A magazine for friends of the Hazelden Betty Ford Foundation

TOGETHER

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SPECIAL FOCUS ISSUE
Promising ways forward in helping more people find freedom from addiction

BUILDING A BRIGHTER FUTURE

How a small-town community at the epicenter of the opioid crisis has become a beacon of recovery

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A STEWARDSHIP NOTE

Providing your email address helps us reduce printing and postage costs so we can devote more resources to bringing healing and hope to individuals, families and communities.
All ways forward, together

DEAR FRIENDS,

In 1949, our founders took a forward-thinking approach to the problem of alcoholism—an approach built over time on emerging Twelve Step principles and practices, evidence-based professional counseling, and abiding compassion and respect for the individual receiving care. Thus began a 70-year heritage of treating addiction and transforming lives, one patient at a time.

For seven decades now, our nonprofit organization has been singularly focused on providing healing and hope to individuals, families and communities affected by addiction to alcohol and other drugs. But we can and must do more—because addiction remains America’s No. 1 public health problem.

This 70th anniversary issue of Together magazine highlights some of the most promising ways we are mobilizing our experience, expertise and passion to help more people find freedom from addiction and co-occurring mental health disorders, including:

• Partnering with communities to shape and strengthen local recovery solutions
• Collaborating with Mayo Clinic to find biological markers for the treatment of alcoholism
• Piloting a virtual treatment program designed to replicate the in-person experience
• Educating aspiring counselors who will be the key to recovery for individuals, families and communities everywhere
• Developing a first-in-the-field clinical collaboration among health care organizations to ensure more people receive the most-effective care for substance use disorders

You will notice a theme to these efforts: we are not in this alone. Enlisting the partnership of community organizations, hospitals, businesses, universities, policy experts, advocates and other stakeholders is critical if we hope to reach and help exponentially more people. And, as a nonprofit organization, we also recognize that none of these efforts would be possible without your support as a donor, friend or colleague.

Thank you for pressing forward with us, toward a future where no one need suffer or die from a disease that can be prevented, treated and overcome. Together, we are a force of healing and hope.

Mark G. Mishek
President & CEO, Hazelden Betty Ford Foundation

As a nonprofit organization, the Hazelden Betty Ford Foundation relies on donors like you to provide the absolutely essential dollars needed to reach and help more people. Your gift of any size helps us:

• Save more lives
• Strengthen more families
• Train more addiction counselors
• Develop more treatment solutions
• Lead the way out of the opioid crisis

Please, turn your hope into help for others by donating at HazeldenBettyFord.org/GiveHope today. Your support is a lifesaver.
EMPOWERING RECOVERY

Reaching beyond our walls to help more people find freedom from addiction

More than ever in its 70-year history, the Hazelden Betty Ford Foundation’s capacity to bring lifesaving addiction care to individuals, families and communities will have less to do with bricks-and-mortar expansion and more to do with collaboration, technology, education and research.

Initiatives and solutions developed in close partnership with local communities represent some of the most promising ways forward.

The Foundation’s growing partnership with the state of Kentucky offers a case in point. What started out in 2016 as a Hazelden Publishing contract to bring clinical training and implementation on medication-assisted treatment to St. Elizabeth’s Healthcare System in northern Kentucky has developed into a multi-faceted, consultative relationship between the Hazelden Betty Ford Foundation and numerous public and private agencies across the state.

Today, the scope of collaborative work in Kentucky includes:

- Staff trainings on opioid treatment at a majority of community mental health centers in the state
- A pilot opioid treatment and re-entry program for incarcerated men and women
- Training peer recovery specialists to work as coaches and advocates in health care and corrections settings
- A partnership with the Kentucky Primary Care Association to increase the implementation of medication-assisted treatment in more primary care clinics
- Development of custom training curriculum for statewide distribution
- A consultative role with the Kentucky State Cabinet

A Force for Recovery

Working alongside health care providers, government agencies, faith communities and local service organizations, the Hazelden Betty Ford Foundation partners with diverse communities to shape and strengthen homegrown recovery solutions. Community-centric initiatives are currently underway to better meet the specific treatment and recovery needs of:

- Pregnant and postpartum women and families in Kentucky
- Native American youth in western Nebraska
- African and Native American communities in Minnesota
- Justice system-involved individuals and those re-entering their communities in northern Kentucky

WORKING WITH & ALONGSIDE

In many instances, the initiatives across Kentucky involve working with state and local agencies responsible for delivering addiction prevention, treatment and recovery services in under-resourced communities address addiction, says Jordan Hansen, director of ventures for Hazelden Betty Ford Foundation’s professional education solutions division.

“By listening, learning and working in partnership with all stakeholders in a community, we can help to foster culturally relevant, hyper-local treatment services and recovery resources and support for people we haven’t historically reached,” Hansen explains.

Steve Delisi, MD, medical director of professional education solutions for the Hazelden Betty Ford Foundation, describes the consultation style as community-centric.

“When we go into a community, we don’t arrive with preconceived notions about treatment or recovery resources that might be needed,” Delisi explains. “Instead, we learn about the community’s distinct experiences, strengths and challenges; identify gaps in existing services or resources; and develop a plan together to address those needs.”

It’s a consultative role that has as much to do with empowerment as expertise, Delisi adds.

“Success to us means leaving a community with the ability to sustain and build on what’s been started—to empower recovery and advance recovery-oriented systems of care, so that healing and hope are truly within reach for more people.”

Much like care provided directly to patients at Hazelden Betty Ford treatment centers, our partnership work in communities draws from an institutional heritage of compassion, science, addiction medicine, evidence-based therapies, research and the wisdom of lived experience, observes Delisi.

And, as with all things recovery, the surest way forward is together.
How a small town community of the opioid crisis has become a beacon of recovery

Nestled in a hollow in the heart of Appalachia—in the historic coal mining town of Hazard, Kentucky—a renovated Kmart store serves as recovery central to a population hit especially hard by the opioid epidemic.

It’s where family practitioner Morgan Birch, DO, and her colleagues at Primary Care Centers of Eastern Kentucky and Mountain Comprehensive Care Center welcome patients to the Pregnancy & Beyond clinic, a holistic health care program for families with addiction that is funded privately and through state and federal grants.

As the name implies, Pregnancy & Beyond started out serving expectant moms and newborns, but the program has evolved out of compassion and necessity to meet the addiction treatment and recovery needs of the whole community.

“We developed Pregnancy & Beyond as a harm-reduction initiative to provide prenatal care as early as possible, including medication-assisted treatment for women with opioid use disorders,” Dr. Birch explains. “But many women who came through our program were returning home to significant others and family members who were actively using. We needed to help everyone in the home if we hoped to turn things around for the families we serve.”

The “beyond” part of Pregnancy & Beyond really took off when word got out that anyone and everyone in the community had a safe, nonjudgmental place to get help with addiction.

“Almost from the start, our program has been at full capacity even though we’ve never advertised that we provide addiction care,” Birch shares. “Patients just seem to find us.”

That doesn’t mean walking through the clinic door is always easy.

“There’s still so much stigma associated with the disease of addiction,” Birch comments. “We always tell our new patients they’ve already done the hardest part—by showing up.”

Pregnancy & Beyond stands as a model of care integration, or what addiction experts today call “recovery-oriented systems of care”—where behavioral health services are incorporated into the mainstream of health care, and community resources are leveraged to support addiction prevention, treatment and recovery.

Partners from the Hazelden Betty Ford Foundation have worked alongside Birch and her colleagues at several junctures—instructing clinicians in evidence-based therapies, providing treatment curricula for patients and training peer coaches/recovery support specialists.
“Peer support makes all the difference for my patients in early recovery,” Birch attests. “It’s easy for me, as a physician, to tell a patient what she needs to do, but to have someone who’s walked in your shoes, who understands the everyday issues and challenges, who knows how recovery really works . . . well, that’s everything. That’s where healing happens.”

Birch also credits the greater Hazard, Kentucky, community with embracing the Pregnancy & Beyond program.

“If a patient comes to me who hasn’t been able to take a bath or wash her clothes or eat a healthy meal, we take care of those needs first, thanks in large part to this community. We have washers and dryers here, we have food boxes, we can help with finding shelter—because all of the research tells us that effective health care is about meeting patients where their needs are. Sometimes the most pressing need is a bath and place to sleep that night. After we see to those needs, we can get going on the patient’s care plan.”

By design, much of that care happens under the same roof with integrated teams and what Birch likes to call “warm handoffs” across different types and levels of care, including family and adult medicine, behavioral health care, obstetrical services, prenatal and parenting education, pediatrics, dental care and pharmacy services.

Birch sees family practice physicians as ideally situated to lead the way forward in integrated addiction care.

“As primary care physicians, we get to know our patients and we understand their circumstances and concerns,” she explains “And we can be there for our patients with resources and support before, during and after substance use treatment, as they learn how to manage a chronic disease.”

“We needed to help everyone in the home if we hoped to turn things around for the families we serve.”

—Morgan Birch, DO
NEW FRONT IN ADDICTION

A conversation with our chief medical officer about research into...

Mayo Clinic and the Hazelden Betty Ford Foundation recently launched a collaborative, five-year research project that could help usher in a new era of addiction medicine. Together magazine caught up with Marvin D. Seppala, MD, chief medical officer of the Hazelden Betty Ford Foundation, to learn more about the federally funded* research underway and the potential for lifesaving discoveries.

WHAT ARE INVESTIGATORS HOPING TO DISCOVER THROUGH THIS RESEARCH PROJECT?

Our primary aim is to identify biological markers that would predict a patient’s response to acamprosate, which is one of three Food and Drug Administration-approved medications used in the treatment of alcohol use disorder. For some of our patients, acamprosate is an effective treatment supplement because it helps to curb alcohol cravings. For most, the medication has little to no impact. And for others, acamprosate causes negative side effects. By studying the genetics of patients who receive the medication and its effects, we hope to learn which of our patients will benefit most.

SO THE FINDINGS COULD HELP ADDICTION TREATMENT PROVIDERS LIKE HAZELDEN BETTY FORD TAILOR PATIENT CARE?

Definitely. That would be the most immediate application for us—being able to use a blood test to determine which medications could make a significant difference in helping individual patients get sober and stay sober. The research could also inform the development of new medications for substance use disorders. Discoveries about the genetic and molecular drivers of alcohol use disorder could even move us closer to one day being able to predict, genetically, who is most vulnerable to developing the disease.
HOW IS THE RESEARCH BEING CONDUCTED?

The study will involve 800 people receiving care for alcohol use disorder at Hazelden Betty Ford in Center City, Minnesota, as well as Mayo Clinic-affiliated addiction treatment programs. Study participants will provide blood for genetic testing that will identify variants to help predict their response to the use of acamprosate.

This area of inquiry—called “pharmacogenomics”—is very cutting edge. Investigators work at the genetic and molecular level to study how the body processes and responds to medication. Then artificial intelligence is used to pinpoint the biomarkers for response or nonresponse to a medication. Mayo Clinic has already conducted pharmacogenomic research to inform precision medicine in treatment for cancer and depression.

PEOPLE MIGHT BE SURPRISED TO LEARN THAT HAZELDEN BETTY FORD USES MEDICATION FOR TREATMENT OF ALCOHOL USE DISORDER. WHEN AND WHY IS MEDICATION ADVISED?

Unfortunately, too many people relapse after addiction treatment. We typically recommend acamprosate for patients with alcohol use disorder as a supplement to comprehensive care. Addiction is a complex disease with biological, psychological, social and spiritual components, which is why we take everything into account when we develop a patient’s treatment plan—including medications that could boost the prospects of getting sober and staying sober. For some patients, medication can make treatment more effective by easing withdrawal symptoms and/or reducing cravings longer term. That way, the patient can engage more fully in counseling, group therapy, peer support and all that is involved in coming to see and believe that recovery just might be possible.

*The acamprosate study is coordinated with and funded by grants from the National Institute on Alcohol Abuse and Alcoholism.*
One of the most alarming statistics about substance use treatment is that only one in 10 people receive the care they need to fight the life-threatening disease. Barriers to accessing treatment can involve everything from distance to logistics to expense, with stigma, depression and denial setting the hurdles higher.

“Even when a person is ready and able to get help, the window of motivation can close quickly,” says Janelle Wesloh, LADC, MBA, vice president of clinical excellence, innovation and recovery management for the Hazelden Betty Ford Foundation. “As treatment providers, we need to do everything we possibly can to reach people when they’re motivated to change—before the disease starts telling them again that they don’t need help.”

A program Wesloh is spearheading in California opens a whole new window of opportunity for people to find recovery.

In April, the Hazelden Betty Ford Foundation began piloting an intensive outpatient treatment program built on a virtual platform. Using any device with an Internet connection and camera—smartphone, tablet or computer—patients are able to participate in treatment from the convenience and comfort of their kitchen table, living room or office.

**AIMING FOR THE SAME**

The virtual care modality is designed to replicate in-person programming in every respect, says Wesloh—including group therapy, individual counseling and family sessions.

“One of our biggest questions was around the group dynamic,” Wesloh shares. “Would patients feel connected enough in the virtual setting to build trust, rapport and cohesiveness with one another?”

By all accounts, yes, says Brittany Reid, PsyD, the Betty Ford Center addiction counselor in San Diego who was recruited to test-run the virtual program.

“Our experience is that the group dynamic in virtual care closely replicates what happens during in-person sessions,” Reid reports.

“In both care settings, there is a period of time when patients get to know one another and begin to build respect, compassion and trust in the group. Establishing that safe, common ground allows patients to feel comfortable speaking openly about their story and relate to one another’s struggles,” she observes.

With a caseload that includes patients in both the virtual and in-person programs, Reid describes the quality of care as comparable in every way.

“What’s different is that we now have the potential to reach so many more people,” she shares.

Distance and convenience have been decisive factors among patients who’ve opted for the virtual program. Even for those who live within 15 or 20 miles of the Betty Ford Center in San Diego or West Los Angeles, traffic conditions can turn a 30-minute drive into a three-hour ordeal.
FROM START-UP TO NEXT UP

While telehealth consultation isn’t new on an individual patient-clinician basis, full-scale virtual addiction treatment programming represents new territory, says Wesloh. One of the most complex start-up challenges involved finding the right technology solutions. In addition to an accessible, easy-to-use video conferencing platform, Wesloh’s team needed a virtual technology system that would comply with federal and state health care privacy regulations and include multiple workflow capabilities such as scheduling, appointment reminders and digital forms. Fortunately, the team found a technology solution to fit the bill.

Another start-up must-have on Wesloh’s list: securing an in-network insurance provider in California that would agree to cover virtual intensive outpatient treatment programming on par with in-person care. Anthem Blue Cross of California welcomed the opportunity, and a second health insurance provider has since come on board to cover the virtual program as well, with several others showing interest.

Based on stakeholder input, the pilot program has been deemed a success. Next up, Wesloh and her innovation team will look into scaling the offering for wider usage across the Hazelden Betty Ford system of care and beyond.

“I don’t think it’s an exaggeration to say this platform could be a game-changer for the treatment industry,” Wesloh suggests. “We’re excited to be on the forefront of clinical innovation and to keep moving ahead in this virtual space.”
EDUCATING LEADERS

A DIFFERENT KIND OF

International student’s decision to “step up and learn more” about addiction leads to a career in counseling and advocacy

How does a multilingual translator from the tropics of Haiti become an addiction counselor and suicide prevention specialist working in the far reaches of northern Minnesota? Meet Anderson Saint Georges, MA, LADC, CPP, a 2019 graduate of the Hazelden Betty Ford Graduate School of Addiction Studies.

“It is said that this profession is a calling,” Saint Georges observes. “I’m grateful for the opportunity to answer the call,” he adds with a warm smile.

For Saint Georges, “the call” came in 2010, in the aftermath of Haiti’s catastrophic earthquake. Serving as a translator for international medical teams and mission groups conducting rescue and relief efforts, he recognized the need for another type of humanitarian aid in his home country.

“When I went with medical and mission crews into emergency shelters and neighborhoods, I realized that untreated mental health conditions and addiction were causing great suffering for many people. Substance use and mental health problems are seen in my culture as moral failings—frowned upon and not talked about—so people are left to struggle on their own.”

Saint Georges resolved to “step up and learn more” about addiction treatment, a quest that eventually—through a series of coincidences and connections—led him to enroll at a small college in Bemidji, Minnesota, where he earned a bachelor’s degree in addiction counseling.

Finding employment wasn’t an issue. The need for addiction and mental health professionals is particularly critical in rural areas. Newly licensed, Saint Georges transitioned from the local treatment center where he completed his clinical residency into a full-time counseling and crisis management position at Compassion House, an inpatient facility in Detroit Lakes, Minnesota, serving men—many of whom are court-ordered to complete treatment.

Like communities across the country, the rural area has been hard hit by the opioid epidemic and under-resourced in addressing the crisis, says Saint Georges. Within two years of practice, the heavy caseload and severity of his patients’ needs began to take a toll.

“I started to experience compassion fatigue,” Saint Georges shares. “If I kept spreading myself too thin, I knew I would become a less-effective counselor.”

As a clinician in Minnesota, Saint Georges was well-acquainted with Hazelden Betty Ford’s pioneering treatment approach, publications and leadership in the field. When he learned about the Hazelden Betty Ford Graduate School of Addiction Studies, the next step in his professional journey became obvious.

“I was eager to improve my skills and knowledge as a counselor,” he explains. “I also wanted to learn self-care practices so I could stay in the field and help more people.”

A graduate degree from such a highly regarded institution would also help Saint Georges fulfill his dream of, one day, returning to Haiti to establish an addiction treatment center.

Until that day comes, Saint Georges continues to find tremendous rewards and challenges in his work at Compassion House. He describes his treatment approach as “recovery in action,” helping patients experience what freedom from addiction feels like through nature walks, workouts at the gym, fishing excursions and guided meditation. In fact, it’s not unusual for Saint Georges to hold group sessions outdoors.

“Being out in nature, the men are more playful, happy, open and willing to share their stories. They can more readily understand that I am trying to help them learn to live differently and become the person they want to be.”

Whether working in small-town Minnesota or inner-city Port-au-Prince, Haiti, Saint Georges sees the redemption of recovery as equally transformative.

“People everywhere deserve the chance to turn their lives around.”
The critical need for addiction and mental health counselors in Minnesota’s rural communities has inspired Anderson Saint Georges to become an outspoken advocate for greater access to behavioral health care. He serves as Region 4 Governor for the Minnesota Associate of Resources for Recovery and Chemical Health, where he chairs the Rural Health/Disparity Committee.

Your Support Extends the Reach of Recovery

The need for highly-trained addiction professionals has never been greater, and the Hazelden Betty Ford Graduate School of Addiction Studies is leading the way in meeting that demand.

Thanks to donor support, aspiring counselors are able to follow their dreams of helping people reclaim their lives from addiction. Nearly 70 percent of our graduate students rely on some level of financial aid to pursue their studies. Your gift can make an incredible, lifesaving difference—because a single addiction counselor could be the key to recovery for hundreds if not thousands of people over the course of his or her career.

Please give generously at HazeldenBettyFord.org/GiveHope and know that your dollars build a brighter future, one counselor at a time.
Clinical collab

Working together for the greater good of

An estimated 20.8 million Americans have a substance use disorder, which makes addiction to alcohol or other drugs the nation’s number one public health problem. Yet, too many people with addiction suffer for too long before finding help. Too many never get help at all. And too many who are able to access treatment services don’t receive the quality or extent of care needed.

Last year, the Hazelden Betty Ford Foundation launched a first-in-the-field clinical collaboration among health care organizations to address these very concerns. The Hazelden Betty Ford Patient Care Network, already 240 collaborative members and preferred providers strong, brings quality, like-minded organizations together to ensure more people receive the most-effective, evidence-based treatment and recovery support for substance use disorders.

Bob Poznanovich, vice president of business development for the Hazelden Betty Ford Foundation, describes the challenge and opportunity.

“We saw a huge need for more strategic and concerted efforts across the entire continuum of addiction and recovery-related care providers—from psychiatric hospitals to health care systems to behavioral health providers to sober houses—to ensure more people receive the right care, in the right setting and at the right time. By working together, we can deliver more comprehensive and better coordinated care every step of the way for every patient.”
WALKING FURTHER WITH PATIENTS

Hazelden Betty Ford treatment centers discharge thousands of patients every year who return to their local communities in need of continuing care services, Poznanovich explains. “Having a trusted network of providers in communities all across the country ensures a continued level of the highest-quality, next-step care for our patients.”

Longer engagement with continuing care and support services is the best predictor of long-term recovery, particularly during the first 18 months of sobriety when risk of relapse is most intense. This is especially true for people with opioid use disorder.

According to a study recently published in the *Journal of Addiction Medicine,* successful recovery from opioid use disorder is linked to the duration of treatment and extended involvement in support services. The study validates what Hazelden Betty Ford clinicians have likewise discovered: that recovery from opioid addiction is typically more challenging than recovery from alcohol use disorder, and requires more intensive medical, psychological and social support services over a longer period of time.

The Hazelden Betty Ford Patient Care Network also opens important avenues for shared knowledge and clinical best practices among member organizations—collaboration that is especially timely as the opioid crisis places added pressures on health care providers across the country.

Quality & Effectiveness

Hazelden Betty Ford Patient Care Network organizations are philosophically aligned and recognize the validity of:

- The brain science of addiction
- Principles of Twelve Step recovery
- The importance of long-term patient engagement
- Medication-assisted treatment with abstinence-based recovery as the ultimate goal
- Evidence-based, psychosocial therapies
- Abstinence from all potentially addicting substances outside of those required for medical/psychiatric care

Member organizations are also in-network with insurers.

Expertise Close to Home

Providing excellent care in our communities means partnering with other organizations in meaningful ways. Combining the expertise of the Hazelden Betty Ford Foundation with care teams in central Minnesota will ensure patients throughout the region are connected to the resources and help they need—when they need it most.

—Ken Holmen, MD
President and CEO of CentraCare
LISTEN IN, FRIENDS
Hear what leading addiction and recovery experts are talking about—trends, topics, challenges and research. William C. Moyers hosts our interview-style podcast series, *Let’s Talk: Addiction & Recovery.*
You can listen in via Apple Podcasts, Google Play or YouTube. Subscribing is free, and episodes are easy to share.

Visit HazeldenBettyFord.org/Podcasts to browse episode topics and featured guests including clinicians, authors, educators, policymakers and people in recovery.