessation of use, especially in those addicted, can cause painful and

debilitating withdrawal symptoms.

Does Vivitrol cure alcohol and opioid addictions?

There are no cures for addiction, but recovery is possible. Vivitrol can reduce or eliminate the “cravings” for alcohol that enable persons in recovery to concentrate on making the lifestyle and cognitive changes to stay in recovery and reduce the likelihood of relapse. For treatment of opioid addiction, naltrexone suppresses the euphoric effect of the drugs but patients report varying effect on opioid cravings. However, in either case, recovery is a process, and highly individualized.

Is it really more effective than just getting into a program?

The science says yes, at least for many people. Research is ongoing, and some early studies appear to show response differences between those with a particular genetic characteristic and those without. For those who respond well to Vivitrol, the monthly-administered dose increases compliance, encourages

Frequently-Asked Questions

sobriety and can provide the “mental space” for counseling and support services to make long-term changes in lifestyle.

Are there any dangers to using Vivitrol?

Because naltrexone is an opioid receptor agonist – countering the effects of opioids in the brain – if there are opioids in the system when naltrexone is administered it will trigger rapid and sometimes severe withdrawal symptoms. Some users try to overcome the “Vivitrol wall” by ingesting high doses of alcohol or opioids, leading to overdose and sometimes death. And tolerance can get reset while undergoing Vivitrol treatment, so those who do relapse often go back to their previous dosing, again leading to overdose. A related issue is that because Vivitrol (or the pill-form naltrexone) blocks opiate receptors, in case of medical emergency, opioid painkillers will be ineffective. There are a few reports of injection-site reactions and other side effects.

Haven't we been down this road before with methadone and Suboxone?

Methadone and Suboxone are among the medications used to treat addictions. Methadone is a synthetic opioid that has

been used to treat opioid addiction by lessening withdrawal symptoms, or in some cases blocking the euphoric effects of heroin or other opiates. Suboxone, a combination of buprenorphine and naloxone (see **Narcan**), is also used to treat opiate addiction. To generalize, methadone is a long-term opioid replacement, and Suboxone (specifically the buprenorphine component) is designed for shorter-term treatments. As “replacement” therapies, they can be thought of similarly to nicotine patches to help smokers “step down” and eventually stop smoking. Methadone can itself be addicting, and Suboxone in tablet form can be abused. Generally, methadone must be dispensed and ingested immediately, usually daily as a liquid in a clinic setting. Suboxone is a “sublingual” (under the tongue) tablet taken daily. Missing doses of either can lead to relapse, and Suboxone can be diverted to street use.

How is Vivitrol different?

Because Vivitrol is injected once a month, the medication cannot be diverted to street use. Even if it were, naltrexone is not addictive, and does not create the highs or dangerous effects. The daily pill form of naltrexone is

effective, but requires compliance by the patient.

So why isn't Vivitrol more widely available?

At least three barriers prevent Vivitrol from being more widely used to treat addiction: philosophical, institutional, and financial. There are still many policymakers who disapprove of so-called “replacement” treatments as trading one addiction for another. In some cases, previous treatments have been oversold and have created their own unanticipated problems. However, each new generation of opioid treatment drugs addresses the shortcomings of the previous ones, and science backs the combination of medication and counseling over either treatment method alone. Institutionally, it takes time to adapt service systems to incorporate new treatments. The Tri-County Board is working with its treatment providers to recruit area primary care physicians to prescribe and administer Vivitrol, and with courts and jails to get access to treatments before re-entry. Finally, at least for now, Vivitrol is expensive. Many public and private insurance plans cover the cost of Vivitrol and naltrexone, but do require pre-authorization. Check with the provider to determine eligibility.

Provider Points

Miami County Recovery Council earns 3-year CARF accreditation

The Miami County Recovery Council was surveyed by the Commission on Accreditation of Rehabilitation Facilities (CARF) on June 23-24, 2014. As a result, MCRC earned a Three-Year Accreditation.

Highlights of the survey included:

- The organization offers services and supports that are readily accessible and available to the community.
- It is evident staff members are committed and genuinely care about providing quality and person-centered services.
- MCRC has a strong leadership team that is committed to and involved in its daily operation.
- The organization focuses on quality and effective care. It currently uses



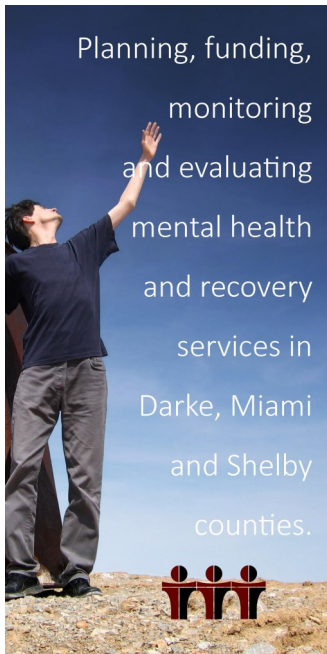
an evidence-based outcomes measurement tool for outpatient treatment.

- MCRC receives positive feedback from those served regarding its supportive and person-centered treatment approaches.
- The organization has competent and effective leadership and staff/volunteer members who provide quality services to meet the needs of persons served.

Leadership and staff members are to be congratulated on this accomplishment and the commitment made to continuously improve the quality of programs and services provided to members of our community. This is the second consecutive 3-Year Accreditation as an Outpatient Integrated Provider.

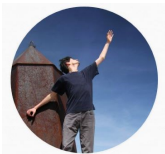
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To receive the Tri-County Board's newsletter and bulletins in electronic form, sign up at www.tcbmds.org/mailling-list-signup.html or browse the archive of past issues at www.tcbmds.org/newsletter-archive.html



Our new web address is
www.tcbmds.org

Email addresses have also
changed to [\[name\]@tcbmds.org](mailto:[name]@tcbmds.org)



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TCB schedules 2015 professional training sessions

A full slate of behavioral health professional training opportunities is on tap for the first half of 2015. Registration to most of the training sessions will be restricted. To get further information about the training sessions, follow the links provided or email Brad Reed, Director of Community Resource Development, at ReedB@tcbmds.org

Mental Health First Aid—January 28 or February 25, Fee: \$25: *Pre-register at tcbmds.org/mhfa*
Mental Health First Aid teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self help care.

CIT-Dispatchers—March 11: Open to emergency dispatch personnel in Darke, Miami, Shelby; *registration will be through direct communication with departments.*

NOVA Crisis Response Team—April 14-16, Fee: \$TBD: seminar by National Organization for Victim Assistance. *To be notified when details are available, please use the form at tcbmds.org/crt.*

CIT Academy—April 27-30: Open to law enforcement personnel in Darke, Miami, Shelby; *registration will be through direct communication with departments.*