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# **EB HOPE Substance Abuse Community Outreach and Intervention Business Plan**

EB HOPE Substance Abuse Outreach and Intervention Program  
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## **II. Executive Summary**

The EB HOPE initiated Substance Abuse Outreach and Intervention program (“Program”) will strive to proactively provide a gateway to professional resources for persons with SUDs (Substance Use Disorders) and friends and/or family members of persons with SUDs. This program will also set a goal to inform the community at-large as to the severity of the Opioid epidemic that we are presently confronted with and that this community, grass-roots organization is attempting to bring the availability of professional medical services to the “at risk” community members and their family.

All too often police officers are responding to Opioid overdoses, including many fatalities, where the parents, family members or friends of these victims ask the officers, “what could we have done to help (him/her)?”, “what services were available to use?”

These are questions law enforcement and emergency services personnel get asked all the time when responding to and following up on overdose calls for service. There are a great many public agencies, organizations whose main objective is in the substance abuse arena, though most of the general population never learns about these groups until after a substance abuse problem has been identified.

The main objective of this Program is to act as a gatekeeper for the communities in notifying them about substance abuse services that are available to everyone before an overdose or fatality occurs. This program, beginning with sessions on a bi-monthly basis will hopefully grow into a community center-like program where someone who knows about a person with substance abuse will know where to go to find answers and advice before it’s too late.



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### **III. General Company Description**

The EB HOPE Substance Abuse Outreach and Intervention program will provide the community with assistance and resources for the general public. These resources will include at least bi-monthly services at a central location where individuals with Substance Use Disorders (SUD) and/or family members of individuals with SUDs can get information about professional health services available to them.

Persons eligible for these services include:

- Persons with SUDs and/or
- those who suffer from SUD's while also dealing with multi-health issues and
- Family members of loved ones with SUDs.

The Mission of the EB HOPE Substance Abuse Outreach and Intervention program is to develop a partnership with a trained mental health triage counselor, who will assist the involved law enforcement partners and their civilian counterparts to cooperatively develop a plan and program to help those with SUDs in need of services, including short-term and long-term recovery programs. In cooperation with EB HOPE and its volunteer members, the law enforcement and civilian partners will facilitate bi-monthly (or more frequently) community based meetings for persons with SUD's and/or family members of persons with SUDs. These meetings will take place at a centralized, publicly identified location that will be a location that is inviting to the program participant(s). This location will begin in East Bridgewater at a church, a location that allows persons with SUDs and/or their family members to protect their privacy. The police department and/or members of EB HOPE will utilize all forms of media including social media, in order to market and advertise these public meetings. These meetings are designed specifically for persons with SUDs and their friends and family members, which will provide information and access to them for the following;

- Outpatient levels of Care,
- Inpatient/Medical detoxification programs,
- Addiction Recovery services available through a MOAR representative,
- Resources for family support,
- Mental Health professionals
- On-site training on the proper use of nasal Naloxone,
- Information for obtaining nasal Naloxone for persons with SUDs and/or their friends and/or family members,
- Veteran services personnel.

EB HOPE Substance Abuse Outreach and Intervention program has numerous **goals** including:



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1. Our short term goal is to provide treatment and rehabilitation options to those with SUDs and/or family members of SUDs, in a manner that encourages community involvement in breaking down barriers or labels of persons with opioid use disorders and/or persons suffering from substance use disorders as detriments to society and recognizing that this epidemic is a chronic relapsing brain disease that needs to be treated like any other medical disorder
2. Build a community outreach program that will have a centralized location where individuals with SUDs, family members of individuals with SUDs, and/or anyone in the general public can go to in order to seek professional services and/or gain direction in seeking treatment and rehabilitation.

EB HOPE Substance Abuse Outreach and Intervention program has objectives to mark the progress along the way to reaching our goals, including the following;

1. Database tracking all program participants, as well as individuals who have been contacted or have received services/information from the outreach program. Data analysis should include the tracking of follow up treatment and/or services obtained as a result of the program, as well as short and long-term evaluation (success, relapse, etc.).
2. Statistical analysis will include all program participants and/or family members of persons with SUDs who have sought assistance from the program, including tracking their short and long-term treatment.

It is extremely important to the EB HOPE Substance Abuse Outreach and Intervention program that the community and public at-large understand that individuals with SUDs, and specifically opioid use disorders, are human beings suffering from a disease over which they have no control. The community needs to support these persons and/or their family members.

EB HOPE Substance Abuse Outreach and Intervention program will be marketed through public domains, including social media programs, to all persons with SUDs within the greater Brockton area, specifically but not limited to the towns of Bridgewater, East Bridgewater, Whitman, and West Bridgewater.

Substance abuse outreach programs involving various subdivisions of the public sector, private sector, medical industry and community volunteers are generally new programs developing as a result of the nation-wide opioid epidemic. In the foreseeable future we see these types of community-based outreach and intervention programs being the main portal through which SUDs and their family members can experience both short and long-term successes in their treatment and rehabilitation.

Teamwork amongst various sectors in the community, including volunteers, the private sector and the public sector is essential to this outreach and intervention program being successful. Getting all the “players” to the same table and working toward the same objective (i.e. reducing persons using and addicted to Opioids).

This community, grass-roots program (EB HOPE) <https://twitter.com/EBsHOPE>



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is a 501(C)3- non-profit, charitable organization, and will continue to operate as such through its initial growth as a grass-roots, community volunteer organization. A long-range goal for this program is to create a model based upon the BAMSI COPE center, which operates with a staff in a professional office space structure. [http://www.bamsi.org/assets/COPE\\_sm.pdf](http://www.bamsi.org/assets/COPE_sm.pdf)



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#### **IV. Products and Services**

On a bi-monthly basis, provide 4 hours of community-based meetings for persons with SUD's and/or family members of persons with SUDs, at a centralized location, the Community Covenant Church, #400 Pleasant Street, East Bridgewater, MA, 02333.



The services to be provided through this volunteer team will provide information and access to persons with SUDs and/or family members of persons with SUDs for the following;

- a. Outpatient levels of Care
- b. Inpatient/Medical detoxification programs
- c. Addiction Recovery services available through a MOAR representative
- d. Resources for family support
- e. Mental Health professionals
- f. On-site training on the proper use of nasal Naloxone
- g. Information for obtaining nasal Naloxone for persons with SUDs and/or their friends and/or family members
- h. Faith-based support
- i. Veteran services personnel

This location in East Bridgewater will allow for persons with SUDs and/or their family members to protect their privacy and not be a location that would discourage anyone from attending these meetings. The police department and/or members of EB HOPE and all those involved with this program will utilize all forms of media, including social media, in order to promote these public meetings that are designed specifically for persons with SUDs and their friends and family members.



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The centerpieces for this outreach and intervention program will be to provide at these bi-monthly sessions, a mental health triage counselor who will partner with this program to “triage” and help those addicts in need of services, including helping to provide direction for short-term and long-term recovery programs. A mental health triage counselor will be available to this program on Thursdays from 5 pm to 9 pm. Additionally, it is the objective of the program to have other mental health triage counselor(s) available to the program each session assisted through EB HOPE’s partnership with the Whitman Counseling Center, #288 Bedford St, Whitman, MA 02382, (781) 447-6425, as well as through its partnership with Brockton Area Multi-Services, Inc (BAMSI).

The program will also have on-site, a **MOAR Addiction Recovery (Massachusetts Organization for Addiction Recovery)** representative to assist program participants and/or family members of persons with SUDs to educate and provide information about the value of recovery from addiction. <http://www.moar-recovery.org/>

The program will also have on-site, a **Learn to Cope** parent volunteer(s) to assist the program in the area of parental Opioid education, support and/or provide other resources, as needed. <http://www.learn2cope.org/>. There should be a minimum of at least (2) Learn to Cope Parent Volunteers at each program meeting session. A Learn to Cope Parent Volunteer CALL LIST should also be established for scheduling purposes and/or emergencies.

### Date Analysis

Data analysis and tracking of program participants will be maintained by EB HOPE designees, who will be trained and volunteer under the guidance of Hillary Dubois, Director of the BMOOPC. These interns and/or volunteers will be present at the program’s bi-monthly public meetings, and if they have appropriate level of training, they may assist persons with SUDs and their family members in assessing a level of care that is desired and beneficial to the person with SUDs.

All pertinent data obtained during the Substance Abuse Intervention and Outreach Program will be collected (ensuring that their identity is protected), including;

1. Raw numbers of persons served by the program
2. Number of people trained in the delivery of Naloxone
3. Number of doses of Naloxone dispensed
4. Number of people who enroll in outpatient programming
5. Number of people admitted to inpatient programs
6. Number of referrals to veterans services.

In addition to providing assistance to persons with SUDs in finding a level of care that assists them in seeking treatment, the Outreach Program will invite friends and family members of persons with SUDs and provide a wide-array of “family/friend resources” at these bi-monthly meetings to include the following;

1. Narcan training, at least one session per week
2. Information for obtaining Narcan



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3. Information and assistance on obtaining Section 35A orders from the court (civil commitments of persons with SUDs who will not voluntarily seek treatment)
4. Information on the Continuum of Care for persons with SUDs (Residential vs Sobriety Homes)
5. General overview of Opioid dependence medication-aided treatment (Suboxone, Vivitrol, Methadone)
6. Local community “Angels”, volunteers with experience in Substance Use Disorders, who will be present and available to share their personal experiences and/or provide guidance to persons with SUDs.
  - a. \*\*Click link for **Angel Screening Protocol**
7. Information about all local coalitions and/or community-based groups involved in Opioid abuse prevention and treatment.

Presently, there is not a program of this type in the area, and specifically not one in any of the (4) communities of Bridgewater, East Bridgewater, West Bridgewater, and/or Whitman. This program will be a pilot program that will hopefully evolve with similar regional programs establishing throughout the area.

Most of the initial services to be provided will be through volunteers, through public agencies already working within the substance abuse arena, and/or through grants previously obtained by The Brockton Area Opioid Prevention Collaborative, the Plymouth County District Attorney’s Office and/or other public available sources of funding. The mental health triage counselor(s) bi-monthly program hours will be billed at an approximate cost of \$50.00 per hour for the 4-6 hour sessions, twice per month (Whitman Counseling Services).



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## V. Marketing Plan

The EB HOPE Substance Abuse Outreach and Intervention program will utilize any and/or all marketing resources, professional agencies that are available to it so that this program can be advertised in advance of its first session and all subsequent sessions. A public relations company will be utilized to initiate this marketing campaign, which will include utilizing websites of all vest partners, both in the private and public sectors; all social media sites maintained by these same partners, a heavy volume of flyer distribution for the program hours and resources, distributed at all identified locations where SUD's and/or family members of SUDs are likely to be located and/or would likely see said marketing materials (i.e. to include coffee shops, local stores, etc., where SUDs often frequent). As part of this marking campaign, the program will utilize local Addiction and Recovery groups to market this program to those individuals within their programs and/or to share it to all their associates and/or contacts.

Opioid overdose is the leading cause of accidental death in Massachusetts. In dealing with the most significant public health issue of our lifetime, the Opioid epidemic, the East Bridgewater Police are diligently working to provide assistance to persons with Substance Use Disorders (SUD) and/or to those who suffer from SUD's while also dealing with multi-health issues. Law Enforcement interdiction and investigative techniques, though needed at some level, will not lead us to ending this Opioid epidemic. The East Bridgewater Police have for years collaborated and/or shared resources and personnel with our neighboring law enforcement partners in West Bridgewater, Bridgewater, Bridgewater State University and Whitman for years. Some of these partnership programs include a joint investigation unit (WEB Major Crimes and Drug Task Force), underage alcohol deterrent and liquor establishment programs, a special response tactical unit (SEMLEC), and joint professional development training (Emergency 911 Dispatch training).

Today's Opioid epidemic has entered uncharted territory within our communities. Since January of this year, collectively the WEB Task Force communities (Bridgewater, East Bridgewater, West Bridgewater, and Whitman) have had (through August 14, 2015) 95 total Opioid overdoses reported to the local police or fire departments. Of those total overdoses, 15 have resulted in deaths.

OVERDOSES SINCE JAN 1 THRU OCTOBER 18, 2015	Column Labels		
TOWN	NON FATAL OVERDOSE	FATALITY	TOTALS
Bridgewater	26	7	33
East Bridgewater	24	4	28
West Bridgewater	9		9
Whitman	34	5	39
<b>TOTALS</b>	<b>93</b>	<b>16</b>	<b>109</b>

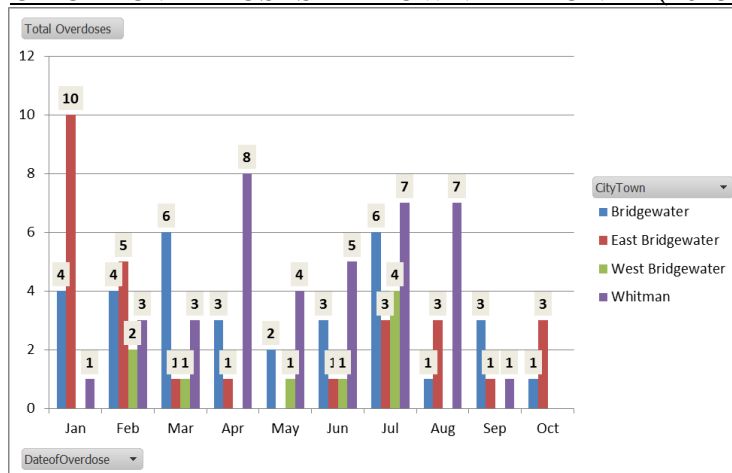
The 2015 overdoses have continued to steadily rise by month within the communities of the WEB Task Force (Whitman, East Bridgewater, Bridgewater, and West Bridgewater). East Bridgewater,



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a town of just over 14,000 residents, has had 28 overdoses in 42 weeks, including 4 fatalities. These are numbers that are unprecedented and consistent with Opioid spikes that have been occurring within communities all across the nation.

### OPIOID OVERDOSES BY TOWN BY MONTH (2015)



There are many non-law enforcement resources and individuals within the community and surrounding area that are willing and able to work with the local police departments to help persons with SUDs. Presently, grass root, local community collaborative Opioid organizations (Learn to Cope, EB HOPE, and/or other local Coalitions) are forming all across the Commonwealth and are an effective way to combat the Opioid epidemic as a community. No one group or person will solve this epidemic. It will only end when all the vested persons and groups come together in fighting this epidemic.

The East Bridgewater Police Department has been at the forefront in working with both our law enforcement partners and community groups in the Opioid fight, having built a partnership in 2011 with a local grass roots community organization, EB HOPE (Help, Outreach, Prevention and Education). EB HOPE has promoted and put forth many community-based outreach programs since 2011 in an attempt to help persons with SUDs and family members of persons with SUDs, while also working to educate the community at-large about the Opioid epidemic.

EB HOPE includes volunteer members from the community, including persons with SUDs, family members of persons with SUDs, police officers, representatives from the school department, town selectmen's office and other local municipal departments, local clergy, as well as the director and staff from the Brockton Mayor's Opioid Overdose Prevention Coalition (BMOOPC).

Since 2011, EB HOPE has initiated and/or led the following Opioid education and/or community help projects;

1. 2011-2012 Don't Be Blind Sided – a Opioid educational program, created by EB HOPE Chairperson Susan Silva, conducted for parents/community members at East Bridgewater Middle School, Norton High School, and the Sacred Heart Parents Association.



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2. 2012 – 2014, each year, EB HOPE has participated in the local East Bridgewater Senior Center Heath Fair
3. 2012 – 2015, each year, EB HOPE has led a Candle Lite Vigil on the Town Common – recognizing Overdose Awareness
4. 2013 - Presented a mini-version of Don't Be Blind Sided for the East Bridgewater Teachers – at their Teacher Professional Day
5. 2013 EB HOPE helped facilitate Corey Scanlon, a person in recovery from neighboring Halifax, MA, to speak to the EBHS at their Pre-Prom Assembly
6. 2014 Coordinated an event at the EB Community (Senior) Center on Drug Awareness, including specifically trends in Opioid abuse.
7. 2014 EB HOPE participated in the EBPD Senior Citizens Police Academy
8. 2015 – EB HOPE coordinated and led a sport's parent/community night entitled, "Sports Smart" as well as sponsoring a pre-prom assembly including Opioid overdose victim, Cory Palazzi, disabled as a result of an opioid overdose.
9. 2015 - Overdose Prevention Training – BAMSI. There have been 2 sponsored this year.
10. 2015- August 31, 2015, EB HOPE led a local recognition ceremony on East Bridgewater's Town Common for International Overdose Awareness Day, placing purple flags on the town common in remembrance for those our community has lost to overdose/addiction. will remain [International Overdose Day 2015](#)

EB HOPE's successful outreach Opioid programs which has led it into relationships and partnerships with other Opioid Coalitions. East Bridgewater is now part of the BMOOPC, which is a collaborative of representatives from Brockton, East Bridgewater, Whitman, Hanson and Rockland. In addition to EB HOPE's local initiatives, simultaneously East Bridgewater is working regionally on programs and opportunities to help persons with SUD's and family members of persons with SUD's through the BMOOPC.

East Bridgewater Police have created a live-tracking database of all suspected Opioid overdoses within the WEB Task Force communities. This database is critical in identifying persons with SUDs not for law enforcement purposes, but for referrals to agencies that can assist in rehabilitation and treatment through EB HOPES and BMOOPC's programs and relationships.

East Bridgewater Police have taken on the role within the community of being a "facilitator" in bringing together the different vested agencies and community members who have the expertise to more efficiently assist and connect persons with SUDs and/or the family members of persons with SUDs with the proper treatment and assistance.

The mindset of law enforcement has and must continue to change how we address this Opioid epidemic, changing from the traditional "arrest and enforcement" mindset, to more of a counselling and treatment based philosophy. Law enforcement will not be able to arrest their way out of this epidemic, and only by partnering with community groups and coalitions, and collectively identifying those suffering from this disease and assisting them in finding the proper, professional treatment will police departments and communities as a whole have a positive impact in combatting Substance Use Disorders. These partnerships must include medical professionals in the Substance Use Disorder arena as well, if not more importantly, in the mental health arena.



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There must and always will be a dedicated effort by the East Bridgewater Police and our law enforcement partners in targeting suspects involved in supplying and distributing these poisonous Opioids and/or other drugs. But this focus is only a portion of the resources that should be dedicated to fight Opioids and a significantly greater amount of resources should be directed to those persons with SUDs and their family members, while also educating the general public about Opioid abuse.

The target communities for this program have an estimate total population of 63,000 residents, detailed as follows;

East Bridgewater, total population of approximately 14,000 persons

West Bridgewater, total population of approximately 7,000 persons

Bridgewater, total population of approximately 27,000 persons

Whitman, total population of approximately 15,000 persons

There is no known percentage number of identified SUDs within these communities, but the most reliable data available to estimate such a market size would appear to be from data collected from the Substance Abuse Admissions statistics tracked by the Bureau of Substance Abuse Services (BSAS).

The most recent BSAS statistics for each of this program's involved communities in 2014, including the total number of persons admitted and/or treated for substance abuse services, as well as breaking down the "primary drug of choice" for same individuals. The following totals were documented from the 2014 BSAS data.

	Total Number of Admissions	Primary Drug Opioid/Heroin %	Admission for Opioid/Heroin (as primary drug of choice)
East Bridgewater	243	39.1%	95
West Bridgewater	*up to 100	55.2%	55 (*based upon 100 admissions)
Bridgewater	246	58.9%	145
Whitman	307	76.2%	234

As part of the marketing campaign for this program, there could be various barriers, especially with this being a pilot program. Though funding has been allocated at the federal and state level for Opioid abuse, there has been no specific grant and/or funding location to apply for at this time. In this program, continuity of the individuals staffing this bi-monthly program is crucial and having allocated funding would go a long way to ensuring this continuity as it pertains to staffing the program, including provide the appropriate office materials that are necessary for this program.

This program will overcome these barriers by contacting every state and/or public agency responsible for substance abuse programs and finding funds that have been or will be appropriated



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for this type of program. In addition, this program will contact local, state and federal government representatives, seeking additional funding.

As a person with SUDs and/or family member of a person with SUDs this program provides the resources that are greatly needed in the community to educate the public about this epidemic and provide readily available resources to those affect to seek help. Often times, law enforcement officers hear from parents of persons with SUDs or persons with SUDs that they wanted help, but did not know where to find it. This program actively will market the availability off all help resources to the entire community. It can serve to help those already affected by the epidemic, while also educating the public in a prevention mode.

The major features of this program are....

1. Centralized location where persons with SUDs, family members of persons with SUDs, and/or the general public can seek resources available for treatment, rehabilitation and education on Opioid and/or substance abuse.
2. Mental health triage counselor available to the public at least twice per month to assist persons with SUDs
3. Community solution to a Community epidemic

The program participants for this program will be identified through a variety of methods, including;

1. Contact and follow up through the program of all persons who are victims to overdoses that were reported to the local police and/or fire department.
2. Marketing flyer distribution to local Addiction and Recovery groups **EB HOPE Outreach Program flyer**
3. Marketing flyer distribution to locations where persons with SUDs and/or their family members are likely to be present
4. Communication with public agencies, community groups, other agencies who have identities of “at risk” persons and/or persons with SUDs.

This program will ensure that it advertises its services to the general public so that it does not conflict with and/or duplicate services in this area with other public agencies already engaged in said services. If duplication of services is discovered, this program will work with those agencies to ensure a strong, working relationship to benefit persons with SUDs and/or family members of persons with SUDs.

This program is a pilot program, following the model of the BAMSI COPE center, but the first known community grass roots program providing these services in the area within this multi-faceted model. The idea for this program developed and evolved from community outreach and intervention programs for Opioid abuse that were developed within the past year on the Massachusetts North Shore in the communities of Gloucester and Arlington, MA.

The marketing for this program will to be to capitalize on the media exposure that this terrible Opioid epidemic has generated nationwide, and at the local level, to promote and market our services throughout these local groups and communities.



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We will actively disseminate flyers and marketing materials to all previously mentioned groups and individuals. We will focus our promotion through social media and utilize the services of a public relations firm as it becomes available to the coalition.

During the initial startup, there is no allotted budge for promotional materials/promotional budget.

**Proposed Location:** East Bridgewater Community Covenant Church  
#400 Pleasant Street, East Bridgewater, MA 02333

### **Tracking Program Participation**

The program will track all program participants, services that were provided for persons with SUDs and/or family members or friends of persons with SUDs, via a computer based software program. The initial program participant data entry will be critical for utilization in assessing the success of the program and in ensuring appropriate follow up is conducted.

### Database Information program

4. Raw numbers of persons served by the program
5. Number of people trained in the delivery of Naloxone
6. Number of doses of Naloxone dispensed
7. Number of people who enroll in outpatient programming
8. Number of people admitted to impatient programs
9. Number of referrals to veterans services.



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## VI. Operational Plan

1. The EB HOPE Substance Abuse Outreach and Intervention Program will be based bi-monthly at the East Bridgewater Community Covenant Church, #400 Pleasant Street, East Bridgewater, MA.
2. This program will provide services to all persons with SUDs and/or friends or family members of SUDs in the communities of East Bridgewater and surrounding communities, including Whitman, West Bridgewater, and Bridgewater. Though this program is designed to proactively assist residents of these member communities, it will not limit from where the program participants may reside. This program will accept all participants, regardless of their residency.
3. On the first and third Thursdays of each month, this program will offer up to a (4) hour meeting session where the following resources will be available.
  - a. The first Thursday for which resources will be provided by the EB HOPE Outreach program will take place on Thursday, November 5, 2015 at the Community Covenant Church. Subsequent sessions will be based from this November 5<sup>th</sup> start-up date, providing sessions on the 1<sup>st</sup> and 3<sup>rd</sup> Thursday of each month.

<b>EB HOPE Outreach Program Schedule</b>	
November 5, 2015	1 <sup>st</sup> Thursday
November 19, 2015	3 <sup>rd</sup> Thursday
December 3, 2015	1 <sup>st</sup> Thursday
December 17, 2015	3 <sup>rd</sup> Thursday
January 7, 2015	1 <sup>st</sup> Thursday
January 21, 2015	3 <sup>rd</sup> Thursday

- b. All program participants, which includes persons with SUDs or friends or family members of persons with SUDs, will engage in a brief intake process, for data analysis purposes, ensuring that anonymity is protected
- c. Persons with SUDs program participants will complete an INTAKE form to assist in the triage process completed with program Data Intake personnel.
- d. Angel volunteers will be present to counsel and assist both persons with SUDs and friends/family members. Angels will be trained and fall under the guidance of Hillary Dubois, BMOOPC (There will be a screening protocol for prospective Angels).
  - i. **EB HOPE Angels Training Curriculum**
  - ii. See **Angel Screening Protocol**
- e. A mental health triage counselor(s) will be on hand to assist in assessing program participants and triaging their recommended treatment.



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- i. This Outreach and Intervention Program will follow the **SBIRT treatment screening model**.
- f. A MOAR representative will be available for persons with SUDs or family members with questions
- g. A Learn to Cope parent volunteer will be available for family members of persons with SUDs
- h. A Faith-based Support group, consisting of members from various local clergies, will be on-site to assist as needed and/or requested.
- i. A certified NARCAN trainer will be available for training and general information regarding Narcan use, as well as means by which to obtain it.
- j. Representatives will be on-hand to provide general information regarding;
  - i. Section 12 and Section 35 procedures
  - ii. Contact short and/or long-term recovery programs for admission on that day
  - iii. Outpatient levels of care
  - iv. Family support resources
  - v. Veteran services
4. A law enforcement officer will be on-site (in plainclothes attire) during each and every meeting session to ensure public safety and address emergency and security issues.
5. Transportation for completed treatment admissions will be facilitated through the program, utilizing local services
  - a. unmarked police vehicles for short distance admissions
  - b. local ambulance services for long distance trips (previously agreed upon arrangements for bi-monthly sessions/hours)
  - c. East Bridgewater Fire Department for emergency transports
6. Operation Costs Cost: Estimate your occupation expenses, including rent, but also including maintenance, utilities, insurance, and initial remodeling costs to make the space suit your needs. These numbers will become part of your financial plan.
7. Hours of Operation, 1<sup>st</sup> and 3<sup>rd</sup> Thursday of each month, 5 pm to 9 pm
8. Legal Issues; (permits, licenses, special regulations, insurance, liability)
  - a. State grant funds utilized, required protocols
9. Staffing issues
  - a. Payment of services (Mental health triage counselor)
  - b. **Volunteer Angels**. At least 3 Angels will be scheduled for each program meeting session, with as many as 5 or more.
    - i. A CALL LIST shall also be established to schedule Angels and/or contact Angels as needed due to session meeting requirements.
    - ii. An Angel shall be responsible for filling a replacement for a previously scheduled program session.
    - iii. The **Angel CALL LIST** should include at least (10) Angels.
    - iv. Each Angel will receive training on EB HOPE's **Overdose Prevention Training Curriculum; The Basics for Individuals With a Substance Use Disorder**
      1. The initial startup training for Angels will be held at the EB Community Center, #355 Plymouth Street, East Bridgewater from 5 pm to 9 pm.



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2. Incoming new Angels that cannot attend the initial training must complete the training with EB HOPE designated personnel, Hillary Dubois and/or Amanda Sandoval
  - c. MOAR representative(s)
  - d. Learn to Cope
    - i. A CALL LIST shall also be established to schedule Learn to Cope Parent Representatives and/or to assist in contacting Learn to Cope Volunteers as needed due to session meeting requirements.
  - e. Police Officer
  - f. Data Intake personnel
  - g. Narcan Training
  - h. Family Resources
  - i. Training for Volunteers
  - j. Faith-based representation. Local clergy group to have presence at bi-monthly sessions
  - k. Bay State Community Services representative. <http://baystatecs.org/about-us/>
10. Program Personnel Hierarchy/Chain of Command (See **VII. Management and Organization**)
11. Office Supplies and Equipment
- a. Cellular phone(s) for program phone calls outgoing, on-site church landline phone
  - b. Program contact Cellular phone #504-800-0942
  - c. Laptop computer(s) for Data Intake, data entry and subsequent follow up and analysis
12. **Inclement Weather Plan**. In the event that inclement weather will prevent the scheduled EB HOPE bi-monthly program session from proceeding, a final decision will be made as soon as possible in the afternoon hours before 2 pm after consulting with public safety leaders. If public safety is deemed to be at risk, the program session will be cancelled and announcements will be made via EB HOPE website, social media and/or through all other associated organizations websites and/or social media, as well as any program database contact list that has been developed.



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## **VII. Management and Organization**

Susan Silva the Director of EB HOPE will manage the Business of the EB HOPE Substance Abuse Outreach and Intervention Program. Susan has been a Business Manager/Controller for over 13 years and comes to the program with expertise in Finance and Budget management as well as a background in Human Resources.

There will be an approved, assigned EB HOPE Outreach Program Director at each session provided. As of October 18, 2015, approved Outreach Program Directors are;

1. Hillary Dubois
2. Susan Silva
3. Amanda Sandoval

The Mental health triage counselor (s) will have direct oversight of all that pertains to the medical/psychological needs of the Program.

There will also be an EB Police Department officer on site at each session provided, in plain clothes attire.



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## **VIII. Startup Expenses and Capitalization**



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## **IX. Financial Plan**



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## **X. Appendices**

- 1. Outreach and Intervention Program Participant Intake Form**
- 2. Angel Background Screening Process**

All Angels, prior to participating in this program must be in recovery for a period of at least two years.

1. All Angels will complete a **Volunteer Angel Application**
2. All Angels will agree to and be subject to a CORI search
3. All Angels will agree to and sign the **Angel Waiver and Liability form**
4. All Angels will agree to a **Pledge of Confidentiality**

**Angels Contact List** as of October 15, 2015.

All Angels will agree to be subject to a CORI background search in accordance with all federal and/or state laws. A CORI Waiver form will be provided to each Angel candidate and must be voluntarily signed and agreed to prior to acceptance into working within this EB HOPE program.

All CORI checks will be completed through EB HOPE's Massachusetts authorized iCORI criminal record account. iCORI provides access to Massachusetts-only criminal offender record information. The data provided is entered and maintained by the Office of the Commissioner of Probation and is not supported by any type of biometric identifier, including fingerprints. While the DCJIS makes every effort to ensure the information provided through this service is as accurate, complete, and up-to-date as possible, it cannot guarantee that data obtained through iCORI is accurate or that it actually belongs to the individual with whom it is associated. All procedures required by iCORI will be maintained through EB HOPE's organization, a Volunteer Organization (501c3).

1. EB HOPE iCORI Policy.
2. EB HOPE Dissemination log will be maintained according to state law.

The organizers of this EB HOPE program reserve the right to deny permission to assist this program, in the best interests for the safety of all program participants, volunteers and/or others.



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## **XI. Refining the Plan**



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## **Overdose Prevention Training Curriculum: The Basics for Individuals with a Substance Use Disorder**

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### What is Addiction?

A good definition of **addiction** is *impaired control over a reward seeking behavior from which harm ensues. We repeat things we enjoy that give us a sense of reward and reinforcement. Drugs are particularly good at doing that because they provide a very concentrated form of enjoyment.* Drugs that are often misused activate a part in our brain that is referred to as the **reward system**. This part of the brain is the same region that responds to life-sustaining activities such as eating and sex. When drugs are misused, the brain becomes flooded with dopamine which controls movement, emotion, motivation, and feelings of pleasure. Because the overstimulation causes the user to feel pleasure and euphoric effects they continue to use the drug after as a way to try and reach that pleasurable feeling again. However, drugs alter the way our brain functions and the user will never be able to achieve the same original feeling again.

As a person continues to misuse drugs, their brain adapts to these surges of dopamine that the drugs are imitating and in turn produces less dopamine naturally, causing the user to not be able to enjoy things that once caused them pleasure. Because a person's brain becomes accustomed to the drugs they do not feel the same amount of pleasure, this keeps the person searching for that feeling again by using the drug more frequently and in greater amounts.

### What are opioids?

Opioids are a type of drug that come from the opium poppy or are synthetically made by a drug company. Opioids are depressants, which means that they slow down the nervous system, including your breath.

Opioids include:

- Heroin – illegal
- Oxycodone (OxyContin®, Percocet®) – prescription
- Hydrocodone (Vicodin®) – prescription
- Methadone – addiction treatment
- Buprenorphine – addiction treatment
- Morphine
- Codeine

### Opioid Addiction and the Brain

Opioid addiction changes the way the brain functions permanently and is the only drug to do so. From the first time someone uses an opioid, either for pain reduction or recreationally, the opioid engages in an opioid brain receptor. When the opioid engages the receptor, it essentially turns a key. This is what reduces pain, or what gets someone high. There are three responses to having an opioid engage the receptor:

1. The opioid sends a message throughout our body to tell us we are in less pain
2. Our system doesn't agree with it, so in turn we get sick and vomit, this typically is a response to improper binding.
3. We have a warm, dreamy, euphoric high.

**\*\* All three of these reactions can occur at once.**

When the opioid engages the receptor, this will cause our vital signs to drop (blood pressure,



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blood oxygen level, core body temperature). Our brain is a complex organ that doesn't want our vital signs to drop, so in turn, it will auto adjust our body back to normal while the opioid is still engaged in the brain receptor. This creates a new normal in the brain that will never completely return to the previous level. Eventually when the opioid wears off, the new normal is not being met and the vital signs aren't being maintained so your body goes into withdrawal. Someone can go into withdrawal after the first to third time using an opioid.

What is an opioid overdose?

An opioid overdose happens when you have taken too much of the drug, and your brain is so overwhelmed that it can't send the message throughout your body to continue breathing. The **lack of oxygen to the brain** is the key dangerous aspect in an opioid overdose.

Overdoses happen as a process; someone slowly stops breathing which also affects our brain, liver, heart, lungs, and kidneys.

Often people don't realize that they can overdose up to three hours after using. *This is a good time to bring up issues around this such as people may use with other people, but then are alone 3 hours later, or are in one situation when they use and a very different one three hours later.*

What puts me at risk for an overdose?

You must always be very careful, because it may not be just one thing that lets you fall out into an overdose. It may just be a perfect storm of a couple of things.

Risk Factor	Why
<b>Mixing of Drugs</b>	<ul style="list-style-type: none"> <li>Increases the chance of an overdose especially downers like benzodiazepines (Xanax, Klonopin, Ativan) or alcohol</li> <li>Benzos are long acting. They also impair short term memory and cause blackouts.</li> <li>When you combine downers you get a multiplied effect or an increased effect.</li> <li>People who speedball (stimulant and depressant) are at a <b>HIGHER</b> risk for OD than those who use coke or heroin alone.</li> </ul>
<b>Tolerance</b> <i>Repeated use of a substance may lead to the need for increased amounts to produce the same effect</i>	<p>Tolerance can change as quickly as 1-3 days of not using. <i>**When people leave treatment, we know early relapse is common in early recovery, this increases someone's risk for an overdose.</i></p> <ul style="list-style-type: none"> <li>Do <b>LESS</b> if you have not used lately</li> <li>Take the drug in a way to get high <b>SLOWLY</b></li> <li>Use with a friend</li> <li>Get information about what you are</li> </ul>



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	using – it may have gotten stronger since you last used
<b>Control Your High</b>  <i>**This is where it is important to agree with what you are explaining to users, as this is harm reduction. It is important that the delivery is strong and that the stance is understanding that the goal is to keep people alive regardless of the choices the participants make. If you do not agree with this information that can be difficult to portray.</i>	<ul style="list-style-type: none"> <li>• Let the drugs work and sink into your body before doing more. <i>You can always add more, but you can't take something out of your system.</i></li> <li>• Do a tester shot</li> <li>• Purchase ONLY the amount you plan on using. <i>It is human nature that if you have more, you will use more.</i></li> <li>• Track how much you use</li> <li>• If someone else fixes your drug for you or gets you high, you do NOT have control</li> <li>• YOU are the only one who knows how much YOU can handle</li> </ul>
<b>Quality Control</b>	<ul style="list-style-type: none"> <li>• If you are going to mix heroin with other downers, try <b><i>doing the heroin first</i></b>, alcohol and pills come on more slowly and you may not get the full effects for a while after using them. Benzos cause blackouts!</li> <li>• Know and trust your Dealer!!!  <i>**Changing dealers increases someone's risk because the heroin will be cut differently, or may be more pure, which will increase risk of overdose.</i></li> <li>• Listen to word on the street about product</li> <li>• Prescription drugs give a false sense of security, often use more because there is a dosage on the pill.</li> </ul>
<b>Fluctuations in Purity</b>	
<b>Physical Health</b>	<ul style="list-style-type: none"> <li>• Use less when recovering from an illness.  <i>** If someone has anything that is negatively effecting their respiratory system, (cough, cold, flu, bronchitis, COPD, seasonal allergies, asthma) they already aren't getting oxygen the same way they do when they are healthy, so when they use an opioid, their oxygen level drops even further, even faster increasing risk.</i></li> </ul>



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	<ul style="list-style-type: none"> <li>• If someone has a fever, an abscess, an infection, etc, their body is fighting to get over it, which may increase their risk for overdose.</li> <li>• Be cautious if you lose weight. Women usually weigh less than men.</li> <li>• In active addiction, we need to be aware that our health is not our priority. We are not eating regularly, so we are not as nourished. We are not drinking properly, so we are not hydrated. We are not sleeping, so our bodies are not necessarily being taken care of properly. This puts us at an increased risk for an overdose.</li> <li>• Injection Drug User's (IUD) are more susceptible to HIV and Hep C which affect our liver's ability to filter, consequently this increases our risk to overdose.</li> </ul>
<b>Overdose Clusters</b>	Overdose clusters put us at risk because when we are in active addiction and hear that someone overdosed, the first thing we are going to do is go and seek that drug because we know it will get us high.
<b>Previous Overdoses</b>	Previous overdoses put us at risk because we have already <b>passed that barrier of fear.</b>



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Recognizing the Signs of an Overdose for Depressants (opiates, heroin, methadone, Xanax, alcohol, etc.)

- Awake, but unable to respond

*\*\*\*What is very important to understand is that someone in an overdose can be up, walking and talking. If they are talking, they are not going to make any sense or be responding to what you are saying to them. With this in mind, this means that once they do fall out they are much further along in the process and have less time for you to seek help.*

- Body very limp
- Blue/grey skin tinge – usually lips and fingers show first, sometimes in tips of ears
- Face very pale
- Cool, clammy skin
- Pulse (heartbeat) is slow erratic or has stopped
- Breathing is very slow and shallow, erratic or has stopped
- Passing out
- Choking sounds or a gurgling noise (death rattle)
- Throwing-up

## Really High vs Overdose

Really High	Overdose
Muscles become relaxed	Blue lips and /or fingertips
Speech is slurred/slow	Deep snoring or gurgling
Sleepy looking	Very infrequent or not breathing
Nodding	Pale, clammy skin
Will respond to stimulation like yelling, sternal rub, pinching	Slow heart beat/pulse
	Heavy nod, will not respond to stimulation

What is proper stimulation?

The sternum rub.

- Take knuckles and rub hard up and down on breast plate.
- If you do not have access to sternum because someone has a lot of layers on or don't feel comfortable touching someone's chest, tell them to rub below the nose and above the upper lip.
- Say the person's name loudly and tell them that they will administer Narcan to them if they don't respond. If the victim is still non responsive, they are in an overdose. If someone responds, they probably should still be monitored to make sure they don't fall into an overdose.

OD Management Strategies: What do I do if someone is overdosing?

1. Assess the signs
2. Stimulation
3. Call for Help – 911
4. Recovery Position
5. Clear airway/Rescue Breathing



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### 6. Evaluate the Situation

### 7. Administer Narcan – if you have it

#### Tips for Calling 911

- Stay Calm
- Have address and location ready
- Tell the dispatcher that the person has collapsed and whether or not they are breathing – you do NOT have to say it's an overdose, HOWEVER if they ask, don't lie
- Narcan is not a substitute for calling for help. If someone was just in an overdose, and Narcan worked, they must still seek medical intervention.
- Programming fire department or EMS' number into cell phone
- Always calling from a land line over a cell phone.
- If you live near a hospital, take the person all the way into the ER and not leaving someone in a parking lot.

#### Recovery Position

If you have to leave someone for ANY reason, leave them in the Recovery Position.



#### Rescue Breathing

*Rescue breathing is done for an overdose victim, NOT CPR! The victim is having a respiratory emergency, not a cardiac emergency. Compressions are not helpful, because an overdose victim usually still has a pulse, we need to breath for a person to keep them alive.*

1. Tilt the victim's head back and lift the chin up, then pinch the nose shut.
2. Give 2 slow breaths into the mouth. Blow until the chest gently rises.
3. Check for a pulse to make sure the heart is still beating.

If a pulse is present but victim is still not breathing...

4. Give 1 slow breath about every 5 seconds. Do this for about a minute, 12 breaths.
5. Recheck pulse and breathing about every minute



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### Naloxone or Narcan

- Complete opioid antagonist that is used to reverse the effects of an overdose in your brain.
- It is a extremely safe and effective medication with NO potential for abuse. There have been no allergic reactions reported.
- Naloxone prevents the opiates from attaching to the part of the brain that is affected when too much opiates are used, causing respiratory depression and eventually death. Essentially this medication restores breathing.
- Nasal spray available in Massachusetts.
- This medication is legal to carry with the law located right on the box (M.G.L.c.94c.). This is not grounds for search and seizure. One is protected under the Good Samaritan 911 Law.



### Naloxone and the Brain

- Narcan does not dissolve opioids in the brain, it just temporarily pops them out of the receptor. This medication wears off in 30-90 minutes, so an individual may OD again. **ALWAYS CALL FOR HELP.**
- Narcan should be administered after two rescue breaths, half up each nostril, unless there is a blockage or bleeding, as this will allow the Narcan to get to both sides of the brain.
- There is no such thing as giving someone too much Narcan, and it has no negative effect if given to someone who isn't overdosing on opioids.
- Someone may need multiple doses of Narcan, but someone should wait 3-5 minutes between doses and provide rescue breathing in between.



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### What NOT to do

- Do NOT leave the person alone – they could stop breathing
- Do NOT put them in a bath – they could drown. *Cold water drops the core body temperature and increases how quickly the person overdoses. Also, the water gets in the person's nose or mouth causing drowning. The person will also need to be removed from the bath tub, but is full grown, dead weight and soaking wet, so they are heavier and slippery.*
- Do NOT induce vomiting – they could choke
- Do NOT give them a drink – they could throw up. *If a person can't hold a drink on their own they shouldn't have it.*
- Do NOT put ice down their pants – *Their body temperature is already decreasing, this will only increase the pace in which this is happening and put them deeper into an overdose.*
- Do NOT stimulate in a way that could cause harm (slapping too hard, kicking their testicles, burning their feet, etc. *Stimulation is unnecessary if the sternum rub or telling the victim you will Narcan them is ineffective, they are in an overdose.*
- Do NOT inject them with anything (milk, saltwater, coke) This will waste time and make things worse.
- DO NOT WAIT for the individual to get over it, they could suffer permanent brain damage and DIE



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**EB HOPE Outreach and Intervention Program  
Volunteer ANGEL Liability Release and Waiver Agreement Form**

In consideration for my desire to serve as an ANGEL for the EB HOPE Substance Abuse Outreach and Intervention Program, I \_\_\_\_\_ do hereby assume all risk and responsibility for any and all property damage and/or bodily injury that I may sustain while participating in the Program.

Further, I, for myself, my heirs, executors, administrators and assigns do hereby release, waive and discharge the towns of East Bridgewater and all of its officers, directors, employees, agents and volunteers of and from any and all claims.

Further, I expressly agree that this release and waiver Agreement is intended to be construed as broadly and inclusive as permitted by Massachusetts and federal law and that if any portion thereof is held to be invalid, shall remain binding with the full force and effect of law.

I currently have no known mental or physical condition that would impair my capability to serve in the Program.

I have carefully read this release and waiver Agreement and I understand the content therein and I sign this Agreement of my own, free will.

Date:\_\_\_\_\_ Angel Signature:\_\_\_\_\_ Print Name:\_\_\_\_\_

Date:\_\_\_\_\_ Witness Signature\_\_\_\_\_ Print Name:\_\_\_\_\_



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**EB HOPE OUTREACH AND INTERVENTION PROGRAM**  
**VOLUNTEER ANGEL APPLICATION**

Angel Volunteer Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ SS# \_\_\_\_\_

Have you used an illegal substance within the last 2 years? YES NO

Have you had any police involvement within the last 2 years? YES NO

Why do you want to be involved in this program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When are you available? Days of Week and Times of Day \_\_\_\_\_

\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Official Use Only\*\*\*\*\*

CORI Check completed YES NO History of Violence YES NO

If yes, list type of offense, dates occurred \_\_\_\_\_

Any police involvement within last 2 years YES NO

If yes, give brief description \_\_\_\_\_

\_\_\_\_\_

Approved to participate in EB HOPE program as Volunteer Angel YES NO

Approving Officer Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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### **EB HOPE VOLUNTEER ANGEL PLEDGE OF CONFIDENTIALITY**

This is to certify that I, \_\_\_\_\_, a volunteer for the EB HOPE Outreach and Intervention Program, understand that any information (written, verbal, or otherwise) obtained during the performance of my duties must remain confidential including, but not limited to, all information pertaining to program participant, families, members of the East Bridgewater Police, employees, members of EB HOPE and/or other associated organizations.

I understand that any unauthorized release of this confidential information is considered a break of duty to maintain confidentiality and a possible breach of state or federal law.

I further understand that any breach of the duty to maintain confidentiality may be grounds for immediate dismissal from the ANGEL program and/or possible legal action arising out of such breach.

I agree that if there is any exchange of contact information (phone numbers, email, addresses, physical addresses, etc) with the program participant, this will be done only with the mutual agreement between the program participant and the Angel.

I further agree that any scheduled contact with the program participant outside of the EB HOPE Outreach and Intervention program is a personal decision and will not be inclusive in any part of the Angel program.

\_\_\_\_\_  
Signature of Volunteer Angel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness



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## **EB HOPE Outreach and Intervention Program Flyer**



### **Resources Available**

- Mental Health Triage Counselor Professionals
- Inpatient and Outpatient Levels of Care
- Recovery Services from **Massachusetts Organization for Addiction Recovery (MOAR)**
- Family Support Services from [Learn to Cope](#)
- Faith Based Support
- On-site training for the proper use of Nasal Naloxone

### **Outreach Program Location**

**Held the 1st & 3rd Thursday of every month  
5:00PM - 9:00PM**

**400 Pleasant Street  
East Bridgewater, MA**

[Directions](#)

### **Contact Us**

**Phone : 504-800-0942**

**Email: [Ebhope@comcast.net](mailto:Ebhope@comcast.net)**

**Facebook: [EB HOPE](#)**

**Follow us on [Twitter](#)**



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**EB HOPE SUBSTANCE ABUSE OUTREACH AND INTERVENTION PROGRAM**  
**PARTICIPANT INTAKE FORM**

Date of Meeting:

Patient Information				
Name:				
Address:				
City/State/Zip:			Telephone:	
Social Security:			Marital Status:	
DOB:		Age:		Sex:
May we follow up with you at a later date?				
YES		NO		
Treatment History				
Date & Place of Last Detox:				
Insurance Coverage				
Insurance:				
Policy #:				
Medical Issues				
Substance Abuse History	First Used	Pattern of Current Use	Amount Route	Last Used
Alcohol				
Cocaine/Crack				
Heroin/Opioids				
Benzodiazepines				
Cannabis				
Other:				

Medicated Assisted Treatment	Past	Present
Suboxone		
Methadone		
Vivatrol		



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## What is SBIRT

SBIRT stands for **S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment.

✓ **Screening** — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can be conducted through interview and self-report by the client. Screening is used to identify individuals with risky substance use.

✓ **Brief Intervention** — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice. This is done when individuals show moderate risk due to their substance use. Generally, brief intervention takes about 15 minutes and the goal is to (a) educate those individuals of the risk they are at and the potential consequences of continued use and (b) encourage those at risk to think differently about their current patterns of use and to make changes to promote a healthier life. For those at **high risk** brief therapy is needed in addition to intervention which consists of motivational interviewing, client empowerment, education, problem solving, coping mechanisms, and social support building. Although this cannot all be accomplished when you meet briefly with the individual, touching upon a few of these aspects can help increase the likelihood of the individual seeking further treatment.

✓ **Referral to Treatment** — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services. In addition, this can be your professional opinion on whether they are at immediate risk to themselves or others due to their substance use (Sec. 35 is warranted) or if they have other underlying mental health problems that are in need of help as well as their substance use (possible Dual-Diagnosis/Sec. 12 where appropriate).

<http://www.integration.samhsa.gov/clinical-practice/SBIRT#why?>

### **Why SBIRT?**

SBIRT treats substance use as the health care issue that it is. Screening for substance use and the severity of it can help to address the other underlying potential health problems before any further damage is done.



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## Motivational Interviewing

Motivational interviewing is a person-centered, goal directed approach to working with people towards change by addressing, naming, and going over their uncertainty.

Motivational interviewing can be an effective way to work with someone to overcome ambiguity.

As an angel, motivational interviewing plays a crucial part in allowing those seeking help to take the next step towards treatment.

Skills needed:

- ✓ Good listening
- ✓ Empathy
- ✓ Genuineness
- ✓ Able to give affirmations (recognize their strengths, successes, and efforts to change)

Questions you can ask to promote “change talk”:

- ☐ What would you like to see different about your current situation?
- ☐ What makes you think you need to change?
- ☐ What will happen if you don't change?
- ☐ What will be different if you go and complete treatment?
- ☐ What would be the good things about changing your substance use behaviors?
- ☐ What would your life be like in 3 years if you change your substance use behaviors?
- ☐ Why do you think others are concerned about your substance use behaviors?

Questions to ask if the person is having difficulty

- ☐ How can I help you get past some of the difficulties you are experiencing?
- ☐ If you were to decide to do \_\_\_\_\_, what would you have to do to make this happen?
- ☐ If you don't change, what is the ultimate WORST thing that might happen?
- ☐ If you do change, what is the best thing you can imagine happening?

Asking questions such as those listed above help the individual decide their current choices are not in their best interest and will potentially enable them to use “change talk”.



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## What Do I Say?

Individuals coming in are in a vulnerable state. Many have concerns and barriers holding them back from treatment (as you may have previously experienced). As an Angel, it is important for you to think of positive comments to say back to their negative comments and apprehensions. Those coming in will have many of the same fears; fear of sobriety, failure, success, rejection, losing their identity, and perpetual misery. It is not expected that you will eliminate all their fears. Instead, it is important to validate their fears, let them know they are not alone, and talk with them about how to overcome these fears.

Although there are no right and wrong things to say, below are possible scenarios and a guide of how you *could* answer back. Being genuine and relating to your own story can be especially helpful.

### If someone says...

- ☐ "I really don't need treatment, I can just stop using"
- ☐ "I need to get back to work/family, I can't be away for too long"
- ☐ "I've been to so many treatments before, why will anything be different this time"
- ☐ "I want to stop using, but I am scared of being sober"
- ☐ "But I haven't hit rock bottom yet"
- ☐ "I just want to use one last time"

### Try saying/thinking...

- ☐ You may feel that way, but the added support treatment can provide may be what you need to remain sober.
- ☐ To be there for your family, you need to be well. If you do not get help now you may not be there for them in the future.
- ☐ What will be different is what you put in and take away from treatment. Relapse and numerous treatments happen, it's on you to keep working for your recovery.
- ☐ It is a different life being sober but having a supportive sober network or NA/AA/sponsor can help.
- ☐ You're being offered this service now before rock bottom – why not take advantage of it?
- ☐ You may always want to use one last, part of recovery is overcoming the craving or need to use 'one last time'. This "last time" you could die from.



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**The Continuum of Care: Outpatient Services** Time varies, may last a year or longer.

**Alcohol and Drug Free Housing or Sober Homes**

Time Varies

**Residential Treatment or Halfway House**

4-6 Months

**Transitional Support Services**

(TSS or Holding)

2-4 Weeks

**Clinical Stabilization Services**

(CSS or Rehab)

2 Weeks or Longer

**Acute Treatment Services**

A continuum of care is a system of care in which a person receives the type of service that is most appropriate for the intensity of their addiction at each stage of their recovery. Understanding the continuum helps individuals and families focus on a long-term strategy, think about future needs, and recognize progress. The goal of the continuum is to keep the appropriate levels of support in place as the loved one stays motivated and works toward recovery.

(ATS or Detox)

3-5 Days

**Medication Assisted Treatment**

Can be used at any point in the continuum of care to support treatment and recovery from opiate addiction.

**Acute Treatment Services (ATS or Detox)**

**Length of Treatment: generally 3-5 days.**

Detoxification is the medical supervision of withdrawal from alcohol, opioids or benzodiazepines. Medical management is sometimes necessary because the symptoms of withdrawal from certain drugs can be dangerous and even life threatening. For example, withdrawal from alcohol can cause seizures and convulsions which can be fatal. Detoxification takes place in an inpatient or overnight program that provides around the clock evaluation and management of withdrawal symptoms. Counselors work with clients to develop a treatment plan and find services to guide them through the next phase of treatment and recovery.

**Clinical Stabilization Services (CSS or Rehab)**

**Length of Treatment: usually around 14 days, but can be longer.**

Clinical stabilization services (CSS) provide short-term inpatient treatment, stabilization and referral services for clients who don't qualify for medically monitored detoxification or who have already completed a detoxification program. Stabilization programs include a



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comprehensive assessment, individual and group counseling, health education, some medical support and planning for longer-term support services.

### Transitional Support Services (TSS or Holding)

**Length of Treatment: often between 2 and 4 weeks, but varies depending on personal need and availability at the next level of care.**

Transitional Support Service (TSS) programs, also known as “holding”, are short-term residential programs that accept clients from detoxification, clinical stabilization services (CSS) programs, or from homeless shelters if the individual is not at risk for medical withdrawal complications. In order to enter a TSS program, the person seeking services must plan on moving on to a Residential Treatment program, otherwise known as a halfway house.

### Residential Treatment/ Halfway House (HWH)

**Length of treatment: approximately 4-6 Months, but can be longer based on need and the type of program.**

Residential treatment programs or “halfway houses” are licensed and overseen by the Massachusetts Department of Public Health, Bureau of Substance Abuse Services. The goal of treatment is to help the person gain a deeper understanding of addiction, recovery, and the practical skills need to live alcohol and drug free with a better quality of life Examples of residential treatment include recovery homes, social model programs, and therapeutic communities (TC).

Residential treatment programs provide:

- ☐ An alcohol and drug free living environment with meals
- ☐ Case management services
- ☐ Recovery support meetings in the house and in the community where members can find mutual or “peer” support as they focus on recovery.

Residential programs serve different populations. Some admit men or women only, some are for adults only, some are for families, and others are for youth under 18. In Massachusetts, some women’s halfway houses allow children to live with their mothers, and a small number are geared for women who are dealing with domestic violence or sexual abuse. At many programs, the staff supports clients’ effort to find and keep a job, to enroll in programs with services to aid in their recovery, and help them create an aftercare and post-treatment plan.

### Alcohol and Drug Free (ADF) Housing or Sober Homes

**Length of stay: varies**

Alcohol and Drug Free (ADF) Housing, also known as “Sober Homes” are an option after completing a halfway house. Sober homes are not regulated or licensed by the Commonwealth, therefore their quality varies dramatically. When considering a sober home, it is critical to visit the site and interview other clients to determine if the culture is supportive to someone in recovery.

Sober homes should offer an alcohol and drug-free living environment that is less structured than a halfway house. Most sober homes require that residents be employed, pay rent, remain in recovery and undergo regular drug screenings. They do not offer treatment services.



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## Outpatient Services

**Length of treatment: varies, but often 1 year or longer**

When a patient has completed a course of treatment in one or more residential programs, ongoing support through outpatient services will help them stay sober as they return to a healthier pattern of life.

Outpatient treatment programs often include case management, individual and group counseling, support groups and psychiatric services. Intensive Outpatient Programs (IOP's) offer group support sessions that meet several times a week provide structure, discipline and motivation to maintain progress.

Some outpatient programs are designed for adolescents; others provide child care. Many providers offer morning and evening hours so that clients can keep jobs, look for work, and honor family commitments. Medications such as Methadone, Suboxone, Vivatrol and Nalrexone may be offered for individuals recovering from opiate addiction.

## Ongoing Support

All services of the continuum of care are available in Massachusetts, but competing the continuum is not always necessary to maintain recovery. Everyone is different and people recover through many different paths. Support to end the isolation of addiction is key for individuals and families. Narcotics Anonymous or Alcoholics Anonymous can be enormously helpful at every point along the journey. Both organizations maintain excellent websites with up-to-date information.

Other support services include Rational Recovery, Smart Recovery, Women for Sobriety and Recovery Coaching. Others benefit by joining a faith-based community that is supportive of their personal recovery.

In addition, there are meetings to support families who have a loved one with a history of addiction including: Learn to Cope, Alanon and Alateen, Families Anonymous and Nar-Anon. *For more information about support services, call the Massachusetts Substance Abuse Information and Education Helpline at 1-800-327-5050 or visit their website at [www.helpline-online.com](http://www.helpline-online.com). The*

## How to Commit a Family Member for Drug Treatment in Massachusetts

Research shows that individuals who are mandated or civilly committed to receive addiction treatment have the same or higher rates of recovery than those who voluntarily seek treatment.

### What is a civil commitment?

A civil commitment is a legal process by which an individual has a family member or spouse involuntarily placed in a facility for addiction treatment. In Massachusetts, the civil commitment process is defined in Chapter 123 Section 35 of Massachusetts General Law. Law enforcement officials, physicians, and probation officers may also use the Section 35 civil commitment process. The person seeking to place an individual in treatment for substance use is known as the "petitioner". In Massachusetts, the petitioner must obtain a Section 35 order from a judge. The Section 35 order is also known as a Medical Warrant of Apprehension. This process is completely confidential; it is not an arrest, does not appear on a CORI and does not disqualify an individual from employment opportunities.

### When can a Section 35 be used?



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While acknowledging that voluntary treatment should be tried first, a Section 35 civil commitment is used as a last resort when a family member or spouse's alcohol or drug use results in risk for serious harm to him/herself or others or it has become life threatening. A Section 35 can be used only when the individual is actively using drugs or alcohol. Adolescents can also be civilly committed and will be sent to a Department of Public Health licensed treatment center for adolescents where they will get age appropriate treatment.

### **How do I get a Section 35 Civil Commitment?**

**Gathering Evidence:** A Section 35 civil commitment is a stressful, emotional event for the family and for the individual suffering from the addiction, so it's best to be completely prepared. Keep a list, diary or calendar with incidents that can be used to prove the case to the court clinician and the judge. The court is concerned only with events that have occurred during the last two weeks.

**Type of Incidents to Document** •Overdose •Car Accidents •Committing or being the victim of violent behavior •Driving while intoxicated/high •Significant infections or health conditions •Burn marks on clothing or bedding •Being intoxicated in the home when small children or elderly people are present •Pregnancy •Suicide attempts or threats

### **Going to Court**

The petition for a Section 35 civil commitment must be filed at the court in the jurisdiction, or location, where your loved one lives or is staying. Most courts open at 8:30AM. It is best to arrive early since the process can take several hours. Bring the evidence you have gathered. If a warrant is granted, you will need to provide the location of your loved one.

#### **1. Meet with the Court Clinician**

Visit the office of the court clinician. Ask for and fill out a form for a Section 35 civil commitment and then give it to the court clinician. The clinician will review the form and interview you to determine if there is enough evidence to present the case to the judge.

#### **2. Going before the judge**

If the clinician decides there is enough evidence to grant a civil commitment, he or she will present the case to the judge. The judge may decide to ask the petitioner a few questions. If the judge agrees with the clinician, he or she orders a Medical Warrant of Apprehension.

#### **3. Serving the warrant**

After the judge issues the warrant, the police will be sent to pick up your loved one. The police cannot enter by force when serving a warrant for a civil commitment, so you must ensure that someone will be there to let them in. An individual can be sectioned for treatment from home, custody, or from a hospital. A Section 35 warrant is in effect for 24 hours. In order to transport your loved one to the court safely, they will be placed in handcuffs. Although this is difficult to see, it is important to remember this is not a criminal arrest and that their addiction has already trapped them in handcuffs that cannot be seen.

#### **4. Court Hearing- Granting the Section 35 Civil Commitment**

The court will appoint an attorney to represent your loved one. Most judges will rely on the evidence you documented and the opinion of the clinician. Once a judge orders a civil



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commitment and there are no open criminal cases, your loved one will be sent to a secure treatment center licensed by the MA Department of Public Health (DPH) for up to 90 days. In most cases, they will be admitted for 14-20 days. If DPH licensed Section 35 programs are full and the civil commitment has been ordered by the Judge, the commitment must occur and your loved one will be placed in a correctional facility.

## **Medication-Assisted Treatment and Recovery**

Medication-Assisted treatment for addiction includes the use of medication often coupled with counseling and other supports. Treatment that includes medication is often the best choice for opiate addiction. Medication gives a person who is addicted to opiates an opportunity to regain a normal state of mind without experiencing the drug induced highs and lows. Medication also can reduce cravings and withdrawal symptoms. Medication-Assisted treatment can give the person a chance to focus on the lifestyle changes that lead back to healthy living.

Taking medication for opiate addiction is like taking medication to control heart disease or diabetes. Some people may need it for a short period of time, and some, just as with other health conditions, may need it for longer periods of time, or even for the rest of their lives. It is not the same as substituting one addictive drug for another. Used properly, the medication does not create a new addiction. It helps people manage their addiction so that the benefits of recovery can be maintained. Medication-Assisted treatment allows many to successfully work, maintain health relationships and participate in their families and communities.

The three most common medications used in treatment of opiate addiction are methadone, buprenorphine and naltrexone. Cost varies for the different medications. As with all medications, discussing the pros and cons of different treatment options with trained professionals is the best way to determine which course of treatment might be best for a loved one.

□ **Methadone or Buprenorphine** trick the brain into thinking it is still getting the drugs the person was using (heroin, OxyContin, etc). When properly dosed, the person feels normal and does not experience intense cravings. If someone does experience intense cravings, nodding or appears high while using these medications, they may not be properly medicated. Their medical provider may need to adjust the dose or determine if there are interactions with other medications they may be taking.

- **Methadone** comes as a pill, liquid or a wafer form. Methadone is taken daily. Methadone to treat addiction is dispensed only at specially licensed treatment centers. Some people go to the treatment center or doctor's office every time they need to take their medication. People who are stable in recovery may be prescribed a supply of medication to take at home.

- **Buprenorphine (or Suboxone)** is taken daily at first. After time, buprenorphine is taken daily or every other day. This medication is dispensed at treatment centers or prescribed by doctors with special approval to prescribe buprenorphine. Some people go to the treatment center or doctor's office every time they need to take their medication. People who are stable in recovery may be prescribed a supply of medication to take at home.



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○ **Naltrexone (or Vivatrol)** helps overcome addiction in a different way. It blocks the effect of opiate drugs and takes away the feeling of getting high if the problem drug is used again. Naltrexone cannot be taken until opioids are completely out of the body, usually 7 to 10 days after withdrawal begins. This medication is taken daily at first. After time, doses of naltrexone are taken up to 3 days apart. Naltrexone is dispensed at treatment centers or prescribed by doctors.

## Continuum of Care Services for Alcohol and Other Drug Addictions Detox

*Asterisks \* indicate funding by Department of Public Health, Bureau of Substance Abuse Services*

<b>Name</b>	<b>Town</b>	<b>Number</b>
AdCare Hospital	Worcester	800-345-3552
Arbour Hospital	Jamaica Plain	617-522-4400
Baldpate Hospital	Georgetown	978-352-2131
Bournewood Hospital	Brookline	617-469-0300
Caritas NORCAP Program	Foxboro	800-331-2900
Carlson Recovery Center*	Springfield	413-733-1423
Community Health Link*	Worcester	508-860-1200
Dimock*	Roxbury	617-442-9661
Emerson Hospital Addiction Services	Concord	978-287-3510
Faulkner Hospital	Jamaica Plain	617-983-7711
Gosnold*	Falmouth	800-444-1554
High Point Treatment Center*	Brockton	800-734-3444
High Point Treatment Center*	Plymouth	800-233-4478
Lahey Health Behavioral Services*	Danvers	800-323-2224
Lahey Health Behavioral Services*	Boston	800-763-5363
Lahey Health Behavioral Services*	Tewksbury	978-259-7000
McGee Unit/Berkshire Medical Center*	Pittsfield	800-222-1664
Proctor House I	Belmont	800-333-0338
Providence Behavioral Health Hospital*	Holyoke	800-274-7724
Spectrum*	Westborough	800-366-7732
SSTAR Inpatient*	Fall River	800-937-3610
St. Elizabeth's Comprehensive Addiction Program	Brighton	617-789-2574
Veteran's Center for Addiction Program	Bedford	781-687-2275
Veteran's Center for Addiction Treatment	Brockton	508-583-4500

