MAPPING COMMUNITY SUPPORT:
NAVIGATING AND CONNECTING WITH COMMUNITY AND TREATMENT RESOURCES

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It takes a village.....
What are the ASAM Levels of Care?

The ASAM Criteria describes treatment as a continuum marked by four broad levels of service and an early intervention level. Within the five broad levels of care, decimal numbers are used to further express gradations of intensity of services. These levels of care provide a standard nomenclature for describing the continuum of recovery-oriented addiction services.

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
Detoxification, or detox, is the process of letting the body remove the substance. The purpose of detox is to safely manage withdrawal symptoms when someone stops taking drugs or alcohol. Everyone has a different experience with detox. The type of drug and how long it was used affect will affect the length of detox.

- According to the National Library of Medicine, “Alcohol withdrawal usually occurs within 8 hours after the last drink, but can occur days later. Symptoms usually peak by 24 to 72 hours, but may go on for weeks.” The acute withdrawal stage will be the worst of the withdrawal symptoms.

Factors That May Influence The Alcohol Detox Timeline
- There is no one size fits all answer to address exactly how long detox will last. Several factors can play a role in the number of days detoxification will continue.

- Amount of alcohol consumed
- How long the person has been drinking
- How often the person has been drinking on a regular basis
- Nutritional considerations
- Weight and age
- Was the alcohol combined with other substances
- Does the person have any other co-occurring mental health issues such as depression, eating disorders, etc.
Residential

This trend started with recovery programs in the military. In the 1970s, the first addiction program was established in the U.S. Air Force. How did they decide the length of treatment? Military personnel could be away from duty for no more than four weeks without being reassigned. The 28-day programs allowed men and women in the Air Force to get treatment and get back to their duties, avoiding reassignment.

Other programs began to follow suit and, eventually, insurance companies decided to use this standard as well. Decades later, the practice continues.

Variable levels of stay: 21 days, 28 days, 30 / 60 / 90

Multiple studies have shown treatment that lasts at least 90 days is much more effective, resulting in far fewer relapses. The National Institute on Drug Abuse (NIH) reports that both residential and outpatient treatments lasting less than 90 days have limited effectiveness. The NIH recommends significantly longer treatment to produce long-term results.

10 day Aversion Therapy
PHP | Partial Hospital Program
- Minimum 20 hours per week
- Usually 5 days per week / 5-6 hours day

IOP | Intensive Out-Patient
- 3 or 5 days per week
- 60 hours total
MAT | Medically Assisted Treatment

Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. These medications include methadone, buprenorphine (Suboxone, Subutex, Zubsolv) and naltrexone (Vivitrol) to help manage cravings, reduce drug use and reduce the risk of overdose.

Naltrexone (known by the brand name Vivitrol), given as a monthly shot, is an opiate blocker, which means that it completely blocks the euphoric effects of opiates like heroin and prescription pain pills. A person must be opioid-free for 7-14 days prior to getting the first shot to prevent withdrawal. Many providers will initially offer the pill form as a precautionary measure to make sure the person has no adverse reaction to the medication.

Buprenorphine (known by the brand names Suboxone, Zubsolv, Subutex and Probuphine), is taken daily as an oral pill, a film placed under the tongue or as a six-month implant in the upper arm. It is used to manage withdrawal symptoms when a person is in treatment detoxing, and can be used as part of an ongoing maintenance plan to manage cravings. It can be prescribed by any doctor who has completed specialized training and obtained a waiver, and administered in the privacy of an office setting or outpatient clinic.

Methadone is given in a pill, wafer or liquid form to be taken daily, usually at a clinic although some states allow clients to take the medication home after a period of time. Many doctors will recommend methadone for patients who have been unsuccessful using buprenorphine. It lasts fairly long in the system, usually for 24 to 36 hours, preventing the frequent highs and lows associated with drug-seeking behaviors. Clinic staff will check toxicity levels as the medication builds up in the body and adjust dosage levels accordingly.
Deferred Prosecution | DUI

- Length of care
- Monitoring requirements
- Varies state by state
INSURANCE TRENDS: WHO PAYS FOR WHAT?

- Most health insurance covers some alcohol or drug treatment. Insurers may call this "behavioral health" coverage.
- **Life Threatening Substance:** Alcohol – risk of heart or respiratory failure, seizure, Benzodiazepines
- **Non Life Threatening:** Heroin, Methamphetamine, Marijuana
Effectiveness of Treatment

- Goal of treatment is to return to productive functioning
- Treatment reduced drug use by 40-60%
- Treatment reduces crime by 40-60%
- Treatment increases employment prospects by 40%
- Drug treatment is as successful as treatment of diabetes, asthma, and hypertension
Methadone treatment has been shown to decrease criminal behavior by as much as 50%.
SUPPORT FOR SPECIFIC POPULATIONS

MILITARY:
- Tri-Care Insurance
- Treatment integration of SUD | PTSD
- Trauma informed
- Ex Military personnel

LGBTQ:
- Welcoming and affirming
- Trans – same gender or private room
- Agency response to harassment
- Dual addiction capacity – drug / sex
1st Responders:
- Trauma informed | PTSD
- Current/Former responder
- Physical activity
- Individual therapy

Native Americans:
- Cultural Competency
- Red Road to Wellbriety
- Regional Tribal understanding
- Traditional medicine | Wisdom Traditions
ACCREDITATION

- CARF International, a group of companies that includes CARF Canada and CARF Europe, is an independent, nonprofit accreditor of health and human services.

- Through accreditation, CARF assists service providers in improving the quality of their services, demonstrating value, and meeting internationally recognized organizational and program standards.

- The accreditation process applies sets of standards to service areas and business practices during an on-site survey. Accreditation, however, is an ongoing process, signaling to the public that a service provider is committed to continuously improving services, encouraging feedback, and serving the community. Accreditation also demonstrates a provider's commitment to enhance its performance, manage its risk, and distinguish its service delivery.
TREATMENT PLAN:

- **PROBLEM:**
  
  “Now that I’m not drinking/using I have a lot of anxiety when I’m in large groups and find it hard to go to sober support meetings”.

- **GOAL:**
  
  I will participate in gradual repeated sober social sober support groups outside of treatment.

- **OBJECTIVE:**
  
  I will be able to describe to my case manager the negative impact my social anxiety and need to isolate has on my recovery.
INTERVENTIONS:

1) Case manager will have client write and share autobiography (1st step) by....

2) Case manager will educate client on grief process in giving up using peers during individual sessions.

3) Case manager will assist client to connect peer group negativity with 12-step program concept of "insanity" during individual sessions.

4) Case manager will introduce various positive peer support groups to client.

5) Case manager will assign client to attend two to four new peer support groups a week and share experience with case manager during individual session.
PROBLEM:
I don't see a need to break ties with current peer group

GOAL:
I will learn skills necessary to develop a new peer group that is supportive to my recovery.
I will gain acceptance of the need to reach out to others that will support a life free of drug, alcohol or any addictive sources.

OBJECTIVE:
I will verbalize powerlessness and unmanageability that is a result from my current peer support group.
I will identify when being with current peers was negative and led to more use.
INTERVENTIONS:

1.) Case manager will help client see how social anxiety and powerlessness over addiction have made his/her life unmanageable during individual sessions. (Ongoing)

2.) Case manager will educate client on the relationship between social anxiety and addiction, how substance was used to treat anxiety and why more substance use became necessary during individual sessions. (Ongoing)
3.) Case manager will help client challenge self-defeating messages and negative self-talk by the use of Rational Emotive Behavioral Therapy during individual sessions. (Ongoing)

4.) Case manager will educate client about the 12-step program concept of insanity and help client understand by engaging in the same self-defeating behaviors to overcome social anxiety is insane. (Ongoing)
5.) Case manager will use motivational interviewing to help client agree to attend a sober support meeting each week by......

6.) Case manager will help client identify a small sober support group meeting to attend and client will share experience with his/her case manager by.
Community Support Groups:

- 12 Step Based
- Smart Recovery
- Women for Sobriety
- Life Ring Secular
- SOS Meetings
- Celebrate Recovery
- Moderation Management
RESOURCES:

General:

- MEDLINEplus Health Information on Drug Abuse - National Library of Medicine, NIH
- www.abovetheinfluence.com - Office of National Drug Control Policy
- healthfinder.gov - U.S. Department of Health and Human Services

SAMHSA – Substance abuse and mental health services administration

800 662 4357 SAMHSA’s National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.
Veterans Affairs (VA) Drug And Alcohol Treatment Programs
https://www.drugrehab.org › veterans-va-treatment-programs

Native American - Alcohol and Substance Abuse Program | Indian Health Service (IHS)
https://www.ihs.gov › asap

Lesbian, Gay, Bisexual, and Transgender | SAMHSA - Substance ...
https://www.samhsa.gov › behavioral-health-equity › lgbt
Help and Resources - The Code Green Campaign
https://codegreencampaign.org/resources

SafeCallNow
1-206-459-3020

Fire/EMS Helpline
1-888-731-3473

National Suicide Prevention Hotline
1-800-273-8255

**MEDICAL:**
DOH – Impaired Practitioner
COMMUNITY RESOURCES:

Alcoholics Anonymous
https://www.aa.org

Al-Anon
https://al-anon.org

NA
https://www.na.org

Nar-Anon Family Groups
https://www.nar-anon.org
FAMILY

Partnership for Drug-Free Kids – Where Families Find Answers

https://drugfree.org

Substance Use Resources For Parents of Adolescents and Young Adults

https://www.adolescenthealth.org › Resources › Clinical-Care-Resources
LifeRing - Secular Recovery Self Help

https://www.lifering.org

Women For Sobriety

https://womenforsobriety.org

Celebrate Recovery

https://www.celebraterecovery.com

Smart Recovery

www.smartrecovery.org/
THANK YOU FOR ALL YOU DO!