



## RECOVERY PROJECT

### Tobacco ♦ Alcohol ♦ Opioids ♦ Methamphetamine

The **Amador Recovery Project** started services on December 1, 2018. With a competitive five-year grant from SAMHSA/CSAT (*Grant for the Benefit of Homeless Individuals*), funding includes activities for harm reduction and SBIRT along with plans to expand and enhance clinical, counseling, and support services for people with alcohol and opioid use disorders (AUD/OD). Our primary medication assisted treatment (MAT) option is oral and injectable naltrexone. Unlike methadone or buprenorphine, naltrexone is not a narcotic and it is FDA-approved for both AUD and OUD. The first year of the GBHI Project is for alcohol use disorders. In year #2 recovery support services with naltrexone and buprenorphine for OUD will be provided. Approximately 80-100 persons will receive recovery services annually with this grant.

Oral naltrexone may be taken daily at home or be administered by directly observed therapy (DOT) with supervised dosing in the clinic or field on alternate days or 3X/week. Injectable naltrexone (Vivitrol) is administered monthly in the clinic. The main exclusion criteria for naltrexone are the following: you must be off opioids for 7-14 days, you must not be pregnant or planning to become pregnant, you must not have severe liver disease or damage, you must be at least 18 years old, and you must not have an unstable mental health condition. It is also more effective if you have been off alcohol for 3-5 days. Candidates for naltrexone are persons with chronic heavy alcohol use, which is generally defined as 5 or more drinks for males (4 for women) on 5 or more days in a given month. Excessive drinking is more than 14 drinks for a male or 7 for a female in a week.

The addiction recovery process works best when medication, counseling, and support are combined in a person-centered approach. Adjunctive therapies such as Acudetox (ear acupuncture), *Movement As Medicine*, with physical activity assessment and education, and mindfulness smartphone applications are available also. Relapse prevention with Seeking Safety classes and/or SMART Recovery® meetings by telephone and online or in person onsite are offered. All patients in the program receive medical and non-medical case management services. Persons with methamphetamine use disorder (MUD) may participate in recovery support services during the second half of year #2 with a contingency management approach.

Grant funded positions include a Program Director, a Behavioral Health Counselor (LPCC), three Case Managers, and an Administrative Assistant to offer comprehensive recovery support specialist services. These same staff also provide *Comprehensive Community Support Services (CCSS)* for persons with Medicaid having chronic substance use disorders (SUD), with some also having serious mental illness (SMI). The purpose of CCSS is to surround individuals/families with the services and resources necessary to promote recovery, rehabilitation and resiliency. Community support activities address client goals for SUD recovery specifically in the following functional domains: independent living, learning, working, socializing and recreation. A focus of the grant includes persons with SUD in jail diversion and release programs.

The recovery program is open to persons with AUD/OD experiencing homeless (and at risk of) or housing instability and low-income persons on/eligible for Medicaid. Others with private insurance, eligible sliding fee scale discount or self-pay may enroll after evaluation.

**999 W. Amador Ave. ♦ AHC Annex, Suite D ♦ Las Cruces, NM 88005**  
**(575) 556-9681 OFFICE ♦ (575) 395-6953 MOBILE**