



Department of Health & Human Services
Division of Behavioral Health Services
Alcohol & Drug Services



Treatment Options

Methamphetamine Symposium

Lori Miller, LCSW
Health Program Manager

Service Languages

- ✓ Culturally competent and linguistically proficient alcohol and drug services are provided in many languages, including the following 6 threshold languages other than English:
 - **Arabic-New**
 - **Cantonese**
 - **Hmong**
 - **Russian**
 - **Spanish**
 - **Vietnamese**
- ✓ Bi-lingual/bi-cultural staff or interpreters available at no cost to youth/families
- ✓ Services provided for deaf and hearing impaired at no cost to youth/families

Alcohol and Drug Services Continuum of Care

Fiscal Year 2017-18

\$41,442,760

23 contracted providers

Fiscal Year 2016-17

**approximately 6,150
admissions**

- Prevention Services
- Outpatient Treatment (Includes IOT)
- Residential Treatment
- Detoxification/Withdrawal Management
- Sober Living/Transitional Living Environments
- Perinatal Services
- Specialty Collaborative/Drug Courts
- Drug Diversion/DUI Programs

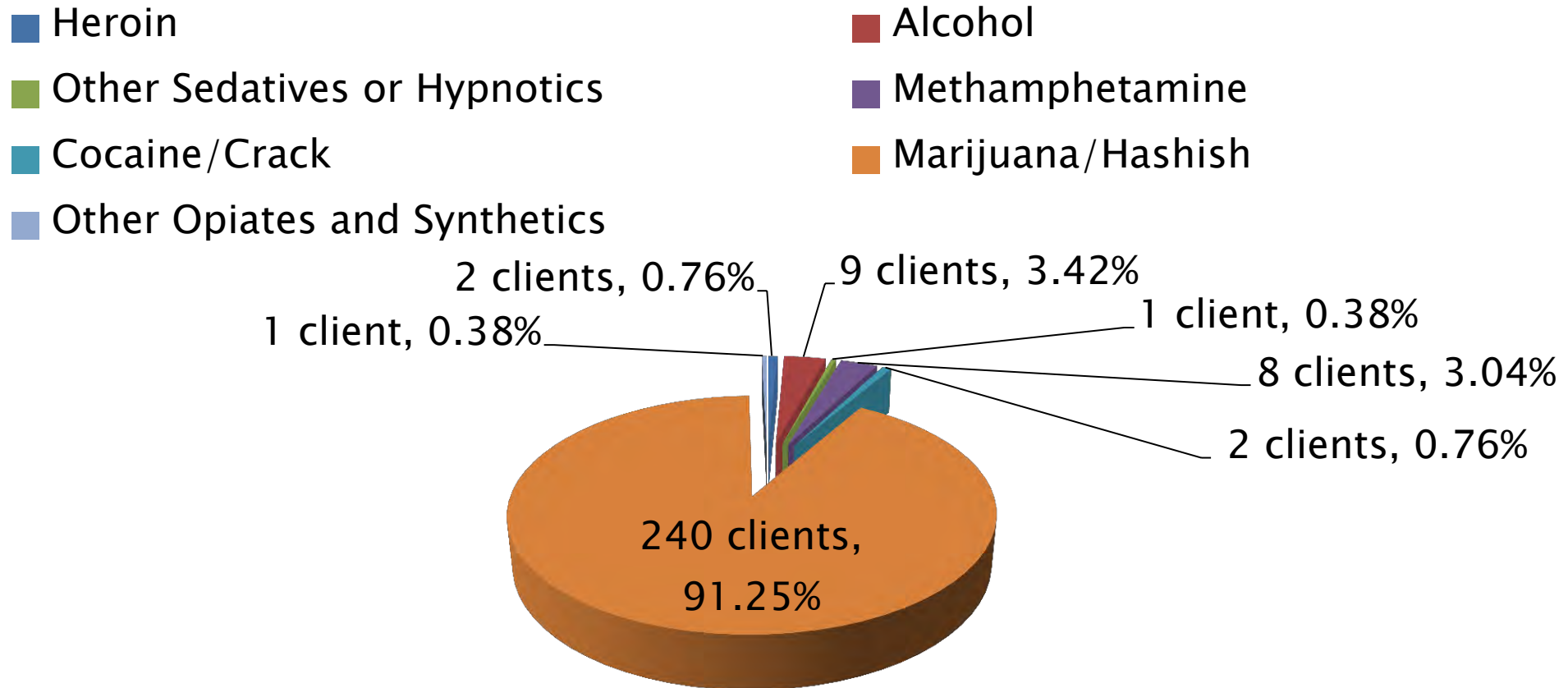
Youth Treatment Data

Total Admissions to Treatment By Fiscal Year	
Fiscal Year	Count
2016/2017	264
2015/2016	328
2014/2015	567

- 42.1% Reduction in Youth Treatment Admissions from Fiscal Year 2014/2015 to 2015/2016
- 19.5% Reduction in Youth Treatment Admissions from Fiscal Year 2015/2016 to 2016/2017
- **52.4%** Total Reduction in Youth Treatment Admissions from Fiscal Year 2014/2015 to 2016/2017

Youth Treatment Data

Primary Drug of Choice for FY 2016–17 Admissions



Alcohol and Drug Services Continuum of Care

FY 2017-2018

Youth



Current Services:

- Prevention Services
- Outpatient Treatment
- Intensive Outpatient Treatment

Not Currently Available for Youth:

- Detoxification/Withdrawal Management
- Residential Treatment
- Perinatal Services

Assessment and Referral Access Points

- System of Care
- Sacramento County Jail
- Probation Department
- Primary Care Center
- Guest House Homeless Clinic
- Juvenile Court
- Youth Detention Facility
- Children's Receiving Home
- Wind Youth Services

Alcohol & Drug Services System of Care

Entry point for alcohol and drug treatment services

Assessment and Referral to alcohol and drug treatment service provider

Monday – Friday
8:00 A.M. – 5:00 P.M.

Drop-In

3321 Power Inn Road, Suite 120
Sacramento 95826



(916) 874-9754

Outpatient Treatment

- **Youth and Adults**
 - **Outpatient Treatment and Intensive Outpatient Treatment**
- **Treatment on Demand**
- **Drug Medi-Cal (DMC) Funded**
- **Access Services Directly at DMC Certified Provider Sites**

Substance Use Treatment Definitions

- **Outpatient Treatment Definition** – Outpatient treatment counseling services are provided a **minimum of 1-3 hours per week** and are available to youth/adults for whom it has been determined by a physician to be medically necessary. The components of outpatient treatment include; intake, individual and group counseling, education, medication services, collateral services, crisis intervention services, treatment planning and discharge services.
- **Intensive Outpatient Treatment (IOT) Definition** – Intensive Outpatient treatment counseling services are provided **a minimum of 3 hours per day/3 days per week** and are available to youth/adults for whom it has been determined by a physician to be medically necessary. The components of intensive outpatient treatment include; intake, individual and group counseling, education, medication services, collateral services, crisis intervention services, treatment planning and discharge services.
- **Group Treatment Definition** – Counseling sessions that are face-to-face contact between one or more licensed or certified therapists or counselors and two or more clients that focuses on the needs of the individuals and uses a variety of interventions and approaches to improve symptoms and functioning skills and address treatment goals. **2 to 12 clients in a group. Groups must be 90 minutes in length.**

Withdrawal Management Services

- **3-14 days (individualized based on need) Monitoring in a Residential Treatment Facility**
- **Increased Demand for Withdrawal Management (Detoxification)**
- **Detox Facilities for Adults (4 Providers)**
- **No Youth Detox Facility in Sacramento County System**
- **Total Contracted Beds = 72; Average Wait Time = 17 days**
- **Not Currently DMC Funded**

Residential Treatment

- **Residential Treatment is a Non-institutional, 24-hour, Short-Term Program. 120 day treatment (individualized based on need), Relapse Prevention, Individual and Group Sessions**
- **Increased Demand for Residential Treatment**
- **Residential Treatment Facilities for Adults Only**
- **Currently No Youth Residential Treatment Facility in Sacramento County System**
- **Total Contracted Beds = 257; Average Wait Time = 14-60 days**
- **Not currently DMC funded**

Medications

- Currently, there are no medications that can quickly and safely reverse life threatening MA overdose.**
- There are no medications that can reliably reduce paranoia and psychotic symptoms, that contribute to episodes of dangerous and violent behavior associated with MA use.**
- There are currently no medications that counteract the specific effects of methamphetamine or that prolong abstinence from and reduce the abuse of methamphetamine by an individual addicted to the drug.**



Why Treatment Fails	Why Treatment Works
Length of Stay (Less than 90 days)	Length of Stay (More than 90 days)
Undertreating	Appropriate Level of Care
Fragmented Care (Detox only, 12-step only)	Full Continuum of Care
Low Motivation	High Motivation
Lack of Social Support	Strong Support System
Stigma (seeing individuals as “bad”)	Humanizing (treating those with disease)
Incarcerating Alcohol and Drug Users	Treating Those with Substance Use Disorder
Thinking There is a Silver Bullet	Clinical Integrity

Principles of Effective Treatment

- 1. Addiction is a complex but treatable disease that affects brain function and behavior.**
- 2. No single treatment is appropriate for everyone.**
- 3. Treatment needs to be readily available.**
- 4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.**
- 5. Remaining in treatment for an adequate period of time is critical.**
- 6. Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.**

Source: National Institute on Drug Abuse, 2012, 2014

Principles of Effective Treatment

- 7. An individual's treatment and service plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.**
- 8. Many drug-addicted individuals also have other mental disorders.**
- 9. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.**
- 10. Treatment does not need to be voluntary to be effective.**
- 11. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.**
- 12. Treatment programs should test clients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking clients to treatment if necessary.**

Evidenced-Based Effective Treatment

- ✓ **Cognitive Behavioral Therapy**
- ✓ **Contingency Management**
- ✓ **The Matrix Model**
- ✓ **Motivational Interviewing**
- ✓ **Collaborative Drug Courts**

What We Want: *Treatment on Demand*

Action Plan: *What We Can Do Now*

- ▶ Increase Collaboration/Partnerships
 - ▶ Prevention, Education and Awareness
 - ▶ Capacity Building for Youth and Adult Treatment Services
 - ▶ Targeted Services-Severely Mentally Ill, Homeless, Developmentally Disabled
 - ▶ Increase Access to Care
 - ▶ Explore Funding Opportunities
 - ▶ Address Other Barriers
(ID, transportation, childcare, multisystem requirements)
-

ON THE HORIZON:

Drug Medi-Cal (DMC) Organized Delivery System (ODS) Waiver

Goals

- ▶ Improve Substance Use Disorder Services through an organized service delivery system
- ▶ Full continuum of multiple levels of funded evidence-based services
- ▶ Increase program oversight, compliance and quality assurance
- ▶ Improve coordination with other service systems

Drug Medi-Cal Waiver Services & Requirements (Opt-in Model)

BOLD = new services and requirements

Coming in 2018

Services
Early Intervention
Outpatient Services
Residential Treatment
Medication-Assisted Treatment (MAT)
Withdrawal Management
Additional Medication-Assisted Treatment (MAT)
Recovery Services
Case Management
Physician Consultation

Requirements
Coordination with Criminal Justice and Hospitals
Increased Quality Assurance



Treatment Overview



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Matrix Model of Intensive Outpatient Treatment

Graham Sargent CADC-II-ICADC-ICCJP
Matrix Key-Supervisor

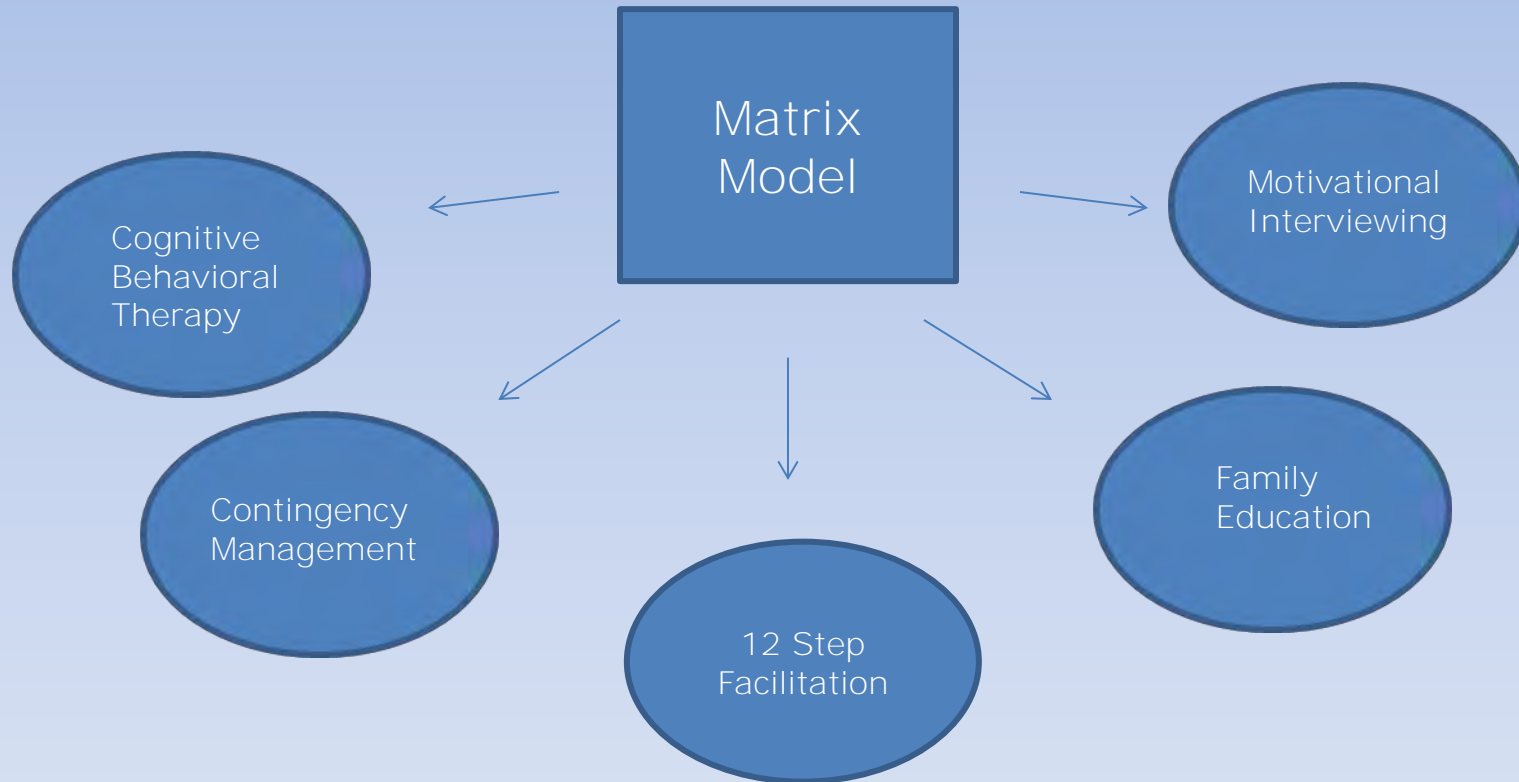
Why Matrix?

- ▶ Evidence Based
- ▶ Proven effective in treating stimulant use disorders and other substances.

Matrix Outpatient Model

- ▶ Started in **1984** to address Crack Cocaine Epidemic by Richard Rawson, Jeanne Obert and Mickey McCann (founders of Matrix Institute)
- ▶ **1986** used to treat methamphetamine in San Bernardino
- ▶ First national treatment data from Matrix on methamphetamine treatment from Rancho Cucamonga Matrix Institute
- ▶ **1994** First adolescent treatment started at YMCA Ontario CA.

Evidence Based Therapies Incorporated In The Matrix Model



Organizing Principals Structure

- ▶ Teach information and cognitive behavioral concepts
- ▶ Reinforce positive behavior change
- ▶ Provide corrective feedback when necessary
- ▶ Introduce and encourage self-help participation
- ▶ Use urinalysis and other methods to monitor drug use
- ▶ Establish positive, collaborative relationship with clients
- ▶ Educate and encourage participation of family members

Organizing Principals Style (Spirit of Motivational Interviewing)

- ▶ Nonjudgmental supportive attitude
- ▶ Engagement and retention
- ▶ Strong bond between treatment staff and clients.
- ▶ Ability to work with relapse
- ▶ Meeting the client where they are at

Components of the Matrix

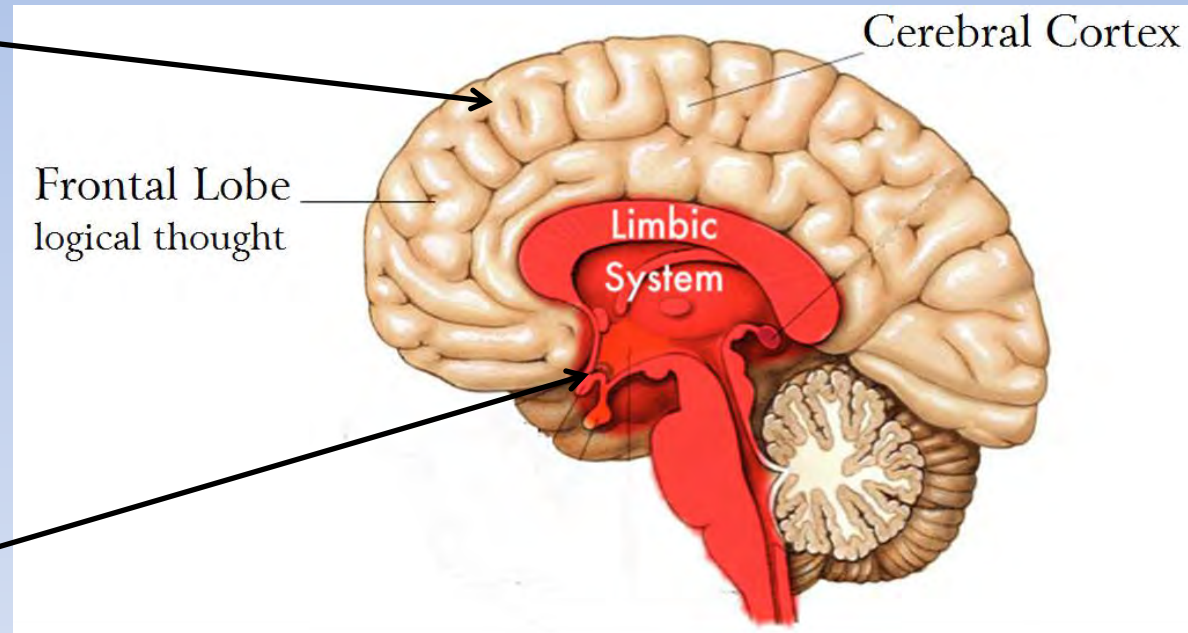
- ▶ Early Recovery Group
- ▶ Relapse Prevention
- ▶ Family/Conjoint Sessions
- ▶ Medication Assisted Treatment (hazelden 2nd edition)
- ▶ Individual sessions
- ▶ Family Education Groups
- ▶ Social Support
- ▶ Random Drug and Alcohol Testing
- ▶ Peer Mentors (Co-leaders)

Focus on Basic Brain Chemistry

Prefrontal Cortex-The Rational (**Upper**) Brain

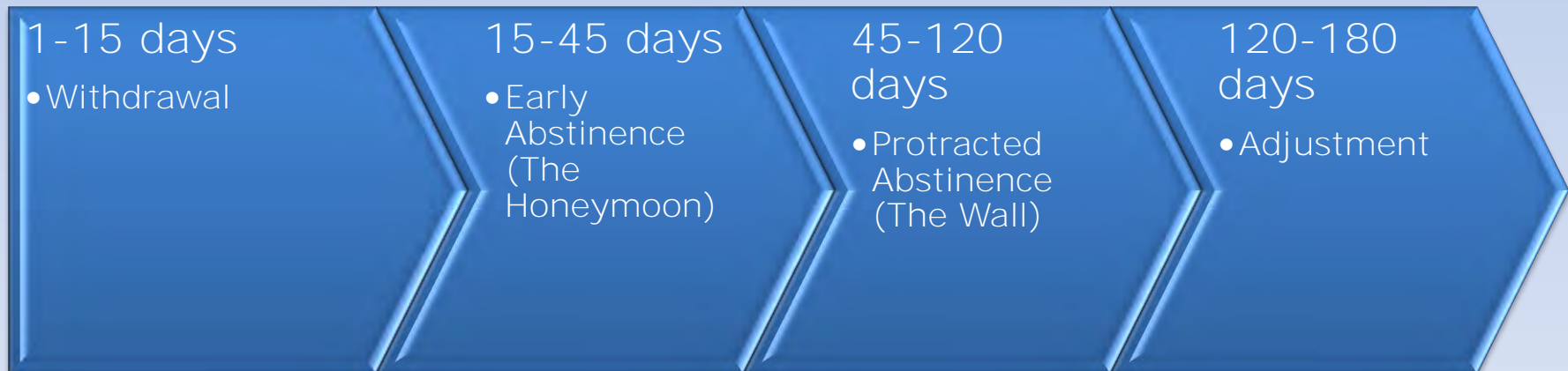
Frontal Lobe
logical thought

Limbic System- The Emotional (**Lower**) Brain

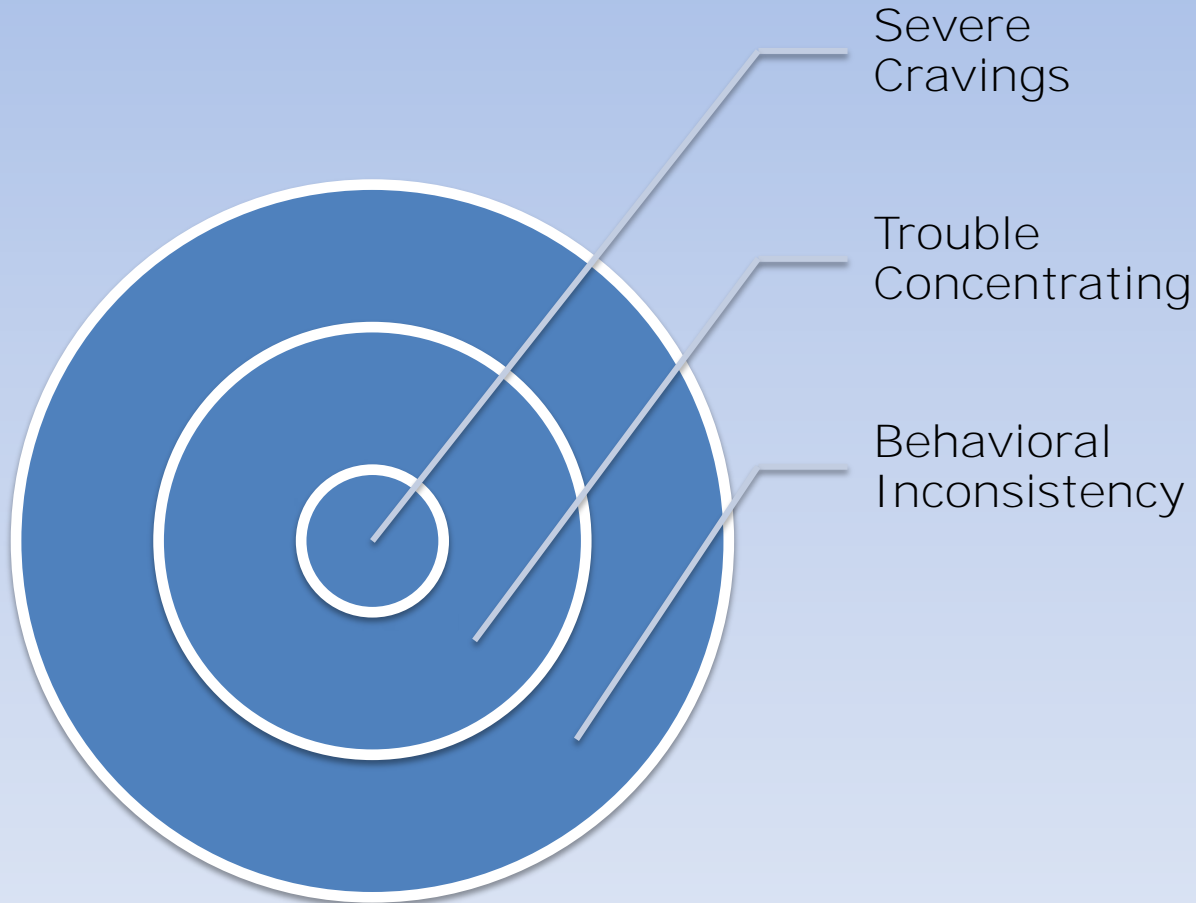


Stages of Recovery overview

- ▶ Stages can vary by individual



Withdrawal Stage



Primary Manifestations of the Honeymoon Stage

Behavioral

High Energy, Unfocused Behavior

Cognitive

Inability to prioritize

Emotional

Overconfidence/ Feeling Cured

Relationship

Denial or minimization of Addiction Disorder

Primary Manifestations of the Wall Stage

The Wall

Behavioral
Sluggish Low
Energy

Cognitive
Relapse
Justification

Emotional
Depression-
Anhedonia

Relationship
Irritability-
Blaming-
Impatience

Primary Manifestations of the Adjustment Stage

Behavioral
Sloppiness Regarding Limits

Cognitive
Drifting From Commitment to Recovery

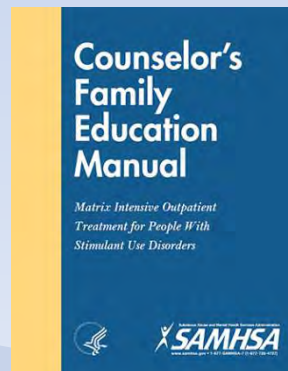
Emotional
Experiencing Normal Emotions

Relationship
Surfacing of Long-Term Issues

CSAT Manual vs Hazelden Manual

CSAT

- ▶ 3 Individual/conjoint sessions
- ▶ Download only
- ▶ Deals specifically with stimulants
- ▶ Can download videos developed by Matrix
- ▶ Is public domain and can be downloaded for free



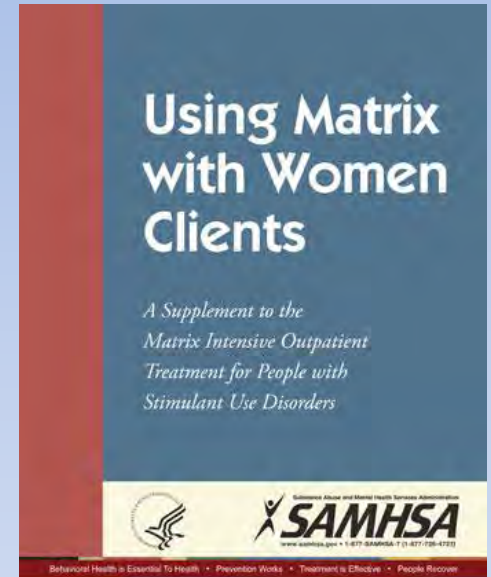
Hazelden

- ▶ *10 individual/conjoint sessions*
- ▶ *Hard copy can be purchased*
- ▶ *Language broadened to include all drugs and alcohol*
- ▶ *Includes 3 videos of core Family Education Group*
- ▶ *Is under copyright and is not in the public domain*



Women's Supplement Available in CSAT Version

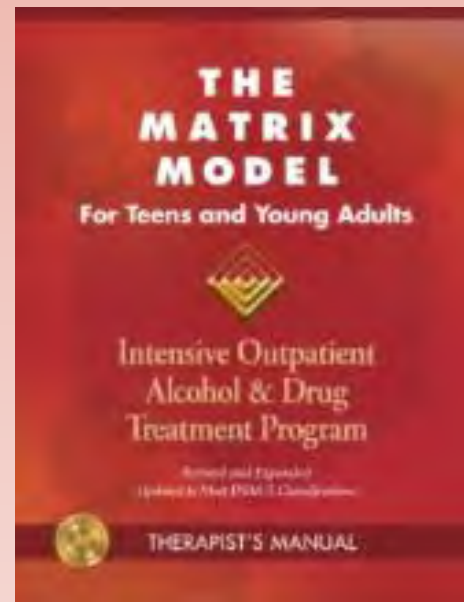
Gender specific issues addressed
in Relapse Prevention Section



For Adolescents

Contains same components as adult version except:

- Separate Teen/Parent Education
- No MAT Section
- All groups with youth only 1 hour



Criminal Justice Adaptation

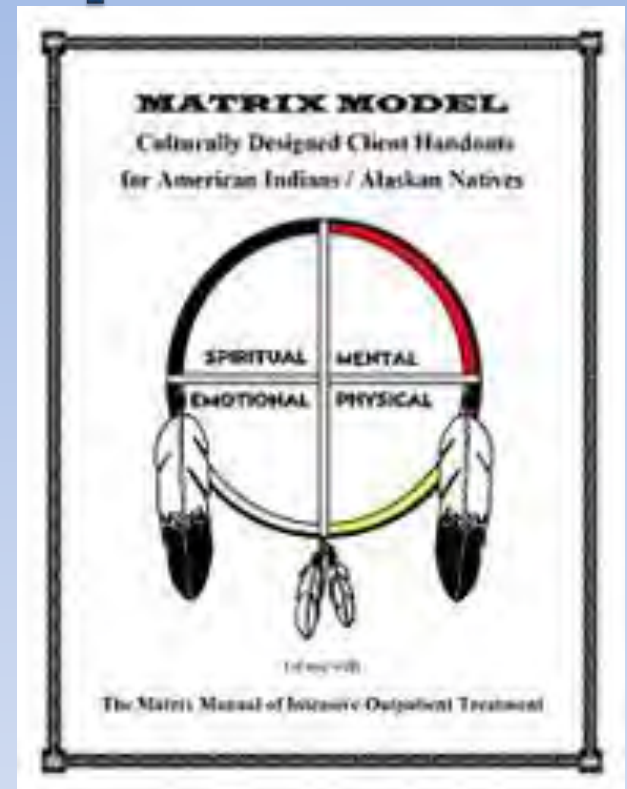


- Early Recovery Skills group a minimum of 3x weekly
- Up to 52 weeks long

Native American Adaptation

Culturally appropriate handouts available for free download to use with adult version

Created with input from Friendship House of San Francisco CA



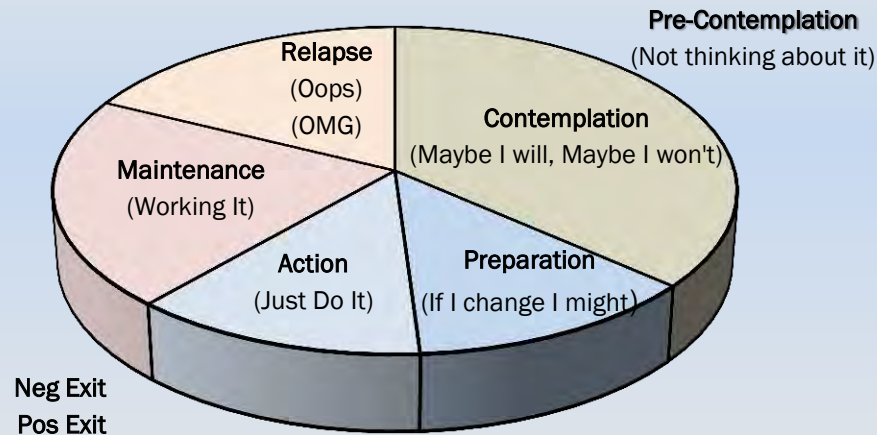
Motivational Interviewing

Characteristics

Personal Values
Work Values
Resilient
Positive Communication
Best Practice Model
Strength Based
Sense of Hope
Culturally Considerate
Genuine
Non-Judgmental
Detached Concern
Commitment
Motivation

Process
Prochaska & Di Clemente

Wheel of Change



Create Cognitive Dissonance

ROLL WITH RESISTANCE

Limitations & Safety

Skills

Reflective Listening
Influencing
Inspiring
Motivating
Open-Ended vs. Close-Ended
Questions
Focus Traps
Reflection
Avoid Argumentation
Elaboration
Summarizing
Visioning
“Good vs. not so Good”

Model Interpreted by:
Elizabeth Contreras, MSW

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