

HOUSING AND HARM REDUCTION-PROMOTING SAFE USE

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HOUSING AND HARM REDUCTION PROMOTING SAFE USE

~THE COLUMBUS DOWNTOWN
YMCA HOUSES OVER 400 MEN IN A
SINGLE ROOM OCCUPANCY
BUILDING (SRO)

~THE YMCA HAS A NUMBER FOR
HOUSING PROGRAMS INCLUDING
PSH AND SCATTERED SITES

~THE DOWNTOWN YMCA ONLY
HOUSES MEN WHILE THE OTHER
PROGRAM HOUSE MEN AND WOMEN



EDUCATING STAFF

- THE YMCA HOUSING PROGRAMS HAVE NOT ALWAYS OPERATED A HARM REDUCTION APPROACH.
- SINCE 2016 WE HAVE WORKED HARD TO EDUCATE STAFF ON HARM REDUCTION PHILOSOPHY, HOUSING FIRST, SUBSTANCE ABUSE AND MENTAL HEALTH.
 - THIS INCLUDES CLINICAL AND OPERATIONS STAFF
- MANY OF OUR CLINICAL STAFF ARE LISTENED SOCIAL WORKERS AND WE PROMOTE EDUCATION FOR OUR STAFF.
- WE HOLD CLINICAL STAFF MEETINGS ONCE A WEEK, THIS INCLUDE TENANTS OF CONCERN WHERE STAFF DISCUSS CLIENTS IN NEED OF MORE EXTENSIVE CARE.
- WE HOLD SITE MEETINGS (BLENDED OPERATIONS AND CLINICAL), CLIENTS AT RISK FOR LOSING HOUSING ARE DISCUSSED AS WELL AS PLANNED FOLLOW UP BY CASE MANAGERS AND OTHER CLINICAL STAFF.

STAFF ROLES

- TREATMENT EFFECTIVENESS IS PREDICATED ON THE RELATIONSHIP BETWEEN THE CLINICIAN AND THE CLIENT
- MULTIPLE INTERACTIONS WITH CLINICAL STAFF IS IMPERATIVE TO ESTABLISHING THE TRUSTING RELATIONSHIP THAT IS VITAL TO IMPROVING QUALITY OF LIFE AND RECOVERY
- PERMANENT SUPPORTIVE HOLDING PROVIDES THE OPPORTUNITY TO BUILD LONG-TERM AND TRUSTING RELATIONSHIPS
- "CONSUMERS WHOSE RECOVERY MAY TAKE A LONGTIME, NEED ACCESS TO A CONSISTENT PROGRAM OVER MONTHS AND EVEN YEARS" (DRAKE, 2005)
- "ACCEPTANCE OF THE CLIENT AND INSTILLING HOPE IN OUR CLIENTS "ONE OF THE FACTORS WE CAN EXERCISE IN OUR CLIENTS IS A CERTAIN AMOUNT OF PERSONALIZATION ABOUT THEIR LACK OF SUCCESS...IT IS IMPORTANT, THEREFORE, THAT PRACTITIONERS ACTIVELY CULTIVATE A STANCE OF HOPE AND COMMUNICATE THAT HOPE TO CLIENTS" (ROSENBERN, 2009)



STAFF ROLES-BUILDING TRUST AND RAPPORT

OVER HALF OF DEPRESSED ADULTS NEVER RECEIVE TREATMENT OF ANY SORT (KOHN, SAVENA, LEVAY, & SARCEÑO, 2004)

- ACTIVE AND ATTENTIVE LISTENING IS KEY, "ONCE GENUINE UNDERSTANDING IS ACHIEVED, [CAN] COLLABORATIVE PROBLEM-SOLVING 'HAPPEN'" (SEGE, BROCK, & O'HARA, 2014)
- BOTH CLINICAL AND OPERATIONAL STAFF ARE ENGAGED AND PROVIDE ONGOING SUPPORT OF RESIDENTS
- PROVIDING BIOPSYCHOSOCIAL ASSESSMENTS TO OUR CLIENTS AS WELL AS OBTAINING ANY COLLATERAL INFORMATION OR OTHER ASSESSMENTS TO BEST TREAT THEIR NEEDS

• PHOTO OF BOBBI POP (LAST BECAUSE)

- "THE CONSISTENTLY DETRIMENTAL PERFORMANCE OF THE CHRONICALLY HOMELESS IS CONFOUNDING...THEREFORE IT IS INCLINANT UPON PROVIDERS TO DEVELOP PROGRAMS [SUCH AS HOUSING FIRST] THAT WILL ENCOURAGE THE POTENTIAL FOR RESILIENCY" (DAVIDSSON, CHRONISKI, WANSCHURA, & FINN, 2013)

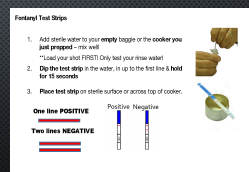
- TAKING INTO CONSIDERATION BOTH PAST TRAUMA AND TRAUMATIC BRAIN INJURY MAY HAVE ON THE DECISION MAKING PROCESS WHEN ENGAGING CLIENTS



WHAT ARE OUR GOALS: TO KEEP OUR CLIENTS HOUSED, IMPROVE THEIR QUALITY OF LIFE AND TO KEEP THEM ALIVE...

- WE DO NOT EVICT RESIDENTS FOR USING
- WE HAVE NARCAN ON SITE AND OFFER PUBLIC NARCAN TRAININGS THROUGH OUR PARTNERSHIPS TO PROVIDE FREE NARCAN THROUGH THESE TRAININGS
- WE PROVIDE FREE FENTANYL TEST STRIPS TO OUR CLIENTS AND ENCOURAGE THEM TO PASS THEM ONTO OTHER USERS

• (IMAGE COURTESY HARM REDUCTION COALITION <https://www.harmreductioncoalition.org/fentanyl/>)



OUTREACH SERVICES

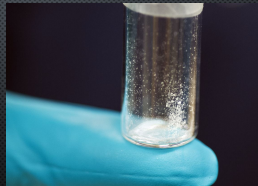
- MEET WITH CLIENTS AFTER NARCAN HAS BEEN USED AND PROVIDE INFORMATION FOR TREATMENT AND OTHER SUPPORTS
- COLUMBUS PUBLIC HEALTH AND THE COUNTY CORONER RELEASE PUBLIC SAFETY WARNINGS WHEN THERE IS AN INCREASE IN OVERDOSES
 - THESE ARE POSTED THROUGHOUT THE BUILDING
- ENGAGE KNOWN USERS AND LET THEM BE AWARE OF THE OVERDOSE SURGES
- PARTNER WITH OTHER AGENCIES TO PROVIDE TREATMENT OPTIONS FOR NOT ONLY SUBSTANCE ABUSE BUT ALSO FOR MENTAL HEALTH SERVICES
- LOOKING AT OTHER METHODS TO INCREASE SAFETY AND AWARENESS FOR OUR RESIDENTS
 - BRAVE TECHNOLOGY
 - KEEPING UP TO DATE ON HARM REDUCTION BEST PRACTICES

BRANDS COURTESY OF HEARTLAND ALLIANCE



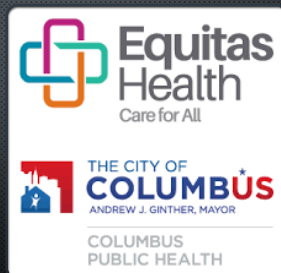
PROVIDING EDUCATION FOR THE CLIENTS

- WHEN FENTANYL IS DETECTED SUGGEST WAYS FOR THE USER TO DETER AN OVERDOSE
 - NOT USE THE DRUG
 - USE LESS
 - ALTERNATIVE ROUTES OF ADMINISTRATION
 - FIND A PARTNER TO PROVIDE SAFETY
- THERE IS LESS CHANCE OF AN OVERDOSE IF PEOPLE USE TOGETHER
- SIGNS OF FENTANYL:
 - COLOR, FENTANYL TENDS TO BE WHITE
 - MAY CAUSE ITCHING, RESTLESSNESS AND OTHER PHYSIOLOGICAL SYMPTOMS THAT ARE DIFFERENT SOME USERS



PROVIDING EDUCATION AND CONTINUED SUPPORT FOR CLIENTS

- SAFEPOINT-COLUMBUS'S SYRINGE EXCHANGE, WE ARE ACTIVE PARTNERS WITH SAFEPOINT HELPING WITH REFERRALS AND OUTREACH SERVICES
 - ENCOURAGE OUR CLIENTS TO USE SAFELY AND ACCESS SAFEPOINT SERVICES
 - PROVIDE FLYERS AND CARDS FOR SAFEPOINT HOURS
 - ENCOURAGE SAFE DISPOSAL OF SYRINGES



RECOVERY CAPITAL, TREATMENT AND WHAT IS NEEDED FOR RECOVERY

A BRIEF HISTORY:

- SUBSTANCE ABUSE TREATMENT GREW OUT OF THE 12-STEP MODEL, AND MANY STILL ADHERE TO AN ABSTINENT ONLY MODEL WHILE EVIDENCE SHOWS THAT A HARM REDUCTION APPROACH IS MORE SUCCESSFUL.
- PRIVATE INSURANCE HAS USUALLY PAID FOR TREATMENT ALTHOUGH IT WAS NOT REQUIRED COVERAGE UNTIL THE MENTAL HEALTH PARITY ACT PASSED UNDER PRESIDENT CLINTON, THE ENTIRE ACT WAS NOT SUCCESSFULLY IMPLEMENTED UNTIL PRESIDENT OBAMA SIGNED THE LAST PORTION INTO LAW.
 - PRIOR TO THE ACT PEOPLE COULD BE DENIED FOR COVERAGE DUE TO PRE-EXISTING CONDITIONS.
 - BECAUSE PRIVATE INSURANCE USUALLY WAS THE ONLY OPTION, STATES USUALLY PAID FOR TREATMENT BASED ON FEDERAL AND STATE BLOCK GRANTS.

RECOVERY CAPITAL, TREATMENT AND WHAT IS NEEDED FOR RECOVERY

A BRIEF HISTORY:

- BLOCK GRANTS VS. MEDICAID/INSURANCE
 - MEDICAID IS A STATE RUN INSURANCE PROGRAM, INITIALLY DESIGNED FOR THE DISABLED IT WAS EXPANDED TO COVER CHILDREN AND MOTHERS UNDER PRESIDENT CLINTON.
 - UNDER THE AFFORDABLE CARE ACT, MEDICAID WAS EXPANDED BY STATES WHO OPTED TO PARTAKE (THE FEDERAL GOVERNMENT PAID 100% TO 90% AND 50% AFTER), THIS BROUGHT MILLIONS LIVING BELOW POVERTY INTO THE HEALTH CARE SYSTEM.
 - THE HAS CREATED FIFTEEN GRANTS TO EXPAND METHODS OF TREATMENT, THE USE OF MEDICATION AND TO REDESIGN HOW TREATMENT IS OFFERED (PRIMARY HEALTH ISSUES, THE ABILITY TO RETIRE FROM CO-COEXISTING DISORDERS, ALL TRAUMA RELATED DISORDERS)
 - BLOCK GRANTS HAVE NOT BEEN EFFECTIVE AS THEY ONLY TREAT A SMALL NUMBER OF PEOPLE, DO NOT ALWAYS ATTRACT THE MOST BEST PRACTITIONERS
 - TREATMENT FOR THE OPIOID EPIDEMIC IS LARGELY THROUGH MEDICAID
 - WHAT MEDICAID IN OHIO PAYS FOR: <http://www.medicare.gov/forohioans/coveredservices.aspx#160359> MEDICAID AND MEDICATION

TYPES OF TREATMENT AND REIMBURSEMENT

- SUBSTANCE ABUSE TREATMENT GREW OUT OF THE 12-STEP MODEL AND MANY STILL ADHERE TO AN ABSTINENT ONLY MODEL WHILE EVIDENCE SHOWS THAT A HARM REDUCTION APPROACH IS MORE SUCCESSFUL. MOST TREATMENT IS TIME LIMITED BY PROVIDERS WITH THE EXCEPTION OF MAT.
 - DETOXIFICATION
 - INPATIENT AND RESIDENTIAL
 - PARTIAL HOSPITALIZATION
 - INTENSIVE OUTPATIENT
 - MEDICALLY ASSISTED TREATMENT



HARM REDUCTION

- "A PUBLIC HEALTH STRATEGY THAT WAS DEVELOPED INITIALLY FOR ADULTS WITH SUBSTANCE USE PROBLEMS FOR WHOM ABSTINENCE WAS NOT POSSIBLE. THE APPROACHES HAVE BEEN EMPOWERING IN REDUCING CONSUMPTION AND MORTALITY IN THESE POPULATIONS. A STRATEGY DIRECTED TOWARD INDIVIDUALS OF ANY AGE, SEX, OR RACE WHOSE DRUG USE IS ASSOCIATED WITH EXCESSIVE HARMFULNESS. HARM REDUCTION ACCEPTS THAT A CONTINUING LEVEL OF DRUG USE (BOTH LEGAL AND ILLEGAL) IN SOCIETY IS NECESSARY AND THEREFORE EMPHASIZES REDUCING ADVERSE CONSEQUENCES. IT EMPHASIZES THE MEASUREMENT OF HEALTH, SOCIAL, AND ECONOMIC OUTCOMES AS OPPOSED TO THE MEASUREMENT OF DRUG CONSUMPTION." **NATIONAL CENTER FOR HARM REDUCTION**
- **EXAMPLES OF HARM REDUCTION:**
 - NEEDLE MANAGEMENT
 - DRUG EXCHANGE
 - WORKING TO REDUCE USE INSTEAD OF ELIMINATING
 - EMPLOYING OTHER VARIABLES FOR THE DRUG USE
 - PUBLIC EDUCATION TO UNDERSTAND DRUG USE TO ENCOURAGE SAFE BEHAVIORS
 - USE SUPPORT (SIMILAR TO 12 STEP GROUPS BUT PEOPLE MAKE USES)
 - DRUG ROOMS (THEY ARE USED IN CANADA AND THE NETHERLANDS, THERE HAVE NEVER BEEN A RECORDED DEATH IN A DRUG ROOM). DRUG ROOMS HAVE GENERALLY BEEN A SUCCESS IN CASES OF OVERDOSES AND DISEASE, BUT BECAUSE OF THE NARROW AND LIMITED PURPOSES OF DRUG ROOMS, THEY MAY BE IMPOSSIBLE TO IMPLEMENT IN THE UNITED STATES.



TREATMENT PARADIGM

- A CLINICAL, TIME LIMITED INTERVENTIONS FOR A CHRONIC CONDITION
- EVIDENCED BASED PRACTICES, PROFESSIONALLY DRIVEN
- STRATEGIES AND TECHNIQUES TO INTERVENE (SOCIAL AND PERSONAL)
- RELATIVELY SHORT DURATION (90 DAYS OR LESS)
- EXPECTATION: THE PERSON "GRADUATES" THE PROGRAM; RECOVERY IS SELF SUSTAINABLE AT THIS POINT WITHOUT PROFESSIONAL HELP.

THE RECOVERY PARADIGM

- SOLUTION FOCUSED AS OPPOSED TO PROBLEM FOCUSED.
- SOLUTIONS TO SUD PROBLEMS ALREADY EXIST IN THE LIVES OF MILLIONS OF INDIVIDUALS AND FAMILIES.
- IMPROVED STRATEGIES CAN COME FROM THE EXPERIENCE, STRENGTH AND HOPE OF THOSE ALREADY IN RECOVERY.
- RECOVERY AS A COMMUNITY WIDE ORGANIZING CONCEPT IN SUD AND MENTAL HEALTH TREATMENT.
- DO WE LOOK AT RECOVERY THROUGH THE LENS OF QUALITY OF LIFE OR IS IT BASED ON OTHER IDEALS?
- "RECOVERY DEFINED AS A VOLUNTARILY MAINTAINED LIFESTYLE CHARACTERIZED BY SOBRIETY, PERSONAL HEALTH AND CITIZENSHIP." **2007 BARRY PERRY RECOVERY CONSENSUS PANEL**
- "RECOVERY FROM ALCOHOL AND DRUG PROBLEMS IS A PROCESS OF CHANGE THROUGH WHICH AN INDIVIDUAL ACHIEVES ABSTINENCE AND IMPROVED HEALTH, WELLNESS AND QUALITY OF LIFE." **SANJSA JUL 24, 2015**

RECOVERY MANAGEMENT/FIVE YEAR RECOVERY MODEL FOR TX

- IS A PHILOSOPHICAL FRAMEWORK FOR ORGANIZING ADDICTION TREATMENT SERVICES TO PROVIDE PRE-RECOVERY IDENTIFICATION AND ENGAGEMENT, RECOVERY INITIATION AND STABILIZATION, LONG-TERM RECOVERY MAINTENANCE, AND QUALITY OF LIFE ENHANCEMENT FOR INDIVIDUALS AND FAMILIES AFFECTED BY SEVERE SUBSTANCE USE DISORDERS.
- "A NEED FOR REGULAR MONITORING OF PATIENT SYMPTOMS, FUNCTION, AND RISK FACTORS COMBINED WITH INDIVIDUALIZED COORDINATIONS OF MEDICATIONS, SOCIAL SERVICES AND PATIENT/FAMILY EDUCATIONS TO DETECT INCIDENT RELAPSE AND INTERVENE EARLY TO PREVENT ESCALATION OF ILLNESS" (DUPONT, 2015)
- ADVOCATING FOR TX SHIFT FROM A MODEL OF ACUTE BIOPSYCHOSOCIAL STABILIZATION TO A MODEL OF SUSTAINED RECOVERY THAT WOULD EVALUATE THE TX OF OTHER CHRONIC HEALTH CONDITIONS
- INTEGRATION OF HEALTH SERVICES
- "FOCUS ON THE ECOLOGY OF ADDICTION RECOVERY: RELATIONSHIPS BETWEEN INDIVIDUALS AND THEIR PHYSICAL, SOCIAL AND CULTURAL ENVIRONMENTS AS CAPABLE OF INHIBIT THE LONG-TERM RESOLUTION OF SEVERE AOD PROBLEMS" (WHITE, 2008)

RECOVERY CAPITAL

- "RECOVERY CAPITAL IS THE BREADTH AND DEPTH OF INTERNAL AND EXTERNAL RESOURCES THAT CAN BE DRAWN UPON TO INITIATE AND SUSTAIN RECOVERY FROM SEVERE AOD PROBLEMS" (GRANFIELD AND CLOUD, 1999)
- PERSONAL RECOVERY CAPITAL: PHYSICAL HEALTH, FINANCIAL ASSETS, HEALTH INSURANCE, SAFE/RECOVERY SUPPORTIVE SHELTER, CLOTHING, FOOD, TRANSPORTATION. ALSO INCLUDES VALUES, KNOWLEDGE, EDUCATIONAL/VOCATIONAL SKILLS/CREDENTIALS, PROBLEM SOLVING CAPABILITIES, SELF AWARENESS AND SELF ESTEEM, SELF EFFICACY, HOPEFULNESS/OPTIMISM, PERCEPTION OF PAST/PRESENT/FUTURE, SENSE OF MEANING AND PURPOSE IN LIFE AND INTERPERSONAL SKILLS.

RECOVERY CAPITAL

FAMILY/SOCIAL RECOVERY CAPITAL:

- INTIMATE RELATIONSHIPS, FAMILY/KINSHIP RELATIONSHIPS AS DEFINED BY THE PERSON. SOCIAL RELATIONSHIPS THAT ARE SUPPORTIVE OF RECOVERY. THIS INCLUDES FAMILY WILLINGNESS TO BE INVOLVED IN TREATMENT, PRESENCE OF OTHERS IN THE FAMILY IN RECOVERY, ACCESS TO OTHER SOCIAL OUTLETS (SCHOOL, WORKPLACE, CHURCH, OTHER).

CULTURAL RECOVERY CAPITAL

- CULTURALLY PRESCRIBED PATHWAYS OF RECOVERY
- NATIVE AMERICAN'S TREATMENT PROGRAMS/SELF HELP
- RED ROAD INDICIZATION OF AA
- AFRICAN AMERICAN TREATMENT PROGRAMS



COMMUNITY RECOVERY CAPITAL:

- ATTITUDES/POICIES/RESOURCES RELATED TO ADDICTION AND RECOVERY THAT PROMOTE THE RESOLUTION OF ALCOHOL AND OTHER DRUG PROBLEMS. THIS INCLUDES:
 - ACTIVE EFFORTS TO REDUCE STIGMA
 - VISIBLE AND DIVERSE RECOVERY ROLE MODELS
 - FULL CONTINUUM OF ADDICTION TREATMENT RESOURCES
 - LOCAL RECOVERY COMMUNITY SUPPORT INSTITUTIONS
 - SOURCES OF SUSTAINED SUPPORT AND EARLY RE-INTERVENTION

RECOVERY CAPITAL

- IN BOTH QUALITY AND QUANTITY, PLAY A MAJOR ROLE IN DETERMINING SUCCESS OR FAILURE OF NATURAL OR ASSISTED RECOVERY.
- INCREASES IN RECOVERY CAPITAL CAN SPARK TURNING POINTS THAT END ADDICTION CAREERS, TRIGGER RECOVERY INITIATION, ELEVATE COPIING ABILITIES AND ENHANCE QUALITY OF LIFE IN LONG-TERM RECOVERY.
- EVENTS OF RECOVERY CAPITAL VARY IN IMPORTANCE WITHIN A PARTICULAR STAGE OF RECOVERY.
- DISADVANTAGED GROUPS LACK RECOVERY CAPITAL THAT OTHER GROUPS TAKE FOR GRANTED.
- POST-TREATMENT RECOVERY CHECK-UPS HELP PRESERVE RECOVERY CAPITAL.
- MOST CLIENTS WITH SEVERELY DEPLETED FAMILY AND COMMUNITY RECOVERY CAPITAL GAIN LITTLE FROM INDIVIDUALLY FOCUSED ADDICTION TREATMENT THAT FAILS TO MOBILIZE FAMILY AND COMMUNITY RESOURCES.
- LONG-TERM RECOVERY OUTCOMES FOR THOSE WITH THE MOST SEVERE AOD PROBLEMS MAY HAVE MORE TO DO WITH FAMILY AND COMMUNITY RECOVERY CAPITAL THAN THE ATTRIBUTES OF INDIVIDUALS OR A PARTICULAR TREATMENT PROTOCOL.
- ENVIRONMENTAL FACTORS CAN AUGMENT OR NULLIFY THE SHORT-TERM INFLUENCE OF AN INTERVENTION.
- STRATEGIES THAT TARGET FAMILY, COMMUNITY RECOVERY CAPITAL CAN ELEVATE LONG-TERM RECOVERY OUTCOMES AS WELL AS ELEVATE THE QUALITY OF LIFE FOR BOTH INDIVIDUALS AND FAMILIES IN LONG-TERM RECOVERY.

KEYS TO LONG TERM RECOVERY

Most clients with severely depleted family and community recovery capital gain little from individually focused addiction treatment that fails to mobilize family and community resources.

Long term recovery outcomes for those with the most severe AOD problems may have more to do with family and community recovery capital than the attributes of individuals or a particular treatment protocol.

Environmental factors can augment or nullify the short term influence of an intervention.

Strategies that target family, community recovery capital can elevate long-term recovery outcomes as well as elevate the quality of life for both individuals and families in long term recovery.

SERVICE DELIVERY



HOME, NEIGHBORHOOD AND COMMUNITY BASED



QUESTION: "HOW DO WE MEET RECOVERY IN THE NATURAL ENVIRONMENT OF THIS INDIVIDUAL OR CREATE AN ALTERNATIVE RECOVERY CONDUCTIVE ENVIRONMENT?"



"HEALING FOREST" METAPHOR: CONCEPT OF TREATING THE COMMUNITY.



ARE WE MEETING NOT JUST THE USERS BUT ALSO THE COMMUNITY WHERE THEY ARE AT?

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