

# Treatment Capacity Expansion: Meeting Community Demand for Opioid Use Disorder Services at Reentry

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# Presenters

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# Overview

- I. About the reentry client
- II. Treatment Capacity Model
- III. Treatment Capacity Expansion process



# Treatment Capacity & the Reentry Client



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# Why is this important?

- Disproportionate rates of complex SUD, MH, and physical illnesses
- Opioid → elevated risk of OD at release
  
- Facilitated linkage to care and care coordination for high risk and vulnerable population =
  - lives saved
  - reduced future arrest/recidivism
  - improved public health and safety



**Who are your reentry clients?**

**What services do they need?**



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# Community capacity impacts...

- Community's preparedness and ability to meet demand for opioid and other SUD treatment/services
- Individual's ability to engage with services



# Treatment Capacity Model



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# Treatment Capacity is about more than just quantity...

*Treatment Capacity a robust, interconnected network of community-based treatment and support services that are:*



- Person-centered
- Accessible
- Non-discriminatory
- Effective
- Available on demand
- Affordable
- What else?



# Key Elements of Capacity: Service Domains



# Considerations

- Addiction = disease
- Recovery = ongoing
- Relapse ≠ failure
  
- Recovery is not linear
- Access to each from each
- None of these alone is sufficient



# Stabilizing Services



- Critical when someone leaves a controlled environment (e.g. jail, detox)
  - Residential treatment,
  - Housing: emergency, temporary, long-term





## Withdrawal Management

- **Does not = treatment**
- Ambulatory v. Inpatient



# Medication

- MAT - all medications
- Medication...not “drug”
- Same as medications for other chronic illnesses
- Clinical, individualized decision





- Foundation for ongoing recovery
- Different levels of care



# Community Support Services



- Bolster treatment and recovery
- Not traditional “treatment”
  - Community groups: Twelve Step, faith-based org., etc.
  - Other services: Housing, transportation, etc.
  - What else?







# Lifesaving Services



- Immediate access
- Post-OD or other crisis
- Naloxone training/distribution
- Accessible to family/friends, first responders, etc.

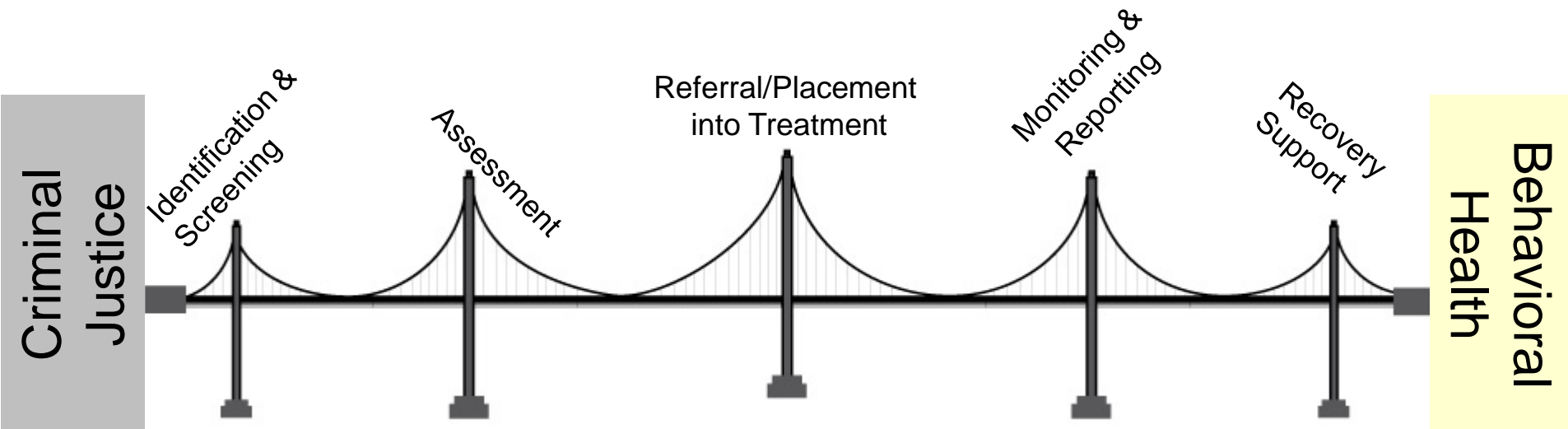


# Care Coordination

- Critical to initial connection - navigate system
- Critical to ongoing success
- Across/between domains



# The TASC Model: Bridge and Case Manage



## Criminal Justice Support

- Identification of people with drug problems
- Service matching to risk and need
- Service placement and monitoring
- Enhancing community safety

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## Treatment Support

- Changing individual behavior
- Reducing drug use
- Accountability and leverage to ensure treatment participation



# Capacity Expansion in Your Community



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# Strategies Treatment Capacity Expansion

1. Maximize use of existing capacity
2. Build new capacity



# Maximize Use of Existing Capacity

- Align capacity to meet the demand of your community, build on what exist
- Both approaches are important, but don't miss an opportunity to explore misaligned, under used, or unused capacity:
  - Greater access to services sooner
  - Comprehensive overview of network
  - Inform building capacity down the road



# What capacity exists in your community?

- Community Capacity Mapping
- Who provides services? What do they provide?
- How does someone walk through system/services? What happens at the front door? What about the back door?

# What capacity do you *need*?

- What services are your clients unable to access?



# Who is at the table?

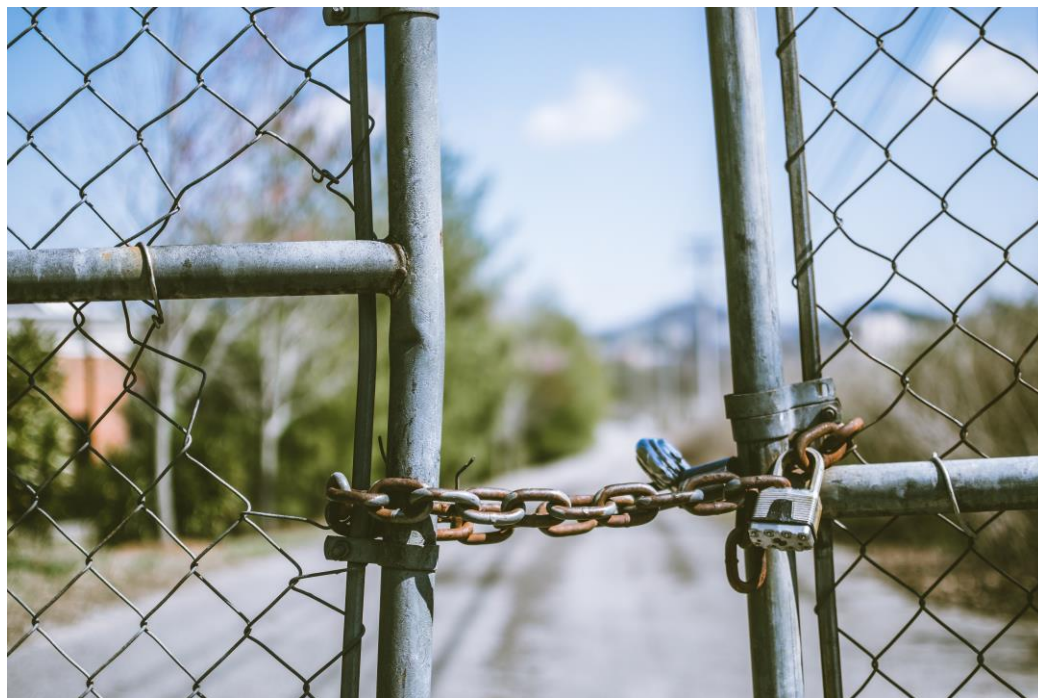
- What planning is already happening in your community?
- Who is engaged?
- Who needs to be?
  - Treatment
  - Lived experience, family, friends
  - Justice system





# What are your barriers?

- Accessibility
- Administrative
- Limited MAT
- Funding
- Other?



# Thank You.

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