Community Systems and Resources
The Basics of Drug and Alcohol Treatment in King County: A Primer for Providers

Learning Objectives-
 ✓ Describe available alcohol and drug treatment options
 ✓ Distinguish between inpatient and outpatient treatment options
 ✓ Be aware of resources available to patients

Overview-
- The drug and alcohol treatment “system” in King County is complex, with programs and treatment sites popping up and going away all the time.
- As a medical provider, you can’t expect to be an expert on the system – but you don’t have to be.
- This document is to serve as a primer for medical providers, giving you the basics of the system so that you can understand your patients’ situations and interact with professionals (i.e. treatment counselors and social workers) more effectively.

Alcohol/Drug 24-Hour Help Line:
206-722-3700
Toll-free Statewide:
1-800-562-1240
Website: www.adhl.org

The Treatment Options Universe-

- There are four basic treatment options.
- Most are abstinence based and thus your patients may require a brief detoxification period before starting (and may not be on any other medications that may be abused, i.e. benzodiazepines).
Detoxification:
- Short term facility for support while starting substance abstinence.
- Typically a 3 – 8 day stay
- There is a 3 – 5 day wait list, but easier to get into if you go to the ER rather than calling facility directly.
- Recovery Centers of King County is the main option (in Rainer Valley).
- **Inpatient:**
  - Treatment lengths vary (typically 21-60 days) depending on the individual needs of each client.
  - Inpatient treatment involves education, individual and group counseling, and sometimes family sessions.
  - It provides a protective environment during the early stages of drug treatment.
  - There about five centers in King County, only one (outside of the VA), Thunderbird Treatment Program, treats men. However, patients can be funded to go to centers outside of King County.
  - There are a few hospital-based programs in the state for patients whose other medical conditions require a higher level of care.
- **Outpatient:**
  - Clients live at home and possibly even work while participating.
  - Treatment typically involves group and/or individual counseling, lectures, referrals to 12-step and support groups and vocational services, but is usually tailored to individual needs.
  - Day and evening programs are available.
  - Length of involvement varies, ranging from 3 months to 2 years, depending on need and court-ordered requirements.
  - There are multiple programs throughout King County catering to an array of different populations.
- **Therapeutic Communities:**
  - Patients receive treatment while also maintaining a household along with several others.
  - Typically an “old-school” option where patients are “broken down” and then “built up.”
  - Not recommended, but you should know what they are.
  - Genesis House, SeaDruNar (Seattle Drug & Narcotic Center) and SEA MAR Recovery House are the ones in King County.
- **Methadone Maintenance:**
  - Dispensed daily from licensed clinics.
  - It is highly regulated by federal, state and local governments.
  - Methadone treatment includes counseling and medical monitoring in addition to medication.
  - The two main players in King County (outside of the VA) are Therapeutic Health Services (THS) which has a branch blocks from HMC as well as in Rainer Valley, Bellevue and Shoreline, and Evergreen Treatment Services which has sites in the SoDo and Georgetown areas.
How To Get There and Pay For It?

- As you know, wanting treatment and getting treatment are two entirely different things. For your patients that 1) have private insurance, 2) have disposable income, 3) are veterans, or 4) are ordered by the court system, things should generally work out.
- For the rest of the world, it is more complicated, and if you are not a citizen or Green card holder, downright impossible.

For Inpatient / Outpatient / Therapeutic Communities-
- **ADATSA** stands for Alcoholism and Drug Addiction Treatment and Support Act.
  - It is a public assistance program for adults who are incapacitated due to alcoholism or drug addiction and unable to support themselves.
  - ADATSA will pay for detox before treatment as well as for 180 days of inpatient therapy and 90 days of outpatient therapy in a two-year period. Extensions may be granted.
  - If patients leave AMA from a facility they will have to restart the application process to ADATSA to obtain further treatment.

Medical Coupons (CNP or MNP) or GAX

- In the past there were Assessment Centers where, after obtaining ADATSA, people were further assessed and referred to the most appropriate treatment options for their condition.
- Unfortunately, those assessment centers no longer exist and assessment is now performed at individual treatment centers, which as you might suspect, tend to self-refer.
- Since ADATSA doesn't pay as well as private insurance, there are usually a limited number of ADATSA beds available at any institution.
- To avoid frustration and long waitlist times, treatment counselors and social workers are invaluable in contacting appropriate facilities and assessing bed availability and acting as guides to help your patients get placement.
**For Methadone**-
- To get methadone maintenance, patients need to be 1) >18 years old, 2) have photo ID, 3) a year’s history of opiate use, and 4) have a “sick intake physical” (show withdrawal symptoms after 24 hours off opiates).
- Treatment costs approximately $300 per month.

Vouchers can be obtained from the Public Health Needle Exchange Program. Eligibility, support amount and duration vary.
- This, too, is an area where treatment experts can achieve impressive results so consult them promptly.
- Once obtained, vouchers can be redeemed at THS or Evergreen Treatment Services.
- Regardless of payment source, waitlists are prominent. People with medical coupons usually take a few weeks, while vouchers can take 3-19 months.

**Summary**-
Once again, the drug and alcohol treatment system in King County is complex. You are not supposed to be an expert in it. Hopefully, however, this document will give a basic understanding of the system so you can both understand your patients’ predicaments as they navigate the system and work with allied professionals more effectively.

**References:**