

**ZEROING IN
ON RESILIENCE
AND RECOVERY
IN OKLAHOMA
SUMMIT
2013**

WORKGROUP FOCUS

Integrated and Recovery Oriented Systems of Care

**Continuum of substance use disorder and
co-occurring prevention, early intervention,
and treatment services for adolescents and
adults**

2013

EXISTING SYSTEM

CONTRACTED SERVICES - Substance Abuse

Adolescent Residential Treatment

Adult Residential Treatment

Adult Co-Occurring Residential Treatment

Women with Children Residential Treatment

Co-Occurring Halfway House beds

Women with Children Halfway House beds

Outpatient Programs

Detoxification Programs



CURRENT SYSTEM

Residential Treatment

Halfway House

Outpatient

- ~ **The current system does not have adequate numbers of treatment slots**
- ~ **The current system tends toward compartmentalization**

- ~ **Diagnosis tends to define placement**
- ~ **Placement tends to be program based**
- ~ **Referrals to less intensive levels of care are often the exception**

- ~ Some assessment tools identify only inpatient or residential placement needs
- ~ Treatment may be “one size fits all”
- ~ Sometimes, only a single treatment option is available

- ~ **Best practices are not always implemented or utilized**
- ~ **Poor outcomes are often interpreted as meaning more intensive treatment is needed and that the consumer is at fault**

CURRENT “PROGRAM” LANGUAGE

“Negative consequences”

“Graduation”

“Complete the program” or
“Our program is _____ in length”.

CURRENT CHARTING LANGUAGE

“More willing to follow the rules”.

“Compliant in group”.

“Serious and persistent”.



WISH LIST

WISH LIST SERVICES

We wish to expand all the services below and to increase capacity and capabilities to provide co-occurring care

Residential Treatment

Women with Children Residential Treatment

Halfway Houses

Women with Children Halfway Houses

Day Treatment

Intensive Outpatient Programs

Outpatient Programs

Detoxification Programs

Sober Living Homes

Opioid Treatment Programs

**Detoxification Services
Opioid Treatment
Programs
Sober Living Options**

**Inpatient
Residential**

**Halfway House
Day Treatment**

**Intensive Outpatient
Outpatient**

~ **We wish more services were
available for all levels of care**

Especially, more adolescent residential treatment programs

~ **We wish to have adequate services
statewide – rural and urban**

- ~ We wish service delivery to become more fluid, individualized and consumer oriented
- ~ We wish referral and linkage to aftercare and continuing care were more common

EXAMPLE

*Comprehensive Community
Addiction Recovery Centers
CCARC*

*Greater adherence to ASAM Patient
Placement Criteria*

- ~ We wish to change program driven treatment to clinically driven treatment and to move from fixed length of service to variable length of service
- ~ We wish for greater access to integrated services and supports for all consumers

EXAMPLE

Greater use of recovery support services

Greater use of wrap around services

Greater adherence to ASAM Patient Placement Criteria

- ~ We wish to move from a limited number of discrete, compartmentalized levels of care to a fluid, consumer driven, continuum of care
- ~ We wish to better coordinate treatment across multiple levels of care

- ~ We wish to shift from uni-dimensional to multi-dimensional assessment – including , when appropriate assessment of the family
- ~ We wish to better identify the intensity of treatment needed
- ~ We wish to always treat the consumer in the most available, least restrictive environment possible.

EXAMPLE

*Fully implementing and integrating
the ASAM Patient Placement
Criteria and ASAM Theory and
Language into the treatment field*

- ~ We wish for an organized system of care that is trauma-informed
- ~ We wish all consumers had access to family-oriented services, when appropriate

EXAMPLE

*Any of multiple trauma-informed &
family therapy interventions
available on the SAMHSA
National Registry of Evidence-
based Programs and Practices*

~ We wish Prevention services were more available

~ We wish Early Intervention services were more available

EXAMPLE

Any of multiple prevention & early intervention models available on the SAMHSA National Registry of Evidence-based Programs and Practices

**~ We wish to increase the
utilization of detoxification
services**

**~ We wish to increase the use of
Medication Assisted Treatment
options**

EXAMPLE

*Increase the utilization of
ambulatory detoxification services
(CCARC)*

EXAMPLE

*Medications assisting in the
treatment of opioid dependence*

Buprenorphine

Naltrexone

Vivitrol

Methadone

EXAMPLE

*Medications assisting in the
treatment of alcohol dependence*

Naltrexone

Vivitrol

Campral

Revia

~ We wish more competency based training was available for the workforce

~ We wish we had performance based contracting

EXAMPLE

*Increase the use of proven practices
~ Contingency Management ~
Shown to be especially effective with
Addressing
Cocaine dependence
Amphetamine dependence
Opioid dependence*

EXAMPLE

*Increase the use of proven practices
~ Contingency Management ~
Shown to be especially effective with
the Severely mentally ill*

EXAMPLE

Increase the use of proven practices

~ Family Therapy ~
~ Case Management ~

*Enhances recovery rates at all
levels of care*

**We wish there were more
faith based collaborations**

**We wish Wellness Activities
were more available and
incorporated into treatment services**

**We wish all needing consumers had
access to employment assistance**

**We wish Oxford Houses were more
numerous and available throughout
the state**