Community-Based Treatment Capacity

Meeting Demand for Substance Use Disorder Services in the Community

Presenters

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The Problem: Opioid Related Deaths are on the Rise and Expected to Continue to Rise

The Opioid Epidemic is Evolving
Pre-Arrest Diversion: Part of the Solution

- Reduced crime
- Improved public safety (real and perceived)
- **Reduced drug use**
- Better outcomes during crisis encounters
- Lives saved, lives restored
- Building police-community relations
- Reduced burden on criminal justice to solve public health and social challenges—reduction in the “social burden”
- Building (more) police-public health/behavioral health relations
- Correct movement of citizens into/away from the justice system
- Cost savings
- “Net-narrowing”
- Keeping families intact
- Addressing racial disparity

Divert to What?

- Several pre-arrest diversion pathways to community-based treatment and services
- **Get and keep people in the community**
- Requires timely access
- Unknown or inaccessible treatment hinders diversion
Treatment Capacity is About More Than Just Quantity . . .

Treatment Capacity is a robust, interconnected network of community-based treatment and support services that are:

- Person-centered
- Accessible
- Available on demand
- Affordable
- Quality
- Effective
- Evidence-based
- Non-discriminatory

Key Elements of Treatment Capacity
Treatment Capacity Model

- Nine key elements
  - Access to each from each
  - None of these alone is sufficient

- Considerations
  - Addiction is a disease
  - Recovery is ongoing and not linear
  - Relapse does not equal failure

Life-Saving Services

- Immediate access post-OD or other crisis
- Warm handoff to treatment in a timely manner following OD
- Widespread naloxone training and distribution to:
  - First responders and treatment/service providers
  - Persons with OUD, family, and friends
  - The community as a whole
  - Does your state have a Standing Order for Naloxone?
- Prevention and education (e.g., identifying and responding to overdose, identifying SUD, Good Samaritan/911 laws)
Withdrawal Management (Detox)

- **Does not = treatment**
- Based on clinical need—not everyone requires inpatient detox
- Different levels of Withdrawal Management
- Stabilizing services during/after withdrawal management:
  - High risk following OD or upon release from a controlled environment
  - Warm hand-off
  - Housing and other basic needs in place

Medication

- MAT—availability of all FDA-approved medications:
  - Methadone
  - Buprenorphine (Suboxone)
  - Naltrexone (Vivitrol)
- Gold Standard of OUD treatment
- Other services in conjunction with medication
- Clinical, individualized decision
- Respectful of a person’s autonomy
- Medication . . . not “drug”
- Treated the same as medications for other chronic illnesses
- Impact of stigma among partners and community
MAT Saves Lives

Behavior Change Services

- Builds a foundation for long-term recovery
- Different levels of care, services, modalities, etc.
- Individualized plan based on person’s specific needs and severity of SUD—as identified by a qualified clinical
- Respectful of a person’s autonomy

Family and Children Support Services

- Addiction impacts more than the person
- Foster connections with other impacted families
- Education on signs of OD and OD response
Housing

- Continuum of housing resources (immediate, short, and long-term options)
  - Emergency housing
  - Recovery housing
  - Transitional housing
  - Permanent housing
- Stable and affordable
- Accommodating a person’s needs (e.g., allow MAT, proximity to public transportation)

Medical Care

- Preventive/primary care
- Specialty care:
  - Comorbid chronic medical conditions (infectious diseases, hypertension, diabetes, etc.)
  - Co-occurring mental illnesses

Community Support Services

- People recover best in their community
- Bolster treatment and recovery
- Community resources such as 12 Step programs and faith-based organizations
- Availability of other crucial resources such as:
  - Transportation
  - Food
  - Employment support
  - Childcare
Person-Centered Care Coordination

- At the core of the model
- Help the person navigate the system
- Critical to treatment engagement and retention
- Must be:
  - Comprehensive and holistic: address the whole person—not just their SUD
  - Integrated: coordination among all partners
  - Person-centered: responsive to the person and respectful of their autonomy, develop a trusting relationship with the person
  - Ongoing: coordination across and between the components of treatment capacity

Treatment Capacity Expansion in Your Community
Treatment Capacity Expansion Strategies

1. Maximize use of existing capacity
2. Build new capacity

Maximize Use of Existing Capacity

- Align capacity to meet the demand of your community, build on what exists
- Both approaches are important, but don’t miss an opportunity to explore misaligned, under used, or unused capacity:
  - Greater access to services sooner
  - Comprehensive overview of network
  - Inform capacity building down the road
Consider as you Move Forward . . .

- What capacity already exists in your community?
- What capacity do you still need?
  - Demand versus need for services
- Who is already at the table? Who is not but should be?
  - Early and ongoing collaboration is key

The A Way Out Program was launched on June 1, 2016 from the Lake County Opioid Initiative, a county wide Task Force which began in 2012 in Lake County Illinois. The Program was modeled after the Angel Program in Gloucester, Massachusetts.
A Way Out

- County-wide Law Enforcement Assisted Diversion Program, designed to fast-track users to substance abuse programs and services
  - Available 24 Hours a Day, 7 Days a Week, 365 Days a Year
  - Participants will **NOT** be charged for possession of narcotics or paraphernalia as long as participant voluntarily presents to police station or officer for assistance

Why are these programs needed?

- Persons struggling with Substance Use Disorders often:
  - Do not know where or how to get help
  - Fear asking others for help
  - Fear arrest or incarceration
  - Are daunted with navigating barriers to engaging treatment including: transportation, funding, treatment availability, and knowing what treatment level of care is best for them
  - Need help at the moment they decide to ask, Police are available 24/7
Partners in the A Way Out Program

- Lake State's Attorney's Office
- Antioch Police Department
- Deerfield Police Department
- Grayslake Police Department
- Gurnee Police Department
- Lake County Sheriff's Department
- Libertyville Police Department
- Mundelein Police Department
- Lake Forest Police Department
- Round Lake Beach Police Department
- Round Lake Park Police Department
- Zion Police Department
- Lake Zurich Police Department
- Waukegan Police Department
- Lake County Health Department
- NICASA
- Gateway Foundation
- Lake County Probation
- Lake County Bar Association
- Lake County Judges
- 12 Step Community
- Advocate Aurora Condell Medical Center
- Advocate Aurora Good Shepard Hospital
- Northwestern Memorial Health Care (Lake Forest/Grayslake)
- Vista Health
- Live4Lali
- Chicago Behavioral Hospital
- Symetria Recovery
- Rosecrance
- Omni Youth Services
- Brightside Clinics
- Modern Med Recovery
- Footprints to Recovery

How it works . . .

- Participants walk into a Lake County Access Police Station
- Officer contacts Lake County Health Department, and Crisis Worker conducts brief screening: risk factors, substances used, and level of treatment desired
- Patient is cleared at Emergency Department if needed
- Crisis Worker contacts local treatment providers to arrange placement
- Volunteer support as needed to support participant
- Officer transports participant to treatment
Program Documents

- Memorandum of Understanding Between Partners
- Program Participant Waiver
- Brief Screening Tool-conducted via phone

A Way Out
Participant Information
June 1, 2016 through February 6, 2019

532 A WAY OUT CLIENTS ACCESSED TREATMENT

Average Age: 34

Primary Drug of Choice

Relaying Police Department:
- Includes all institutions

Graph showing distribution of clients across different police departments.
Who is Gateway Foundation?

- Since 1968 our goal has been straightforward: help clients get their life back on track and achieve a life of sobriety, free from drug use and symptoms of mental illness
- Gateway Foundation is the largest nonprofit treatment provider in the U.S. specializing in substance use disorders for men, women, adolescents, and clients diagnosed with co-occurring mental health disorders
- Additional Locations – Monterrey, California; Smyrna, Delaware; Jacksonville, Illinois

Partner With Providers at All Levels of Care

- Inpatient Medically Managed Detoxification
- Residential Treatment
- Outpatient Treatment
- Medication Assisted Treatment-OTP’s
- Community Resources: mental health, housing, harm reduction, advocacy, and more

Building collaborative relationships is key to developing an effective program.
Thank You

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