

Discover The Hope: Opiate Treatment and Recovery

With Special Guest, Dr. Ted Parran

Discover the HOPE presented by:
Geauga County Board of Mental Health and Recovery Services
Geauga County Educational Service Center
Geauga County Job and Family Services
Geauga Family First Council
Lake-Geauga Recovery Centers
Ravenwood Health
United Way Services of Geauga County

Welcome

- ▶ Conference Logistics
 - ▶ Breaks
 - ▶ CEUs
 - ▶ Evaluation Forms
 - ▶ Index Cards
 - ▶ Place for questions, include your email address.
- ▶ Craig Swenson, Executive Director, Geauga County Department of Job and Family Services
- ▶ Thanks to the Planning Committee
- ▶ What brings you here today?



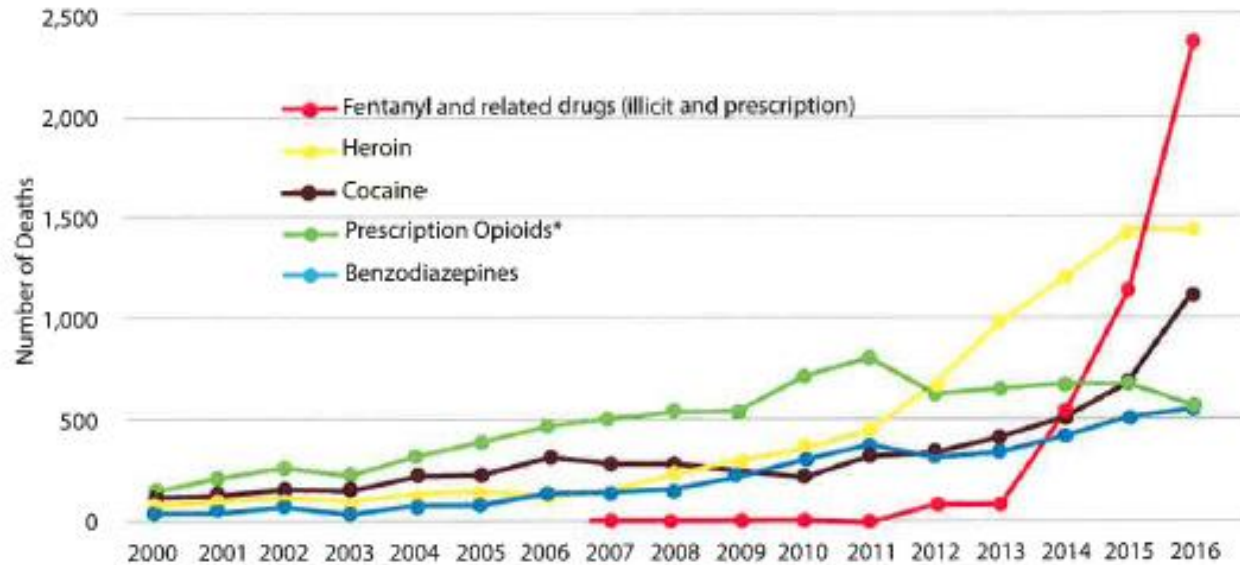
Discover The Hope

- ▶ Why Are We Here Today?
 - What do we know about addiction and treatment?
 - Who is effected?
 - Where can you go for help?
 - What happens next?
- ▶ The Scope of the Issue:



The Scope of the Issue: Part 1

Figure 4. Number of Unintentional Drug Overdose Deaths Involving Selected Drugs, by Year, Ohio, 2000-2016



* Excludes fentanyl and related drug deaths.

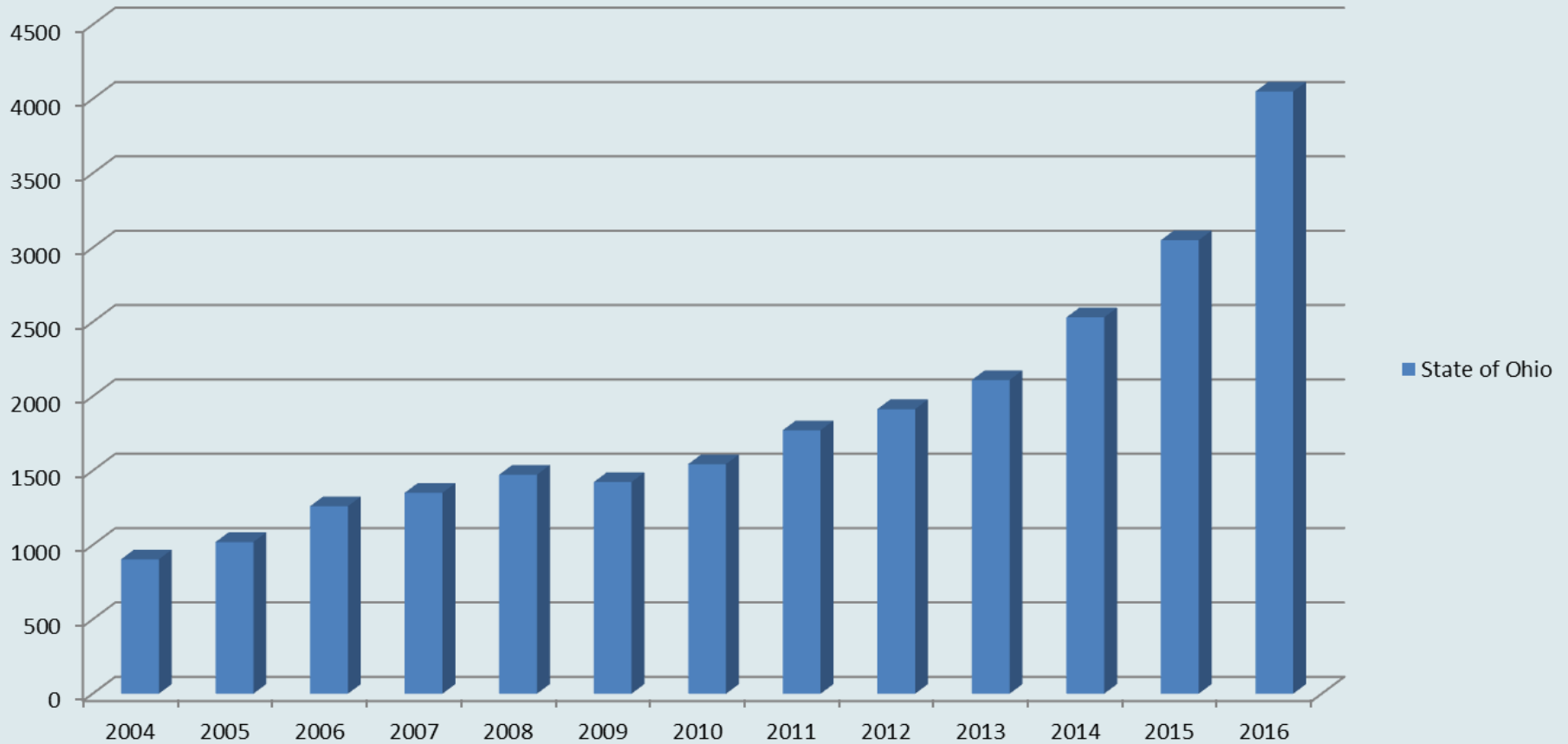
Source: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Injury Prevention Program. Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category.



2016 Ohio Drug Overdose Data: Ohio Department of Health

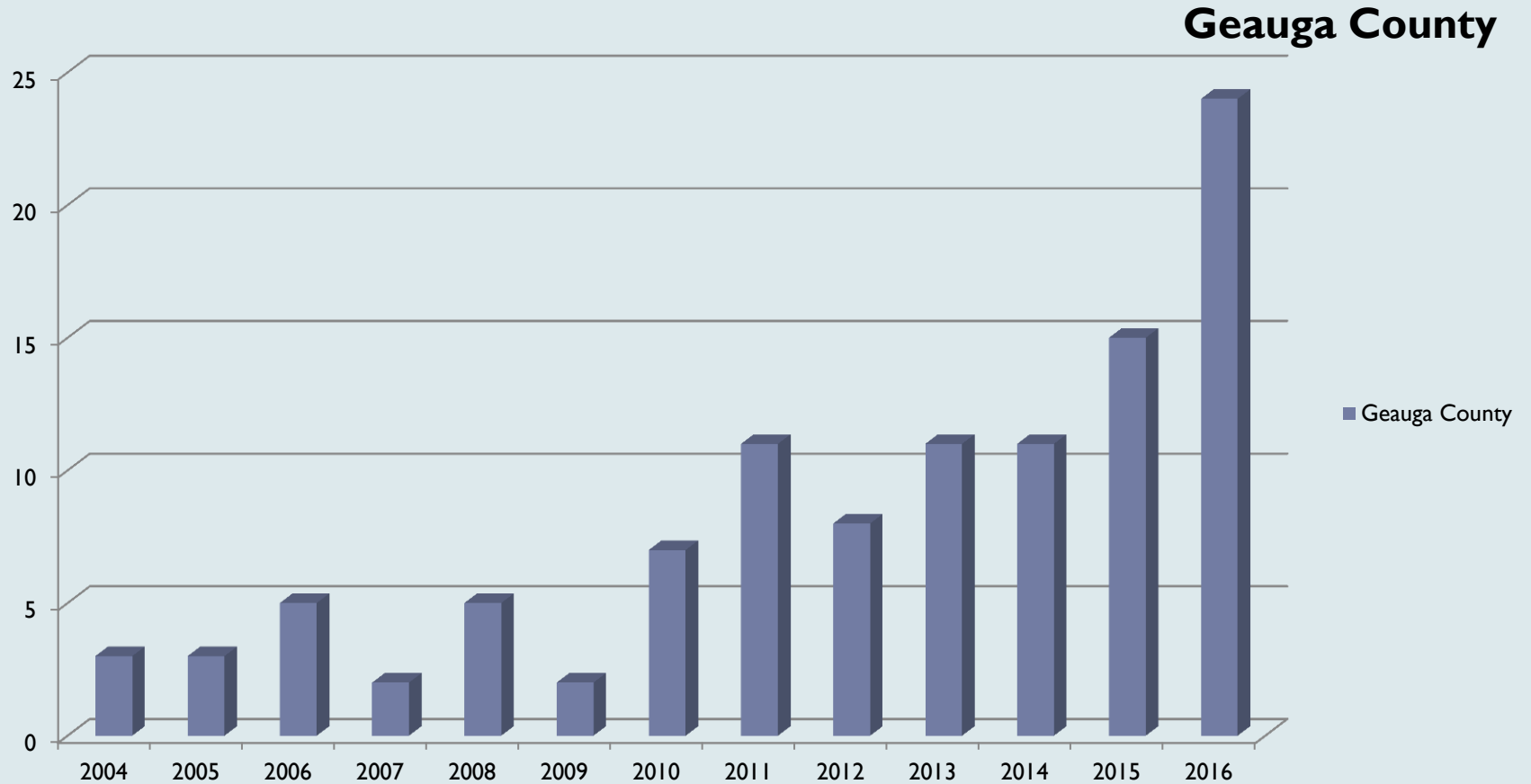
The Scope of the Issue: Part 2

State of Ohio



2016 Ohio Drug Overdose
Data: Ohio Department of
Health

The Scope of the Issue: Part 3



2016 Ohio Drug Overdose
Data: Ohio Department of
Health



Story of Recovery



Motivational Interviewing

- ▶ Evidence based
- ▶ Facilitates movement through the Stages of Change
- ▶ Internal motivation for change
- ▶ Judgment free
- ▶ Requires empathy and presence on the part of the clinician
- ▶ The clinician and the client are partners in the treatment process
- ▶ MI assumes the client is the expert on their life



Activity

- ▶ Write down a personal goal or behavior you have considered changing.
 - ▶ It can be something you recently began working on or something you haven't yet started to make a plan for
 - ▶ Examples can include: making a budget; exercise and nutrition, going to bed early, getting up earlier, reading more often, stopping tobacco use, drinking more water and less soda, not texting and driving



► Stages of Change Video



THE STAGES OF BEHAVIOR CHANGE



MAINTENANCE

works to sustain the behavior change

ACTION

practices the desired behavior

PREPARATION

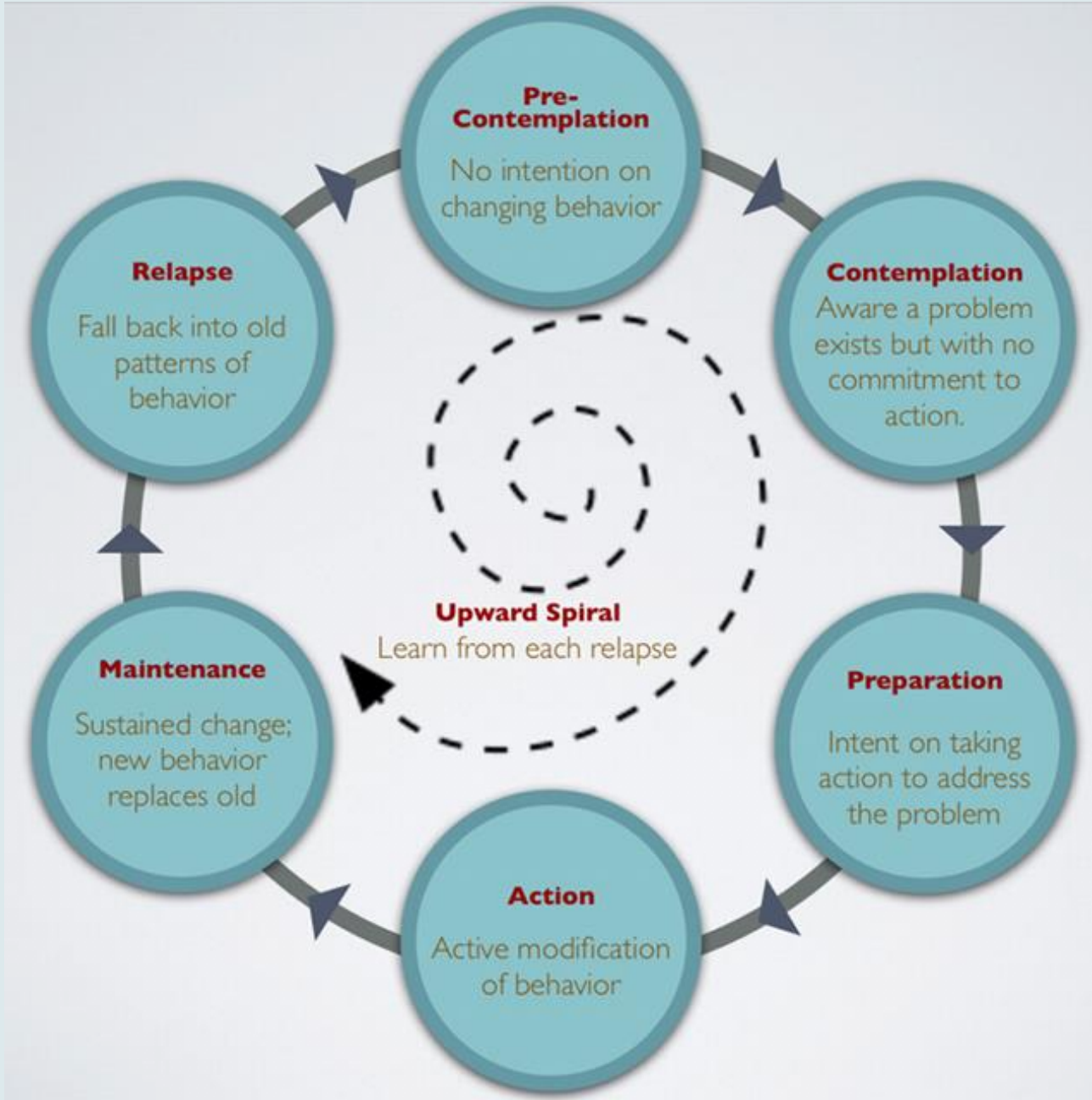
intends to take action

CONTEMPLATION

aware of the problem and of the desired behavior change

PRE-CONTEMPLATION

unaware of the problem



How Can I Help A Person With Change?

Ask how
the person
WOULD
like things
to be

Let the
PERSON
DECIDE if and
when change is
right

Respect that
every change
involves loss

Build a
RELATIONSHIP
of non-
judgement and
trust

Praise
willingness
to **TALK**
about change



Common Misconceptions About Addiction

- ▶ It can't be a disease. It's a lack of willpower
- ▶ If you want to bad enough, you can control it
- ▶ Other addicts can get clean and sober by going to meetings. Why can't you?
- ▶ Drug Addicts Fit a Certain Stereotype
- ▶ A Relapse Equals Failure
- ▶ You should only get one chance with Narcan
- ▶ Why don't you call the police on the person
- ▶ There is Only One Method of Treatment



Story of Recovery



Opiate Addiction: Hope for Families

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Mission Statement:

To promote lifelong recovery from addiction through education, prevention, and treatment regardless of ability to pay.


www.lgrc.us

Introduction

Has an opioid addiction turned someone you care about into “somebody else”? Is there something that can be done to help your friend or loved one overcome this addiction?

Treatment is recommended for the person in addiction but it is necessary to realize that addiction and recovery impacts the entire family. This makes it important for family members to also get support for themselves.

Family members should be familiar with treatment their loved ones are engaging in.



Opioid Addiction Can Be Treated

Opioid addiction is a chronic disease:

- like heart disease or diabetes.
- chronic disease is a medical condition for life.
- chronic disease can be managed to where a person with addiction can regain a healthy, productive life.
- People need help to change addictive behavior into non-addictive, healthful patterns.
- They can get this help with **treatment**—with the care of substance abuse treatment providers.



Opioid Addiction Can Be Treated

Treatment:

- Helps people address life issues that may be tied to the addiction,
- Helps people move into healthy, addiction-free lifestyles—into a way of living referred to as **recovery**.

There are three, equally important parts to treatment:

- Medication
- Counseling
- Support from family and friends.



Treatment May Include Medication

Medication-assisted treatment is treatment for addiction that:

- includes the use of medication
- is found to be most successful along with counseling and other support.
- allows addicted person to regain a normal state of mind, free of drug-induced highs and lows.
- it can reduce problems of withdrawal and craving.
- taking medication for opioid addiction is like taking medication to control heart disease or diabetes.
- it is NOT the same as substituting one addictive drug for another.
- used properly, the medication does NOT create a new addiction.



Treatment may include Medication

Most common:

- Vivitrol
- Oral Naltrexone
- Suboxone
- Methadone



Counseling is a Necessary Adjunct to Medication

Many people on medication-assisted treatment benefit from **counseling**—from the opportunity to talk with a professional either one-on-one or in a group with others in treatment.

Counseling can:

- teach people about the disease of addiction. They also learn why the addiction occurred, the problems it has caused, and what they need to change to overcome those problems.
- provide encouragement and motivation to stick to treatment.
- can teach coping skills and how to prevent relapse. And, it can help people learn how to make healthy decisions, handle setbacks and stress, and move forward with their lives.

In **group counseling**, people can:

- connect with others in treatment
 - get these benefits from **support groups**, too.
-




Family and Friends are Important Supports for the Recovering Person

It is very hard to go through recovery alone. Support from family and friends is very important. Love and encouragement can help a person make the decision to enter treatment and stick with it.

Family and friends can provide help in practical ways—for example, by offering rides to treatment, a safe place to live, or help finding work. Family and friends also can help the person in recovery avoid or overcome setbacks.

Some treatment programs offer counseling for loved ones. They do this because being close to a person with addiction can be very hard and can cause pain and anger or feelings of shame and hopelessness.



Addiction is a Family Disease

It has long been recognized that one person's illness affects the family. Even a cold or flu disrupts family life for a time. Let's think about that:

- Family becomes extra nice and considerate
- Sick person is babied or catered to (allowed to stay in bed, chores are shifted to other family members, company not invited over).
- As person's illness increases in length and severity, effect on family is greater.
- Imagine the disruption of family life that long-term illness can produce.
- Chemical dependence is a long-term illness that can produce devastating effects on the physical, emotional and spiritual health of the family.
- Family can remain affected even after the person is in recovery

***This is why it is key for that family members to get support and help working with the person in recovery.



Experiences of Family Members

Guilt

Friends and family may feel guilt that they could / should do more

Is it my fault they developed an addiction?

Obsession over actions done/not done to support person

Fear/Anxiety

Can pin friends and family against each other

Devastates communities

Fear that other family members will start abusing substances

Fear those already using will also overdose

Fear that those in recovery will relapse.

Can result in mistrust amongst family and friends.



Experiences of Family Members

Blame

Towards those who use with the person

Towards self for the development of addiction and the death

Towards the person in addiction

Towards family members

Towards professionals/law enforcement

Stigma/Isolation

Family/friends often suffer in silence due to the feelings resulting from stigma, guilt and shame.

Reluctance to talk about the addiction

Reluctance to participate in support groups or counseling

Shame

Surrounding the addiction or the “I’m a bad parent”

For enabling

For not doing enough



Enabling vs Helping

To enable someone is to protect them from experiencing the full weight of the consequences for their actions. This leads to less motivation for change.

Keeping secrets for your loved one so as to not cause problems

Making excuses for their behavior

Giving them money

Covering up their problems by paying for rent, legal fees, etc.

Blaming others for their behavior

Blaming their problems on things other than addiction

Making empty threats



Enabling vs Helping

Helping empowers an addict to take responsibility rather than creating dependency.

Attend meetings

Do not lie for or to the person in recovery


Do not make excuses for them

Set boundaries

Pay attention to your unhealthy behaviors (making excuses, rescuing)

Help with rides to treatment, a safe place to live, or help finding work.

Participate in family therapy



There is Help for Family Members

Therapy/Education groups that are just for family and friends. These are safe places to share information and encourage others who have loved ones who are dealing with addiction.

Self-help support groups are a useful way for family and friends to learn more about the person's situation, how to help, and how to handle the problems their loved one's addiction has caused them, too. It is a safe place to express feelings and to find out what help is available for them.





Family Program

Mentor Outpatient Office

9083 Mentor Ave.

- Open to family and friends who are interested in learning about substance abuse, coping skills, and how to help an addicted family member.

Facilitated by a licensed professional

Peer support

No charge



Family Program Topics

Stages of abuse and change

How treatment works

Stages of family recovery

Family roles

Communication skills

Coping skills

Responsibility

Emotional support and appropriate boundaries

Support Groups for Families

Al-anon and Alateen meetings

www.al-anon.org

Nar-anon

www.nar-anon.org



Story of Recovery



Levels of Care

ASAM Criteria: Treatment Criteria for Addictive, Substance Related, and Co-Occurring Conditions

(Check appropriate box in each Dimension)

ASAM dimensions	Level 0.5 Early Intervention	OTP-Level I Opioid treatment program	Level 1 Outpatient Services	Level 2.1 Intensive Outpatient Services & Level 2.5 Partial Hospitalization Services	Level 3.1 Clinically Managed Low Intensity Residential Services & Level 3.3 Clinically Managed Population Specific High Intensity Residential Services & 3.5 Clinically Managed High Intensity Residential Services & 3.7 Medically Monitored Intensive Inpatient Services	Level 4 Medically Managed Intensive Inpatient Services
1 Acute intoxication and/or withdrawal potential	<input type="checkbox"/> No withdrawal risk	<input type="checkbox"/> Physiologically dependent on opioids and requires OTP to prevent withdrawal.	<input type="checkbox"/> Not experiencing significant withdrawal, or at minimal risk of severe withdrawal. Manageable at Level 1-WM	<input type="checkbox"/> 2.1 Minimal risk of severe withdrawal, manageable at Level 2-WM or <input type="checkbox"/> 2.5 Moderate risk of severe withdrawal manageable at Level 2-WM.	<input type="checkbox"/> 3.1 No withdrawal risk or minimal or stable withdrawal. Concurrently receiving Level 1-WM or <input type="checkbox"/> 3.3 & 3.5 At minimal risk of severe withdrawal, if withdrawal is present, manageable at Level 3.3 -WM or <input type="checkbox"/> 3.7 At high risk of withdrawal at Level 3.7-WM & does not require full resources of a licensed hospital.	<input type="checkbox"/> At high risk of withdrawal and requires Level 4-WM and the full resources of a licensed hospital
2 Biomedical conditions and complications	<input type="checkbox"/> None or very stable	<input type="checkbox"/> None or manageable with outpatient medical monitoring	<input type="checkbox"/> None or very stable or receiving concurrent medical monitoring.	<input type="checkbox"/> 2.1 None or not a distraction from treatment. Manageable at level 2.1 or <input type="checkbox"/> 2.5. None or not sufficient to distract from treatment. Manageable at level 2.5.	<input type="checkbox"/> 3.1, 3.3, & 3.5 None or stable or receiving concurrent medical monitoring or <input type="checkbox"/> 3.7 Requires 24 hour medical monitoring but not intensive treatment.	<input type="checkbox"/> Requires 24 hour medical and nursing care and the full resources of a licensed hospital.
3 Emotional behavioral or cognitive conditions and complications	<input type="checkbox"/> None or very stable	<input type="checkbox"/> None or manageable in an outpatient structured environment	<input type="checkbox"/> None or very stable, or is receiving concurrent mental health monitoring.	<input type="checkbox"/> 2.1 Mild severity, with potential to distract from recovery, needs monitoring or <input type="checkbox"/> 2.5 Mild to moderate severity, with potential to distract from recovery, needs stabilization.	<input type="checkbox"/> 3.1 None or minimal; not distracting to recovery. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhance program is required. Or <input type="checkbox"/> 3.3 Mild to moderate severity; needs structure to focus on recovery. Treatment should be designed to address significant cognitive deficits. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required. Or <input type="checkbox"/> 3.5 Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization and a 24 hour setting to prepare for community integration and continuing mental illness. Or <input type="checkbox"/> 3.7 Moderate severity, needs 24 hour structured setting. If the pt has a co-occurring mental disorder, requires concurrent mental health services in a medically monitored setting	<input type="checkbox"/> Because of severe and unstable problems; requires 24 hour psychiatric care with concomitant addiction treatment (co-occurring enhanced)
4 Readiness to Change	<input type="checkbox"/> Willingness to explore how current alcohol, tobacco, other drug, or medication used and/or high risk behaviors may affect person goals.	<input type="checkbox"/> Ready to change the negative effects of opioid use, but is not ready for total abstinence from illicit prescription or non-prescription drug use.	<input type="checkbox"/> Ready for recovery but needs motivating and monitoring strategies to strengthen readiness. Or <input type="checkbox"/> needs ongoing monitoring and disease management. Or <input type="checkbox"/> high severity in this dimension but not in other dimensions. Needs Level 1 motivational enhancement strategies.	<input type="checkbox"/> 2.1 Has variable engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the states of change. Or <input type="checkbox"/> 2.5 Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the SUD or MH problem, requiring a near daily structured program or intensive engagement services to promote progress through the stages of change.	<input type="checkbox"/> 3.1 Open to recovery, but needs a structured environment to maintain therapeutic gains. Or <input type="checkbox"/> 3.3 Has little awareness and needs interventions available only in Level 3.3 to engage and stay in treatment. Or <input type="checkbox"/> 3.5 and 3.7 Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies only safely available in a 24 hour structured setting. If there is a high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1.	<input type="checkbox"/> Problems in this dimension do not qualify the patient for Level 4 services. If the patient's only severity is in Dimension 4.5 and/or 6 without high severity in Dimensions 1, 2 and/or 3, then the patient does not qualify for Level 4
5 Relapse, continued use, or continued problem potential	<input type="checkbox"/> Needs an understanding of, or skills to change, current alcohol, tobacco, other drug, or medication use patterns and/or high risk behavior.	<input type="checkbox"/> At high risk of relapse or continued use without OTP and structured therapy to promote treatment progress.	<input type="checkbox"/> Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support.	<input type="checkbox"/> 2.1 Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week. Or <input type="checkbox"/> 2.5 Intensification of addiction or MH symptoms, despite active participation in Level 1 or 2.1 program, indicated a high likelihood of relapse or continued use or continued problems without near daily monitoring and support.	<input type="checkbox"/> 3.1 Understands relapse but needs structure to maintain therapeutic gains. Or <input type="checkbox"/> 3.3 Has little awareness and needs interventions available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction. Or <input type="checkbox"/> 3.5 Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences. Or <input type="checkbox"/> 3.7 Unable to control use; with imminently dangerous consequences, despite active participation at less intensive levels of care.	<input type="checkbox"/> Problems in this dimension do not qualify the patient for Level 4 services.
6 Recovery/living environment	<input type="checkbox"/> Social support system or significant others increase the risk of personal conflict about alcohol, tobacco, and/or other drug use.	<input type="checkbox"/> Recovery environment is supportive and/or the patient has skills to cope.	<input type="checkbox"/> Recovery environment is supportive and/or the patient has skills to cope.	<input type="checkbox"/> 2.1 Recovery environment is not supportive, but with structure and support, the patient can cope. Or <input type="checkbox"/> 2.5 Recovery environment is not supportive, but with structure and support and relief from the home environment, the patient can cope.	<input type="checkbox"/> 3.1 Environment is dangerous, but recovery is achievable is Level 3.1 24 hour structure is available. Or <input type="checkbox"/> 3.3 Environment is dangerous and patient needs 24 hour structure to learn to cope. Or <input type="checkbox"/> 3.5 & 3.7 Environment is dangerous and the patient lacks skills to cope outside of a highly structured 24 hour setting	<input type="checkbox"/> Problems in this dimension do not qualify for Level 4 services.

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(Check appropriate Level of Care)

Recommended Level of Treatment: Level 0.5 (Five of six Dimensions meet Level 0.5 criteria); Level 1 OTP & Level 1 (Five of six Dimensions meet criteria for Level 1); Level 2.1 & 2.5 (need Two Dimensions 4,5, or 6 meet level criteria for Level 2.1 or 2.5 and Dimension 1,2, and 3 are no greater than Level 2.1 or 2.5); Level 3.1, 3.3, 3.5, and 3.7 (Three of six Dimensions meet criteria for a Level 3); Level 4 One of Dimensions 1,2, or 3 meet criteria

0.5	Early intervention	Assessment and Education for at risk individuals who do not meet diagnostic criteria for substance related disorder. Examples of early intervention: 1:1 counseling, educational programs such as DIP or LGRC Educational Program, family members of those in treatment, may also include DFWP initiatives and EAP.
1	Outpatient Services	Less than 9 hours of service per week for adults, 6/ week for adolescents for recovery or motivational strategies
2	Intensive Outpatient Services	9 or more hours of service/week for adults, 6 or more/week adolescents to treat multi-dimensional instability.
**	Partial hospitalization	20 or more hours of service/week for multidimensional instability that does not require 24 hour care
3	Residential Inpatient Services	All residential in the continuum provide 24 hour care.
**	3.1	24 hour structure with available trained personnel; at least 5 hours of clinical service/week
	3.5	24 hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
		Do not review others
4	Medically Managed Intensive In-patient Services	24 hour nursing care and daily physician care for severe, unstable problems in Dimensions 1,2 or 3

Approaches to Recovery

- ▶ Solo Recovery
- ▶ Total Abstinence
- ▶ Harm Reduction
- ▶ Medication Assisted Treatment (MAT)
- ▶ Drug Substitution
- ▶ Virtual Recovery/ Virtual Reality/ Technology Assisted Care
- ▶ 12 Step Recovery
- ▶ Faith Based Recovery
- ▶ Shifting Allegiance

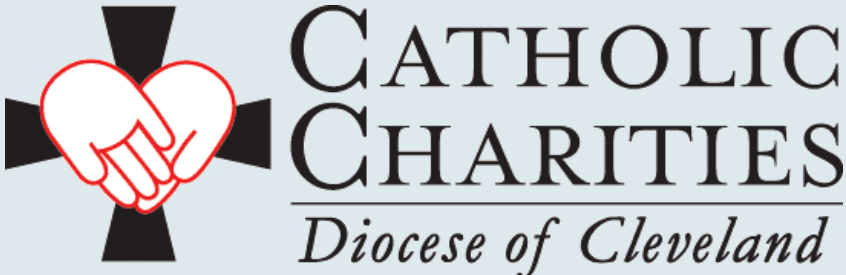
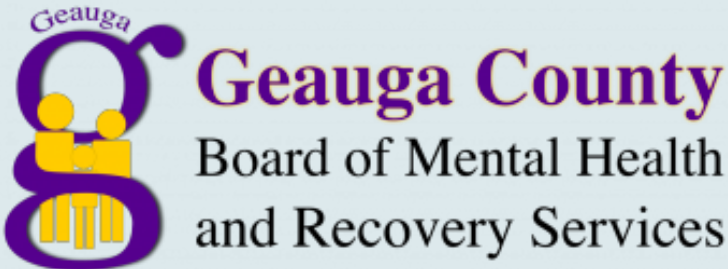


3 Forms of Dual Treatment

- #1: Integrated
 - Treating substance use and mental health simultaneously
- #2: Concurrent
 - Treatment for substance use and mental health at separate facilities/therapists at the same time
- #3- Sequential
 - Treating substance use first and then addressing mental health



Paths To Recovery: Services in Geauga County





Mission Statement:

To promote lifelong recovery from addiction through education, prevention, and treatment regardless of ability to pay.



Programs and Services

- ▶ Residential Treatment Services
- ▶ Outpatient Treatment Services
- ▶ Supportive Housing Services
- ▶ Recovery Housing
- ▶ Prevention Services
- ▶ Gambling Prevention & Treatment
- ▶ Drug-Free Workplace Services
- ▶ Education Program
- ▶ Family Program
- ▶ Medication Assisted Treatment
- ▶ Ambulatory Detox
- ▶ Grief Support Group
- ▶ Hispanic Recovery Services



Medication Assisted Treatment

- ▶ Evidence-based Practices
- ▶ Medication
 - ▶ Vivitrol Injections administered by Nurse Practitioner and/or supervising Physician
- ▶ Counseling
- ▶ Minimum Length of Care
 - ▶ 12-18 months
- ▶ Other Support
 - ▶ 12-Step Program
 - ▶ Lifestyle Changes



Ambulatory Detox

- ▶ Non-narcotic Management
- ▶ Alternative to Suboxone
- ▶ Meet with Healthcare Professionals to be Medically Assessed
- ▶ Medications Prescribed for Symptom Control of Opiate Withdrawal



Residential Treatment

▶ **Oak House**

- ▶ Residential Treatment for women
- ▶ Houses 16 women
- ▶ Can accommodate women with their dependent children under age 2.
- ▶ Women receive 30 hours of treatment per week



▶ **Lake House**

- ▶ Residential Treatment for men
- ▶ Houses 16 men
- ▶ Men receive 30 hours of treatment per week



Supportive Housing for Women

▶ **Nevaeh Ridge**



- ▶ Supportive Housing for women ages 18 and older with a substance use disorder
- ▶ Welcomes pregnant women
- ▶ Welcomes women with children ages 5 and under to live in a safe and supportive environment while they participate in 26 hours per week of outpatient substance abuse treatment services.
- ▶ Houses up to 6 women with 1-2 children each
- ▶ To date 13 babies have been born drug-free



Recovery Housing

- ▶ Provides a safe, healthy, drug and alcohol-free living environment for individuals once they have completed a primary treatment program
- ▶ Monitored by live-in house managers
- ▶ Individuals will be employed in the community and will be able to pay the established rent

- ▶ **Water Street for Men**



- ▶ **Bill Horvath House for Men**



- ▶ **Nowlen Manor for Women**

Picture to come





Mission Statement:

Ravenwood Health shall continue to provide high quality, comprehensive, community-based behavioral health services to residents of Geauga County and surrounding communities which serve to maximize the autonomy, independence and quality of life for the recipients of our services.

Programs and Services

- ▶ Prevention and Outreach
- ▶ Outpatient Dual Diagnosis Counseling
- ▶ Pre-Contemplative Programming (adults & adolescents)
- ▶ Dual Diagnosis Intensive Outpatient- Including Family Group (adults & adolescents)
- ▶ Aftercare (adults & adolescents)
- ▶ Medication Assisted Treatment (MAT)
- ▶ Residential Services (GYC and TLC)
- ▶ Emergency Services



Precontemplative Groups

- ▶ 6-7 week groups that consist of psycho education and group therapy
- ▶ Addresses client's level of denial to assist client in moving through the stages of change
- ▶ Goal is to motivate client to make lifestyle changes
- ▶ Person does not have to be an open client at Ravenwood



IOP and Aftercare

- ▶ 6-8 week programming that meets 3x week
- ▶ Family group in both adolescent and adult IOP
- ▶ 12 Step Programming
- ▶ CPST services available for additional support
- ▶ Aftercare group as a step down. 8-10 week program that meets once weekly



Ravenwood South Street Site



Medication Assisted Treatment

- ▶ Three phase program
 - ▶ Program length minimum 12 months
- ▶ Program includes individual and group counseling
- ▶ Medication management with Ravenwood psychiatrist
- ▶ 12 Step Programming



Ravenwood Main Site



Residential Services

▶ **Transitional Living Center**

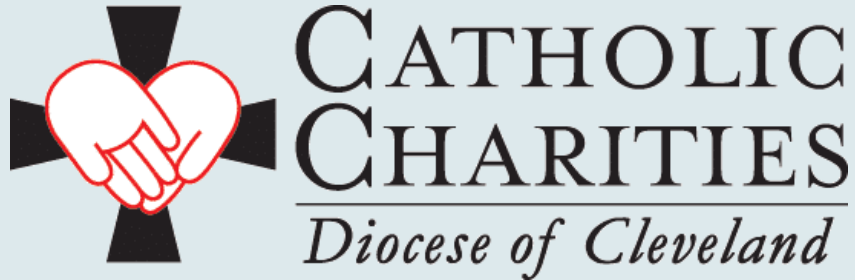
- ▶ The TLC provides consumers with housing that is safe, affordable and designed to meet individual needs in a 24/7 supervised setting.



▶ **The Geauga Youth Center**

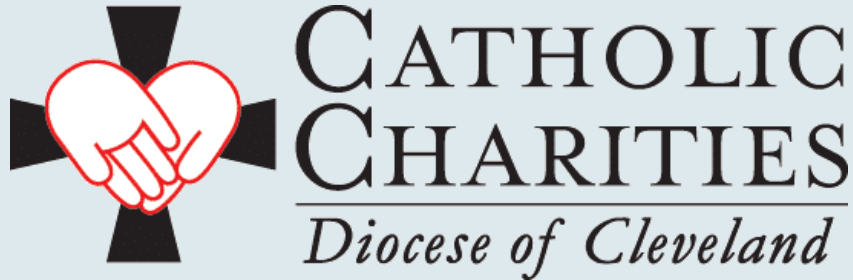
- ▶ The GYC is a therapeutic group home that provides a healthy, safe environment in which adolescents can improve emotional, behavioral, and academic functioning, involving families as much as possible, in the hope that youth may successfully return home or to a less restrictive level of care.





- ▶ **Mission:** Under the leadership of the Bishop of Cleveland and inspired by the Gospel, Catholic Charities continues the mission of Jesus by responding to those in need through an integrated system of quality services designed to respect the dignity of every person and build a just and compassionate society.





▶ **Outpatient Chemical Dependency Treatment**

- ▶ Outpatient Assessment for Children, Adolescents, and
- ▶ Substance abuse counseling services include individual, couples, family, and parent/child therapy.



The Continuum of Care: Other Resources

▶ **Additional Services:**

- ▶ University Hospitals Geauga – Inpatient Detox, Outpatient
- ▶ Windsor-Laurelwood Hospital – Inpatient, Outpatient
- ▶ Recovery Resources, Stella Maris, St. Vincent, Glenbeigh
- ▶ Community Supports and Services: Alcoholics Anonymous, Narcotics Anonymous, Private Practitioners, Medical Professionals

