


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Drug and Alcohol Program	POLICY NO: CL-D&A-01	Page 1 of 1
RESPONSIBILITY: Drug and Alcohol New Beginnings		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 10/11/2016	
	LAST REVIEWED/REVISED: 04/28/2021; <i>✓</i> 2/27/23	

PURPOSE:

To provide an overview of the Drug and Alcohol (D&A) program description and scope of services that will guide staff in the delivery of such services at the Guam Behavioral Health and Wellness Center (GBHWC). This policy will meet the Commission on Accreditation of Rehabilitation Facilities (CARF) 2022 standards section 2A.1, 2A.3 and 2A.9.

POLICY:

- A. GBHWC Drug and Alcohol New Beginnings Programs, under the Clinical Services Division, are designed to provide services for consumers who have been diagnosed with a Substance Use Disorder (SUD) or are at risk of having harmful involvement with alcohol or other drugs. It utilizes a team approach to minimize the effects and risks associated with alcohol and other drugs use. It has four programs in an outpatient setting and are as follows;
 - 1. Early Intervention services. Education program that focuses on substance use and the brain, triggers and cravings and stages of addiction and recovery. This program also provides Brief Intervention services for individuals who did not meet Diagnostic Statistical Manual-Fifth Edition (DSM-5) substance use criteria and may benefit from brief education services on substance use and abuse.
 - 2. Outpatient Treatment Program (OTP) provides services for a minimum of four (4) hours a week through individual and group sessions.
 - 3. Intensive Outpatient Program (IOP) provides at least nine (9) direct hours per week to individuals with a substance use disorder. IOP provides group, individual and family education sessions as well as social support group (aftercare) services.
 - 4. Medically Assisted Treatment is a medically managed program that provide treatment and medication services to persons with opioid and alcohol use disorders.
 - 5. Women’s Residential Treatment Center. 24-hour Substance Use Residential treatment program for adult women ages 18 and older.

- B. The D&A New Beginnings Program is offered across the adult lifespan beginning at the age of 18 years who are at risk or diagnosed with substance used disorder.
 - 1. Services will be provided in the outpatient settings within GBHWC main facility, and in the community Monday – Friday 8:00 – 8:00 pm excluding government of Guam holidays.
 - 2. Services at GBHWC main facility is open 24 hours a day, 7 days a week for crisis intervention and crisis stabilization services.

- C. Eligibility Criteria are as follows:
 - 1. Individual who has a substance use disorder diagnosis and/or symptoms of an SUD consistent with the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria.

2. Individuals who have been referred for a Drug & Alcohol assessment by GBHWC and/or other agencies, hospitals, clinics and self.
 3. Properly assessed using the (ASAM) American Society of Addiction Medicine patient placement criteria and placed in an appropriate level of care in our program or referred to a higher level of care with a contracted agency.
- D. Discharge criteria are as follows;
- a. Treatment/service goals have been met and the consumer is clinically ready for discharge.
 - b. No engagement and unable to locate consumer, services has not been provided for 90 days or more.
 - c. Consumer is refusing service and not consenting to treatment
 - d. Services or level of care needs cannot be provided, has to transition to another level of care not provided by GBHWC.
- E. Drug and Alcohol Programs are funded through blended grant and GBHWC funds as determined by appropriations, and third-party payors.

PROGRAM PHILOSOPHY GOALS AND OBJECTIVE

GBHWC's mission is to provide a culturally respectful, quality behavioral health services, that support and strengthen the well-being of the persons served, their families and the community in a safe environment. It envisions a healthy island, committed to promoting and improving the behavioral health and well-being of our community.

The philosophy of New Beginnings is that individuals who suffered from any substance abuse or addiction deserve to have a second chance to achieve sobriety and gain quality of life. This initial stage of sobriety is their New Beginning. The philosophy emphasizes a holistic approach where the physical, mental, spiritual, emotional, and behavioral aspects need to be addressed simultaneously in order to increase favorable treatment outcome. To ensure New Beginnings keeps its mandate and treatment philosophy it uses evidence-based models. This is highly recommended by the Substance Abuse Mental Health Services Administration (SAMHSA) of the US Department of Health & Human Services.

DESCRIPTION AND SCOPE OF SERVICES

Drug and Alcohol program utilizes the American Society of Addiction Medicine (ASAM) for placement criteria as a foundation for assessment, documentation and treatment planning within all services.

1. **Level 0.5 Early Intervention Services** - Early Intervention Services is designed to explore and address problems or risk factors that may lead to substance use disorders. This is our education program that could range from Brief Intervention services of education on addiction and brief counseling sessions to an 8-week addiction education course that meets at least once a week.
2. **Level 0.7 Social Support** - This is our continued care program. Consumers complete Level I or Level II programs and may continue on with Social Support Group that meets at least once a week for continued recovery support services and/or recovery social group. This is a Life-Long program. Consumer may continue to attend long after their treatment discharge.
3. **Level I Outpatient Program** - Consumers in Level I Outpatient Program attend treatment for 6-9 hours or less. These individuals participate in any of our Evidence

based treatment models and who are in their early stages of recovery. They attend treatment programs in the day or evening for at least 3 times week.

4. **Level II Intensive Outpatient Program** - Consumers in this level of care attend treatment for 9 or more hours a week. Consumers in this program have an intense structured schedule of treatment groups and individual sessions depending on the severity and the need. UDS testing monitored more closely and more often in the week. Consumers in Level II-IOP are in treatment at least 3-5 times a week and for longer hours in the day. Consumers in this level of care may also be a participant in the Medication Assisted Treatment (MAT) Program.
5. **Level 3.5 Women's Residential and Level 3.2-D Withdrawal Management-** Level 3.5 is designed to serve individuals who need a safe environment and stable living in order to gain recovery skills. Individuals whose addiction is severely out of control and they need a 24-hour supportive treatment environment to initiate and continue their recovery process. **Level 3.2-D Withdrawal Management-** is a level of withdrawal management and 24-hour care that does not need medical assistance but will need consistent hour to hour monitoring. This level of care is the first process of Level 3.5 Residential. Consumers are in WM for 7 to 14 days and then transition to Residential.

TREATMENT MODEL AND INTERVENTION

Matrix Model is one of three models used by D & A. It is a comprehensive, evidence-based, individualized program with more than twenty years of research and development by the Matrix Institute on Addictions, an affiliate of the University of California at Los Angeles Integrated Substance Abuse Programs. It is a structured treatment experience designed to give substance abusers the knowledge, structure, and support to allow them to achieve abstinence from alcohol and drugs and initiate a long-term program of recovery. Its approach is non-confrontational, non-judgmental, and empowering while moving patients from the withdrawal stage onto maintenance or continued care. And finally gain quality of life. Matrix incorporates Cognitive Behavioral Therapy, Motivational Interviewing, Family Dynamics & Education, 12-step Support Program, and Contingency Management.

The **Driving with Care (DWC)** is an evidenced-based model focused on individuals who were charged or convicted of Driving under the influence of alcohol. It is widely used in the State of Colorado and other states. It has four levels of care including Level I Education, Level II Education, Level II Education with Therapy, and Level II Education with Therapy and enhance treatment. The Criminal Justice System refers individuals to New Beginnings every week. After utilizing an electronic comprehensive assessment and are found appropriate individuals are placed in the most appropriate DWC level. Clients may transfer to a lower or higher level of care based on continued assessment.

Medically Assisted Treatment (MAT) Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug.

Dual-Diagnosed Recovery Counseling (DDRC) This evidence-based model by Dr. Dennis C. Daly, is used to treat patients with dual disorders (one distinctive psychiatric disorder and one distinctive substance-related disorder). DDRC integrates a variety of educational, motivational, cognitive, and behavioral changes. The DDRC model is being implemented under the Mentally Ill Chemically Addicted (MICA) program. MICA is an ASAM Level 0.5 education program designed to assist individuals, between the ages of 18 and over, in the beginning stages of their recovery. Group sessions are two hours a day, once weekly. Higher levels of care having more treatment hours a week are currently being developed for dual-diagnosed patients with higher risk for relapse. It promotes the patient's involvement in the stages of recovery and ongoing change. The following are some of the goals of the model:

1. Helps patients to accept both disorders
2. Helps patients become educated about the dual disorders, treatment, recovery, and relapse
3. Achieve and maintain abstinence from alcohol and other drugs
4. Stabilize from acute psychiatric symptoms or reduction of the severity of symptoms
5. Improve cognitive, behavioral, and interpersonal coping skills
6. Help patients make positive lifestyle changes
7. Intervene in the process of relapse to either the substance use or psychiatric.

Dialectical Behavioral Therapy for Substance Users (DBT-S) refers to the thoughtful integration of mental health & substance use treatments to more effectively meet the needs of people with dual diagnosis disorders. Dialectical behavior therapy is an evidence-based psychotherapy that began with efforts to treat personality disorders and interpersonal conflicts. Evidence suggests that DBT can be useful in treating mood disorders and suicidal ideation, as well as for changing behavioral patterns such as self-harm and substance use.

Helping Women Recover- is based on Dr. Covington's Women's Integrated Treatment (WIT) model. It offers a program specifically designed to meet the unique needs of women who are addicted to alcohol and other drugs or have co-occurring disorders. This thoroughly revised and updated edition includes evidence-based and empirically tested therapeutic interventions which are used to treat addiction and trauma in an innovative way.

Helping Men Recover- Helping Men Recover is the first gender-responsive, trauma-informed treatment program for men. The program model is organized into four modules: self, relationships, sexuality, and spirituality. These are the four areas that recovering men have identified as triggers for relapse and as necessary for growth and healing.

Moral Reconciliation Therapy (MRT)- MRT—Moral Reconciliation Therapy®, an NREPP program, is the premiere cognitive-behavioral treatment program for substance abuse and offender populations. Developed in 1985 by Dr. Gregory Little and Dr. Kenneth Robinson, over 200 published outcome studies have documented that MRT-treated offenders show significantly lower recidivism for periods as long as 20 years after treatment. MRT-based workbooks are available for a vast range of treatment needs for adult & juvenile offenders, substance abusers, Veterans, trauma survivors, and many other populations.

Strengthening Families- (SFP) is an evidence-based family skills training program for high-risk and general population families that is recognized both nationally and internationally. Parents and youth (different age groups) attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth the first hour, followed by a joint family practice session the second hour.

PROGRAM CAPACITY AND STAFFING

Groups	Capacity	Staffing Ratio
3 Level 0.5 Groups	10-15 consumers each group	1:15
Outpatient Matrix Group	8-12 consumers	1:12
Outpatient DWC Education II	12 consumers	1:12
Intensive Outpatient Matrix	8-12 consumers	1:12
Intensive Outpatient DWC	8-10 consumers	1:12
Level 0.7 Aftercare Social Support group	10-20 consumers	1:12
Family Education Program Social Support Group	10-20 consumers	1:20
Medication Assisted Treatment: Suboxone group	6-8 consumers	3:1, consist of Psychiatrist, Peer Specialist and a counselor
Women's Residential Treatment Program	18 adult female consumers	1:5

DEFINITION ROLE AND FUNCTION

Positions	Responsibility	Qualifications
D&A Clinical Supervisor	Administrative, Clinical Supervisor, manage SUD grants, SUD Contracts,	Bachelor's Degree in psychology, social work, public administration or related field and four (4) years of professional experience in the implementation of substance abuse mental health program.
Word Processing Secretary	Time Sheets, payroll, letters, memos, documents	Microsoft office Knowledge, Clerical and filing, organizational skills, Motivational Interviewing skills.
Chemical Dependency Treatment Specialist	The primary worker of the consumer and the one who develops the Treatment plan. Provides counseling and conducts and facilitate group intervention therapy	Bachelor's degree in social or behavioral science and/or three (3) years' experience in human services, chemical dependency treatment work including certification as counselor or working towards certification, or through the PBHCC and the IC & RC.
Social Worker	Intensive Case management services and supportive counseling, facilitate groups	Bachelor's Degree in Social Work, Motivational Interviewing skills.
Psychiatric Technician	Co-facilitate groups, orientation, conduct drug testing, transport consumers,	6 months nursing course, CPR/First Aid, PCMA, BHT.
Community Program Aide	Co-facilitate groups, orientation, conduct drug testing, transport consumers, resident assistants and monitors	CPR/First Aid, PCMA, BHT, Peer Support Recovery training, training in substance use disorders and treatment

Peer Support Specialist	Group mentor, assist with group set up and closure, recovery coaching, transport, advocacy, crisis intervention	Working towards certification through the IC&RC. (International Certification & Reciprocity Consortium).Peer support academy training, Motivational Interviewing skills.
Psychiatrist	Part of the clinical team providing the services. Consulted as necessary in the main Facility.	Holds a medical degree, or a degree in osteopathic medicine with a specialization in Psychiatry.

REFERENCE:



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REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Drug & Alcohol Program Description and Scope of Services

Policy No.: CL-DA-01

Initiated by: Drug & Alcohol New Beginnings Program

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