

Best and Promising Practices- Substance Abuse Community Programs

Summary Overview

There are numerous Evidence Based Practices (EBP) that address substance abuse with populations similar to Richmond's East End. The Substance Abuse and Mental Health Services Administration (SAMHSA) - administers the national registry of Evidenced-based programs and practices (NREPP), which can be searched based on target age, gender, setting, geographic location and other criteria. See <http://www.nrepp.samhsa.gov/ViewAll.aspx>. This current EBP summary outlines several of the relevant substance abuse programs and approaches found through this resource. To make the substance abuse programs and approaches relevant for Richmond's East End, we selected program s that were designed for adolescent, young adults and/or adults, focused on substance abuse prevention and substance abuse treatment, and were set in in the home, school, or other community setting as opposed to residential, inpatient or correctional programs (which most likely exist outside of the neighborhood). The programs have been implemented in urban locations with African American populations. Other considerations for selecting the programs include cost, capacity to implement (what training and resources are needed), and impact.

Substance Abuse interventions are offered in many settings (residential, out-patient, in the community, in the home) and focus on either specific challenges such as alcohol addiction, or treat multiple issues such as programs for patients with dual diagnosis (addiction and mental health). Additionally, some programs are tailored to specific age groups, focus on prevention or recovery, or exist as supplemental services to aide in recovery and transitioning back from residential treatment.

Pathways to Housing

One of these EBPs is Pathways to Housing, the original housing first model, which is a successful intervention to address substance abuse with low income residents living in supportive housing. A description of the program was provided in an earlier EBP summary document but it is important to reiterate the key tenants of supportive housing that make it a successful substance abuse intervention.

- **Harm reduction** - an approach to reduce negative consequences of drug use or other activities, by incorporating a spectrum of strategies that range from safer use, to managed use, to abstinence. The focus is about educating participants to make the best decisions for themselves by helping them take responsibility for their choices and behavior, set their own goals in collaboration with services providers, and not creating punitive sanctions for their choices.
- **Person-Centered Care** -strategies that seek to help people resolve ambivalence and move in the direction of behavioral change, using open questions, affirmations, and reflective listening. Motivational interviewing, a motivational enhancement technique originally developed to facilitate treatment of alcoholism, is also used to support self-management of other chronic illnesses and to prevent transmission of communicable diseases.
- **Assertive Outreach** - a service delivery model where treatment is provided by a team of professionals in services determined by the participant. The model combines treatment, rehabilitation, and support services in a self-contained, mixed-disciplined team that often includes psychiatry, nursing, addiction counseling, and vocational rehabilitation. The ACT team operates on a 24/7 basis, and provides services for as long as the participants wants. The team provides services in the community and to enhance outreach and to aid in building skills in real life settings.
- **Trauma-Informed Care** - a framework for providing services to traumatized individuals in a variety of service settings to directly address the impact of trauma. In practice this means providers incorporate an understanding of trauma into their work, emphasize safety because trauma survivors often feel unsafe and may be in danger, create opportunities for participants to rebuild control, and take a strengths-based approach.

Adolescent Community Reinforcement Approach (A-CRA)

The Adolescent Community Reinforcement Approach (A-CRA) to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery. This outpatient program targets youth 12 to 22 years old with cannabis, alcohol, and/or other substance use

disorders. A-CRA includes guidelines for three types of sessions: adolescents alone, parents/caregivers alone, and adolescents and parents/caregivers together. According to the adolescent's needs and self-assessment of happiness in multiple areas of functioning, therapists choose from among 17 A-CRA procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in prosocial activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. Role-playing/behavioral rehearsal is a critical component of the skills training used in A-CRA, particularly for the acquisition of better communication and relapse prevention skills. Homework between sessions consists of practicing skills learned during sessions and participating in prosocial leisure activities.

A-CRA has been adapted for use with Assertive Continuing Care (ACC), which provides home visits to youth following residential treatment for alcohol and/or other substance dependence. It also has been adapted for use in a drop-in center for street-living, homeless youth to reduce substance use, increase social stability, and improve physical and mental health.

Costs: The average cost per completed treatment episode was \$1,237 at one site and \$1,608 at another site. Costs were established by using the Drug Abuse Treatment Cost Analysis Program (DATCAP) and included personnel, materials and supplies, contracted services, buildings and facilities, equipment, and miscellaneous items.

Relevance to Richmond: This approach could be a successful partnership between the school system and community center and offers long-term sustained outcomes of healthy living.

Brief Strengths-Based Case Management for Substance Abuse

Brief Strengths-Based Case Management (SBCM) for Substance Abuse is a one-on-one social service intervention for adults with substance use disorders that is designed to reduce the barriers and time to treatment entry and improve overall client functioning. SBCM differs from conventional case management in its use of a strengths perspective. This perspective defines how to carry out the five functions of SBCM's case management component: assessment, planning, linkage, monitoring, and advocacy. The case manager helps the client identify personal skills, abilities, and assets through discussion; supports client decision making so that the client sets treatment goals and determines how the goals will be met; encourages client participation in seeking informal sources of assistance; and works to resolve any client-identified barriers to treatment, such as lack of transportation, child care, and social support. Brief SBCM for Substance Abuse is delivered in a maximum of five sessions over a limited, predetermined period. Sessions typically average 90 minutes, with some requiring more than 2 hours. Each session is flexible, providing an opportunity to develop and implement a personal, client-driven plan that improves the individual's overall functioning and/or addresses specific barriers to linking with treatment.

Costs: The primary ongoing costs of implementation are the personnel costs associated with hiring one or more case managers. Other costs may include funds to address basic client needs to further the goal of linking with treatment.

Relevance to Richmond: This is a case management program and therefore require resources to fund a case manager who is trained in delivery. However, this Brief Strengths-Based Case Management model is designed for rapid, immediate delivery and lasts no more than five sessions, and can be used as a cost effective case management strategy.

Celebrating Families!

Celebrating Families! (CF!) is a parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence and/or child abuse. The CF! program uses a cognitive behavioral theory (CBT) model to achieve three primary goals:

Break the cycle of substance abuse and dependency within families, Decrease substance use and reduce substance use relapse, and Facilitate successful family reunification.

The CBT model defines substance use as a learned social behavior that is acquired through modeling or imitation of the observed behavior in others with whom one has some type of social relationship. In this model, addiction is considered a disease. The CF! program provides weekly instruction focusing on a healthy lifestyle free from drugs and alcohol, addressing risk and protective

factors as well as developmental assets of family members. Following a family dinner, parents and children participate in separate 90-minute instructional group sessions devoted to a particular theme.

Parents then reunite with their children for a 30-minute activity to practice what has been presented and learned and to receive feedback on their performance. Originally designed for the Family Treatment Drug Court (FTDC) system, CF! is currently used by drug courts, dependency courts, faith-based organizations, residential and outpatient treatment services, and social service agencies serving parents and children ages 4-17. It provides a setting for all the participants in the child protection system to come together to determine the individual treatment needs of substance-abusing parents whose children are wards of the court. The goal of the FTDC is to rehabilitate the parents as competent caretakers so that their children can be safely returned to their parents' care.

Costs: The projected program operating budget for a 16-session program with 2 weeks allotted for planning and organizing is about \$694 per participant, assuming 40 participants per program cycle. The cost can be significantly reduced to as little as \$360 per participant with the use of staff flex time, trained interns, and volunteers to administer the program and in-kind donations of food, space, and transportation.

Relevance to Richmond: This program is designed for families who may have additional challenges beyond substance abuse such as involvement in the child welfare system and be used as a comprehensive intervention that also addresses barriers that prevent families from remaining in-tact.

Double Trouble in Recovery

Double Trouble in Recovery (DTR) is a mutual aid, self-help program for adults ages 18-55 who have been dually diagnosed with mental illness and a substance use disorder. In a mutual aid program, people help each other address a common problem, usually in a group led by consumer facilitators rather than by professional treatment or service providers. DTR is adapted from the Twelve Steps of Alcoholics Anonymous. DTR meetings follow the traditional 12-step format, which includes group member introductions, a presentation by a speaker with experiences similar to those of the meeting attendees, and time for all attendees to share their experiences with the group. Meetings typically last 60-90 minutes. DTR encourages members to discuss their addiction, mental illness, psychotropic medications, and experiences with formal treatment without the stigma they might encounter in traditional 12-step programs, which have a single focus. DTR groups are structured to create an environment in which people with an active addiction and psychiatric diagnosis can identify with other members and explore their dual recovery needs.

Costs: The main costs for DTR include one-time purchase of the training materials and possible training or consultation.

Relevance to Richmond: This program is very inexpensive and can be completely community-driven and may be a good fit for the neighborhood to build community cohesion and address substance abuse challenges.

Reward & Reminder

Reward & Reminder, a population-level intervention targeting whole communities, counties, or States, is designed to promote the community norm of not selling tobacco to minors. By using rapid and public rewards and recognition for clerks and retailers/outlets that do not sell tobacco to minors, Reward & Reminder aims to reduce illegal sales of tobacco, perceived access to tobacco, and tobacco use prevalence rates. At the core of the program is the use of "mystery shoppers," teams of youth who—with parental permission and under the supervision of adults—enter stores and try to buy tobacco products. They provide immediate recognition and rewards, such as gift certificates, to clerks who do the "right thing" and give reminders to those who do not. The results of the mystery shopper visits are entered into a Web-based system where they are made publicly visible, and the results are communicated to local media to promote the positive norm. Using on-site or Web-based training, community adults who pass background checks can be trained as supervisors in about 3 hours, and approved youth can be trained as shoppers in about an hour.

Costs: The costs of the license, materials, and services to be purchased from PAXIS Institute depend on the size of the community, county, or State population and on the period of implementation. For example, the estimated base price for a 2-year implementation with a population of 20,000 to 99,999 is \$11,665.

URBAN

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Relevance to Richmond: This smoking cessation program can serve as a community public health initiative, however it is less relevant for the more acute substance abuse issues present in the neighborhood.