



The Future of JTR: New Beginning with Enhanced Harm Reduction

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JTR Withdrawal Management

Exit 1

- **Withdrawal Management (Stabilize)**
- 24/7
- No Wrong Door
- Medical Support
- Addictionologist visit
 - Medications for withdrawal
 - Medication Assisted Treatment
- Dr. Visits (Psychiatry, Primary Care)



JTR Residential Treatment

Exit 2

- 90-120 Program
- Integrated Team (Techs, RN, MA, Psych, PCP, Therapists)
- Culture
 - Sweat lodge
 - Talking Circle
 - Connection with Cultural education
 - Many staff are community members
 - Wellbriety
 - Utilize Wolf Center
 - Looking to make more connections with community
- Focus on Mind, Body and Spirit



Joining behavior management with recovery process

- ▶ New level system
 - ▶ Focuses on behavior
 - ▶ Assignments
 - ▶ Being a good relative
 - ▶ Connection with support community
 - ▶ Practicing recovery skills



Integrated and comprehensive treatment

- ▶ Group therapy
- ▶ Individual therapy
- ▶ Family therapy and ART teams
- ▶ Equine therapy
- ▶ Sweat lodges
- ▶ Wellbriety
- ▶ DBT/CBT skills training
- ▶ Introduction to 12 steps
- ▶ Recreational activities
- ▶ Talking circles
- ▶ Vocational assistance
- ▶ Art Therapy
- ▶ Family education and support
- ▶ Community events
- ▶ Connectivity with Social Services

[illegible]

| MAT WEEK MAT | AVERAGE DAYS/LENGTH | KEY ASSIGNMENTS | KEY SKILLS MASTERED | PHONE PRIVILEGES | VISITOR PRIVILEGES | OTHER PRIVILEGES/ RESTRICTIONS | OUTINGS | COMMUNITY & SPONSORSHIP | COUNSELING REQUIREMENTS | MILIEU REQUIREMENTS/ EXPECTATIONS | OTHER REQUIREMENTS |
|--------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| | 0-14 | 1. Staff Contact Supportive Family (If Clinically Appropriate) | 1.Verbalizing desire for help. 2. Being responsive to help. | 1. One supervised call to emergency contact. 2. Approved contact with family. 3. Any calls that are needed for treatment. | 1.No visitors. (Possible skype with sponsor.) | 1.Book/AA material. 2.Walks with Staff 3.Coffee (with restrictions). 4.Music allowed. (No internet access) | 1.No outings | 1. Connection with sponsor (if they have one). 2.Attend support meetings with staff/peers on site. | 1.Treatment compliant. 2.Weekly Therapy Visit 1hr 3. Connectivity with OP therapist etc. | 1.Don't disrespect staff or peers. (open defiance, name calling, aggressive stance or language) 3.Follow house rules. | 1.Clinical and physical assessments as needed. Demonstrated some motivation for change. |
| | Minimum 4 weeks. | 1.Mission statement 2.Timeline 3. Affirmations 4. Negative beliefs 5. First step | 1. Begin to use I statements. 2. Be receptive to feedback from peers and staff. 3. Begin to use feeling words. 4. Share in group. 5.Practicing self care. 6. Mastery of Triggers | 1.Two 15 phone calls per week. (not counting sponsor). 2.Calls to sponsor up staff discretion and approval. | 1.One 1 hour visit per month. *After 2 weeks in this phase. | 1. Visits from sponsor 2.Church via skype. 3. Access to music. *No internet access. | 1.General milieu outings (all clients go with staff. Library, park, wolf center) | 1.Have chosen and fully embraced Celebrate Recovery, Wellbriety, or NA,AA, Secure a sponsor, Sober support or accountability person (may or may not be a sponsor). 2.Identify ART members. One ART meeting prior to moving up to next phase. | 1.Treatment Compliant 2.Family therapy or family contact at least 2 times 3.Have a preliminary discharge plan 4.Weekly Therapy Visit 5. Attend any mandatory classes/programs. 6. Actively participate in groups | 1.Complete chores & Room Cleaned 2.Practicing being a good relative. 3.Don't disrespect staff or peers. 4.Follow house rules. 5.Be timely with groups and activities. 6.Taking Initiative 7.No incidents/coaching for at least 2 weeks. | 1. Demonstration/ verbalization of desire to change. |
| | Minimum 4 weeks. | 1. Spirituality 2Feelings and Emotions Worksheet 3.Relapse prevention 1 4. Letter to Disease/Addiction | 1. Improved communication. (I statements, feeling words, direct) 2. Improved emotional management (use of coping skills to emotionally regulate). 3. Recognition of mistakes. 4. Moving away from blaming 5. Taking responsibility for behavior. 6. Asking for help. | 1.Two 30 minutes calls per week. (not counting contact with sponsor). 2.Calls to sponsor up staff discretion and approval. | 1.Two 1 hour visits a month | 1.Visits from sponsor (Allowed weekly) 2.Attend church (with staff) | 2. General milieu outings (all clients go with staff. Library, park, wolf center) | 1.Build relationship with sponsor/sober support person. 2.Start working steps with sponsor or work with sober support person. 3.At least 1 ART meeting. | 1.Weekly Therapy Visit. 2.Vocation plan. 3..At least 2 family sessions. 4. Actively participate in group. | 1.Complete chores & Room Cleaned 2.Practicing being a good relative. 3.Don't disrespect staff or peers. 4.Follow house rules. 5.Be timely with groups and activities. 6.Taking Initiative 7.No incidents/coaching for at least 2 weeks. | 1. Being encouraging and supportive of peers. |
| | UP TO 45 DAYS | 1.Relapse prevention plan 2. Good bye letter to drugs/alcohol 3. Trigger Inventory 4.AfterCare Plan | 1. Displaying emotional management skills. 2. Appropriate communication skills Display empathy. 4. Asking for help. 5.Utilizing sponsor/counselor 6.Taking responsibility for behavior. 7.Making amends. | 1.Cell phone for one hour per day. (during day hours and not during programming). 3. | 1. Start with 2 hour pass weekly. 2. Move to 4 hour pass. 3. Overnight passes (approved by clinical team) following two successful passes.) | 1.Allowed to go to church (can go with family) 2. Outside meeting with sponsor weekly. | 1. Special outings 2.Access to internet for job search etc. 3. Able to go on job interviews. 4.Explore work opportunities/school. 5.Visit to sober living home. | 1.Continue working steps with sponsor or developing relationship with sober support person | 1.Have discharge/aftercare plan. 2.Identify meetings, church, counseling and other services. 3.Possible session with OP counselor. | 1. All above expectations 2. Be peer leader - speak to WM folks and be a mentor. 3. Use recovery language. 4.Display motivation to others. | 1. Acting as mentor and support for peers. |
| | 3-12 MONTHS | 1. Work with sponsor and outside counselor | 1. Independent living skills a. vocational/job b. School c. transportation/housing | 1. Access to phones | 1. Passes approved by staff | 1.Allowed to go to church (can go with family) 2. Outside meeting with sponsor | 1.As scheduled by staff | 1.Steps with sponsor | 1. Attend IOP/PHP or OP treatment. | 1.Be a good relative. 2.Attend weekly house meetings. 3.Meet with house | 1.Be a good relative. 2.Attend weekly house meetings. 3.Meet with house |



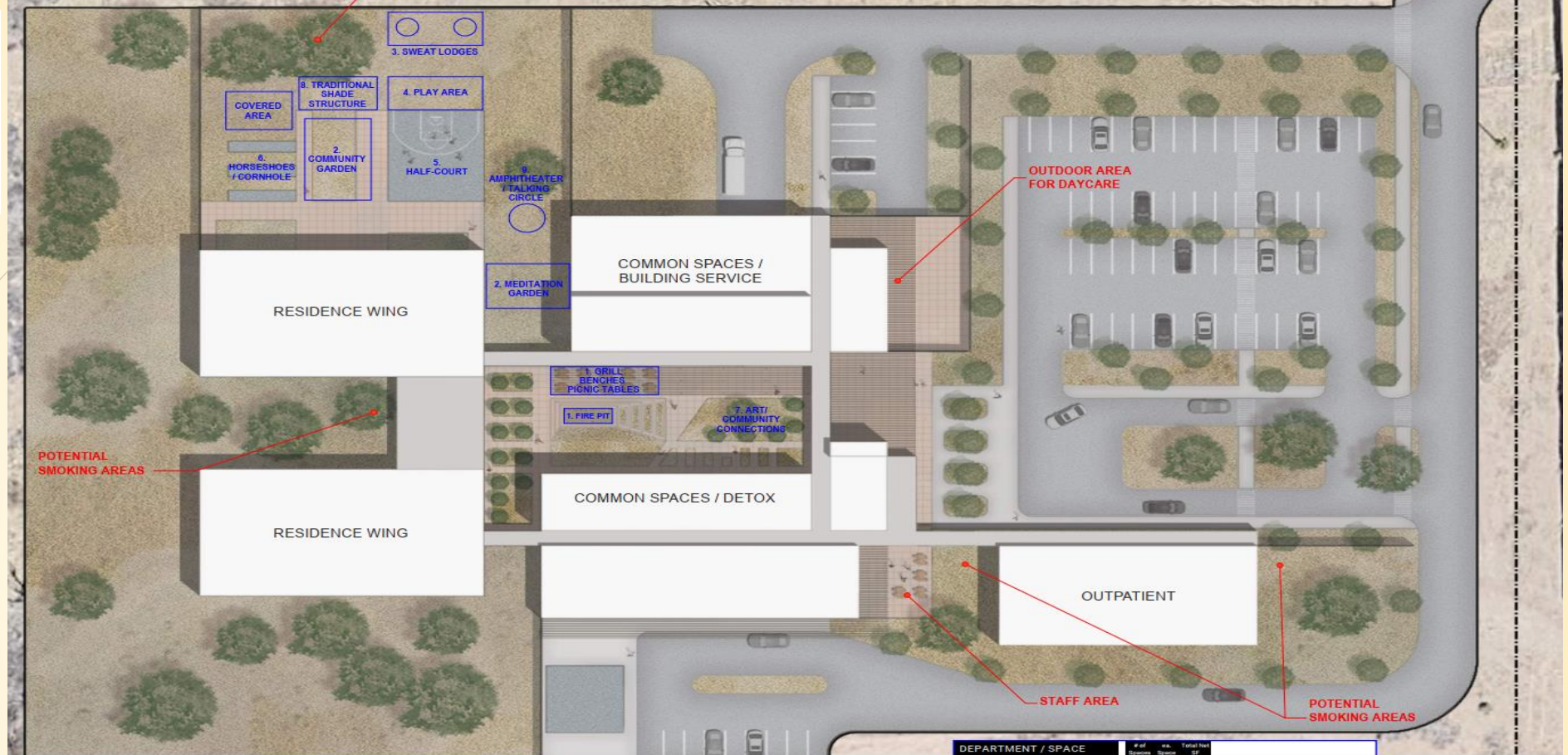
Things we are working on

- ▶ Education and support for families to intervene
 - ▶ CRAFT approach
- ▶ Alumni meetings
 - ▶ First one – July 1
- ▶ Music therapy
- ▶ More staff being trained in Wellbriety
- ▶ PHP program starting very soon
- ▶ More culturally related outings
- ▶ Fatherhood and Motherhood groups
- ▶ H and I meetings
- ▶ More on sight 12 step meetings
- ▶ Bible study groups
- ▶ MRT



PHP

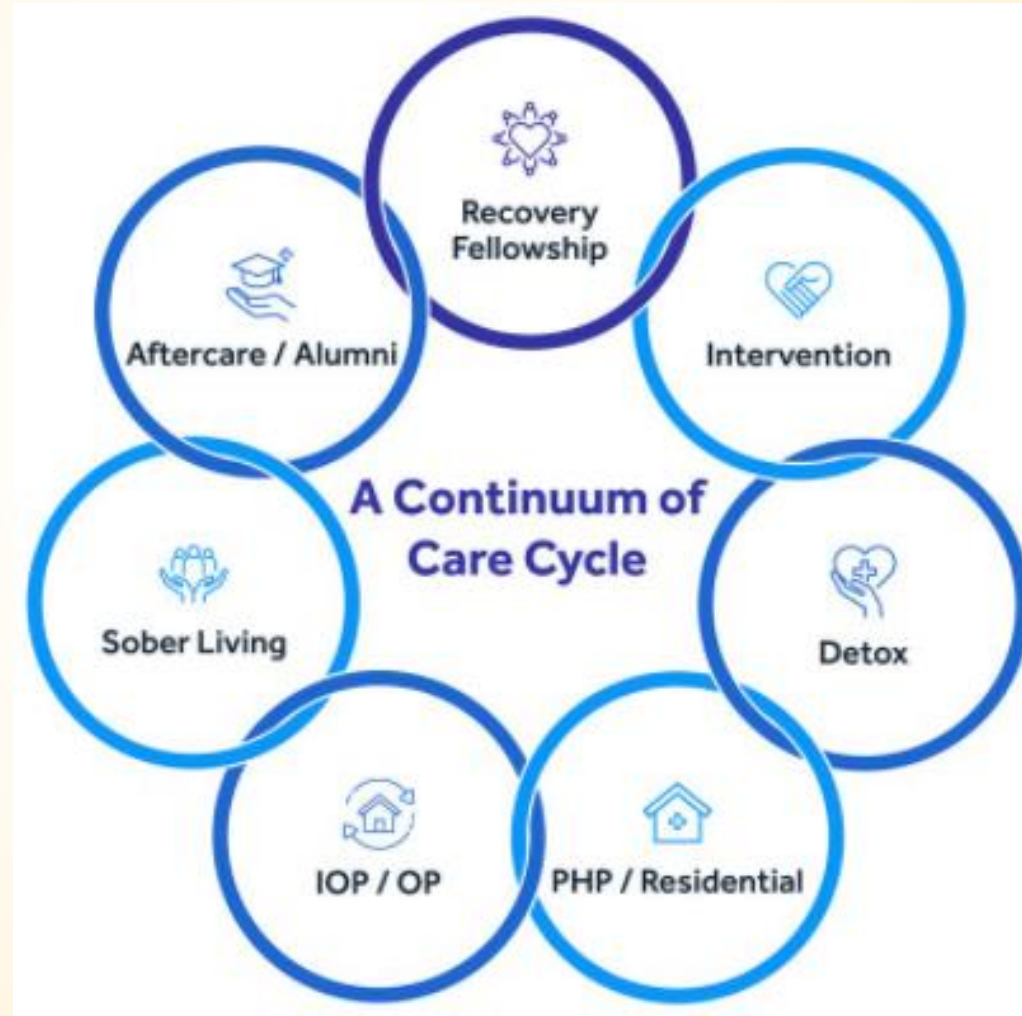
- 5 days per week
- 6 hours per day
- Family component
- Staff
 - Therapist
 - Group facilitator
 - Peer support – Community member



- New JTR
- 48 Beds
- Outdoor Rec With Sweat, Talking Circle
- Outpatient PHP
- Crisis / Wmanagment Unit
- Day Care



Continuum of Care





Sober Living House (SLH)

BRIDGING INPATIENT-RESIDENTIAL ADDICTION TREATMENT TO LIVING INDEPENDENTLY IN SOBRIETY



The First of its Kind on SRPMIC Exit 3



The Sober Living House



Advantages & Benefits of Sober Living





Eligibility (presently)





BRIDGING INPATIENT-RESIDENTIAL ADDICTION TREATMENT TO LIVING INDEPENDENTLY IN SOBRIETY





Opening The Doors





Sober Living House





Sober Living House – Kitchen & Dining





Sober Living House – Laundry & Storage





Sober Living House – Bedroom





Sober Living House – Office & Quiet Rm





Sober Living House – Backyard



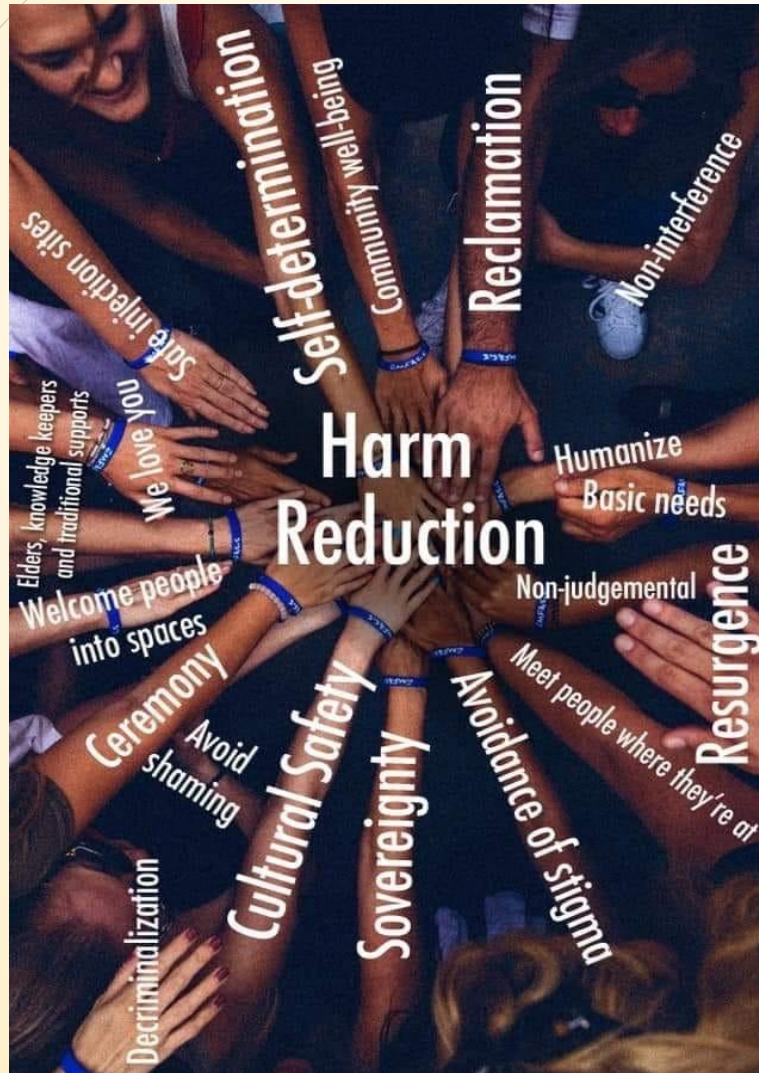


Connections

- ▶ All guests at sober living:
 - ▶ Attend support groups
 - ▶ Have sponsor/mentor
 - ▶ Work or attend school
 - ▶ Attend outpatient treatment
 - ▶ Continue with ART meetings
 - ▶ Can attend JTR Alumni
 - ▶ Help mentor at JTR



Harm Reduction Philosophy



- ▶ A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- ▶ Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. (Source: harmreduction.org)
- ▶ Shifting power and resources to the most vulnerable to structural violence.



Harm Reduction in Practice

- Overdose Prevention, Recognition, Response
- Medication-Assisted Treatment
- Drug checking - Fentanyl Testing Strips
- Syringe Service Programs
- Low-barrier access to treatment and medical services
- Reducing transmission of communicable disease by providing safety barriers and providing education (condoms, bleach, syringe access)

Help Save a Life!

Recognize the Signs of Drug Overdose or Medical Emergency

Alcohol

It's always safest not to drink alcohol, but for those who choose to anyway:



#SaferPartyng

Harm reduction strategies

- Avoid drinking on an empty stomach.
- Incorporate non-alcoholic beverages.
- Understand standard drink amounts and track your drinks.

Signs of overdose/emergency

- Difficulty staying awake
- Vomiting / seizures
- Clammy skin
- Low body temperature

Never be afraid to seek medical attention!

We are the Drug Policy Alliance.



Why the Need for Harm Reduction?

- The Vast Middleground
- The Unpredictability of an Unregulated Supply
- For the first time ever, we've surpassed 100,000 overdose deaths!
- Decolonizing systems meant to harm communities of color
- Improving the overall quality of life – meet the goal of increasing life expectancy within The Community
- Meeting people where they're at and not where you expect them to be.



Feedback - Questions

