

March 4, 2020

It is with excitement that I announce that the Walker Center has been awarded an Idaho Response to the Opioid Crisis (IROC) subgrant by Health and Welfare's Division of Behavioral Health. This subgrant is funded through the State Opioid Response Grant awarded through the Substance Abuse and Mental Health Services Administration (SAMHSA).

The project funded by this subgrant will be known as the **HOPE Project**- Helping Other People Engage in the Healing Process.

This project will create a continuum of care treatment model beginning with residential treatment for a minimum of (15) individuals who meet one of the following criteria:

- Individuals with a diagnosis of Opioid Use Disorder
- Individual is parenting with a diagnosis of Opioid Use Disorder
- Individual is pregnant with a diagnosis of Opioid Use Disorder

The HOPE Project will fund 15 people into this year-long treatment program covering up to 60 days of residential treatment, needed medical and psychiatric stabilization and intensive coordination of services for a year.

The objective of the program is to improve long-term outcomes through utilization of a social worker for the purpose of combining and using community resources to create a model of longitudinal addiction treatment. The social worker will facilitate the participant's placement and stabilization, and then coordinate and follow care for one year.

Walker Center will be taking referrals from treatment providers for anyone that meets the above criteria. If you are interested in referring a potential person, please contact the Walker Center admission staff at 208-934-8461 and say you have potential person for the HOPE Project. <u>Do not have the potential participant call directly</u>. The case will be reviewed with you and next steps for screening will be determined.

The potential participant will be screened for inclusion into the project based on American Society of Addiction Medicine (ASAM) placement criteria and Walker Center inclusion and exclusion criteria. The treatment plan will be highly individualized using the chronic disease model of care. The social worker will be responsible for coordinating care for a minimum of 1 year for the individuals in the project. Coordination of care will include entering into residential treatment, coordination of hospitalization if needed, counseling for the possible use of Medication-Assisted Treatment (MAT), coordination of any extended stays or returns to residential care as needed to prevent or recover from relapse and post discharge services coordination.

Residential services will include up to 60 days of treatment services with programs that address but are not limited to Withdrawal Management, Medication Management, Drug and Alcohol Education, 12 Step Introduction and Assignments, Craving Deactivation, Triggers and Cues



Education, Role-Play Refusal Skills, Cognitive Behavioral Process Groups, Relapse Prevention, Nutrition Education, Exercise and Lifestyle Change, Nicotine Education, Stress Identification, Stress Management Skills, Challenge Course / Experientials, HIV/HEP testing and the required Family Program. Individualized care will also be provided with services to include resocialization training, parenting groups, pregnancy specific programming, medications management, intensive case management, trauma focus groups,

The social worker will maintain contact with participant, family, treatment providers, recovery coach, sponsor and all other persons engaged in the success of the participant throughout the treatment process.

My team and I are excited to work with health care providers throughout the State of Idaho to change the lives of those suffering. Please contact me with any questions or concerns.

Debbie

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