

# SAN LUIS OBISPO COUNTY HEALTH AGENCY

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## BEHAVIORAL HEALTH *Drug & Alcohol Services Division*

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## **Concept Paper for Addressing Detoxification Needs For Substance Use Disorders In San Luis Obispo County: The Detoxification Team**

Spring/Summer 2013

## Executive Summary

In the Fall of 2007, the County Health Agency issued a document entitled “Report and Plan for Addressing Detoxification Needs of Substance Users.” This report was a comprehensive review and research of the various options for detoxification, the estimated number of clients in the County that would need detoxification services, and some possible options for funding and models of collaboration. Official Status Memo Updates to this Report were issued on February 1, 2008 and June 30, 2012 that included the status of the Outpatient Detox Program developed and implemented by the County of San Luis Obispo Drug and Alcohol Services Division and possible partnerships pulling together for a social model residential detoxification facility. These documents are posted at [www.slodas.org](http://www.slodas.org)

Since 2007, there have been many changes in the County affecting the original “Report and Plan for Addressing Detoxification Needs of Substance Users.” Primary impacts include:

- 1) Decrease in financial resources and slashing of budgets at the County and State levels;
- 2) Shifting the prison population to the County (known as AB109 Public Safety Realignment);
- 3) Increase in problems associated with homelessness in the County; and
- 4) Increase in opiate addiction impacts on health and human services.

Overall, the updated statistics and indicators of substance use disorders shows alcohol and drug use as well as the negative consequences of that use continues to go up in San Luis Obispo County. Most of the increased impact seems to be associated with increased use of drugs as alcohol use has only slightly increased and has actual decreased with regards to hospital admissions. Deaths associated with drug use have bypassed the deaths associated with alcohol and are trending towards continually increasing.

A new paradigm is needed to address the detoxification needs in San Luis Obispo County. ***Detoxification is a medical process, it is not a place.*** Therefore, what if the County developed a Detoxification Team? The team would consist of a .50 FTE Nurse Practitioner (medical lead), a 1.0 FTE licensed psychiatric technician or licensed vocational nurse to administer medications, provide education and health monitoring, and a 1.0 FTE case manager to provide transportation, solicit placements into housing or residential treatment facilities, and to monitor and follow-up.

It is estimated that 25-30 individuals could be served at any one time by the Detoxification Team (number of slots). Individuals would be at different stages in the detoxification process--some would initially need medical evaluations, assessment, placements in residential facilities, intensive case management, and others would only need medical monitoring with medication

administration. Given that the detoxification and stabilization process is 2 – 3 months, then the overall annual capacity of the Detoxification Team is 100 – 180 individuals served. The cost range per client is \$1,698 - \$3,057. The total costs estimate is \$305,724 for the first year, including one-time purchases.

**Proposed Results:**

1. The Detoxification Team will serve 150 individuals in the first year.
2. The Detoxification Team will maintain an average length of stay of 60 days in order to achieve stabilization of detoxification symptoms.
3. The rate of re-admission to detoxification services within one year will be less than 15%.
4. 90% of clients will be offered case management services in order to provide essential linkages to treatment and social services.

July 8, 2013

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- 3) Increase in problems associated with homelessness in the County; and
- 4) Increase in opiate addiction impacts on health and human services.

The County saw the closures of a residential treatment facility for men and a residential treatment facility for women with children. There was an accompanying decrease in Sober Living Environment capacity. The planned new Homeless Shelter has hit snags as the neighborhoods have a strong voice in ‘not in my backyard.’

However, looking ahead, there are very strong possible signs for addressing the detoxification needs in our County:

- 1) The AB109 Public Safety Realignment has made funding available to increase Sober Living Environment capacity;
- 2) AB109 has also provided new levels of collaboration and coordination of existing services for criminal offenders;
- 3) Since 2008, Drug and Alcohol Services has continued to provide outpatient detoxification services and has an expertise in this arena; (County Drug and Alcohol Services also provided outpatient detoxification services in 1987-2003 and residential detoxification from 1972-1982, see original report);
- 4) Health care reform will provide a necessity of integration of behavioral health services with primary care; and
- 5) Medicaid expansion and parity will define essential benefits (services) for substance use disorders and funding should follow after implementation in January 2014.

The reality is that San Luis Obispo County is a rural County. There is a dearth of licensed and/or certified alcohol and drug treatment providers. This is evidenced by the issuing of a Request for Proposals by the County of San Luis Obispo for residential recovery beds in January 2013 and there was only one application. There has been opposition to siting facilities within the County (such as the Homeless Shelter) so that siting a stand-alone social model residential detoxification facility would be very difficult. There is a lack of transitional and low-income housing so that when participants would be ready to leave the social model detoxification facility after 21 days, there would be no safe and/or recovery oriented facilities for the participants to go to. This will create a revolving door around the social model detoxification facility and a dismal waste of funding with a low expectation for successful outcomes.

There is a continuum of detoxification program modalities. The intensity of services, associated costs, and up to twenty-four hour care increases through the continuum and should correspond with the level of need depending upon the patient's withdrawal symptoms:

- Outpatient detoxification: For patients with mild to moderate withdrawal syndrome, outpatient detoxification is as safe and effective as inpatient detoxification but is much less expensive and less time consuming. Patients receiving outpatient detoxification treatment by medical personnel are expected to travel to the treatment facility on a daily basis for treatment sessions, symptom monitoring, and medication administration. For patients with mild to moderate withdrawal syndrome, outpatient detoxification is as safe and effective as inpatient detoxification but is much less expensive and less time consuming.
- Social Model Residential detoxification: Social model residential detoxification provides a facility where patients reside round-the-clock (inpatient) for 5 to 21 days. There are generally no medical personnel on location, but rather detoxification is managed by trained, certified drug and alcohol counselors on a 24-hour basis. This type of facility works well for patients who have disruptive family or job situations, for those clients with few social resources and/or environments not supportive of recovery, or those who cannot travel to the treatment facility on a daily basis as an outpatient.
- Medical detoxification (hospital based): Medical detoxification should be reserved for patients who are at risk for life-threatening withdrawal symptoms (seizures or delirium tremens), have other serious medical conditions or are pregnant, are suicidal or homicidal, or have other serious psychiatric conditions.

A new paradigm is needed to address the detoxification needs in San Luis Obispo County. ***Detoxification is a medical process, it is not a place.***

With this being said, detoxification is currently occurring in our County in a variety of locations: at the County Jail, at the County Psychiatric Health Facility (PHF), at the Emergency Departments of the local hospitals, through alcohol and drug outpatient clinics (such as Drug and

Alcohol Services, Aegis Medical Services, ARC), and through health care services (physician offices and Cal Poly Health Clinic).

People with substance use disorders are as diverse as our population. Yes, the homeless man in the park drinking every day and creating a public nuisance is one. The Cal Poly student who is binge drinking every weekend, getting driving under the influence charges, and having school and family problems is one. The athletic woman who broke her ankle while running and now has developed a dependence on opiate pain medications is one and all may need detoxification. Clearly, there is no 'one size fits all' accommodation for the diverse population of people with substance use disorders. In addition our County is diverse geographically, so that some individuals may need to stay close to home (for example, those with children) while others may need to get away from the neighborhood where they were using drugs and alcohol.

Therefore, what if the County developed a Detoxification Team? The team would consist of a .50 FTE Nurse Practitioner (medical lead), a 1.0 FTE licensed psychiatric technician or licensed vocational nurse to administer medications, provide education and health monitoring, and a 1.0 FTE case manager to provide transportation, solicit placements into housing or residential treatment facilities, and to monitor and follow-up. The Detoxification Team could be called out by an Emergency Room Physician to Screen, provide Brief Interventions, and Referrals to Treatment (known as SBIRT) for a patient and to consult with the patient's family. The Detoxification Team would be able to work with the Homeless Shelter/Prado Day Center or a Sober Living Environment to provide the medical process of detoxification in a safe place. The Detoxification Team's case manager could provide transportation of the homeless opiate addict to the outpatient drug and alcohol treatment clinic for treatment services and the dose of suboxone detox medication with the Nurse. In San Luis Obispo County, there is currently a Homeless Outreach Team (HOT) and a Mobile Crisis Team, the Detoxification Team could work alongside the other teams to provide specialty detox services to the homeless individuals and those in crisis as needed.

Although this proposal is not for 24/7 availability of the Detoxification Team, the personnel would be mobile and available for consultation and detox visits in the field or homes as needed. The Emergency Rooms would be able to prescribe a minimum supply of medications appropriate for detoxification (for alcohol for example) and make a direct referral to the Detoxification Team. The Detoxification Team would have a guaranteed follow-up with the ER patient. The Detoxification Team would be able to work directly with the Psychiatric Health Facility (PHF) to guarantee follow-up for individuals identified with substance use disorders needing detoxification.

In summary, the Detoxification Team would be able to serve the client in the location that is in the client's best interests. In the County's interests, the funding for the Detoxification Team would come from Medicaid expansion and the new essential benefits for California under the Affordable Care Act appears to cover detoxification as a medical process.

In conclusion, in the six years since the issuance of the “Report and Plan for Addressing Detoxification Needs of Substance Users” no real gains have been made to establish a social model detoxification facility in the County. As mentioned there are a variety of reasons for that and it is not for lack of trying or for lack of interest in this topic or for lack of need. A new paradigm is needed – *Detoxification is a medical process, not a place*. Establishment of a Detoxification Team would be an easily do-able solution to expand and capitalize upon the detoxification services that are already happening in our County. There is a network of Sober Living Environments, the emergency Homeless Shelter and the Prado Day Center to serve folks with substance use disorders who are ready to make the change in their life toward abstinence and recovery. The Detoxification Team can help!

Another gap that would need to be addressed almost immediately upon establishing the Detoxification Team would be the availability of “Housing First” options. This would be an alternative where participants who are not quite ready to commit to detoxification could live while not yet sober and then the medical process with the Detoxification Team could occur at a later time at the “Housing First” facility. For more on this topic, see Attachment Section 6. **Each of the following Attachment Sections are designed to be used as separate pull-out topic handouts.**

Attachment Sections:

1. Cost estimates for the Detoxification Team, funding options, estimated capacity, and proposed results
2. Updated County-wide Statistics and Indicators of Substance Use Disorders
3. Updated List of current available Detoxification and Treatment Resources and Sober Living Environments
4. Experience and Results from Drug and Alcohol Services Outpatient Detoxification Program
5. Stages of Change and SBIRT (Screening, Brief Interventions, and Referral to Treatment): Matching interventions with the person’s readiness for change
6. “Housing First” options needed in San Luis Obispo County
7. References

## Attachment Section 1: Cost estimates for the Detoxification Team, funding options, estimated capacity, and proposed results

**Cost Estimates:** Therefore, what if the County developed a Detoxification Team? The team would consist of a .50 FTE Nurse Practitioner (medical lead), a 1.0 FTE licensed psychiatric technician or licensed vocational nurse to administer medications, provide education and health monitoring, and a 1.0 FTE case manager to provide transportation, solicit placements into housing or residential treatment facilities, and to monitor and follow-up. The Detoxification Team could be called out by an Emergency Room Physician or the Psychiatric Health Facility (PHF) to Screen, provide Brief Interventions, and Referral to Treatment (known as SBIRT) for a patient and to consult with the patient's family. The Detoxification Team would be able to work with the Homeless Shelter or a Sober Living Environment to provide the medical process of detoxification in a safe place. The Detoxification Team's case manager could provide transportation of the homeless opiate addict to the outpatient drug and alcohol treatment clinic for treatment services and the dose of suboxone detox medication with the Nurse Practitioner. There is currently a Homeless Outreach Team (HOT) and the Detoxification Team could work alongside the HOT team to provide specialty detox services to the homeless individuals as needed. There is also currently a Mobile Crisis Team and the Detoxification Team could work alongside that team for co-occurring disorder issues.

Position	Role	Allocation (FTE)	Costs, including benefits
<b>BH Nurse Practitioner</b>	Prescribe medications under supervision of Medical Director, health assessments, medical lead	.50 FTE	\$ 73,513
<b>MH/DAS Therapist III</b>	Licensed Psychiatric Technician or Licensed Vocational Nurse, administer medications, provide health education, monitor health status	1.0 FTE	\$ 107,181
<b>DAS Worker I</b>	Case Manager, provide assistance to the individual for housing placements, medical eligibility, health system navigation, provide transportation, monitor and follow-up of the individual	1.0 FTE	\$ 71,630
<b>Equipment &amp; supplies</b>	Initial purchase of laptop computer, cell phone, software costs, office expense and fixed costs		\$ 15,000
<b>Purchase of Vehicle</b>	Purchase of vehicle (one-time initial cost)		\$ 30,000
<b>Depreciation &amp; maintenance of vehicle, gas</b>	First year costs of depreciation, maintenance of the vehicle and gas for in the community visits		\$ 8,400
<b>Total</b>			\$ 305,724

**Funding Options:**

It is suggested that the initial costs be supported by County General Fund as this item is on the County Health Agency wish list. However, the outpatient detoxification services in the Drug and Alcohol Services clinics can currently be covered by drug medi-cal. For the non-medi-cal covered, the client currently pays a fee for suboxone medication (\$220) for opiate detoxification. Therefore, client fees are also a funding source. The SBIRT services in the hospital emergency departments are currently covered under medi-cal as well and could be reimburseable.

In the County's future interests, the funding for the Detoxification Team would come from Medicaid expansion and the new essential benefits for California under the Affordable Care Act which appears to cover detoxification as a medical process as conducted by medical personnel. It is anticipated that the essential benefits would be available in 2014. Although it is too soon to determine, the new essential benefits for California under the Affordable Care Act does propose to cover 'non-medical residential recovery services.' No reimbursement rates have been proposed for these services yet, but it may be in the future that a facility (non-medical) could be funded, at least in part, through the medi-cal reimbursement for detoxification. Recommend that the County starts with funding the Detoxification Team and move towards looking at options for non-medical residential recovery services in the future.

By funding the medical detoxification team separately from the facility and/or housing costs, a variety of other funding sources could be used for the facility and/or housing. For example, if the person in need of detoxification was in the criminal justice system, the funding for housing could come from AB109. If the person already had a safe home, then no need to fund the housing or facility for that person. If the person is homeless and needing detoxification, funding streams associated with homeless services (CDBG, HUD, Section 8 housing vouchers, Homeless Shelter, Veteran's Housing vouchers) could be accessed.

**Estimated Capacity:**

The 1.0 FTE MH/DAS Therapist III and the 1.0 FTE DAS Worker I would carry the caseload of individuals while the BH Nurse Practitioner is the medical lead and would be specially trained and experienced in detoxification. County protocols for detoxification have already been developed and are currently in use.

It is estimated that 25-30 individuals (daily capacity) could be served by the Detoxification Team (number of slots). Individuals would be at different stages in the detoxification process--some would initially need medical evaluations, assessment, placements in residential facilities, intensive case management, and others would only need medical monitoring with medication administration. Given that the detoxification and stabilization process is 2 – 3 months, then the overall annual capacity of the Detoxification Team is 100 – 180 individuals served. The cost

range per client is \$1,698 - \$3,057 during the first year. The second year costs would be \$272,500, which includes a 1% inflationary factor.

In the original Detoxification Report, published in 2007, the estimated need for detoxification was 120 – 300 individuals per year. Although the Statistics and Indicators (see Attachment Section 2) have slightly gotten worse and the use of opiates has doubled in our County in the past several years, the capacity of the Detoxification Team will be able to handle and triage the anticipated need for detoxification services in the County.

**Proposed Results:**

5. The Detoxification Team will serve 150 individuals in the first year.
6. The Detoxification Team will maintain an average length of stay of 60 days in order to achieve stabilization of detoxification symptoms.
7. The rate of re-admission to detoxification services within one year will be less than 15%.
8. 90% of clients will be offered case management services in order to provide essential linkages to treatment and social services.

## **Attachment Section 2: Updated County-wide Statistics and Indicators of Substance Use Disorders**

The original detoxification report was written in 2007 and referenced data that was older than that date. The following sections are updated to reflect the most recent data available.

The Center for Applied Research Solutions (CARS) distributes reports to reflect the various indicators surrounding drug and alcohol use and their subsequent consequences. The last report was published in 2010 and reflects indicators such as hospital admissions, alcohol/drug related deaths, drug use at admission as well as other related factor from 2007. Below this information is displayed based off their report along with hospital discharge data provided by the State of California Office of Statewide Health Planning and Development (OSHPD). Together this information provides an understanding of the consequences of alcohol and drug use within the County of San Luis Obispo.

Most of the data in this report is provided in several formats. These include the raw numbers associated with the data, the total population of the data being analyzed as well as the rate per 100,000 in the total population. Due to the rate per 100,000 being a steady number for comparison across years, this will be utilized for most analysis within this report.

### **Hospital Admission Data for San Luis Obispo County (CARS, 2010)**

The three tables below demonstrate the hospitalizations (admissions) for the combination of alcohol and drugs, drugs alone and alcohol alone. Each table provides the raw number of hospitalizations for the given reason, the county population in that year as well as the rate per 100,000 of the population. The rate per 100,000 provides the best understanding of the percentage of the population across time as the population continues to grow in the county. This rate is also provided for California as a whole to demonstrate a comparison.

The combined alcohol and drug hospital admissions have been up and down from 2000 to 2007 with a low rate in 2002 followed by a high rate in 2003. Overall since 2000, the rate of admissions for alcohol and drugs has increased by 3.89 percent while the statewide rate has decreased by 7.74 percent. Whereas San Luis Obispo County was previously below the statewide rate in 2000, we are now above it.

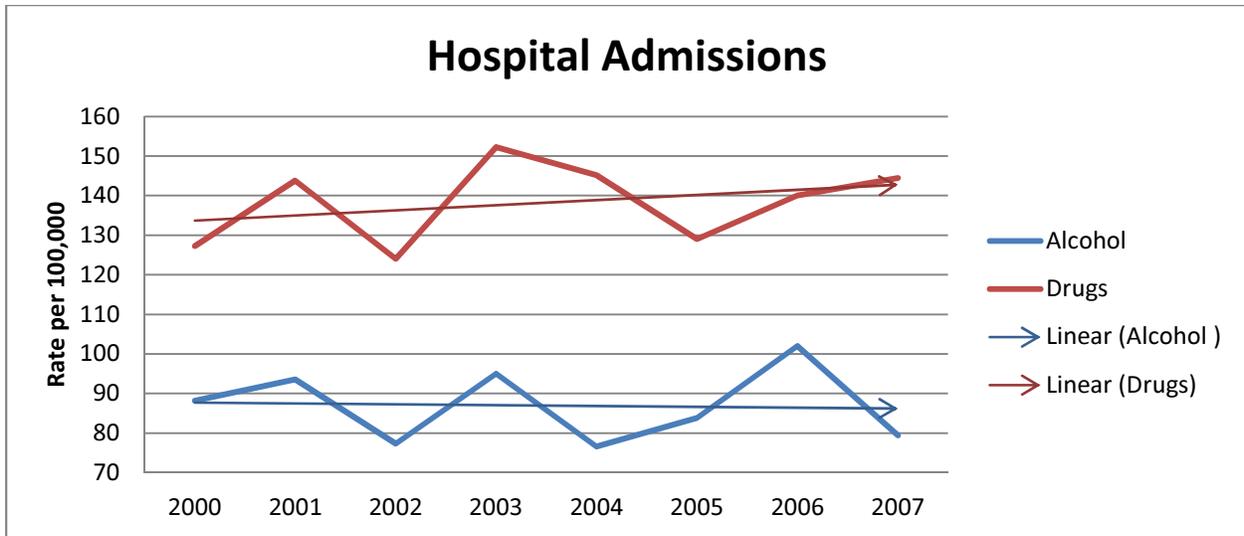
To understand why this rate has increased, we break up the hospital admissions by category. Drug admissions show the largest increase with 13.5 percent rate increase from 2000 to 2007 while the statewide rate decreased by 5.81 percent. San Luis Obispo County has consistently been above the statewide rate with regards to drug admissions with the increase growing. The alcohol admissions do show a decrease from 2000 to 2007 both in county and statewide. These decreased by 9.97 percent from 2000 to 2007 whereas statewide the decrease was 10.11 percent with a typically higher rate statewide than within San Luis Obispo County.

<b>Hospitalizations Due to Alcohol- and Drug-Related Causes (Combined) and Rate per 100,000 Total Population: San Luis Obispo County</b>								
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Number of Hospitalizations</b>	535	599	513	635	576	556	636	592
<b>Total Population</b>	248,322	252,361	254,709	256,842	259,709	261,243	262,799	264,485
<b>Rate per 100,000</b>	215.45	237.36	201.41	247.23	221.79	212.83	242.01	223.83
<i>California Rate per 100,000</i>	222.67	218.35	217.21	215.37	211.97	204.5	201	205.44

<b>Hospitalizations Due to Drug Related Causes and Rate per 100,000 Total Population</b>								
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Number of Hospitalizations</b>	316	363	316	391	377	337	368	382
<b>Total Population</b>	248,322	252,361	254,709	256,842	259,709	261,243	262,799	264,485
<b>Rate per 100,000</b>	127.25	143.84	124.06	152.23	145.16	129	140.03	144.43
<i>California Rate per 100,000</i>	121.44	121.12	123.27	126.04	123.43	119.4	112.84	114.39

<b>Hospitalizations Due to Alcohol Related Causes and Rate per 100,000 Total Population</b>								
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Number of Hospitalizations</b>	219	236	197	244	199	219	268	210
<b>Total Population</b>	248,322	252,361	254,709	256,842	259,709	261,243	262,799	264,485
<b>Rate per 100,000</b>	88.19	93.52	77.34	95	76.62	83.83	101.98	79.4
<i>California Rate per 100,000</i>	101.29	97.26	93.96	89.36	88.54	85.1	88.17	91.05

Important to note is that hospital admissions for both alcohol and drugs are not consistently high or low and have a large amount of fluctuation from year to year. The graph below demonstrates the rate of admissions per 100,000 year to year along with trend lines to demonstrate the overall direction of admissions in this time. This chart is consistent with the amount of drug admissions increasing and alcohol admissions decreasing from 2000 to 2007.



**Emergency Room visits Data Nationwide (DAWN, 2013)**

The Drug Abuse Warning Network (DAWN) releases annual reports regarding trends in emergency room visits on a national level. The most recent report demonstrates both the national statistics on emergency room intakes associated with drugs and alcohol as well as the trends in those seeking detox services.

The data is presented below for the trends in Emergency Room visits, which demonstrates a dramatic 183 percent increase in pharmaceutical opiates and opioids from 2004 to 2011. This is followed by benzodiazepines with a 149 percent increase, heroin with a 21 percent increase, alcohol with a 16 percent increase and amphetamines/methamphetamines with a 2 percent decrease in this time (though a recent resurgence from a low in 2007). While this data is not per 100,000 of the population, it is important to note the national trends.

<b>Trends in Emergency Room: National Data</b>									
	2004	2005	2006	2007	2008	2009	2010	2011	Change 2004 to 2011
Alcohol with drugs	523,926	416,599	450,820	497,288	524,052	519,650	564,796	606,653	16%
Heroin	214,432	187,493	189,787	188,162	200,666	213,118	224,706	258,482	21%
Amphetamines/ methamphetamine	162,435	137,806	107,586	85,043	91,945	93,564	138,632	159,840	-2%
Benzodiazepines	143,549	189,704	195,625	218,640	271,692	312,931	345,691	357,836	149%
Pharmaceutical Opiates/opioids	172,738	217,600	247,669	286,618	366,823	416,814	474,133	488,004	183%

The emergency room visits associated with detox services alone show a more drastic increase with all of these areas. Here benzodiazepines show the most dramatic increase with a 271 percent increase from 2004 to 2011. This is followed by closely by pharmaceutical opiates/opioids increasing by 253 percent, heroin increasing 68 percent and amphetamines/methamphetamines increasing by 41 percent. Alcohol was not presented in the detox statistics of this report.

<b>National Trends in Emergency Room visits involving seeking detox services</b>									
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>Change 2004 to 2011</b>
Heroin	47,035	40,895	34,464	42,242	51,932	58,233	62,078	78,931	68%
Amphetamines/ methamphetamine	11,760	15,402	8,128	7,161	12,418	11,085	13,633	16,566	41%
Benzodiazepines	14,717	15,734	15,801	19,301	41,576	48,769	53,830	54,532	271%
Pharmaceutical Opiates/opioids	33,296	29,330	30,893	41,250	65,632	87,670	118,527	117,571	253%

### **Hospital Discharge Data for San Luis Obispo County (OSHPD, 2013)**

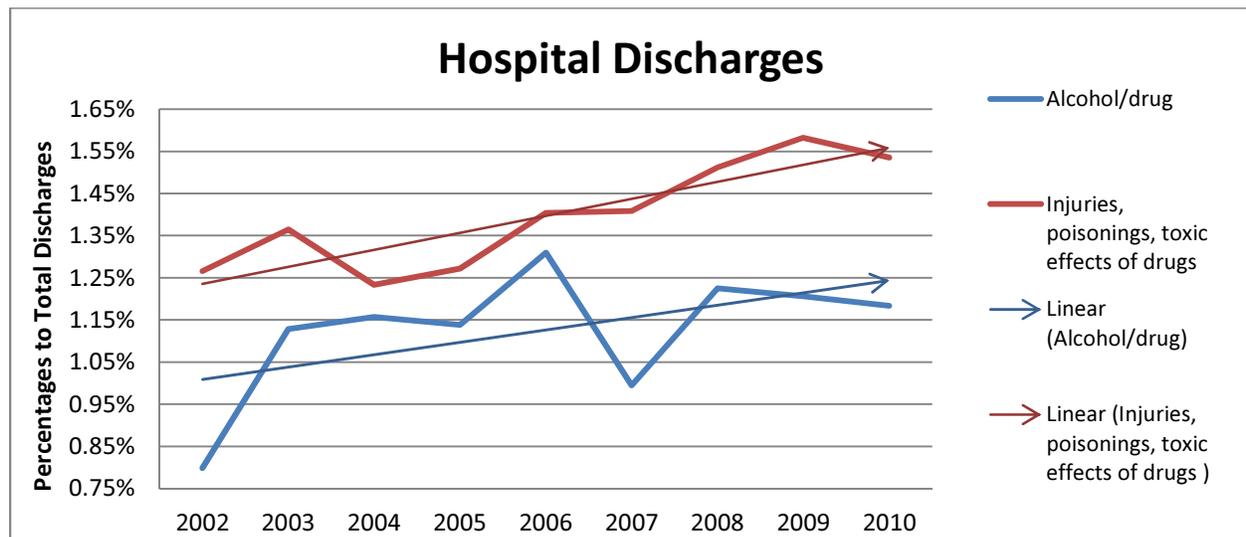
Hospital discharges are based on the primary diagnosis for the hospital stay and are recorded on an annual basis by county by the State of California Office of Statewide Health Planning and Development (OSHPD). Two main types of diagnosis are associated with alcohol and drug use. The first and most apparent is those with a Major Diagnostic Category (MDC) or primary diagnosis associated with the hospital stay is alcohol or drug induced mental diseases. The second category and arguably just as important as the first is those with a MDC or primary diagnosis associated with the hospital stay is due to injuries, poisonings and toxic effects of drugs.

In 2010, there were 25,016 total hospital discharges in San Luis Obispo County. Of these discharges, 296 (1.18%) had a primary diagnosis of alcohol/drug induced mental diseases. In 2002, there were 24,415 total hospital discharges in San Luis Obispo County. Of these discharges, 195 (0.8%) had a primary diagnosis of alcohol/drug use. This demonstrates an increase in the percentages of discharge due to alcohol/drug induced mental diseases by 48.15 percent from 2002 to 2010.

There were 384 (1.54%) discharges due to injuries, poisonings, and toxic effects of drugs in 2010 compared to 309 (1.27%) discharges due to injuries, poisonings, and toxic effects of drugs in 2002. This demonstrates an increase in the percentages of discharge due to injuries, poisonings and toxic effects of drugs by 21.29 percent from 2002 to 2010.

Hospital Discharges: San Luis Obispo County									
	2002	2003	2004	2005	2006	2007	2008	2009	2010
<b>Total Discharges</b>	24,415	24,986	23,598	23,904	24,434	24,430	24,738	24,712	25,016
<b>Primary diagnosis of alcohol/drug use</b>	195	282	273	272	320	243	303	298	296
<b>Percentage of Alcohol/drug to total</b>	0.80%	1.13%	1.16%	1.14%	1.31%	0.99%	1.22%	1.21%	1.18%
<b>Injuries, poisonings, toxic effects of drugs</b>	309	341	291	304	343	344	374	391	384
<b>Percentage of Injuries, poisonings, toxic effects of drugs to total</b>	1.27%	1.36%	1.23%	1.27%	1.40%	1.41%	1.51%	1.58%	1.54%

As with hospital admissions, the hospital discharge rates are also in continual fluctuation. The graph below demonstrates the MDC or primary diagnosis associated with the hospital discharge in relation to the total percentage of hospital discharges. Trend lines are provided to demonstrate the overall increasing trend with both alcohol and drug related discharge categories.



While hospital discharges combine both alcohol and drugs into one category, when interpreting the hospital admissions along with the hospital discharges there is likely a connection between the increased MDC of alcohol and drug discharges based off the increase in drug related hospital admissions.

**Alcohol and Drug Related Deaths (CARS, 2010)**

Deaths related to alcohol and drugs come in many forms and include everything from death due to overdose of drugs to liver failure due to a lifetime of alcohol consumption. County medical doctors report anecdotally, that drug related deaths might be underreported due to insurance

reimbursement rates, which may be compromised when death or illness is due to substance use disorders.

Deaths due to alcohol and drug use are consistently higher in San Luis Obispo County compared to other the statewide rate. The combined alcohol and drug deaths have been up and down from 2000 to 2007 with a low rate in 2003 followed by a high rate in 2006. Overall since 2000, the rate of death rate due to alcohol and drugs has increased by 15.22 percent while the statewide rate has increased by 12.77 percent.

To understand why this rate has increased, we break up the deaths by category. Deaths due to drug related causes show the largest increase with 53.61 percent rate increase from 2000 to 2007 while the statewide rate increased by 71.86 percent. San Luis Obispo County has typically been above the statewide rate with regards to deaths related to drugs. Deaths due to alcohol related causes show a decrease of 12.02 percent rate from 2000 to 2007 while the statewide rate increased by 4.13 percent. While the alcohol related deaths have decreased, they continue to be higher than the statewide rate.

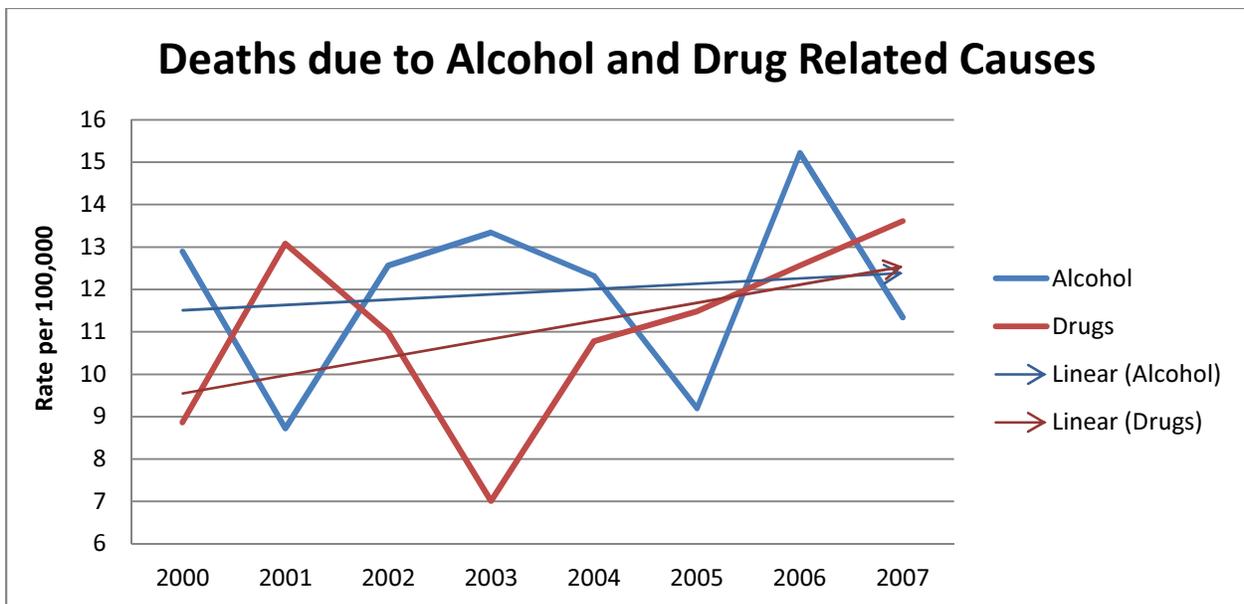
<b>Deaths Due to Alcohol- and Drug-Related Causes (Combined) and Rate per 100,000 Total Population: San Luis Obispo</b>								
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Number of Deaths</b>	54	55	60	52	60	54	73	66
<b>Total Population</b>	248,322	252,361	254,709	256,842	259,709	261,243	262,799	264,485
<b>Rate per 100,000</b>	21.48	21.58	22.6	18.66	22.23	18.85	26.54	24.75
<i>California Rate per 100,000</i>	<i>19.03</i>	<i>19.22</i>	<i>20.1</i>	<i>20.9</i>	<i>20.86</i>	<i>21.4</i>	<i>21.27</i>	<i>21.46</i>

<b>Deaths Due to Drug Related Causes and Rate per 100,000 Total Population</b>								
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Number of Deaths</b>	22	33	28	18	28	30	33	36
<b>Total Population</b>	248,322	252,361	254,709	256,842	259,709	261,243	262,799	264,485
<b>Rate per 100,000</b>	8.86	13.08	10.99	7.01	10.78	11.48	12.56	13.61
<i>California Rate per 100,000</i>	<i>7.86</i>	<i>7.91</i>	<i>9.41</i>	<i>9.91</i>	<i>10.22</i>	<i>10.48</i>	<i>10.88</i>	<i>11.15</i>

<b>Deaths Due to Alcohol Related Causes and Rate per 100,000 Total Population</b>								
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Number of Deaths</b>	32	22	32	34	32	24	40	30
<b>Total Population</b>	248,322	252,361	254,709	256,842	259,709	261,243	262,799	264,485
<b>Rate per 100,000</b>	12.89	8.72	12.56	13.34	12.32	9.19	15.22	11.34
<i>California Rate per 100,000</i>	<i>10.17</i>	<i>10.45</i>	<i>9.93</i>	<i>10.42</i>	<i>10.29</i>	<i>10.79</i>	<i>10.47</i>	<i>10.59</i>

Between the years 2000 and 2007 there were 474 alcohol and drug related deaths in the County, which is an average of 59 a year. Of these, 246 were from alcohol (31 a year average) and 228 were from drugs (29 per year average). The majority of alcohol related deaths were due to liver disease while the majority of drug related deaths were classified as accidental. The majorities of the deaths were of males (65%), were white (89%), and were ages 45 to 54 years older (35%).

As with both hospital admissions and discharge rates, deaths due to alcohol and drug related causes have high fluctuation from year to year. The chart below demonstrates the death rate per 100,000 year to year along with trend lines to demonstrate the overall direction of deaths in this time. This chart is consistent with the amount of deaths due to drugs increasing from 2000 to 2007. This chart demonstrates a slight increase in deaths due to alcohol related causes from 2000 to 2007 even though the overall change from 2000 to 2007 demonstrates a decrease.



**Drug Use at Admission to Treatment (CARS, 2010)**

The drug of choice of individuals has an impact on their need for detoxification services. Drugs such as alcohol can be dangerous to detox from and justify use of medications and medical supervision of the detoxification process. Heroin withdrawal, while not dangerous during the detoxification process, justifies the need for medical intervention through the use of medications (such as suboxone or methadone) to control the withdrawal process. Other drugs that can need assistance for detoxification include prescription based opiate based medications that require a slower reduction for safe detox to occur. Common drugs, such as methamphetamine and marijuana, are not at all dangerous to detox from and thus do not justify the need for medications or supervision of the detox. Withdrawal symptom related management may be needed for detoxification from methamphetamine, but this usually done in conjunction with outpatient treatment.

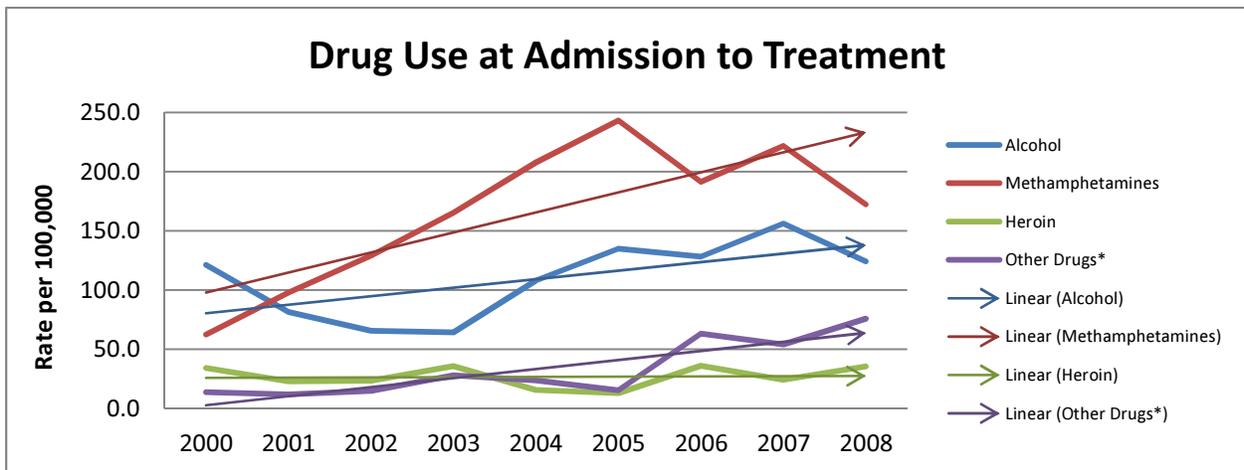
The table below demonstrates the main drugs of choice associated with detox with relation to their total intakes and rate per 100,000 in the County of San Luis Obispo. The right most column displays the percentage change from 2000 to 2008 with relation to each data line. As with all data elements in this report, this change fluctuates on an annual basis.

Total admissions to drug and alcohol treatment services have risen 94.7 percent from 2000 to 2008 with a peak in 2007. The lowest increase in admissions has been due to alcohol with a 2.6 percent increase. This is followed by heroin admissions increasing by 4.3 percent, methamphetamine admissions increasing by 176.2 percent and other drugs (typically prescription based opioid and benzodiazepines) increasing an astounding 454.3 percent. Much of this increase in “other drug” admissions is due to individuals who would have otherwise chosen heroin instead are using opiate prescriptions that have similar type effects and are thought to be less severe. Illegally obtained prescription based opioids are a leading cause for the increased need for detoxification services in the county.

<b>Drug of Choice at Admission to Treatment: San Luis Obispo County</b>										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	Change from 2000 to 2008
<b>Total Admissions (all drugs)</b>	786	796	809	964	1251	1470	1503	1650	1530	94.7%
<b>Alcohol</b>	301	206	167	165	281	353	337	413	331	10.0%
Percent of Total	38.3%	25.9%	20.6%	17.1%	22.5%	24.0%	22.4%	25.0%	21.6%	-43.5%
Rate Per 100,000	121.2	81.6	65.6	64.2	108.2	135.1	128.2	156.2	124.3	2.6%
<b>Methamphetamines</b>	155	247	329	425	540	636	503	587	459	196.1%
Percent of Total	19.7%	31.0%	40.7%	44.1%	43.2%	43.3%	33.5%	35.6%	30.0%	52.1%
Rate Per 100,000	62.4	97.9	129.2	165.5	207.9	243.5	191.4	221.9	172.4	176.2%
<b>Heroin</b>	85	58	60	92	41	34	95	64	95	11.8%
Percent of Total	10.8%	7.3%	7.4%	9.5%	3.3%	2.3%	6.3%	3.9%	6.2%	-42.6%
Rate Per 100,000	34.2	23.0	23.6	35.8	15.8	13.0	36.2	24.2	35.7	4.3%
<b>Other Drugs*</b>	34	30	38	72	62	40	166	143	202	494.1%
Percent of Total	4.3%	3.8%	4.7%	7.5%	5.0%	2.7%	11.0%	8.7%	13.2%	205.2%
Rate Per 100,000	13.7	11.9	15.0	28.0	23.9	15.3	63.2	54.1	75.9	454.3%

\*Typically prescription based opioid and benzodiazepines medications, illegally obtained

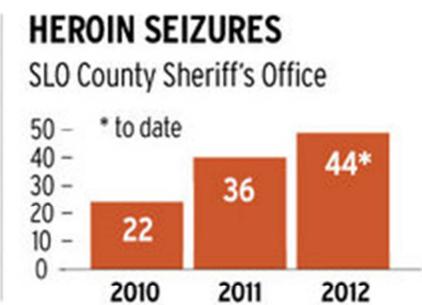
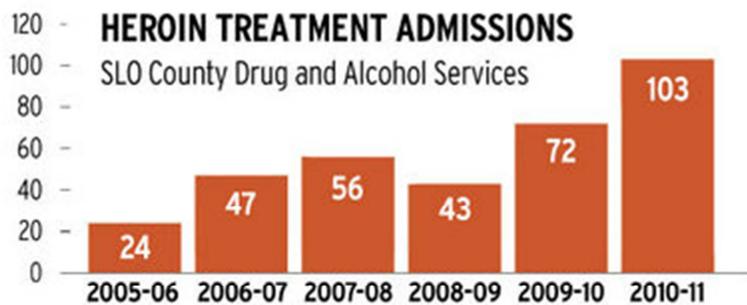
The graph below demonstrates the rate of change per 100,000 for each of the main drugs associated with a need for detox along with trend lines from 2000 to 2008. This reiterates the findings above that all the drugs are showing an increase in admission over this time period. Methamphetamine has been the largest admission drug of choice since it surpassed alcohol in 2003. The illegally obtained prescription based “other drugs” has shown a clear spike in use since 2005.



While these charts and graphs are the most recent information from state reports, they do not demonstrate the drug trends since 2008. Lamb (2012) demonstrated through the graphs below that heroin use is trending upward in recent years with the sharpest rise since 2009-10 by looking at heroin treatment admissions and seizures of heroin on the streets by the County Sheriff’s Office. This is in line with the national increase in hospital admissions for heroin in recent years (DAWN, 2013).

## SIGNS OF A RISE: HEROIN USE IN SLO COUNTY

SLO County recorded more heroin deaths – 4 – in 2011 than in the previous four years combined. Here’s a look at two other data sources that point to the increasing problem locally:



SOURCE: California Outcomes Measurement System; SLO County Sheriff’s Office

TRIBUNE GRAPHIC BY JOE TARICA

(Lamb, 2012)

### Conclusion

Overall, the updated statistics and indicators of substance use disorders shows alcohol and drug use as well as the negative consequences of that use continues to go up in San Luis Obispo County. Most of the increased impact seems to be associated with increased use of drugs as alcohol use has only slightly increased and has actual decreased with regards to hospital admissions.

The hospital admissions for drugs have consistently been much higher than admissions for alcohol and continue to rise as alcohol admissions decrease. Deaths associated with drug use have bypassed the deaths associated with alcohol and are trending towards continually increasing. Hospital discharges are continually larger for injuries, poisoning and toxic effects associated with drugs. Still, alcohol and drug related mental health diagnosis continue to increase with regard to hospital discharges.

While methamphetamines still shows the highest rate with regards to drug of choice at admission to treatment, the dramatic and highest increase is in illegally obtained prescription based opioid and benzodiazepines which demonstrate a need for the higher level of detoxification services. The national trends, were also highlighted, and show more recent data on hospital admissions by drug type and those seeking detox services point to an increasing concern surrounding heroin and prescription medications.

### **Attachment Section 3: Updated List of current available Detoxification and Treatment Resources and Sober Living Environments**

The following updated documents are provided for a list of the current available detoxification and treatment resources and sober living environments, both in San Luis Obispo County and outside of the County.

**Document 3.1** is the San Luis Obispo County Substance Abuse Treatment and Recovery Grid. This document is a visual diagram of the available resources in the following categories: Community Based Recovery, Youth Prevention, Fee for Service Mandated Programs, Detoxification, Outpatient Treatment, Sober Living Environments, and Inpatient/Residential. The County continues to maintain a contractual relationship with Good Samaritan in Santa Maria and Lompoc for residential and detoxification services even though they are not listed on this diagram.

**Document 3.2** is the San Luis Obispo County Residential and Sober Living Environment Capacity as of July 2013. Over the past year, many gains have been made to increase both the number of beds available and the capacity of the providers. As such, we have two significant facilities opening up in the near future: House of Serenity and Bryan's House. House of Serenity will be located in Los Osos and is a six bed facility for women staffed with certified alcohol and drug counselors as well as having medical oversight by Dr. Ken Starr. He can also provide detoxification services. Bryan's House is anticipated to be opened in Paso Robles in September 2013 and will provide residential services to Women with Children staffed by certified alcohol and drug counselors. The longer term vision is that many of the current locally operated Sober Living Environments will choose to raise up to the level of State certified and/or licensed residential programs.

**Document 3.3** is SLO COUNTY SOBER LIVING ENVIRONMENTS, RESIDENTIAL TREATMENT and OUTPATIENT SERVICES (October 2012). This list is available, maintained and provided to all citizens seeking treatment services as requested by County Drug and Alcohol Services. (Disclaimer): This list is provided as a resource only. No endorsement or referral to any particular program should be assumed. Be a careful consumer and ask questions.

**Document 3.4** is the brochure for the County's Outpatient Detoxifications Program. This brochure is available for distribution. The County provides outpatient detoxification for opiates and alcohol, and methamphetamine withdrawal symptom management. Detoxification for benzodiazepines and legally prescribed pain management medications are not currently provided by the County's program.

**Document 3.5** is the Detoxification and Medication Assisted Treatment referral list for the county's providers of suboxone medication (used in the detoxification from opiates). This flyer

is available for distribution. There is also a website maintained at [www.suboxone.com](http://www.suboxone.com) to locate physicians.

**Document 3.6** is the Suboxone-Buprenorphine Medical Providers in San Luis Obispo and Santa Barbara Counties. Only in the recent past, have private medical providers in their private offices been able to prescribe suboxone, buprenorphine and other substance use disorder medications. This flyer is available for distribution.

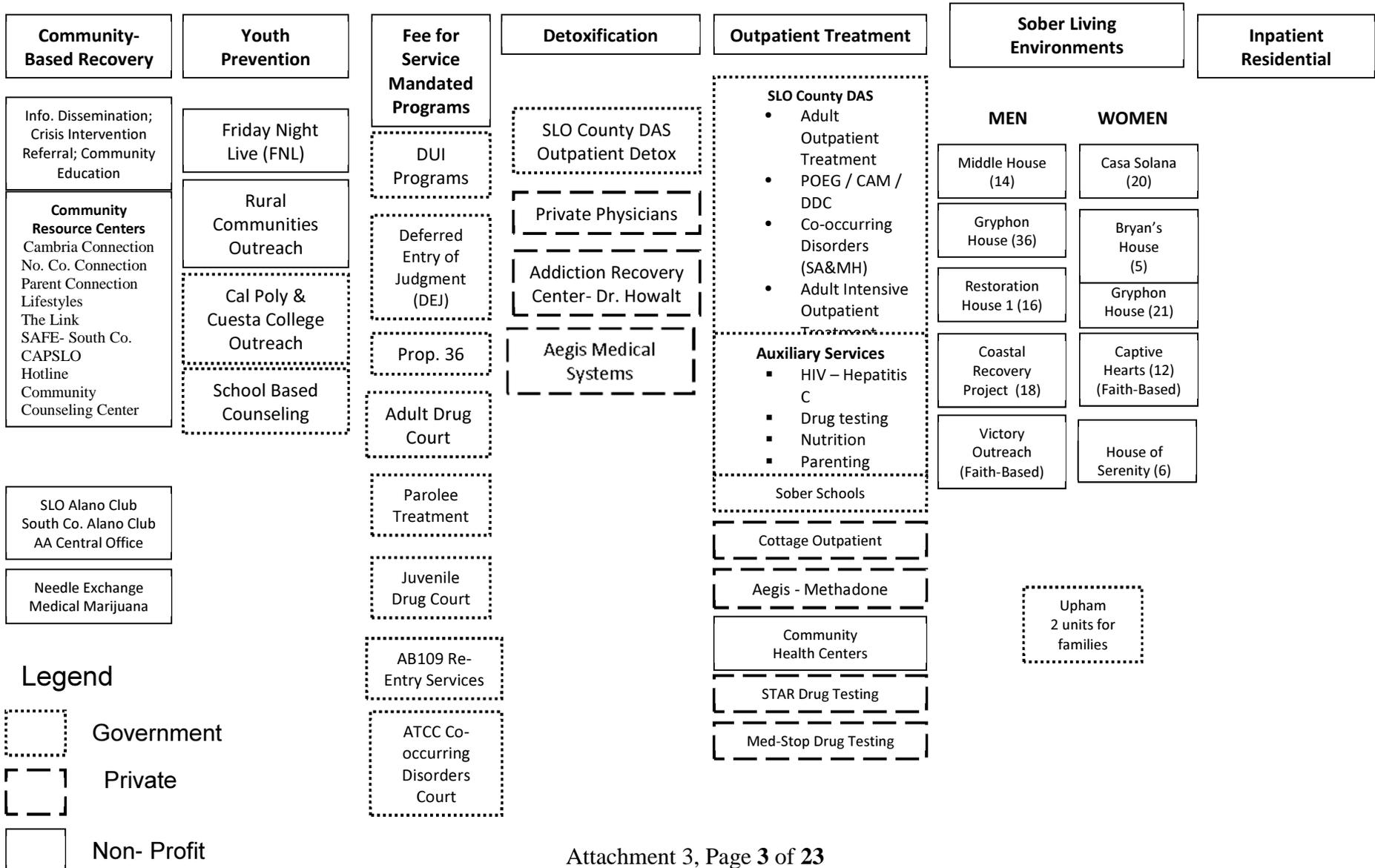
**Document 3.7** is looking at the surrounding 100 miles to San Luis Obispo County and the State recognized clinics and facilities for detoxification. This information comes from [www.adp.ca.gov](http://www.adp.ca.gov) and is continually updated. (Note ADP website will become DHCS ([www.dhcs.ca.gov](http://www.dhcs.ca.gov)) soon). There are 18 providers within 100 miles currently providing detoxification services. At this website, you can sort by service (such as detoxification) and various other variables (such as population, gender, cost, etc).

**Documents 3.8 and 3.9** are provided by the Department of Alcohol and Drug Programs, Licensing and Certification Division. The first document illustrates, throughout the State of California by County, the number of licensed treatment facilities, certified residential programs, and certified nonresidential programs (profit and non-profit). The second document illustrates the licensed residential capacity (number of facilities and number of beds) available by County. While this data is not specific to detoxification, many residential facilities provide detoxification as the first part of a residential stay.

**Document 3.10** is a listing of all of the non-profit Salvation Army residential facilities. These facilities are not restricted by geographic residency requirements and they are free of charge. These facilities are partially funded by the Holiday Bell Ringing campaigns.

**Substance Abuse Treatment & Recovery Resources of San Luis Obispo County revised 7/2013**

**Document 3.1**



**Legend**

- Government
- Private
- Non- Profit

**Document 3.2**

**Sober Living Environments  
in San Luis Obispo County  
(revised July 2013)**

<b>Provider (Location)</b>	<b>Target population</b>	<b># of beds</b>	<b>Comment</b>
Middle House (SLO)	Men (no children)	14	Not interested in expansion
Gryphon Society (SLO)	Men (no children)	8	
Gryphon Society (AT)	Men (no children)	15	
Gryphon Society (GB)	Men (no children)	13	
Coastal Recovery Project (GB)	Men (no children)	9	
Coastal Recovery Project (SLO)	Men (no children)	9	
Restoration House 1 & 2 (So Co)	Men (no children)	16	
Captive Hearts (Oceano)	Women (no children)	4	Not interested in expansion
Captive Hearts (AG)	Women (no children)	8	Not interested in expansion
Gryphon Society (PR)	Women (no children)	11	
Gryphon Society (SLO)	Women (no children)	10	2 different houses
Casa Solana (GB)	Women (no children)	12	Not interested in expansion
Casa Solana II (GB)	Women (no children)	8	Not interested in expansion
House of Serenity (SLO)	Women (no children)	6	New facility 7-15-13
Bryan's House (PR)	Women with Children	5	New facility 9-1-13
Upham Apts (SLO)	Families	2 units	County operated
<b>Total Capacity</b>		<b>150</b>	

**Document 3.3**

**SLO COUNTY SOBER LIVING ENVIRONMENTS, RESIDENTIAL  
TREATMENT and OUTPATIENT SERVICES October 2012**

(Disclaimer): This list is provided as a resource only. No endorsement or referral to any particular program should be assumed. Be a careful consumer and ask questions.

<p><b>***Alano Club</b> 1814 Osos Street San Luis Obispo, CA 93401 805-704-6483</p>	<p>Shon Hand, Manager Has sober living quarters above the Alano Club</p>
<p><b>****Cambria Connection</b> 870 Main Street Cambria, CA 93428 805- 927-1654</p>	<p>Self help groups, early intervention, treatment, prevention, and referrals service (Drop In Prevention Center)</p>
<p><b>***Captive Hearts</b> 882 West Grand Avenue Grover Beach, Ca 93433 805-481-4500</p>	<p>Faith-based facility for females aged 18+. Six beds Sober Living Environment</p>
<p><b>***Casa Solana I and II</b> 383 S. 13<sup>th</sup> Street Grover Beach, CA 93433 805- 481-8555 805- 481-8556</p>	<p>Ten-bed facility for females aged 18-72. (12 step based program – some dual diagnosed probationers). Initial program is 90-days. Follow up can be six months in second transition house if space available. Random drug testing &amp; full time manager. Sober Living Facility.</p>
<p><b>***Coastal Recovery Project</b> 941 Nice Street Grover Beach, CA 93433</p>	<p>Sober Living Facility for men, ages 18+</p>
<p><b>*Cottage Care Outpatient</b> 1035 Peach Street San Luis Obispo, CA 93401 805- 541-9113</p>	<p>Adults only/\$4790 for program may take up to a year. Three phases of the program: 1. 4 meetings per week for 20 weeks 2. 2 meetings per week for 16 weeks 3. 1 year of follow up (no charge for longer) Must also attend 2 AA meetings per week &amp; have an AA sponsor. Outpatient treatment.</p>
<p><b>*Drug and Alcohol Services</b> 2180 Johnson Avenue San Luis Obispo, CA 93401</p> <p>San Luis Obispo 805- 781-4275 Grover Beach 805- 473-7080 Atascadero 805- 461-6080 South Street 805-781-4861</p>	<p>Outpatient treatment programs : Adult, perinatal moms, parenting for dads ; youth and family ; Dependency Drug Court ; Prop 36 ; Family counseling and support ; education and didactic groups ; UA testing ; licensed and/or certified staff. State certified outpatient, daycare, and outpatient detoxification treatment services.</p>
<p><b>***Gryphon Society</b> P.O. Box 13921, SLO-93406 805-550-8140 men-Fredrick Chaney (Bull) 805-550-7928 SLO 805- 459-8735 Atas. men’s house 805-473-3255 (South County house) 805-458-2277 G.B.</p>	<p>7 Sober living homes for adult males, 2 for adult females 18-72 addicted to alcohol or drugs. Must stay 90 days. No serious mental disorders. Initial phone interview and then a face-to-face interview. \$700 per month- includes room &amp; board. SSI Discounted.</p>
<p><b>****Lifestyles</b> 715 24<sup>th</sup> Street Paso Robles, CA 93446</p>	<p>Recorded Information Drop in and prevention services for the underserved population</p>

805- 238-2290	Various classes and 12-Step and Recovery meetings/groups
<b>*Mental Health Services – SLO County</b> 2178 Johnson Avenue San Luis Obispo, CA 93401 San Luis Obispo 805- 781-4700 Arroyo Grande 805- 473-7060 Atascadero 805- 461-6060 South Street	Community Mental Health Outpatient Treatment Services
<b>***Middle House</b> 2939 Augusta San Luis Obispo, CA 93401 805- 544-8328	Men’s Sober Living House – approx. \$130/ week – needs to have a job. No serious mental disorders.
<b>***North County Connection</b> 8600 Atascadero Avenue Atascadero, CA 93442 805- 462-8600	Self help groups, early intervention and prevention referral service. Information clearinghouse.
<b>***Restoration House</b> South County	Rick Harvey, Manager at 805-710-3032  Larry, House Manager at 805-459-0748

- \* Licensed Facility
- \*\* State Certified
- \*\*\* Registered House
- \*\*\*\*Non-registered house/program

**IN PATIENT AND RESIDENTIAL PROGRAMS – OUT OF SLO COUNTY**  
**(Not all are certified or licensed)**

**(Disclaimer): This list is provided as a resource only. No endorsement or referral to any particular program should be assumed. Be a careful consumer and ask questions.**

Adult Rehabilitation Center (Salvation Army) 120 19th Street Bakersfield, CA 93301 661-325-8626 (see separate handout for more locations)	Men & Women 6 months
ASA- A Spiritual Abode 830 West Church Street Santa Maria, CA 93456 805-925-1352	Licensed/Certified Non-profit Facility Structured Sober Living Non-medical can bring Rx to take Males/Females 1yr. Residential
Beacon House 468 Pine Avenue Pacific Grove, CA 93950 831-372-2334 www.beaconhouse.org	Private Pay/Insurance \$21,450 1 <sup>st</sup> 30 days 30-90 day + program 18yrs and up Sober living aftercare Outpatient Services
Bethel House	Clients must fill out app.

Santa Barbara Rescue Mission 535 East Yanonali Santa Barbara, CA 93105 805-966-1316	Employee will call to set up initial appt. after app. has been received Females only
Betty Ford Center 39000 Bob Hope Drive Rancho Mirage, CA 92270 (760) 773-4100	30 day hospital based program (\$24,000) Detox. Services available No Insurance Accepted
The Camp 3192 Glen Canyon Road P.O. Box 66569 Scotts Valley, CA 95067 800-924-2879/831-438-1868 camprecovery.com	30 Day in house detox. Treatment (\$15,500 min.) Residential services for adults
Casa Latina 1430 Junewood Way Oxnard, CA 93030 805-988-1560	90 day to six month program for women and children 12 Step Based Sliding-scale fee
Casa Seca (SLE) 1613 North Broadway Santa Maria, CA 93458	Recovery home for men Min 6 month stay (\$515 per month) 12 Step Based Client must call for initial interview
Casa Serena 1515 Bath Street Santa Barbara, CA 93101 805-966-1260	90 day program for women (\$2,400 per month) 12 step sober living Scholarships available depending on income
Oliver House (Casa Serena Affiliate)	Client must call for brief phone interview and to schedule on-site interview. Clinical program manager is an LMFT, staffed by interns, trainees, and DAS staff. Prefer that Casa Serena program in done first Antidepressants are okay No pain, sleep, or muscle relaxer medications Women with children
Centerpoint 1601 Second Street Suite 104 San Rafael, CA 94901 415-456-6655	Men's residential Women's residential (allows children 5 and under) Outpatient services County funded
Cottage Care Hospital 320 West Pueblo Street P.O. Box 689 Santa Barbara, CA 93101 805-682-7111	In-patient setting 28 day program (\$14600) Outpatient program also available
Delancy Street 600 The Embarcadero San Francisco, CA 94107 415-512-5104	Hardcore program for those strongly motivated to make lifestyle changes. 2 year program No fee 24/7 intake
MHS Family Recovery Center 1100 Sportfisher Drive Oceanside, Ca 92054 760-439-6702	Residential, day treatment and next step programs with many services including drug testing, drug counseling and education, prenatal care Sliding scale

Eleventh Hour Residential Program 5639 East Park Circle Fresno, CA 93727 559-454-1819	Day Treatment: \$325/day - Intensive Outpatient: \$170 per session Transitional Living: \$100/day Private pay/Insurance Scholarships may be available Male/Female
Good Samaritan Programs 401 West Morrison Avenue Santa Maria, Ca 93458 805-347-3338	Overnight housing Meals for men, women, and children Women and Children preferred Maximum 30 day stay
Impact 1680 North Fair Oaks Pasadena, Ca 91103 323-681-2575	Long Term Residential (4-6 months) Adult men and women Extensive group counseling component Individual counseling carried out in three phases Sliding scale fee
Jelani Inc. 1601 Quesada Avenue San Francisco, CA 94124 415-822-5977	6-9 month residential program for women who are pregnant or parenting Up to two children age 5 and up as well as babies
Newhall Manor 415-822-5977 Fax: 415-822-5943 Intake Coordinator: 415-822-5945 Program Supervisor: 415-970-9145	6-9month family program Serves one or two parent families with children, including single fathers.
Janus of Santa Cruz 516 Chestnut Santa Cruz, Ca 95060 831-423-9015	Residential drug and alcohol treatment program for AA meetings, education, and counseling Serves Santa Cruz county Non-medical facility for women and children, and dual diagnosis. \$6,000 per month
New House II 227 West Hayley Street Santa Barbara, Ca 93101 805-962-8248	Men's Sober Living homes \$24/day Client must call to schedule interview Treatment program, and Sober living environment only (Social model)
New House III 2434 Bath, Santa Barbara, CA 93101 805 563-6050	Men's Sober Living homes \$30/day 3 meals included
New Life Community Services 707 Fair Avenue Santa Cruz, CA 95060 831-427-1007/831-458-1668	Residential, outpatient treatment for 6 months 12 Step social model recovery for men, women and children Sliding fee scale starting at \$28 per day
Phoenix of Santa Barbara 107 East Micheltorena Street Santa Barbara, CA 93101 805-965-3434	Dual diagnosis program Psychiatric evaluations, drug and alcohol treatment, and support groups Non-profit Serves Santa Barbara county Accepts Medi-cal
Progress House, Inc. 838 Beach Court	Men's Residential Program 1-3 months \$4,500 per month for 30 days

Coloma, CA 95613 530-626-9240 Ask For Sean	VA eligible
Progress House II 5607 Mount Murphy Garden Valley, CA 95633 530-626-9240 Ask For Sean	Women's Recovery Children's Recovery
Promises Treatment Center 3743 S. Barrington Avenue Los Angeles, Ca 90066 310-390-2340 866-783-4287 <a href="http://www.promises.com">http://www.promises.com</a>	Men and women 30 day IP Detox available
Prototypes 2150 North Victoria Oxnard, CA 93036 805-382-6296	Residential treatment for pregnant women Women with children up to 10 yrs old Sliding fee scale
Puente House- Main Office 444 West Badillo Covina, CA 91723 626-967-1819 800-494-9844 <a href="http://www.puentehouse.org">www.puentehouse.org</a>	Sober living environment Two men's facilities and one women's facility Fees include gym and Alano club membership 12 step philosophy Work Required Random testing
Recovery Point/Good Samaritan Shelter 731 South Lincoln Santa Maria, CA 93454 805-346-8185	Accepts pregnant women and has residential programs for women and their children Medi-Cal accepted Will not be turned away for inability to pay
River Community 23701 East Fork Road Azusa, CA 91702 626-910-1202	Adult dual diagnosis treatment program Insurance and SSI accepted
Santa Barbara Rescue Mission 535 E. Yanonoli Street Santa Barbara, CA 93103 805-966-1316	Men's Treatment Facility Affiliated with Bethel House One year program
Serenity Knolls P.O. Box 640 145 Tamal Road Forrest Knolls, CA 94933 415-488-0400 Website: <a href="http://SerenityKnolls.com">Serenity Knolls.com</a>	Twenty miles north of SF 28 day program \$14,800 plus \$100 deposit for meds Specializing in dual diagnosis Medically supervised detox 12 step social model with integrated clinical psychotherapy
Spencer House 6956 Matilija Avenue Van Nuys, CA 91405 818-785-6639 310-998-3680	12 step safe and sober living environment for men
Teen Challenge: Men 650 Riverside Avenue Shafter, CA 93263 661-746-4917	Residential Christian life 1 year no charge No Psych meds and no sex offenders No 12step, No AOD classes
Teen Challenge: Women 301 East Roberts Lane	Strictly Christian based program Intake every Tuesday

Bakersfield, CaA90338 661-399-2273	Intake and enrollment on same day
Transitions Center 412 East Tunnel Santa Maria, CA 93454 805-925-0315/805-966-9668	Women and children Structured program with sliding fee scale School facilities during day Affiliated with Good Samaritan Shelter
Touchstones P.O. Box 849 525 North Parker Street, Orange, CA 92856 714-639-5542 www.socialmodel.com	Adolescent program Dual diagnosis Sliding fee scale 9 <sup>th</sup> grade to 18yrs old Voluntary program with school on site
Turning Point 1315 25 <sup>th</sup> Street San Diego, CA 92102 619-233-0067	Recovery home for women 3months to one year (or longer) \$420 per month- room and board Primary focus: alcoholism
Vista del Mar 801 Seneca Street Ventura, CA 93001 805-653-6434	Medically supervised detox Clinical Psych evals. Dual diagnosis Specialty private insurance Not long term residential, but intense intake assessment
Walter Hoving Home 127 South El Molino avenue Pasadena, CA 91101 888-4hoving or collect 626-405-0950 Fax: 626-564-0952 www.walterhovinghome.com	Spiritually based non-profit drug and alcohol residential program for women ages 18 and over who have been involved in drug/alcohol/prostitution and other life controlling problems. Two programs offered 6-12 months Includes room and board for full program duration, classroom study in on campus learning center, individual/group counseling, structured work program and extra curricular activities. Funded through private donations Each student responsible for \$500 sponsorship

**Other possible resources:**

Tarzana Treatment Center  
800-996-1051  
[www.tarzanatc.org](http://www.tarzanatc.org)

Licensed residential and outpatient services for substance abuse and mental health concerns. Past experience with opiate addiction.

Hazelden Treatment Centers  
800-257-7810  
[www.hazeldon.org](http://www.hazeldon.org)

Licensed residential treatment programs in Oregon, Minnesota, Illinois and New York.

## Document 3.4

*Did you know that we offer  
Detoxification Services?*

### **DETOXIFICATION SERVICES**

---

We provide interventions aimed at managing acute intoxication withdrawal as part of caring for substance-related disorders:

- 1. Evaluation:** Screening for mental and physical conditions.
- 2. Stabilization:** Medical and psychosocial patient support often with assistance of medications
- 3. Fostering:** Supporting patient through a complete substance abuse treatment continuum of care.



**The County of San Luis Obispo  
Department of Behavioral Health  
Drug and Alcohol Services**

2180 Johnson Avenue  
San Luis Obispo, CA 93401  
(805) 781-4753

SAN LUIS OBISPO  
COUNTY

DEPARTMENT OF  
BEHAVIORAL  
HEALTH

---

DRUG AND ALCOHOL  
SERVICES

**Facts and Information**



## ALCOHOL WITHDRAWAL TREATMENT

### SERVICES

---

To assist with the process of **alcohol withdrawal**, we provide screening, assessment, treatment or referrals for individuals at risk of physical harm with the cessation of alcohol use.

### TREATMENT

---

For those at risk for harm from alcohol cessation, detoxification includes use of **Librium** or other appropriate **benzodiazepine**. The medication may be prescribed in conjunction with the person's primary care physician or by the medical staff at Drug and Alcohol Services. The length of treatment may vary from three days or more depending on individual severity.

### OUTCOME

---

At the end of the detoxification process, the person will be encouraged to participate in recovery services including, but not limited to DAS treatment services, NA/AA, and/or a recovery home.

## OPIATE WITHDRAWAL TREATMENT

### SERVICES

---

To assist with the process of withdrawal from opiates (oxycontin/heroin/pain medication) we use a medication called **Suboxone** (buprenorphin/naloxone).

**Suboxone** is a synthetic opiate prescribed for the treatment of opioid dependence to:

1. **Suppresses symptoms of opiate withdrawal**
2. **Decreases craving for opiates**

### TREATMENT

---

The outpatient treatment course is approximately 30 days (excluding weekends). **The treatment takes place in the San Luis Obispo clinic only.** The client will also be expected to participate in DAS treatment services, at the center of their choice, while in detox services.

**Payment for the detoxification services include:** Cen-cal (Medi-cal), \$220, or General Relief (obtained from Department of Social Services by appointment only).

### OUTCOME

---

At the end of the detoxification process, the person will be encouraged to continue

in recovery services including, but not limited to DAS treatment services, NA/AA, a recovery home, or Suboxone maintenance.

## METHAMPHETAMINE WITHDRAWAL SUPPORT

### SERVICES

---

Methamphetamine withdrawal rarely requires medical intervention. Individuals who are struggling with specific methamphetamine withdrawal symptoms may be assessed by the medical staff while in outpatient treatment services.

### TREATMENT

---

Medical treatment services for protracted methamphetamine withdrawal are based on individual need.

### OUTCOME

---

Any medical assistance for methamphetamine withdrawal will be provided in conjunction with outpatient treatment services and will support continued treatment.

**Document 3.5**

**Referral List:  
Detoxification and Medication  
Assisted Treatment**



**Treatment Providers**

Dr. Atsuko Rees, M.D.  
4251 S. Higuera St, Suite 401  
San Luis Obispo, CA 93401  
805-540-6010  
www.reesfamilymedical.com  
*\*\*Provides DAS Clients a \$50 discount if  
from County detox program*

Dr. Mario San Bartolome  
901 Oak Park Blvd., Suite 101  
Pismo Beach, CA 93449  
805-489-2205

Dr Ken Starr, M.D.  
2115 10th Street  
Los Osos, CA 93402  
805-242-1360  
www.kenstarrmd.com

Dr. Wendy Weiss, D.O.  
575 Price St., Suite 101  
Pismo Beach, CA 93449  
805-773-0707

**Treatment Facilities**

Aegis Medical in Atascadero  
Dr. George Girgis, Chief Medical Director  
6500 Morro Road  
Atascadero, CA 93422  
(805) 461-5212  
www.aegismed.com

Aegis Medical in Santa Maria  
Dr. George Girgis, Chief Medical Director  
115 East Fesler Street  
Santa Maria, CA 93454  
805-922-6597  
www.aegismed.com

Good Samaritan/Recovery Point  
245 East Inger Drive Suite 103-B  
Santa Maria, CA 93454  
Linda Penny, R.N., Regional Clinical Nurse  
805-346-8185  
www.goodsamshelter.net

San Luis Obispo Addiction Recovery Center  
835 Aero Vista Pl., Suite 110  
Dr. Dane Howalt, MD, Medical Director  
San Luis Obispo, CA 93401  
805-541-0632  
www.sloarc.com

San Luis Obispo County  
Drug & Alcohol Services  
2180 Johnson Ave.  
San Luis Obispo, CA 93401  
Katie Dolezal, N.P.  
805-781-4275  
www.slocounty.ca.gov/health/DAS\_Home

**Physician provider locator at  
www.suboxone.com**

Last updated December 2012

**Document 3.6**

**Suboxone**, a new medication designed to stop the cravings of opiate addiction without side effects. Unlike methadone, which is a liquid, it is a sublingual film. Patients get the prescription from a specifically licensed DEA physician.

Although the Drug Addiction Treatment Act of 2000 allowed physicians to prescribe certain classes of narcotics, like **buprenorphine**, from a private practice or hospital, it created the waiver and limited physicians to 30 opiate addiction therapy patients for the first year and then 100 patients per year thereafter.

**San Luis Obispo County**

<b>Name</b>	<b>Address</b>	<b>Phone</b>
Alan Brovar, M.D.	798 Arlington Street Cambria, CA 93428	(805) 927-1887
Wendy E. da Silva Weiss, D.O.	575 Price Street Unit 101 Pismo Beach, CA 93449	(805) 773-0707
Daniel Mark Gordon, M.D.	968 Toro San Luis Obispo, CA 93401	(805) 544-8709
Kristopher Dane Howalt, M.D.	1223 Higuera Street Suite 101 San Luis Obispo, CA 93401	(805) 541-5566
Mario San Bartholome, M.D.	901 Oak Park Blvd., Suite 101 Pismo Beach, CA 93401	(805) 489-2205
Ken Starr, M.D.	2115 10 <sup>th</sup> Street, Los Osos, CA 93402	(805) 242-1360

**Santa Barbara County**

<b>Name</b>	<b>Address</b>	<b>Phone</b>
Godfrey David Dyne, M.D.	319 North Milpas Street Santa Barbara, CA 93103	(805) 965-3011
Sherif Elasyouty, M.D.	3 West Carrillo Street Suite 217 Santa Barbara, CA 93101	(805) 884-4989
P. Joseph Frawley, M.D.	525 E. Michael Turria St. Santa Barbara, CA 93103	(805) 730-1580
Olga Kharitidi, M.D.	3 West Carrillo Street Suite 217 Santa Barbara, CA 93101	(805) 884-4989
Donald Slutzky, M.D.	2429 Bath Street Santa Barbara, CA 93105	(805) 687-5791
Kevin Neal Teehee, M.D.	4141 State Street Suite A-1 Santa Barbara, CA 93110	(805) 681-7144

**Additional Note: Rapid Detox - How It Works**

Rapid opiate detox involves anesthetizing addicts while they go through the worst stages of withdrawal from heroin, methadone or opiate-based prescription painkillers.

Proponents have dubbed the five- to eight-hour procedure the "Sleeping Beauty" therapy for opiate withdrawal, which otherwise is a painful five- to seven-day ordeal. Besides anesthesia, patients receive drugs to block opiate receptor sites in the brain, naltrexone to combat craving, and medications to fight

nausea, diarrhea and muscle aches. Most insurers won't pay for the procedure, which costs between \$6,000 and \$15,000.

**Document 3.7** is looking at the surrounding 100 miles to San Luis Obispo County and the State recognized clinics and facilities for detoxification. This information comes from [www.adp.ca.gov](http://www.adp.ca.gov) and is continually updated. (Note ADP website will become DHCS ([www.dhcs.ca.gov](http://www.dhcs.ca.gov)) soon). There are 18 providers within 100 miles currently providing detoxification services. At this website, you can sort by service (such as detoxification) and various other variables (such as population, gender, cost, etc).

San Luis Obispo County

2013 Detox Report

Organization	Mailing Address	City	State	Zipcode	Street Address	City2	State3	Zipcode	Zip+45	Phone Number	Website
Aegis Medical Systems Inc	7246 Remmet Avenue	Canoga Park	CA	91303	6500 Morro Road, Suite D	Atascadero	CA	93422		(805) 461-5212	www.aegismed.com
Aegis Medical Systems Inc	4129 State Street	Santa Barbara	CA	93110	4129 State Street	Santa Barbara	CA	93110		(805) 964-4795	www.aegismed.com
Aegis Medical Systems Inc	1019 Jefferson Street	Delano	CA	93215	1019 Jefferson Street	Delano	CA	93215		(661) 721-0463	www.aegismed.com
Aegis Medical Systems Inc	1018 21st Street	Bakersfield	CA	93301	1018 21st Street	Bakersfield	CA	93301		(661) 861-9967	www.aegismed.com
Aegis Medical Systems Inc	115 East Fesler Street	Santa Maria	CA	93454	115 East Fesler Street	Santa Maria	CA	93454		(805) 922-6597	www.aegismed.com/clinics/santa_maria.htm
American Health Services at	1010 1/2 South Union Avenue	Bakersfield	CA	93307	1010 1/2 South Union Avenue	Bakersfield	CA	93307		(661) 321-0234	www.americanhealthservices.org
Bakersfield Recovery Services	2000 Baker Street	Bakersfield	CA	93305	2000 Baker Street	Bakersfield	CA	93305		(661) 873-4927	www.jasonsretreat.comORBakersfieldrecoveryserives.weebly.com
Council on Alcoholism and Drug Abuse	P.O. Box 28	Santa Barbara	CA	93102	816 Cacique Street, Front Building	Santa Barbara	CA	93102		(805) 963-1836	www.cadasb.org
Good Samaritan Shelter	401 West Morrison Avenue	Santa Maria	CA	93458	401 West Morrison Avenue, Suite B	Santa Maria	CA	93458		(805) 347-3338x102	www.goodsamshelter.net
Good Samaritan Hospital Southwest	5201 White Lane	Bakersfield	CA	93309	5201 White Lane	Bakersfield	CA	93309		(661) 398-1800x5547	
Good Samaritan Services	113 South M Street	Lompoc	CA	93436	113 South M Street	Lompoc	CA	93436		(805) 736-0357	www.goodsamshelter.net
Kings View	P.O. Box 688	Tulare	CA	93275	559 East Bardsley Avenue	Tulare	CA	93274		(559) 688-7531	
San Luis Obispo Addiction Recovery Ctr	835 Aerovista Place	San Luis Obispo	CA	93401	835 Aerovista Place, Suite 110	San Luis Obispo	CA	93401		(805) 541-0632	www.sloarc.com
San Luis Obispo County	2180 Johnson Avenue	San Luis Obispo	CA	93401	3556 El Camino Real	Atascadero	CA	93422		(805) 461-6080	www.slodas.org
San Luis Obispo County	1523 Longbranch Street	Grover Beach	CA	93433	1523 Longbranch Street	Grover Beach	CA	93433		(805) 473-7080	www.slodas.org
San Luis Obispo County Office	2180 Johnson Avenue	San Luis Obispo	CA	93401	2180 Johnson Avenue	San Luis Obispo	CA	93401		(805) 781-4753	www.slodas.org
Santa Barbara Cottage Hospital	316 West Montecito Street	Santa Barbara	CA	93101	316 West Montecito Street	Santa Barbara	CA	93101		(805) 569-7422	www.cottagehealthsystem.org
Santa Barbara Cottage Hospital	Pueblo at Bath Street	Santa Barbara	CA	93102	Pueblo at Bath Street	Santa Barbara	CA	93102		(805) 569-8339	www.cottagehealthsystem.org

San Luis Obispo County

2013 Detox Report

Organization	Service Area specifics	Facility Type	Individuals Served	Payment Methods	Sliding Fee/Assistance	ASL & Language Services
Aegis Medical Systems Inc	Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification	Outpatient	Pregnant/postpartum women, Criminal justice clients	Self payment, Medicaid, Medicare, State financed insurance (other than Medicaid)	Sliding fee scale (fee is based on income and other factors)	ASL or other assistance for hearing impaired
Aegis Medical Systems Inc	Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification	Outpatient, Partial hospitalization/day treatment	Pregnant/postpartum women	Self payment, Medicaid, Medicare, State financed insurance (other than Medicaid), Military insurance (e.g., VA,TRICARE), Access to Recovery	Sliding fee scale (fee is based on income and other factors)	Spanish
Aegis Medical Systems Inc	Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification	Outpatient	Persons with co-occurring mental and substance abuse disorders, Persons with HIV/AIDS, Pregnant/postpartum women, Women	Self payment, Medicaid	Sliding fee scale (fee is based on income and other factors)	Spanish, Tagalog
Aegis Medical Systems Inc	Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification	Outpatient	Persons with co-occurring mental and substance abuse disorders	Self payment, State financed insurance (other than Medicaid)	Sliding fee scale (fee is based on income and other factors)	Arabic, Chinese, Spanish, Tagalog
Aegis Medical Systems Inc	Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification	Outpatient	Persons with co-occurring mental and substance abuse disorders, Pregnant/postpartum women	Self payment, Medicaid, State financed insurance (other than Medicaid)	Sliding fee scale (fee is based on income and other factors)	ASL or other assistance for hearing impaired, Spanish
American Health Services at	Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification, Buprenorphine Services	Outpatient		Self payment, Medicare	Sliding fee scale (fee is based on income and other factors)	Spanish
Bakersfield Recovery Services	Substance abuse treatment, Detoxification, Buprenorphine Services	Residential short-term treatment (30 days or less), Residential long-term treatment (more than 30 days)	Pregnant/postpartum women, Women, Residential beds for clients' children, Criminal justice clients	Self payment, Private health insurance		
Council on Alcoholism and Drug Abuse	Substance abuse treatment, Detoxification	Residential short-term treatment (30 days or less)	Men	Self payment	Sliding fee scale (fee is based on income and other factors)	
Good Samaritan Shelter	Detoxification	Residential short-term treatment (30 days or less)		Self payment		
Good Samaritan Hospital Southwest	Substance abuse treatment, Detoxification, Buprenorphine Services	Hospital inpatient, Outpatient, Partial hospitalization/day treatment		Self payment, Medicaid, Medicare, Private health insurance, Military insurance (e.g., VA,TRICARE)		ASL or other assistance for hearing impaired
Good Samaritan Services	Detoxification	Residential short-term treatment (30 days or less)		Self payment, Medicaid		
Kings View	Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification	Outpatient	Adolescents	Self payment, Medicaid		Spanish
San Luis Obispo Addiction Recovery Ctr	Substance abuse treatment, Detoxification, Buprenorphine Services	Outpatient		Self payment, Medicare		
San Luis Obispo County	Substance abuse treatment, Detoxification, Buprenorphine Services	Outpatient	Adolescents, Pregnant/postpartum women, Women, DUI/DWI offenders, Criminal justice clients	Self payment, Medicaid, Medicare	Sliding fee scale (fee is based on income and other factors), Payment assistance (Check with facility for details)	ASL or other assistance for hearing impaired, Spanish
San Luis Obispo County	Substance abuse treatment, Detoxification, Buprenorphine Services	Outpatient	Adolescents, Pregnant/postpartum women, Women, DUI/DWI offenders, Criminal justice clients	Self payment, Medicaid, Medicare	Sliding fee scale (fee is based on income and other factors), Payment assistance (Check with facility for details)	ASL or other assistance for hearing impaired, Spanish
San Luis Obispo County Office	Substance abuse treatment, Detoxification, Buprenorphine Services	Outpatient	Persons with co-occurring mental and substance abuse disorders, Pregnant/postpartum women, DUI/DWI offenders, Criminal justice clients	Self payment, Medicaid, Medicare, State financed insurance (other than Medicaid)	Sliding fee scale (fee is based on income and other factors), Payment assistance (Check with facility for details)	ASL or other assistance for hearing impaired, Spanish
Santa Barbara Cottage Hospital	Substance abuse treatment, Buprenorphine Services	Residential short-term treatment (30 days or less)		Self payment, Private health insurance, Military insurance (e.g., VA,TRICARE)		Spanish
Santa Barbara Cottage Hospital	Substance abuse treatment, Detoxification, Buprenorphine Services	Hospital inpatient, Outpatient	Persons with co-occurring mental and substance abuse disorders	Self payment, Medicare, Private health insurance, Military insurance (e.g., VA,TRICARE)		Spanish

**Document 3.8**

Department of Alcohol and Drug Programs  
Licensing and Certification Division

· QUARTERLY REPORT  
RESIDENTIAL AND NONRESIDENTIAL RECOVERY TREATMENT CAPACITY BY COUNTY  
(PROFIT AND NON-PROFIT )  
Quarter-Ending March 31, 2013

County	Licensed Facilities		Certified Residential Programs		Certified Nonresidential Programs	
	Profit	Non-Profit	Profit	Non-Profit	Profit	Non-Profit
Alameda	0	6	1	12	1	22
Alpine	0	0	0	0	0	0
Amador	0	0	0	0	0	1
Butte	0	1	1	2	2	5
Calaveras	0	0	0	1	0	0
Colusa	0	0	0	0	0	1
Contra Costa	0	9	1	17	2	14
Del Norte	0	3	0	0	0	1
El Dorado	0	1	0	6	0	8
Fresno	5	2	1	7	11	15
Glenn	0	0	0	0	0	2
Humboldt	0	1	1	5	0	3
Imperial	0	0	0	0	0	0
Inyo	0	0	0	0	1	1
Kern	0	0	0	5	1	8
Kings	0	1	0	0	0	4
Lake	0	0	0	2	0	2
Lassen	0	0	0	0	0	0
Los Angeles	56	32	31	88	77	225
Madera	0	0	0	0	0	0
Marin	6	2	4	6	2	7
Mariposa	0	0	0	0	0	1
Mendocino	0	0	0	1	0	4
Merced	0	0	0	2	0	3
Modoc	0	0	0	0	0	1
Mono	0	0	0	0	0	0
Monterey	0	0	0	5	0	5
Napa	2	2	1	1	0	3
Nevada	0	0	0	2	0	2
Orange	37	9	63	32	48	26
Placer	0	0	1	3	2	14
Plumas	0	0	0	0	0	1
Riverside	12	6	6	24	11	28
Sacramento	3	0	5	19	9	22
San Benito	0	0	0	0	0	1
San Bernardino	4	13	5	9	7	31
San Diego	5	15	6	28	7	43

Department of Alcohol and Drug Programs  
Licensing and Certification Division

QUARTERLY REPORT  
RESIDENTIAL AND NONRESIDENTIAL RECOVERY TREATMENT CAPACITY BY COUNTY  
(PROFIT AND NON-PROFIT)  
Quarter Ending March 31, 2013

County	Licensed Facilities		Certified Residential Programs		Certified Nonresidential Programs	
	Profit	Non-Profit	Profit	Non-Profit	Profit	Non-Profit
San Francisco	0	4	0	25	1	23
San Joaquin	0	1	1	5	0	10
San Luis Obispo	0	0	0	0	0	3
San Mateo	1	10	1	19	1	17
Santa Barbara	1	5	0	4	1	9
Santa Clara	4	2	3	7	4	20
Santa Cruz	1	1	1	5	2	4
Shasta	0	0	1	3	2	6
Sierra	0	0	0	0	0	1
Siskiyou	0	0	0	0	0	2
Solano	0	4	0	5	1	7
Sonoma	2	2	3	4	1	10
Stanislaus	0	1	1	4	2	6
Sutter	0	1	1	0	0	2
Tehama	0	0	0	1	0	2
Trinity	0	0	0	0	0	1
Tulare	0	1	0	7	6	8
Tuolumne	0	0	1	0	0	0
Ventura	3	8	3	1	12	6
Yolo	0	1	0	2	0	2
Yuba	0	0	0	1	0	4
<b>Total</b>	<b>142</b>	<b>144</b>	<b>143</b>	<b>370</b>	<b>214</b>	<b>647</b>

Licensed Programs: 286  
Combined (License/Certification) Programs: 513  
Total Non-Residential Programs: 861

**Document 3.9**

Department of Alcohol and Drug Programs  
Licensing and Certification Division

QUARTERLY REPORT  
LICENSED RESIDENTIAL FACILITIES AND RECOVERY/TREATMENT CAPACITY  
BY COUNTY AND SIZE OF FACILITY  
Quarter Ending December 31, 2012

County	Size (Treatment Capacity) of Facility								Total	
	6 or Less		7-20		21 - 50		Over 50			
	Facilities	Capacity	Facilities	Capacity	Facilities	Capacity	Facilities	Capacity	Facilities	Capacity
Alameda	4	23	7	92	6	178	2	144	19	437
Alpine	0	0	0	0	0	0	0	0	0	0
Amador	0	0	0	0	0	0	0	0	0	0
Butte	0	0	1	14	3	100	0	0	4	114
Calaveras	0	0	0	0	1	32	0	0	1	32
Colusa	0	0	0	0	0	0	0	0	0	0
Contra Costa	18	82	8	105	2	90	1	58	27	335
Del Norte	0	0	3	40	0	0	0	0	3	40
El Dorado	0	0	6	92	0	0	1	70	7	162
Fresno	1	8	3	38	2	52	5	585	11	681
Glenn	0	0	0	0	0	0	0	0	0	0
Humboldt	1	8	2	38	4	87	0	0	7	131
Imperial	0	0	0	0	0	0	0	0	0	0
Inyo	0	0	0	0	0	0	0	0	0	0
Kern	0	0	3	34	4	124	2	130	9	288
Kings	0	0	1	15	0	0	0	0	1	15
Lake	1	8	0	0	0	0	1	61	2	67
Lassen	0	0	0	0	0	0	0	0	0	0
Los Angeles	92	510	37	517	42	1453	35	3825	208	6105
Madera	0	0	0	0	0	0	0	0	0	0
Yavapai	9	54	4	52	5	170	0	0	18	276
Mariposa	0	0	0	0	0	0	0	0	0	0
Mendocino	0	0	0	0	1	43	0	0	1	43
Merced	0	0	0	0	2	67	0	0	2	67
Modoc	0	0	0	0	0	0	0	0	0	0
Mono	0	0	0	0	0	0	0	0	0	0
Monterey	1	8	1	14	2	58	1	54	5	132
Napa	2	12	1	13	2	79	1	55	6	159
Nevada	0	0	1	19	1	25	0	0	2	44
Orange	96	548	26	337	12	316	7	516	141	1717
Placer	2	12	1	10	1	25	0	0	4	47
Plumas	0	0	0	0	0	0	0	0	0	0
Riverside	23	116	9	124	11	371	4	272	47	883
Sacramento	7	42	9	129	10	302	1	55	27	528
San Benito	0	0	0	0	0	0	0	0	0	0
San Bernardino	18	107	7	84	4	138	3	258	32	583
San Diego	19	111	8	135	12	457	15	1582	54	2285
San Francisco	2	11	15	209	5	178	7	607	29	1005
San Joaquin	0	0	2	38	2	68	3	244	7	350
San Luis Obispo	0	0	0	0	0	0	0	0	0	0
San Mateo	19	110	10	110	2	80	0	0	31	280
Santa Barbara	3	18	4	50	3	97	0	0	10	165
Santa Clara	3	18	6	96	6	193	1	65	16	372
Santa Cruz	1	8	1	10	5	173	1	56	8	245
Shasta	1	6	1	10	2	65	0	0	4	82
Sierra	0	0	0	0	0	0	0	0	0	0
Siskiyou	0	0	0	0	0	0	0	0	0	0
Solano	1	4	7	84	1	22	0	0	9	110
Sonoma	1	8	2	38	7	212	1	99	11	355

Department of Alcohol and Drug Programs  
Licensing and Certification Division

QUARTERLY REPORT  
LICENSED RESIDENTIAL FACILITIES AND RECOVERY/TREATMENT CAPACITY  
BY COUNTY AND SIZE OF FACILITY  
Quarter Ending December 31, 2012

County	Size (Treatment Capacity) of Facility									
	6 or Less		7-20		21 - 50		Over 50		Total	
	Facilities	Capacity	Facilities	Capacity	Facilities	Capacity	Facilities	Capacity	Facilities	Capacity
Stanislaus	3	18	0	0	2	70	1	52	6	140
Sutter	1	8	1	15	0	0	0	0	2	21
Tehama	0	0	1	8	0	0	0	0	1	8
Trinity	0	0	0	0	0	0	0	0	0	0
Tulare	2	12	3	34	3	95	0	0	8	141
Tuolumne	0	0	0	0	1	30	0	0	1	30
Ventura	10	58	1	10	1	22	2	146	14	236
Yolo	0	0	1	12	2	89	0	0	3	101
Yuba	0	0	0	0	1	23	0	0	1	23
<b>Total</b>	<b>339</b>	<b>1,914</b>	<b>193</b>	<b>2,626</b>	<b>170</b>	<b>5,563</b>	<b>95</b>	<b>8,732</b>	<b>797</b>	<b>18,835</b>

My Network Places\ALLLCD\Quarterly Report\FY 2012-2013 Qtrly Rpt\3rd Qtr - January - March\Lic & Cert Facilities, Res Fac by Bed Cap  
4/8/2013

**Document 3.10****SALVATION ARMY ADULT REHABILITATION CENTERS**

CITY	ADDRESS	PHONE #	FAX #	SEX	Intake Coordinator
<b>Anaheim</b>	1300 S. Lewis St., Anaheim, CA 92805	714-758-0414 XT 3427		M	Jin Kim jin.kim@usw.salvationarmy.org
<b>Bakersfield</b>	120 19th St., Bakersfield, CA 93301	661-325-8626 XT 9, 138	661-631-2814	M	Brian Austin
<b>Canoga Park</b>	21375 Roscoe Blvd., Canoga Park, CA 91304	818-883-6321		M	
<b>Fresno</b>	804 S Parallel Ave, Fresno, CA 93721	559-490-7020		Both	
<b>Healdsburg</b>	200 Lytton Springs Rd, Healdsburg, CA 95448	707-433-7404		M	
<b>Long Beach</b>	1334 Alamitos Ave., Long Beach, CA 90813	562-218-2355 xt 17		M	Craig Burroughs
<b>Oakland</b>	601 Webster St., Oakland, CA 94607	510-451-4514		M	
<b>Pasadena</b>	56 W. Del Mar Blvd., Pasadena, CA 91105	626-795-8075		Both	Bennie & Jeff Campbell jeffrey.campbell.usw.salvationarmy.org
<b>Perris</b>	24201 Orange Ave, Perris, CA 92570	951-943-8235		M	
<b>Sacramento</b>	1615 D St., Sacramento, CA 95814	916-441-5267		M	
<b>San Bernardino</b>	363 S. Doolittle Rd., San Bernardino, CA 92408	909-889-9605		Both	
<b>San Diego</b>	1335 Broadway, San Diego CA 92101	619-239-4037 XT 345		Both	Steve Self
<b>San Francisco</b>	1500 Valencia St, San Francisco, CA 94110	415-643-8000 XT 8028		Both	Patti Butterbredt patricia.butterbredt@usw.salvationarmy.org
<b>San Jose</b>	702 W. Taylor St., San Jose, CA 95126	408-298-7600		M	Mark
<b>Santa Monica</b>	1658 11th St, Santa Monica, CA 90404	310-450-7235 XT 1318		M	Jesse Wright
<b>Stockton</b>	1247 S. Wilson Way, Stockton, CA 95205	209-466-3871		M	
<b>Van Nuys</b>	14917 Victory Blvd., 91411, Van Nuys, CA	818-778-1177		M	

## **Attachment Section 4: Experience and Results from Drug and Alcohol Services Outpatient Detoxification Program**

### **Background:**

San Luis Obispo County Drug and Alcohol Services began an outpatient detoxification program in January 28, 2008 and continues to run through June 30, 2013. Three detoxification protocols are implemented:

- Methamphetamine Withdrawal Support
- Alcohol Withdrawal Treatment
- Opiate Withdrawal Treatment

The protocols include medical evaluation, medication management, and daily detoxification support. Medical Director is Dr. Daisy Ilano of Behavioral Health Department. Nurse Practitioner is Katie Dolezal of Drug and Alcohol Services Division with back-up provided by Jeff Lloyd, Drug and Alcohol Services Specialist III, Licensed Psychiatric Technician. The Nurse Practitioner is employed half-time and the majority of her time is devoted to medication evaluations for psychiatric concerns, a smaller amount of her time is conducting the outpatient detoxification services.

Clients pay the medication fee for the Opiate Detoxification program, which is \$220 as of July 1, 2013. The medication, Suboxone, is used on an outpatient basis to reduce opiate cravings and assist in the detoxification (see attached flyer in Attachment Section 3). The medical services are covered by drug medi-cal, except for the cost of the Suboxone medication.

Expected outcomes to be measured are:

- Number of participants (estimated need)
- Types of detoxification (primary drugs of choice)
- Success rate of outpatient detoxification protocols
- Cost of outpatient detoxification per client
- Follow-up rate into treatment

### **Experience:**

An interview was held with Nurse Practitioner, Katie Dolezal on April 11, 2013 to get her perspectives on what is happening with detoxification needs in our County and one the outpatient detoxification program which she conducts for County Drug and Alcohol Services. Ms. Dolezal has been operating the outpatient detoxification program since 2008 and has many years' worth of experience working in detoxification and working with homeless persons.

Katie reports that the detoxification landscape has changed in the past several years. Currently the individuals requesting detoxification are young adults who have an opiate substance use disorder. They are generally higher functioning than individuals seeking detox in the past. Currently she is serving 5-6 clients per week on a detoxification protocol. Recently the protocols were changed by Katie Dolezal and Dr. Daisy Ilano based upon client experiences, to increase the tapering period of suboxone from fourteen (14) days to thirty (30) days and can go up to 6 weeks to alleviate the withdrawal symptoms. Thus, the suboxone detoxification program is individualized to the client. The client fee (\$220) is not generally a barrier to treatment.

Many of the detoxification clients are working (and pay the fee), but one of the limitations to the detoxification program is that the hours are only available in mornings for appointments and medication administration. Transitioning these clients into treatment is also challenging as they are busy and productive citizens in comparison to prior populations served. However, the further good news is that many of the clients comply with the requirements of the outpatient detoxification program and are completing the program.

When there are multiple factors (substance use, homelessness, and mental illness) this confounds the protocols and are more likely to be unsuccessful in detoxification in Katie's experience. It takes more time needed to find the right psychotropic medications at the same time a person is trying to detox.

Our program has served as a model for other Counties as Santa Barbara and Ventura County representatives have come to visit the Drug and Alcohol Services Outpatient Detoxification Program, to learn from Katie's expertise, and to begin to implement an outpatient detox program in their Counties. In addition, Katie has worked with individual physician providers in our County to expand their expertise in suboxone. When asked about social model detoxification facility needs, Katie indicated that a social model detoxification facility would not meet the needs of the current clients she is seeing in the outpatient programs as they are opiate dependent in need of detox, but are higher functioning and would not leave their employment and would not want to go to a congregate living situation to experience their withdrawal symptoms. "Imagine the worst flu symptoms that you could ever have (such as vomiting, diarrhea, sweating, chills, fever and shaking) and then imagine going to some else's home to spend a few days, it just doesn't feel comfortable and opiate dependent individuals often won't go to a social model detoxification facility."

### **Results:**

<b>Participant Demographics</b>	<b>FY11-12</b>	<b>FY12-13*</b>
Unduplicated Client Count	184	224
Gender : Male	105	98
Gender: Female	79	126
Regional Location: Atascadero DAS Clinic	34	34
Regional Location: Grover Beach DAS Clinic	22	37
Regional Location: San Luis Obispo DAS Clinic	139	176

Ages 0-18	1	2
Ages 19-25	48	51
Ages 26-34	78	86
Ages 35-44	33	51
Ages over 44	22	34

\*Through April 12, 2013

The client demographics from the Outpatient Detoxification Program have shown an increase in the numbers of individuals served. In the past two years, females have noticeably increased. Program operation is primarily in San Luis Obispo and so most of the clients seek services there and does not necessarily describe their residence.

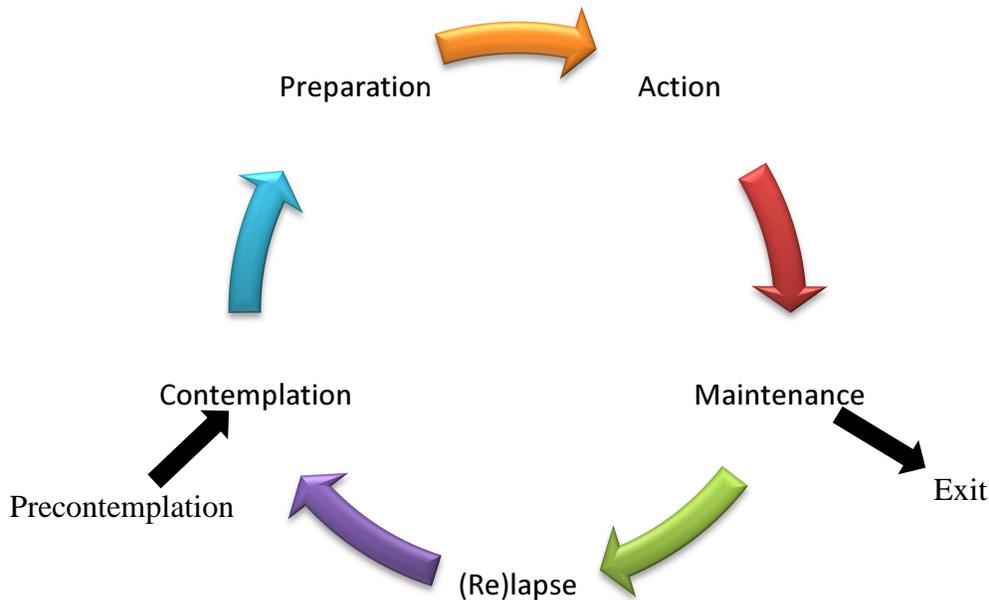
The successful discharges for the Outpatient Detoxification Program are about 65% and the inadequate progress is 35% over the two years. More analysis is needed to determine which factors have contributed to success and what happens to those with inadequate progress.

## **Attachment Section 5: Stages of Change and SBIRT (Screening, Brief Interventions, and Referral to Treatment)**

Stages of Change, which comprise the key organizing construct of the transtheoretical model of change, inform effective interventions to promote behavioral change, even in people who do not wish to change or who may be in denial. Most people cycle through the stages of change more than once, and movement through the stages can fluctuate back and forth. In addition, people with multiple issues (e.g. homelessness, mental illness, and substance use) may be at different stages with each different issue. For example, the person may be willing to work on finding shelter, but not be willing to take medication for the voices or attend groups for substance use. The multiple issue client is very complex, but engaging them at the stage of change that they are willing to work can propel movement in the other areas.

The stages are:

- **Precontemplation:** Clients view behavior (e.g. substance use, psychological symptoms, healthcare choices) as unproblematic and do not intend to change. The focus on changing behavior at this stage may alienate clients. Instead, appropriate interventions help clients engage in services and become ready to consider change.
- **Contemplation:** Clients think about whether to change behavior, become aware of problems their behavior causes, and experience ambivalence about their behavior.
- **Preparation:** Clients decide to make a change and have perhaps already begun to change problematic behaviors.
- **Action:** Clients make a clear commitment to change; they engage in activities as alternatives to problem behaviors, avoid high-risk situations, and develop relationships that reward their changed behavior.
- **Maintenance:** Clients have sustained new behaviors for at least six months. They sustain and further incorporate changes achieved in the action stage and are actively working on supporting their recovery.



Stages of Change (Prochaska & DiClemente, 1986 in SAMHSA, 2013)

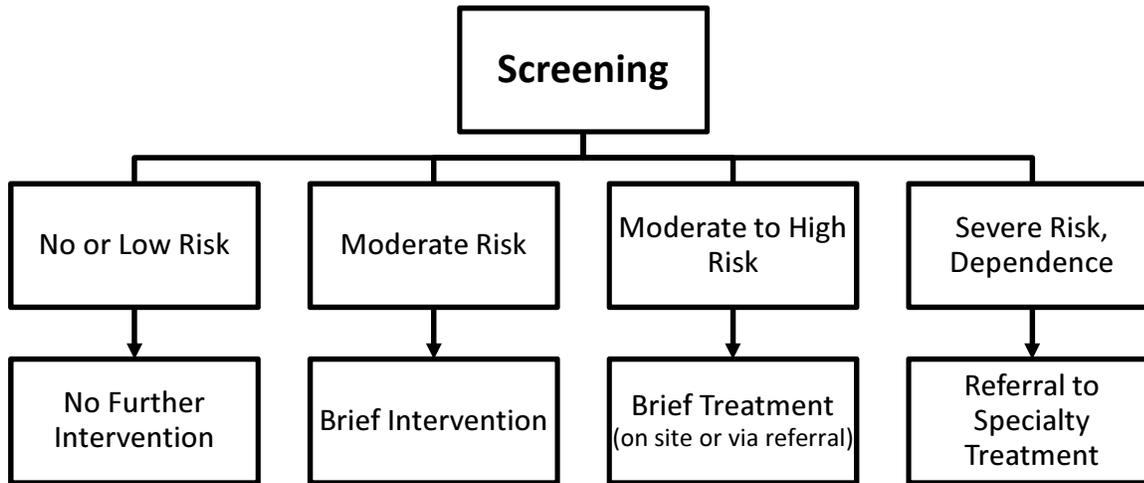
Clients may enter the system in any number of settings and in need of detoxification. They may enter through physician's offices, hospital emergency departments, the Psychiatric Health Facility (PHF), or County Jail, community substance abuse treatment facilities, or community mental health centers, but should have access to care for detoxification needs regardless of the point of entry. Depending on the symptom presentation, clients may have one predominant need at the point of entry to the system. Symptom severity will define how the services are provided, but the important element of integration of care exists throughout the range of services.

The SBIRT model (Screening, Brief Intervention, Referral to Treatment) is a useful way to provide screening and brief interventions in the primary healthcare setting and then make a referral to treatment (as needed). A concrete example may be useful: in the emergency room, the nurse and/or treating physician notices that the patient also has a history of substance use problems which may necessitate detoxification and asks the patient or family if they would wish to speak to someone about that. The patient is at a stage of change where they are preparing for behavior change and accepts the offer to talk to someone. The emergency room can call the Detoxification Team and they come out to provide the referral to specialty detoxification treatment services. The patient is also receiving medical care for their injury or condition that landed them in the emergency room, but there is a seamless handoff to the specialty care.

The SBIRT model has been researched and has shown improved linkage between the healthcare generalist with the substance use disorder specialist and improved outcomes (decreased future emergency room visits and decreased substance use) for the patient and for the system of care. SBIRT capitalizes on a 'teachable moment' where healthcare personnel can discuss with patients the link between hazardous substance use and the related consequences. The SBIRT work can be

done by any member of the Detoxification Team including the Drug and Alcohol Services Worker I in a variety of settings to engage a client into detoxification services.

How Does SBIRT Work? (SAMHSA, planned g in SAMHSA, 2013)



**Screening (S)** is a process of identifying clients with possible substance abuse problems and determining the appropriate course of future action for these individuals. The screening process does not identify exactly what kind of problem the person might have or how serious it might be; it simply determines whether a problem exists and, if so, whether further assessment is needed.

**Brief intervention (BI)** is appropriate for clients identified through screening to be at moderate risk for substance use problems. BI can be provided through a single session or multiple sessions of motivational interventions. These interventions focus on increasing a client’s insight into and awareness about substance use and behavioral change.

**Brief treatment (BT)**, also called brief intensive intervention, is a specialty outpatient treatment modality—a systematic, focused process that relies on assessment, client engagement, and implementation of change strategies. The treatment consists of assessment and a limited number (typically 6 to 20) of evidence-based, highly focused, and structured clinical sessions (e.g., solution-focused therapy, cognitive-behavioral therapy). Clients may receive BT on site but more commonly are referred to an outside program or another component of a medical system.

Clients identified as needing BT or more intensive treatment are referred to specialty substance abuse treatment (**referral to treatment [RT]**), the primary goals of which are to identify an appropriate treatment program and to facilitate the individual’s engagement. RT requires a proactive, collaborative effort between SBIRT providers and those providing specialty treatment to ensure that, once referred, the client accesses and engages in the appropriate level of care.

(SAMHSA, planned g in SAMHSA, 2013)

## Attachment Section 6: “Housing First” options needed in San Luis Obispo County

People with substance use or mental disorders who are homeless are more likely to have immediate life-threatening health conditions and to live in life threatening situations. The first steps towards healing may be access to medical care and a safe and healthy place to live (SAMHSA, 2013). In San Luis Obispo County, the growing concern about the homeless has continued to highlight the need for ‘a detox.’ As mentioned throughout this document, a different model for detox in the form of a Detoxification Team would provide more flexibility and individualization of the detoxification services. However, the implementation of a Detoxification Team would not fully address the issues of the homeless persons.

The Detoxification Team would be able to address the access to medical care (specifically detox), but a safe and healthy place to live is also needed. Some people who are homeless will need detoxification as a part of a stabilization process. Others may need brief hospitalization to stabilize acute symptoms. Stabilization is a process of beginning to restore physical health, feelings of safety, to relieve emotional turmoil, and to get a sense of future goals and needs. Some of the homeless persons may be able to be placed into Sober Living Environments and other homeless persons may be able to be served on an outpatient detoxification basis while residing at the Homeless Shelter. The reality is that more options for housing this population are needed in San Luis Obispo County.

Housing and shelter programs are sometimes defined by policies related to substance use on and off the premises. Different types of housing are appropriate for clients in different stages of change for substance use behaviors and who are, in turn, ready for varying levels of service intensity. In housing, “wet”, “damp”, and “dry/sober” refer to these levels of service intensity and a concomitant demand for abstinence from alcohol and drugs.

### Housing Designations and Readiness to Change Substance Use (Hannigan & Wagner, 2003 in SAMHSA, 2013)

Housing Type	Relevant Stage of Change	Description of Housing and Supportive Service
<b>Wet Housing</b>	Suited to precontemplation or contemplation stages of change	<ul style="list-style-type: none"> <li>• Permits use of legal substances (i.e. alcohol) on premises.</li> <li>• Meets basic needs for safe shelter; increases client readiness to accept other services.</li> <li>• Staff creates consistent, empathic relationships with clients and addresses behaviors related to substance use (e.g., loud, destructive parties) to help clients recognize how substance use affects their lives, goals, and chances of staying housed.</li> <li>• Residents are engaged in treatment and other services as they are ready.</li> </ul>
<b>Damp Housing</b>	Suited to comtemplation and preparation stages	<ul style="list-style-type: none"> <li>• Abstinence is recommended but not required; intervention occurs if safety becomes an issue. Meets basic needs for safe shelter; increases client readiness to accept other services.</li> </ul>

	of change	<ul style="list-style-type: none"> <li>• Staff creates consistent, empathic relationships with clients and addresses behaviors related to substance use (e.g., loud, destructive parties) to help clients recognize how substance use affects their lives, goals, and chances of staying housed.</li> <li>• Residents are engaged in treatment and other services as they are ready.</li> </ul>
<b>Dry or Sober Housing</b>	Suited to action or maintenance stages of change	<ul style="list-style-type: none"> <li>• Strict abstinence policy – substance use results in termination of housing.</li> <li>• Staffed group homes (i.e., transitional or permanent supportive housing programs) or independent group sober living, like Oxford Houses. Residents pay rent, utilities, and other household expenses.</li> </ul>

“Housing First” options (or wet housing) are low demand, offer permanent housing for people who are homeless, and do not require the clients to enter treatment or document abstinence. Many, though not all, Housing First participants receive Federal disability benefits, and many program encourage clients to participate in money management programs that ensure the payment for housing. Housing First programs provide substance abuse, mental health, and medical services through community case management of multi-disciplinary teams. Housing First programs range from scattered site independent housing leased from private landlords (thus increasing individual choice in both housing and neighborhoods) to congregate living programs in which the program owns or controls the housing (allowing staff to provide a high level of onsite supervision and response to client crises).

Sometimes people are placed in housing when they are in the precontemplation stage of change regarding their substance use or mental health issues. They may show little or no motivation or behavior suggesting that they would even consider addressing their problems. Even so, several options for working with clients who are in the precontemplation stage exist:

- Providing information about recovery and resources that are available, if and when they do sense a need to do something about their use.
- Building stronger relationships focused on their ability to contact a service provider if they decide to get help for substance use.
- Supporting their efforts to consider or act on changing substance use behaviors—for instance, by supporting efforts toward abstinence, even for brief periods.
- Helping individuals develop or improve coping skills for managing life without substances.
- Locating housing in congregate living settings with staff members on site who can provide safety and support.

For example, some homeless persons may not be in a readiness stage of change and be 'treatment resistant.' Therefore, although they may need 'a detox', but they will not participate in services. Housing First (or wet housing) is the appropriate placement.

When the client indicates they are ready for changing their substance use behaviors and they are in need of detoxification, the person can be moved to a Sober Living Environment and the Detoxification Team contacted.

Research on Housing First options indicate substantial savings. On March 31, 2009, the Journal of American Medical Association published the following results on the 1811 Eastlake Project in Seattle: "providing housing and support services for homeless alcoholics costs taxpayers less than leaving them on the street, where taxpayer money goes towards police and emergency health care. Stable housing also results in reduced drinking among homeless alcoholics" (DESC, 2009). The study found that the program saved taxpayers more than \$4 million dollars over the first year of operation. During the first six months, even after considering the cost of administering housing for the 95 residents in a Housing First program, the study reported an average cost savings of 53%.

**Attachment 7: References**

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