Alcohol and Drug Services
FOR PERSONS EXPERIENCING HOMELESSNESS

LORI MILLER, LCSW
BEHAVIORAL HEALTH DIVISION MANAGER
DEPARTMENT OF HEALTH SERVICES
Mission

To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

Vision

We envision a community where persons from diverse backgrounds across the life continuum have opportunity to experience optimum wellness.

Values

- Respect, Compassion, Integrity
- Client and/or Family Driven Service System
- Equal Access for Diverse Populations
- Culturally Competent, Adaptive, Responsive and Meaningful
- Full Community Integration and Collaboration
- Coordinated Near Home and in Natural Settings
- Strength-Based Integrated and Evidence-Based Practices
- Innovative and Outcome-Driven Practices and Systems
- Wellness, Recovery, and Resilience Focus
Culturally competent and linguistically proficient behavioral health services are provided in many languages, including the following threshold languages other than English:

- Arabic
- 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
2019 Sacramento County
Point-in-Time Homeless Count

Every two years Sacramento County, its cities and the Sacramento Homeless Continuum of Care undertake an extensive effort to document every individual in the region experiencing homelessness during a twenty-four-hour period. This effort, known as the “Point-in-Time Homeless Count”, provides a single-night snapshot of nearly all individuals and families staying at emergency/transitional shelters in the county, as well as unsheltered individuals, such as those sleeping outside, in tents or vehicles, under bridges, or other places not meant for human habitation.

5,570 Individuals Experiencing Homelessness

70% Unsheltered  30% Sheltered

Homelessness has increased by an estimated 19% in Sacramento County since 2017.

The percent of people experiencing chronic homelessness has decreased, especially among the unsheltered population (~7%).

93% of unsheltered respondents were originally from Sacramento or long-term residents.

County Per Capita Homelessness (Per 10k Residents)

- San Francisco: 91
- Los Angeles: 58
- Sacramento: 36
- San Diego: 24

Sacramento Steps Forward | California State University, Sacramento | Institute for Social Research
• It is estimated that approximately 10,000 to 11,000 residents in Sacramento County will experience homelessness during 2019.

• Of the 5,570 people in the count, nine percent (9%) reported that their use of alcohol or drugs prevents them from keeping a job or maintaining stable housing.

• More generally speaking, 60% of respondents reported that they use alcohol or non-medical drugs, but only 15% of these respondents indicated that their use of substances affected their ability to hold down a job or have stable housing.
Addiction is NOT a moral failing

Substance misuse is a preventable behavior

Prolonged use of substances changes the brain in fundamental and long lasting ways

Addiction is a chronic disease that requires treatment

TREATMENT WORKS!
### Sacramento County Fiscal Year 2018-19
### Individuals Receiving Alcohol and Drug Treatment Services
### Primary Drug of Choice

<table>
<thead>
<tr>
<th>Primary Drug of Choice</th>
<th>All ADS Modalities (Medication Assisted Treatment, Detox, Outpatient, Residential) N=5,019</th>
<th>Detox, Outpatient, Residential Only N=3,474</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>Opiates</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Other Drugs</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: This does not represent an unduplicated count of individuals as multiple client admissions may occur annually.
## Total Admissions by Gender

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2,611</td>
<td>52%</td>
</tr>
<tr>
<td>Female</td>
<td>2,400</td>
<td>48%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>5,012</td>
<td>100%</td>
</tr>
</tbody>
</table>
BARRIERS TO ACCESSING CARE

- Housing needs
- High rates of comorbidity
- Social isolation
- Safety concerns
- Fear or distrust of authority
- Lack of mobility and/or transportation
- Need for case management
END THE STIGMA OF
SUBSTANCE USE DISORDER

SUBSTANCE USE DISORDER AFFECTS EVERY ETHNIC, RACIAL, ECONOMIC, RELIGIOUS, AND AGE GROUP.

IT AFFECTS ALL OF US

1 in 7 people in the U.S. is expected to develop a substance use disorder at some point in their lives.*

Only 1 in 10 people with a substance use disorder receive any type of specialty treatment.*

Substance use disorder is treatable, recovery is possible. But many do not seek help because of the stigma.

HERE IS HOW YOU CAN HELP END THE STIGMA

Share your personal story about substance use disorder.

Educate yourself on the devastating effects of stigma.

Share messages of wellness, hope, and recovery.

Stop using hurtful language to describe those struggling with substance use disorder.

Ending the stigma of substance use disorder saves and improves lives.

EFFECTIVE ENGAGEMENT SKILLS

- Expressing appreciation for survival skills as strengths and coping mechanisms.

- Understanding substance use and/or psychological symptoms from the person’s perspective and understanding how those symptoms are interrelated.

- Addressing financial and health benefits as well as food, healthcare, housing, and other immediate needs.

- Expressing optimism that together a plan can be created that meets the person’s needs.

- Empowering the person to set goals and create a plan for recovery and growth.

*helps with people who may not be ready for treatment or those who may be service resistant*
Stages of Change

- **Pre-Contemplation**: No intention on changing behavior.
- **Contemplation**: Aware a problem exists but with no commitment to action.
- **Preparation**: Intent on taking action to address the problem.
- **Action**: Active modification of behavior.
- **Maintenance**: Sustained change; new behavior replaces old.
- **Relapse**: Fall back into old patterns of behavior.

**Upward Spiral**: Learn from each relapse.
Stages of Change

- The stages of change model addresses psychological readiness for behavioral change and motivation.
- Most people cycle through the stages more than once, and movement through the stages can fluctuate back and forth.
- Most relapses to substance use occur within 3 months of behavior change; risk of relapse then begins to decline.
- It is important to remember that people are often in different stages of change for different issues.
Substance use starts because it gives pleasure and reduces pain.

- Denial is huge
- Most substance users need help in entering treatment
- The goal of intervention is to increase awareness of the adverse impacts
- Strengthen that part of the person that wants to change
Alcohol and Drug Services Continuum of Care

- Prevention Services
- Outpatient Treatment
- Intensive Outpatient Treatment
- Residential Treatment
- Detoxification/Withdrawal Management
- Sober Living Environments
- Perinatal Services
- Specialty Courts

Handouts: Continuum of Care FY 19/20
Alcohol & Drug Services Resource List/Provider Directory
Drug Medi-Cal (DMC) Organized Delivery System (ODS) Waiver

Started July 1, 2019

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

**BOLD** = new services and requirements

**Effective July 2019**

<table>
<thead>
<tr>
<th>Services</th>
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<tbody>
<tr>
<td>Early Intervention</td>
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<tr>
<td>Outpatient Services</td>
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<tr>
<td><strong>Residential Treatment</strong></td>
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<tr>
<td>Medication-Assisted Treatment (MAT)</td>
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<tr>
<td><strong>Withdrawal Management</strong></td>
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<tr>
<td><strong>Additional Medication-Assisted Treatment (MAT)</strong></td>
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<tr>
<td><strong>Recovery Services</strong></td>
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<tr>
<td><strong>Case Management</strong></td>
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<td><strong>Physician Consultation</strong></td>
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<tr>
<th>Requirements</th>
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<tr>
<td>Coordination with Criminal Justice and Hospitals</td>
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<tr>
<td>Increased Quality Assurance</td>
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*Sacramento County*
Brochures available on website and in alternate languages at:
http://www.dhs.saccounty.net/BHS/Pages/GI-Provider-Resources-Forms.aspx
**ACCESS TO CARE**

**Assessment and Referral Access Points**

- System of Care
- 24/7 Access Line
- Provider Sites
- Sacramento County Jail/RCCC
- 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

Handout: Alcohol & Drug Services Assessment Location Map, Resource List
ACCESS TO AND CLIENT FLOW THROUGH THE DMC-ODS

System of Care
BHS Access Line (24/7)
DMC-ODS Provider
Other Community Provider

DMC-ODS CONTINUUM OF CARE

Recovery Services
Early Intervention*
General Outpatient
Recovery Residences
Intensive Outpatient
MAT - NTP
Withdrawal Management
Residential

CASE MANAGEMENT

*Early Intervention services will be provided as medically necessary, though are not reimbursable through DMC-ODS.
If you have further questions you can call:

Sacramento County Alcohol and Drug Services
1-916-875-2050 (8:00 AM to 5:00 PM)

Sacramento County Member Services
Grievances
1-888-881-4881 (5:01 PM to 7:59 AM)

TTY 711 (California Relay Service)

Medical Emergency 911

Sacramento County Mental Health Access Team
1-916-875-1055 (8:00 AM to 5:00 PM)
ALCOHOL and DRUG SERVICES

Adult System of Care
3321 Power Inn Road, Suite 120
Sacramento, CA  95826
(916) 874-9754

Hours of Operation
8 a.m. to 5 p.m.
Closed on all Sacramento County Holidays

Who is Eligible for government assistance to help pay for alcohol and drug treatment?
- Must be a Sacramento County resident
- Must be 18 years old or older
- Uninsured or insurance does not cover treatment
- Not eligible for other funding streams
- Wants help for a substance use problem

What do you need to bring to the Adult System of Care?
- Photo ID (such as CA Drivers License or CA Identification Card)
- The ID needs to show that you live in Sacramento County
- If the ID does not have a Sacramento County address, you must bring written proof of living in the County (such as a bill)
- If you are homeless and do not have ID, you will still receive an assessment

What happens when you come to the Adult System of Care?
- You will receive a confidential interview called an Assessment
- An assessment takes approximately one hour
- During the assessment, you will be asked about your current and past alcohol and drug use to determine treatment needs
- If you meet eligibility criteria for services, you may receive an authorization for Detoxification, Outpatient and/or Residential alcohol and drug treatment or other related services.
- There may be a wait list for some services, and you may be required to participate in activities during waiting periods to secure your treatment slot.
- You may be asked to provide a way to cover the cost of some services (such as cash aid or food stamps)

The Adult System of Care is located a block from a Regional Transit Light Rail stop. (please refer to the map on other side).
FEDERAL PRIORITIES

Pregnant IV Drug Users

Pregnant

IV Drug Users

Multisystem Users (CPS/Probation)
Components of Comprehensive Drug Addiction Treatment

Effective treatment involves all of these components:

- Child Care Services
- Intake Processing/Assessment
- Vocational Services
- Behavioral Therapy and Counseling
- Treatment Plan
- Substance Use Monitoring
- Mental Health Services
- Clinical and Case Management
- Pharmacotherapy
- Self-Help/Peer Support Groups
- Medical Services
- Continuing Care
- Educational Services
- AIDS/HIV Services
- Housing/Transportation Services
- Financial Services
Homelessness itself is a risk factor for mental illness and substance use disorders, given the many life challenges and disruptions that people who are homeless face: for example, stress, loss of social connectivity, increased threats, harm through victimization and exposure, and deterioration of health.

Providing housing to people who are homeless can help prevent the exacerbation of substance use and mental disorders or the transition from normal functioning to the first phases of problem development.
Youth and Adults

**Outpatient Treatment**
Up to 9 hours per week of medically necessary services for adults and less than 6 hours per week of services for adolescents

**Intensive Outpatient Treatment**
A minimum of nine (9) hours and a maximum of 19 hours per week for adult perinatal and non-perinatal clients. Adolescents are provided a minimum of six (6) and a maximum of 19 services per week

**Access Services Directly at DMC Certified Provider Sites or System of Care Access Locations**

**Length of Care:** 1-90 days

**Treatment on Demand**
WITHDRAWAL MANAGEMENT/DETOX

- Increased Demand for Withdrawal Management (Detoxification)
- Detox Facilities for Adults (4 Providers)
- Youth Detox in the Local Emergency Department
- 1-14 day length of stay depending on the substance
- Access
RESIDENTIAL TREATMENT

- Increased Demand for Residential Treatment
- Residential Treatment Facilities for Adults Only
- 1-90 days length of stay
- Currently Exploring Youth Residential Treatment Facility in Sacramento County System
- Accessing Treatment
- Increased Demand for SLE
- Non-DMC funded
- SLE Facilities for Adults Only
- Total Contracted Providers = 3
- Additional 15 units to were added in FY 2017-18 at Mather Campus
- 12-18 month length of stay
- Access through SOC Access Point Locations
Medication Assisted Treatment (MAT)

Number of MAT Clients Served
Fiscal Year 2018-2019

1,541

- 5 Contracted MAT Service Providers (Methadone, Buprenorphine, Disulfiram, Naltrexone, Naloxone)
- 6 Locations – **Access Services Directly at Provider Sites**
- Jail/Correctional Settings
- MAT keeps people productive and in the workforce and helps stabilize and improve level of functioning
ADDITIONAL SERVICES

- Treatment on Demand
  *All clients waiting for the next available detox or residential placement are referred to or can go directly to IOT or Interim Education groups*

- Interim Education Groups
  - Location: Adult System of Care (Power Inn)
  - Weekly Group Session
  - Provides Support if access delayed
  - Groups allow clients to get/stay connected
Options for Recovery

- Comprehensive Perinatal Program
- Service on Demand
- Case Management
- SUD and MH Assessment
- Perinatal Assessment
- Outpatient, Detox, Residential Treatment and Sober Living
- Education about Continued Prenatal Exposure
- Linkage to Prenatal Care for Mom and Children
Other Options Services

Relapse Prevention and Support
Mental Health Assessment & Counseling
Health Education
WEAVE Groups
Help Getting out of Sex Trade Industry
Child Development
Parenting Classes
Self-Care and Living Skills
On-Site Child Play Care
Community Resource Referrals
Sacramento County
Collaborative Drug Treatment Courts

- Adult Drug Court
- Mental Health Court
- Early Intervention Family Drug Court (EIFDC)
- Dependency Drug Court (DDC)
- Veterans Court
- Re-Entry Court
- DUI Treatment Court
- Other Collaborative Programs
Sacramento County Collaborative Drug Treatment Courts

- Collaborative Courts are one of the most promising strategies to address the complex issues facing people affected by SUDs

- Sac County collaborations in place and working for over past two decades with CPS, Superior Court, District Attorney’s Office, Public Defender’s Office, Probation, Behavioral Health Services, Community Based Providers

- SUD treatment, case management services, and judicial oversight

- Evidence-based, family-centered
SPECIAL TREATMENT CONSIDERATIONS

At Higher Risk:

- Female stimulant users (higher rates of depression; very high rates of previous and present sexual and physical abuse; responsibilities for children).

- Injection users (very high rates of psychiatric symptoms; severe withdrawal and other medical problems; high rates of hepatitis).

- Users who take stimulants daily or in very high doses.

- Persons who are homeless, chronically mentally ill and/or with high levels of psychiatric symptoms at admission.

- Individuals under the age of 21.
TREATMENT CONSIDERATIONS

Increased Service Demand
- Residential Treatment
- Detoxification Services

Limited Targeted Services for Persons who are HOMELESS

Need for Capacity Building
No Youth Residential Facilities

Access to Care
- Transportation (limited bus passes provided)
- Childcare
Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Dimensions that support a life in recovery include:

**Health:** overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way.

**Home:** a stable and safe place to live.

**Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

**Community:** relationships and social networks that provide support, friendship, love, and hope.

Source: SAMHSA
12 STEP PROGRAMS

- **Alcoholics Anonymous** - 916-454-1100 (24 hr. Hotline)  http://aasacramento.org
- **Narcotics Anonymous** - 800-600-HOPE (24 hr. Hotline)  http://sacramentona.org/
- **Cocaine Anonymous** - 916-595-7910  https://canorcal.org/
- **Marijuana Anonymous** - 800-766-6779  http://www.marijuana-anonymous.org/
- **Al Anon** - 916-334-2970  http://sacal-anon.blogspot.com/
- **Gamblers Anonymous** - 855-222-5542  http://www.gamblersanonymous.org/ga/node/1
- **Online Gamers Anonymous** - 612-245-1115  https://www.olganon.org/home

Crystal Meth Anonymous (CMA)
The Center-1927 L St. Sacramento, 95811
Fridays, 8 pm
Robert Salinas, 916-997-7011
Methamphetamine Coalition
First Meeting May 9, 2019, Next Meeting Aug 5

Goals:
- Determine the nature and extent of the meth problem across County systems,
- Raise awareness and understand the impact of the meth use to other service systems and the community
- Review data from different systems in relation to meth to determine key points of impact
- Explore options and opportunities for increased treatment and service capacity
- Develop and recommend cross-system, data driven strategies, and response to this problem, and
- Provide updates to the methamphetamine strategic plan

For more information: 916-875-2050, DHS-ADS@saccounty.net
YOU'RE INVITED!

METHAMPHETAMINE COALITION

AUGUST 5, 2019 | 2 - 4 PM

GRANTLAND L. JOHNSON CENTER FOR HEALTH & HUMAN SERVICES
7001-A EAST PARKWAY CONFERENCE ROOM 1,
SACRAMENTO, CA 95823

Methamphetamine use and its effects to the person and the community is one the most serious problems facing Sacramento County. The impact associated with the use of methamphetamines is community-wide and has touched many systems resulting in devastating consequences to individuals and our communities.

The focus of this meeting will be to:

1. Raise awareness and understand the impact of meth use to persons experiencing homelessness
2. Review data from different groups that serve the homeless community
3. Develop and explore strategies in response to this problem

To register, please email: DHS-ADS@saccounty.net
Meth Campaign

- In Fiscal Year 2017-18, Sacramento County Alcohol and Drug Services collaborated with various contracted providers and prevention stakeholders to create the Methamphetamine Campaign which served to address methamphetamine use in Sacramento County. They have since distributed 1,500 postcards and rented 4 billboards.
- Billboards were placed around Sacramento and informational materials on how to access care distributed in the community.
WHO WE ARE
The Sacramento County Opioid Coalition is a collaboration of healthcare professionals, community based organizations, law enforcement, County agencies, and concerned citizens determined to turn the tide of our local opioid epidemic.

OUR MISSION
We are committed to saving lives by preventing overdoses through expanding treatment access, promoting safe disposal, encouraging early intervention, treatment and recovery, enhancing opioid surveillance, and expanding public education and media outreach.

SUB-COMMITTEES

<table>
<thead>
<tr>
<th>Engaging the Medical Community and Overdose Prevention</th>
<th>Early Intervention Treatment and Recovery</th>
<th>Public Education and Media</th>
<th>Safe Disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop and adopt Safe Prescribing Guidelines for local emergency departments, primary care physicians to reduce the percentage of opioid naive patients that are prescribed opioids.</td>
<td>• Expand referral network of substance use disorder prevention and treatment providers.</td>
<td>• Educate community members about the dangers of opioid misuse.</td>
<td>• Educate the community on safe methods of medication disposal to protect the environment and avoid undue harm to others.</td>
</tr>
<tr>
<td>• Research and promote availability of alternative methods of pain management to healthcare insurers and providers.</td>
<td>• Increase the number of x-waivered physicians.</td>
<td>• Develop online resources for the public, providers, and patients and their families to access opioid use disorder treatment and alternative pain therapies.</td>
<td>• Create and help to pass county ordinances for medication disposal.</td>
</tr>
<tr>
<td>• Increase community access to naloxone.</td>
<td>• Increase availability of medication-assisted treatment of opioid use disorder.</td>
<td>• Conduct outreach to stakeholders and policymakers on the local, state and national levels regarding opioid issues.</td>
<td></td>
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</tbody>
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To join the Sacramento County Opioid Coalition, contact us at:

@sacopioidcoalition  info@sacopioidcoalition.org  @sacopioidco

For more information, visit: sacopioidcoalititon.org

Alcohol and Drug Services
916-875-2050
Next Meeting
Oct, 2019
Lori Miller, LCSW
Alcohol and Drug Services Division Manager
916-875-2046
MillerLori@SacCounty.net