




Panel Discussion Intervention Strategies

SCOPE Statewide
Rachel Rock is the Senior Program Implementation Specialist/Trainer providing technical assistance, training, and implementation support for various first responder projects within Community Health Initiatives (CHI). She has 12 years of experience working in allied healthcare as a medical assistant/biller/coder and over 14 years working in post-secondary education as faculty, campus leadership, and corporate registrar.



Intervention Strategies for Family Support
Curtis Rodgers is the Director of Addiction Intervention at Dreamlife Recovery. He works directly with the clients regarding behavioral modification. Curtis also works with the families of those clients to educate and coach them to implement the same behavioral modification tactics when their loved one leaves treatment.

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Panel Discussion Recovery Pathways



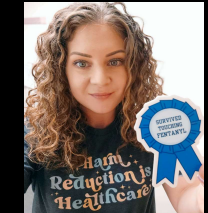

Ben Zimmer's involvement with supporting people suffering from SUDs began in 2002, when his son Brandon started his struggle with addiction. As the disease and chaos progressed, Ben decided to get involved and approached his Pastor about launching a Celebrate Recovery Ministry in his church in 2014. This work started the church's Prevention & Recovery Ministry where Ben was appointed Director. Ten years later, Celebrate Recovery continues to meet weekly, year around serving an average of 75 people every Monday night. While Brandon's battle continued, Ben got involved in the recovery community. In 2016 Ben sought out local collaborators and joined Mercer County Overdose Workgroup. Tragically, Brandon passed from an overdose in 2017. From this point, Ben began collaborating at the county level with multiple partners, with a focus on training and equipping churches to provide recovery support. The Mercer County Behavioral Health Commission began contracting with Ben's church, Bethel Life Worship Center, to provide faith-based recovery support. In 2018, Ben approached the NCBHO about contracting to open the LIFE Center, a Recovery Community Organization. The Center operates today, collaborating to provide a variety of prevention & recovery services including a drop-in center, public education services, sober living activities, professional development, training on recovery capital, equipping faith-based communities to provide evidence-based support groups and more.




Deb Peterson is a life-long enthusiast and student of the horse, a trauma-informed practitioner, trained in Trust-Based Relational Interventions (TBRI), and equipped to facilitate Equine-Assisted Learning (E.A.L.) classes. She is also qualified to serve as an Equine Specialist in Equine-Assisted Psychotherapy sessions with a licensed professional. Deb is a Certified Therapeutic Riding Instructor (C.T.R.I.) through PATH International, and a certified in Equine-Assisted Learning & Psychotherapy (E.A.L. & E.A.P.) from the OK Corral Seminars (P) that educates, promotes, and supports professionals, such as Deb in the practice of equine-assisted work. She also holds Certified Recovery Specialist and Mental Health First Aid credentials. Deb's decade-long career in the field of secular social work prompted her to seek out a better, more natural way to help people through challenges in life. As a person in recovery from addiction, a survivor of childhood trauma, and having lived experience with mental health challenges, Deb's pursuit was both very personal and effective. She now serves her community as an Equine-Assisted Recovery Coach. Her authentic equine-assisted work honors and integrates natural horse and herd behavior as a model for physical, mental, emotional, and spiritual health of humans using the equine-assisted philosophies. Her professional equine-assisted services are available at her small farm in Crawford County, and she gladly serves anyone who seeks recovery from life inhibiting hurts, hang-ups & habits.

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Recovery Advocate of the Year



Samantha Hartle






Samantha Hartle "is a FORCE! She saved my life because she allowed me to be me - she never judged me, and she always helped guide me to find what my version of recovery meant. She made me feel like I was important and worthy, and I will never forget how much she has helped me, Sam, you are so special, and this area needed you!!!!"
 ~ Person in Recovery



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<p>Recovery Friendly Workplace</p> <p>Lawrence County Drug & Alcohol Commission, Inc.</p>	
	<p>Lawrence County Drug and Alcohol Commission has employed people in recovery for more than 15 years and currently has more than 90 years of combined recovery among their staff. Kauffman's Korner, the Recovery Center that Lawrence County Drug and Alcohol operates, creates opportunities for the CRS staff to interact and support people from the recovery community in New Castle and surrounding communities.</p> 

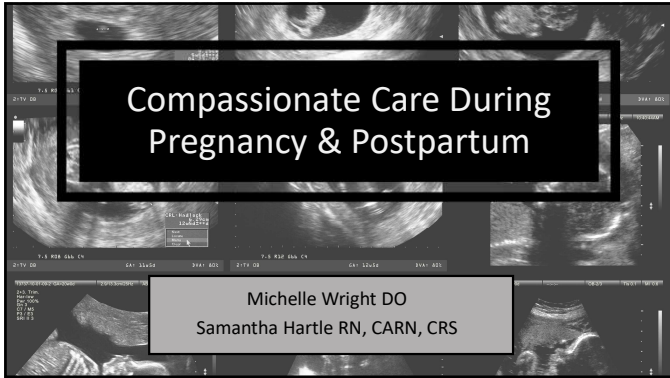
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<p>Lifetime Achievement</p> <p>Anita Robinson</p>	
	<p>Anita Robison as worked at Crawford County Drug & Alcohol Executive Commission SCA serving individuals with SUD for 29 years. Her career started in 1995 fulfilling roles of Assistant Administrator and Facility Director. In July of 2019, Anita became the Executive Director of the organization, leading her team of Prevention, Case Management, and Recovery Support staff to develop programming to support the needs of the community.</p> 

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<p>Lifetime Achievement</p> <p>Gordon Johnston</p>	
	<p>Gordon Johnston, "Gordy", is a well-known face in recovery in Elk County and the surrounding counties. When someone says "Gordy" there is no last name needed to know exactly who is being spoken about. Gordy came out of retirement to work as a CRS and remains as committed to helping others today as he was when he first started working with those in recovery. His own personal achievements are remarkable and his dedication and devotion to helping others in recovery make him deserving of this Lifetime Achievement Award.</p> 

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Objectives:

- 1 To discuss and understand the importance of utilizing a trauma-informed approach that incorporates harm reduction and motivational interviewing with a focus on building trust, enhancing self-efficacy, and supporting bodily autonomy to optimize the health of the parent-baby dyad.
- 2 To enhance the participants' understanding of current Evidence-Based Practice as it applies to the specialized care of pregnant and postpartum people, including available treatments, recommendations, and evidence.
- 3 To strengthen participants' understanding of how stigma impacts and ultimately prevents pregnant and postpartum people from engaging in care services.

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REVIEW OF SUBSTANCE USE DISORDER

"SUD IS A CLINICAL DISORDER, CRIMINAL PUNISHMENT DOES NOT EFFECTIVELY ADDRESS IT."

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Substance Use Disorder (SUD)

is chronic disorder/disease of the brain - etiology of SUD is multifactorial

genetic, environmental, psychological, biological, and socioeconomic factors contribute to individual susceptibility


Risk for developing a SUD:

- Complex Biological Factors
 - genetics
 - epigenetics
 - developmental attributes
 - neurocircuitry
- Environmental Factors
 - social and cultural systems
 - stress
 - trauma
 - exposure to other reinforcers (IPV, neglect, etc)

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Substances, Neurotransmitters, & the Brain

drugs influence the body by altering neurotransmission




3lb mass of gray and white matter sits at the center of all human activity

➔




consists of billions of cells called neurons that release chemicals as an internal form of communication



Substances interfere with the way neurons send, receive, and process signals via neurotransmitters

➔



Neurons send signals back and forth to each other and among different parts of the brain, the spinal cord, and nerves in the rest of the body.

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







Substances & Neurotransmitters:

drugs influence the body by altering neurotransmission

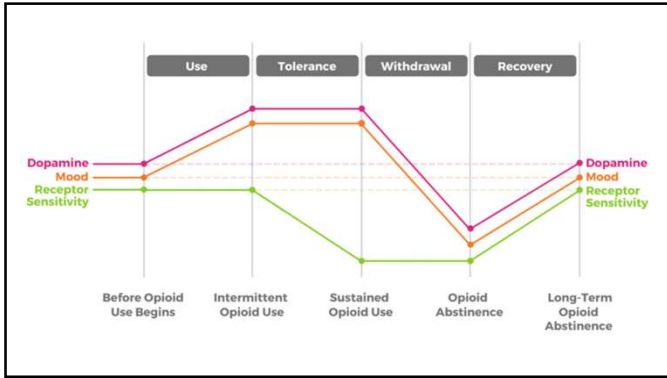
Typically controls functions:

- Heartbeat and blood pressure
- Breathing/muscle movements
- Thoughts, memory, learning and feelings
- Stress response.
- Digestion, sense of hunger and thirst.
- Senses

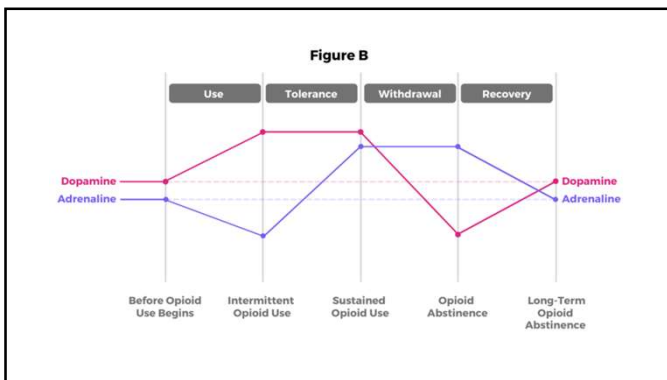
Common Neurotransmitters with SUD

ADRENALINE	NORADRENALINE	DOPAMINE	SEROTONIN
			
Fight or flight neurotransmitter	Concentration neurotransmitter	Pleasure neurotransmitter	Mood neurotransmitter
GABA	ACETYLCHOLINE	GLUTAMATE	ENDORPHINS
			
Calmng neurotransmitter	Learning neurotransmitter	Memory neurotransmitter	Euphoria neurotransmitter

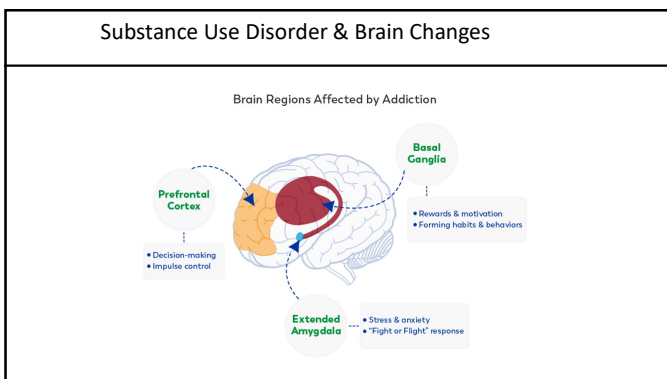
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Substance Use Disorder Criteria

The presence of two or more is diagnostic of SUD

Tolerance & Withdrawal
are not indicative of SUD alone

- hazardous use
- social/interpersonal problems due to using
- neglect of expected roles
- withdrawal
- tolerance
- using more or for longer than intended
- repeated attempts to quit
- related physical/psychological problems
- craving
- use preferred over other activities


Mild: 2 or 3 symptoms = mild SUD

Moderate: 4 or 5 symptoms = moderate SUD

Severe: 6+ symptoms = severe SUD

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SUBSTANCE USE DISORDER & PREGNANCY




"GLOBALLY, 41% OF ALL PREGNANCIES ARE UNINTENDED WHICH MEANS THAT MANY WOMEN USE SUBSTANCES BEFORE THEY BECOME AWARE OF THEIR PREGNANCY"

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Experiencing SUD During Pregnancy


Perinatal substance use is a significant public health issue in the United States



40%

of people identified with a use disorder are women


- ♀ Greatest risk of developing a substance use disorder in their reproductive years (adolescence and early adulthood)
- ♀ Increase their rate of use more rapidly and progress more quickly to substance use disorders than men



41%

of all pregnancies are unintended (before they become aware of their pregnancy)

=

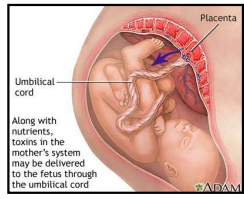


Universal screening is recommended

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Maternal, Fetal, & Neonatal Impact:

associated with significant maternal, fetal, and neonatal consequences depending on the substances involved



Placenta:

- ▷ Organ that forms in the uterus during pregnancy
 - ▷ Connected to a tube-like structure called the umbilical cord
 - ▷ Placenta provides oxygen and nutrients to the developing baby
- ▲ regardless of route used

"exposed", not addicted

experience from the 1980 crack-cocaine-exposure cautions against the potential harm of stigmatization, discouraging women from choosing MAT, and the criminalization of pregnant women with OUD

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Potential Risks for Perinatal Substance Use

the presence of these complications does not mean someone has a SUD

- ▷ Preterm Labor
- ▷ Fetal Demise/Stillbirth
- ▷ Low-Birth Weight
- ▷ Small for Gestational Age
- ▷ Placental Abruption
- ▷ Anemia
- ▷ NAS/NOWS
- ▷ SIDS
- ▷ Developmental Delays
- ▷ Blood, Heart, Skin Infections
- ▷ Infectious Disease & STIs
- ▷ Preeclampsia

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Factors that Influence Pregnancy & Child Outcomes:

Many people with SUD suffer from polysubstance use -making studying the impacts of specific drugs on pregnancy more difficult

- Substance/dose/duration/pattern of use
- Exposure to multiple substances
- Inadequate prenatal care
- Nutrition
- Medical comorbidities
- Psychiatric comorbidities/Trauma
- Intimate partner violence
- Poor maternal-infant bonding
- Chaotic postnatal environments

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How Stigma Impacts Pregnancy & Postpartum

An extra layer of "complicated" due to the additional stress pregnancy brings

Barriers and Stigma

- less likely to receive antenatal care
- Often feel judged
- Fear of legal & psychosocial issues
- Fear of repercussions & punitive measures
- Fear of social services involvement
- Barriers to evidence-based treatments exist.

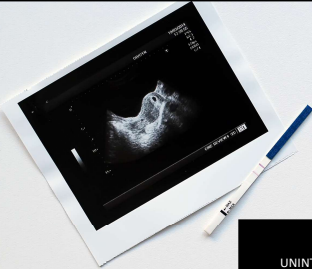
Other conditions that contribute:

- Lack of access to nutrition
- Difficulty accessing treatment
- Lack of safe housing/poverty
- Lack of support system
- intimate partner violence

Childcare
Transportation
Support System
Finances
Health Insurance

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SUD TREATMENT & PREGNANCY



"GLOBALLY, 41% OF ALL PREGNANCIES ARE UNINTENDED WHICH MEANS THAT MANY WOMEN USE SUBSTANCES BEFORE THEY BECOME AWARE OF THEIR PREGNANCY"

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Medications for Opioid Use Disorder (MOUD)

MAT is not a standalone treatment - treatment must be individualized to meet the needs of the individual

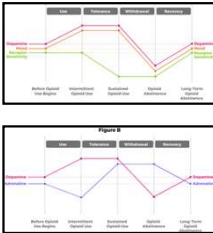
MOUD helps to:

- Normalize brain chemistry
- Blocking the euphoric effects of opioids
- Relieving physical cravings
- Stabilizes opioid serum levels
- Increases engagement with medical providers
- Engages parents with resources and support for a stable postnatal environment

Combines medication with:

- therapy
- counseling
- peer support
- case management
- specialists
- physical health
- mental health
- Spiritual health

→ and other wraparound services, leading to the best outcomes!



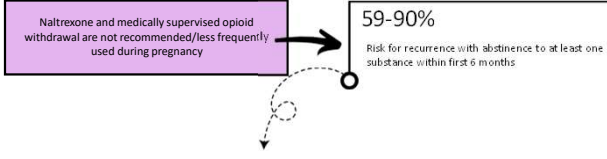
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MOUD During Pregnancy

There is no Food and Drug Administration (FDA) approved medication for stimulant use disorder.

Studies show:

- Improves adherence to prenatal care and addiction treatment programs
- Reduce the risk of obstetric complications



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MOUD in Pregnancy

Is it safe? YES! and recommended.

ACOG recommends Buprenorphine and Methadone as first-line treatment options for pregnant people with OUD.

- Methadone ✓
- Buprenorphine ✓

Naltrexone and medically supervised opioid withdrawal are not first-line treatments and are less frequently used during pregnancy

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Methadone in Pregnancy

helps to relieve cravings, lessen physical withdrawal symptoms, and dampen the euphoric effects of illicit opioids

- Full Opioid Agonist
 - Potential for misuse*
 - Higher safety-risk profile than other MOUD (long half-life)
 - Long-acting & Long-lasting (24-36hrs)
- Certified Opioid Treatment Center (OTP)
 - Daily dosing
 - Location/Transportation
 - Take-homes (site rules apply)
- Interactions with other medications (Antiretroviral agents) and can prolong the QT interval
- Dosage may need to be adjusted throughout the pregnancy *split dosing

Methadone

Full coverage, generative effect.

a lethal dose considered to be 70 mg to 75 mg for nontolerant individuals -> average maintenance doses 80 mg to 120 mg

chronic sustained opioid use = brain chemistry changes = tolerance
MOUD doses should not be "limited" out of fear of NOWs


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Buprenorphine in Pregnancy

helps to relieve cravings, lessen physical withdrawal symptoms, and dampen the euphoric effects of illicit opioids

- ✓ Partial Opioid Agonist
 - Less likely to be misused/Decreased risk for overdose
- ✓ Acts on mu-opioid receptors = "sticky"
 - ↳ Risk of precipitated withdrawal
 - Fentanyl (lipophilic)
- ✓ Available by prescription = less barriers
 - ↳ Risk of diversion
- ✓ Fewer drug interactions
- ✓ Several trials demonstrate evidence of less-severe NOWS

- Suboxone
- Subutex
- Zubsolv
- Sublocade
- Brixadi



Buprenorphine

Partial coverage:
generates limited effect

↳ Oral (sublingual)
Injectable (Subcutaneous)

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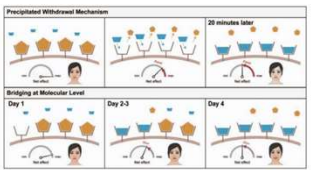
Understanding Precipitated Withdrawal

rapid onset of opioid withdrawal symptoms within 1–2 hours, gradually subsiding over the subsequent 6–24 hours

Trigger withdrawal symptoms

- Buprenorphine (Partial Opioid Agonist)
- Naloxone (Opioid Antagonist)
- Naltrexone (Opioid Antagonist)

★ Fentanyl
"micro dose Bupe"



must do our part to avoid PW because people will be reluctant to continue taking the medication that caused their distress

wait until a patient is in mild or moderate withdrawal before the patient takes buprenorphine

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Naltrexone in Pregnancy

Naltrexone is not a first-line treatment and is less frequently used during pregnancy

Antagonist (Full Blocker, similar to Naloxone)


- Blocks euphoria from opioids
- Must wait 7 days (short-acting opioids oxycodone, heroin)
- Must wait 10-14 days (long-acting opioids fentanyl)

Available pill form & injection

Needs to be taken every day (pill form) to be fully effective

Risk for overdose if abruptly stopped due to opioid-naive

Risk for precipitated withdrawal



Naltrexone

Opioid coverage:
blocks effect

Category C
Risk vs Benefit*

significant concerns exist regarding unknown fetal effects, as well as risk of relapse and treatment dropout with subsequent return to opioid use and risk of overdose

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Naloxone/Narcan in Pregnancy

“Although induced withdrawal may possibly contribute to fetal stress, naloxone should be used in pregnant women in the case of maternal overdose in order to save the woman's life.”

-American College of Obstetricians & Gynecologists (ACOG)



Call 911
Administer Naloxone
Remember: Rescue Breathing!

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HARM REDUCTION & PREGNANCY



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The Basics of Harm Reduction

Policies, Programs, and Practices that aim to reduce the adverse health, social, and economic impacts of substance use

A life-line

⇒ Focused on building trust, creating safety, and prioritizing respect NOT purely consumption

⇒ Seeks to achieve realistic goals rather than setting "fail-to-reach" goals

Which are examples of harm reduction?

- Bike Helmets
- Speed Limits
- Naloxone
- Vaccines
- Designated Driver
- Syringe Programs
- Sunscreen
- Nicotine Patch

ALL OF THE ABOVE!

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Harm Reduction in Pregnancy

opioid-involved pregnancies may include as many as 6% of childbirths

ASAM strongly supports reforms to reverse the punitive approach

- pregnancy tests
- contraception
- take-home naloxone
- syringe access
- "pump and dump" strategies
- unconditional support


- ⇒ Helps improve & increase engagement in healthcare services
- ⇒ Provides an opportunity for crucial and important education
- ⇒ Helps to decrease risk for infectious disease, STIs, and overdose
- ⇒ Reduce poor obstetrical outcomes and parental mortality
- ⇒ Eliminate disparities in SUD care during pregnancy & postpartum (esp. POC)

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Understanding the Current Drug Supply

Xylazine: a veterinary tranquilizer typically added to illicit opioids to intensify the effects

- Non-Opioid
- Adulterant found in the illicit supply
- CNS Depressant
 - Increases risk of overdose
- Associated with unique withdrawal symptom profile
- Associated with soft tissue injury/wounds




ALWAYS administer Narcan for suspected opioid overdose

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Encouragement, Empowerment, & Engagement

Addressing unspoken questions:


- Do I feel welcome here?
- Can this person/program help me?
- Do I feel heard and respected?
- Will I want to come back?




Treatment Retention
Decreases client resistance, increases adherence, and improves client outcomes



First Impressions
The first interaction with a patient will set the overall tone

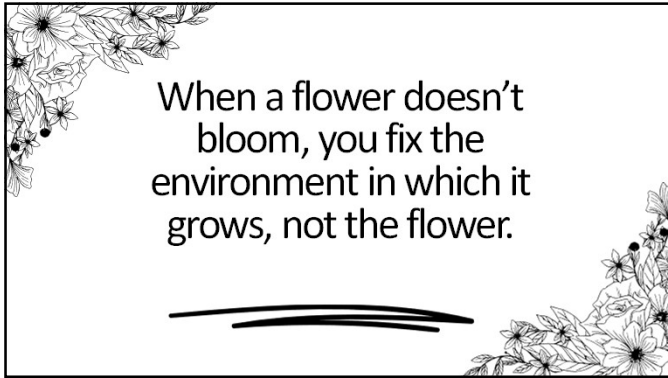


Creating an Alliance
Collaborative working relationship



Whole Family Approach
Person-centered

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PWRC

Pregnancy & Women's Recovery Center

Services:

- E-Consults!
- MOUD (SL & SQ Bupe, Naltrexone)
- Infectious Disease Education, Testing, & Linkage
- Harm Reduction Tools & Support
- Care Coordination
- Specialized education
 - women's health
 - pregnancy
 - labor/delivery
 - postpartum/PPU
 - NAS/NOWS
 - STI
- Peer Support
- Multidisciplinary Team
- Bridge scripts for new/current clients
- Trainings





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References

Antoine D, Huhn AS, Strain EC, Turner G, Jardt J, Hammond AS, Dunn KE. Method for Successfully Inducting Individuals Who Use Illicit Fentanyl/Onto Buprenorphine/Naloxone. *Am J Addict.* 2021 Jan;30(1):83-87. doi: 10.1111/ajad.13069. Epub 2020 Jun 23. PMID: 32572978; PMCID: PMC7755703.

Heilig M, MacKillop J, Martinez D, Rehm J, Leggio L, Vanderschuren LJM. Addiction as a brain disease revisited: why it still matters, and the need for consilience. *Neuropsychopharmacology.* 2021 Sep;46(10):1715-1723. doi: 10.1038/s41386-020-00950-y. Epub 2021 Feb 22. PMID: 33619327; PMCID: PMC8357831.

Louw KA. Substance use in pregnancy: The medical challenge. *Obstet Med.* 2018 Jun;11(2):54-66. doi: 10.1177/1753495X17750299. Epub 2018 Mar 12. PMID: 29997687; PMCID: PMC6038015.

Miele K, Kim SY, Jones R, Rembert JH, Wachman EM, Shrestha H, Henninger ML, Kimes TM, Schneider PD, Sivaloganathan V, Sward KA, Deshmukh VG, Sanjuan PM, Maxwell JR, Seligman NS, Cavegla S, Louis JM, Wright T, Bennett CC, Green C, George N, Gosdin L, Tran EL, Meaney-Delman D, Gibboa SM. Medication for Opioid Use Disorder During Pregnancy - Maternal and Infant Network to Understand Outcomes Associated with Use of Medication for Opioid Use Disorder During Pregnancy (MAT-LINK), 2014-2021. *MMWR Surveill Summ.* 2023 May 5;72(3):1-14. doi: 10.15585/mmwr.ss7203a1. PMID: 37130060; PMCID: PMC10154076.

Moe-Byrne T, Brown JVE, McGuire W. Naloxone for opioid-exposed newborn infants. *Cochrane Database Syst Rev.* 2018 Oct 12;10(10):CD003483. doi: 10.1002/14651858.CD003483.pub3. PMID: 30311212; PMCID: PMC6517169.

NIDA. 2021, December 3. How effective are medications to treat opioid use disorder?. Retrieved from <https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder> on 2024, June 23

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References

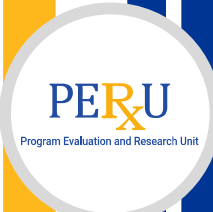
NIDA. 2024, January 18. Substance Use While Pregnant and Breastfeeding. Retrieved from <https://nida.nih.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding> on 2024, June 17

Prince MK, Daley SF, Ayers D. Substance Use in Pregnancy. [Updated 2023 Jul 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK542330/>

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No Content

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**Strategies to Coordinate
Overdose Prevention
Efforts (SCOPE) Statewide**

Charles Franklin, MS, NRP, CP-C
Senior Program Implementation Specialist
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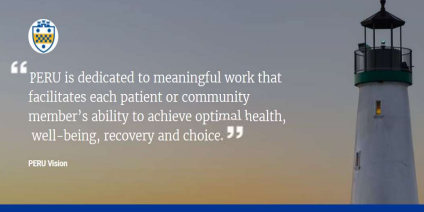
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“PERU is dedicated to meaningful work that facilitates each patient or community member's ability to achieve optimal health, well-being, recovery and choice.”

PERU Vision



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PERU Portfolio Areas

- Veterans Affairs Initiatives
- Innovative Health System Initiatives
- Community Health Initiatives




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The SCOPE Statewide Project aims to...



...train first responders in subjects that will improve access and utilization of naloxone and facilitate effective connection of patients with Opioid Use Disorder (OUD) to treatment and nontreatment resources.



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SCOPE Statewide Catchment Area

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SCOPE by the Numbers*

- Attendees** • 3520 Individual First Responders Trained
- Events** • 253 Individual Training Events
- Agencies** • 116 Individual Agencies Touched

*close of project 2023

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Flexible and Virtual Support

- Training and Education
- Evaluation
- Data Collection
- Technical Assistance
- Financial Assistance

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SCOPE Statewide First Responder Training

- Training topics include:
 1. Substance use disorder 101.
 2. What is a substance use disorder?
 3. Recovery-oriented system of care and naloxone administration.
 4. Motivational Interviewing and the Spirit of MI.
- Approved for **4 hours** of EMS continuing education credit

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Module 1: Substance Use Disorder 101

- Understanding the opioid public health crisis
- Trauma and substance use
- Adverse childhood experiences


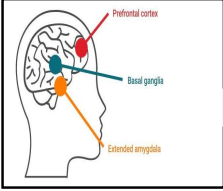


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Module 2: What is a substance use disorder?

- DMS – 5 criteria for SUD
- How addiction changes the brain
- Tolerance and withdrawal
- Stigma reduction





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Module 3: Recovery-oriented system of care and naloxone administration

- Recovery oriented system of care
- Stages of change
- COE/SCA
- Naloxone Administration and leave behind




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Module 4: Motivational Interviewing and the Spirit of MI

- Motivational interviewing
- Change talk vs sustain talk
- POLAR*S



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Impact*

Post-Test Data	
Knowledge Increase	21%
Decrease in Negative Attitudes and Perceptions	28%
Satisfaction Rate	99%

*close of project 2023

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What have people said?

"The fact that we are located in a rural area negatively impacts our exposure to drug overdose and use. This class opened my eyes to many aspects of drug dependency and overdose that we don't see on a daily basis. The class changed my opinion."

"I think understanding how much Narcan can help and how specifically to deal with patients and trying to get them the help they need."

"I now look at substance abuse, and chronic users differently. The effects that opioids have, and the way that they can take over a person is truly heartbreaking."

"This would be a great course for EMT class to know what to expect before hitting the streets."

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Statewide Outreach

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Reimagined Outreach

● Pitt PERU
 ● SCA COE
 ● EMS Fire Police

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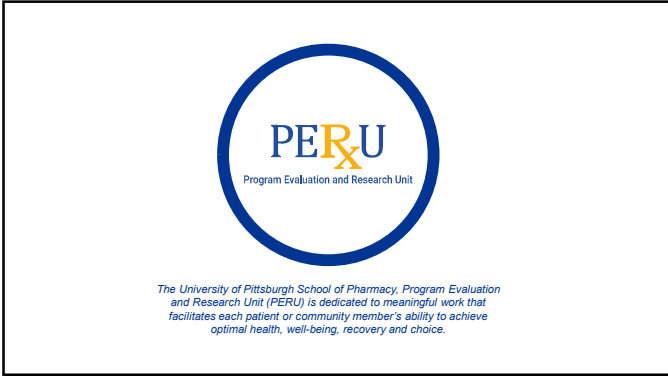
For more information, contact:

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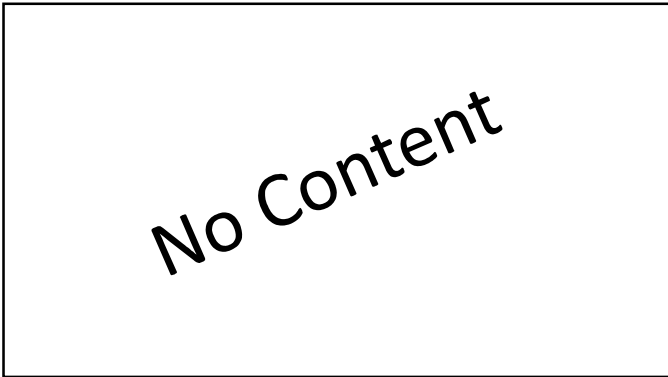
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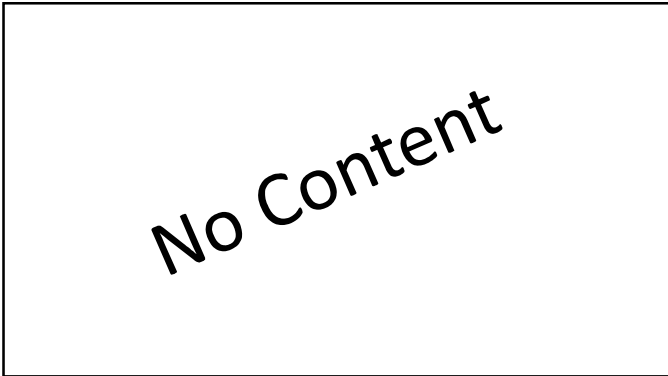
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**HOPE CENTER MINISTRIES
12 MONTH RESIDENTIAL
RECOVERY
AND VOCATIONAL TRAINING
PROGRAM**

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Relevant Experience

- Director "Prevention & Recovery Ministries"- Bethel Life – 10 years
- Contracted Recovery Support Service Provider- Mercer County Behavioral Health 8 years.
- LIFE Center – Recovery Community Center – 4 years
- Serving on Mercer County Overdose Workgroup – 8 years
- Faith-Based representative on Mercer County Opiate Settlement Funds Advisory Board - Appointed by County Commissioners
- "Celebrate Recovery Ministry" Bethel Life Worship Center in Greenville 10 years – averaging 75 people at our weekly meeting.
- Decade supporting our son while in the chronic disease of addiction

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SAMHSA has actively engaged & supported faith-based & community organizations involved in mental health services and substance use prevention and treatment since 1993.

“People don’t care how much you know, until they know how much you care”.



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Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program

Restoring Lives- Restoring Families – Restoring Communities

According to the National Institute on Drug Abuse, “Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.”

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Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program

Treatment duration and flexibility appear to be critical features of successful treatment. Longer stays resulted in better outcomes because patients were provided with a safe, sober, stable living environment in which they could take time to learn the skills necessary to maintain abstinence. In addition, longer stays allowed more flexibility in engagement, social and vocational rehabilitation, and transition back to the community.”

Source American Psychiatric Association

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HC **Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program**

- Non-Profit Faith Based - 50 Centers Nationwide
- Began in Tennessee in 2007
- Currently Two Men's Centers in Pennsylvania
 - 34 Bed Center Greenville PA – Director Justin Reynolds
 - 32 Bed Center Butler PA - Director Jim Scuffle
 - Opening 30 Bed Women's Center in 2024 in Mercer County

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HC **12 Month Residency Program Structure & Accountability**

- 24-hour Supervision – All Transportation Provided
- Fulltime Staff - Center Director - Recovery Pastor - Admissions Coordinator
- Support Staff - Professional Counselors - Mentors House Community Leaders - Recovery Advocates & Church Members
- Monthly & Random Drug Testing & Disciplinary Point System

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HC **Three Phases Over 12 Months Program Components**

- 1st Phase 30 days - Acclimation & Focus Time
 - Court Ordered - Professional Drug & Alcohol Assessment
 - Participation in Parole & Court Ordered Outpatient Counseling
 - Biweekly Weekly Mentoring Meetings
 - Sunday Church Service
 - Daily Community Service – 20hrs weekly
 - Daily Chores - Facility & Ground Cleaning & Maintenance

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Three Phases Over 12 Months Program Components - Continued

- **1st Phase – 30 days Continued**
 - Evidence Based 12 Step & Mutual Support Groups - 6 days/week totaling 12hrs weekly.
 - Saturday Recreational Trips - Outings
 - Family Visitation and Support Friday & Sundays
 - Participants complete "Foundations For Family" training.
 - Sunday Church Service
 - Baughman Family Recreation Center Membership
 - Workout Equipment On-Site

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2nd Phase - 9 Months of Vocational Training

- **Vocational Training 40 hrs week** - Accountability Responsibility-Routine-Structure-Skills
- Contracted Training Sites Provides Stipend to Hope Center National to offset operating cost
- Participation in Court ordered Outpatient Counseling, Evidence Based Support Groups, Mentoring, Church Family Support & Visitation
- Phone Passes after 30 days
- Family Sunday afternoon Day Passes after 45 Days
- Saturday Recreation Outings Continue

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Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program

American Society of Addiction Medicine (ASAM)
Continuum of Addiction Care (CoC)

- Level 4 Medically managed Intensive Inpatient services
- Level 3 Residential Inpatient Services
- Level 2 Intensive Outpatient Services
- Level 1 Outpatient Services
- Level 0.5 Early Intervention
- Level 0 Fully Independent Sobriety & Aftercare

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HC Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program

American Society of Addiction Medicine (ASAM)
Continuum of Addiction Care (CoC)

Level 4 - Medically managed Intensive Inpatient Services

- Detox – Hope Center receive referrals & collaborates to connect to services and provide transportation to and from the detox site.

Level 3- Residential Inpatient Services – medically monitored clinically managed. One key purpose in this level is removal of home environment triggers. Hope Center receives referrals from short term residential programs and provides a Hybrid Residential option.

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HC 3rd Phase – 2 Months hired at Vocational Training Site

- Hired 40 hrs/week - at Contracted Training Site
- Saturday Recreational Excursions – Sunday Day Passes
- Continuation of Evidence Based Mutual Support Groups, Mentoring and Church.
- Twice Weekly Family & Loved One Visitation
- Phone & Personal Car Privileges
- Case Management - Court & Probation Liaison as Required
- After Care Plan

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HC Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program

American Society of Addiction medicine (ASAM)
Continuum of Addiction Care (CoC)

Level 2 - Intensive Outpatient Services - Court ordered Mental Health & Drug and Alcohol Assessment used to determine frequency & duration of professional counseling.

- Collaborate to connect residents to area Service Providers and provide transportation to and from sites.
- On Site - Volunteer Services from Certified Advanced Alcohol & Drug Counselor & Licensed Professional Counselor

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HC Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program

American Society of Addiction Medicine (ASAM)
Continuum of Addiction Care (CoC)

- Level 1 - Outpatient Services provides for moderate support in part time addiction treatment.
 - Hope Center Phase 1- Evidence-based supports groups (6) days a week totaling 12 hrs/week both on and off site groups.
 - Phases 2&3 - Evidence-based support groups 4 days a week totaling 6/hrs week both on and off site.
 - We connect and transport residents to and from Licensed Service Providers for assessment and court order counseling.

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HC Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program

Program Components - Assessment & Treatment
American Society of Addiction medicine (ASAM)
Continuum of Addiction Care (CoC)

Level 0.5 Early Intervention – clients receive education & monitoring to deter relapse.

- Trained & vetted Mentors meet with residents twice weekly for one hour in Phase 1 and once weekly for one hour in Phase 2 & Phase 3.
- Collaborating with the local churches and Recovery Centers to provide education, support and Mentoring services.

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HC Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program

- Level 0- Fully Independent Sobriety & Aftercare transition into independence as a functional member of society.
 - Residents are connected to extensive support system and Evidence based support groups as result of program.
 - Barriers to recovery addressed- Driver's license -Interview & Resume skills training- Vocational training & Job placement- Seed money for use upon graduation - Aftercare plans.
 - Court Order Community Service is completed.

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HC **Hope Center Ministries 12 Month Residential Recovery & Vocational Training Program Fees**

Only Cost - \$700 Application fee due at Admission

- Helps covers cost of the first 30 days in the Program
- This Fee is gifted back to resident upon graduation.
- Scholarships are available on Case-by-Case basis.

• Insurance is not required but maybe needed for prescribed medications, medical appointment or required professional counseling

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Disqualifying Factors

- Hope Center is not staffed to care for Applicants with severe mental illness- determined on a case-case basis.
- Applicants on Social Security Disability are ineligible.
- Applicants with sex related charges are ineligible.
- Applicants with violent Criminal Background determined on a case-case basis.

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CONTACT

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Center Directors
 Justin Reynolds Greenville Center - 814-547-2192
 James Scuffle Butler Center - 412-944-5863

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For-HiM
Foundations of Recovery
Horses in Ministry

"There is something about the outside of a horse that is good for the inside of a man."
- Winston Churchill



Deb Peterson
Equine-Assisted
Recovery Coach

- FAITH-BASED
- TRAUMA-INFORMED
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