



# Services offered

- **Harm Reduction**

Overdose education and naloxone distribution

Hepatitis C and HIV testing with treatment resources

Safer using education and early engagement

- **Treatment referrals**

All levels of care; STR, Medicaid, Commercial Insurance

- **Groups and activities**

Family support, Refugee Recovery, SMART Recovery, HA, (LGBTQ specific), Yoga, Kung Fu, Tai Chi

- **Peer Support**

Peers are assigned to every SUD consumer we have and family members are also assigned peers

Level of care determines involvement

Treatment provider/STR collaboration

- **Community engagement and social events**

# Levels of Care

- **SUD consumers**

Individuals actively using substances are our  
highest level of care (1)

Individuals currently in treatment (2)

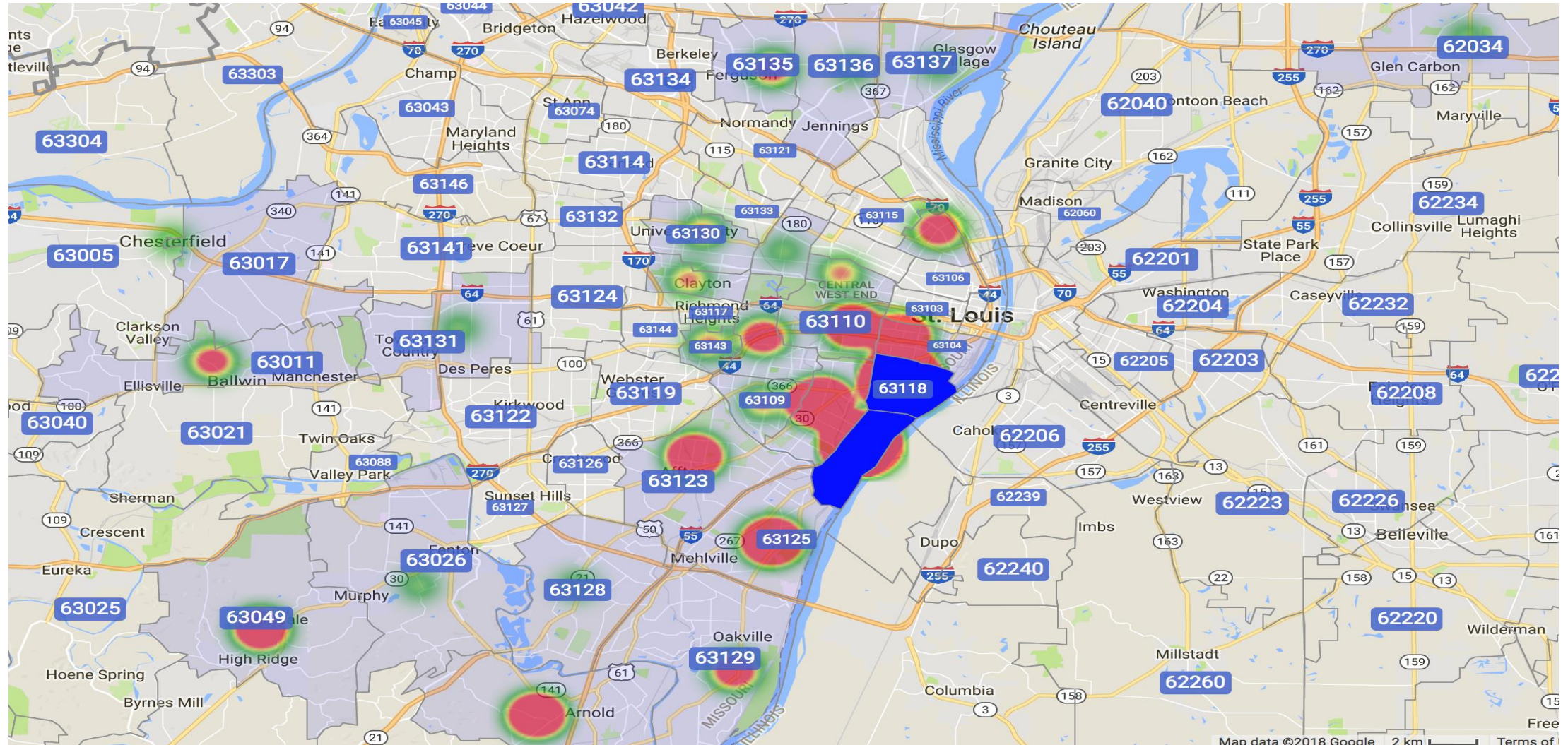
Individuals in early recovery (3)

Individuals in long term recovery (4)

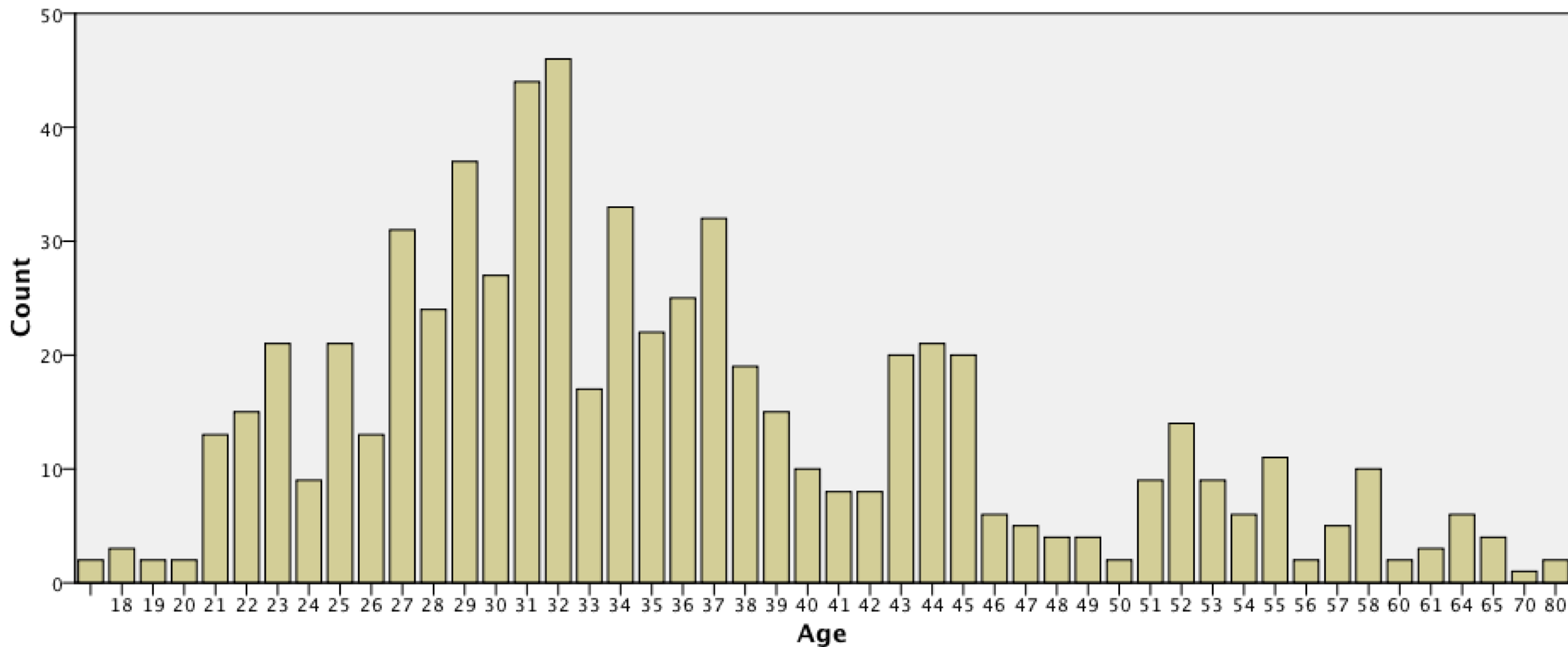
- **Family member/loved ones consumers**

Two levels of care (?)

# Snapshot of our population – SUD only (location)



# Snapshot Continued (Age)



# And More Numbers (60 day aggregated)

- Gender

Males – 417 ( 62.7%)

Females – 238 (35.8%)

- Duplication

Yes – 346 (51.9%)

No – 134 (20.2%)

Unmeasured 184 (27.7%)

- Race

Caucasian – 434 (65.3%)

Black - 165 (24.8%)

Multi-Racial – 56 (8.4%)

One More to  
go!

- **Sexual Orientation**

Straight - 583 (87.7%)

Gay – 34 (5.1%)

Bi-sexual – 45 (6.8%)

- **Naloxone reversals (since last visit)**

No – 539 (81.1%)

Yes with 911 call – 42 (6.3%)

Yes without 911 call – 68 (10.2%)

We have more data if there are any questions?

Where do we  
go from here?

- Reduce mortality rates of active users
- Use early engagement of harm reduction services as an access point to treatment
- Improve retention rates for all levels of care but the important population will be STR, State funded, and Medicaid consumers
- Treat not only the SUD consumer but also the family and the community
- Discussion?