SARP Information Sheet

Who

- Active duty ONLY
- Building has 3 floors and no elevator so client must be ambulatory
- Dual Diagnosis accepted, however, must be cleared from current active suicidal ideations/homicidal ideations/delusions

Substance-Related and Addictive Disorders

- DSM-5 TR
- A problematic pattern of drug use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period
- Mild: Presence of 2–3 symptoms
- Moderate: Presence of 4–5 symptoms
- Severe: Presence of 6 or more symptoms
- Mild/Moderate/Severe – pick one, do not combine (i.e. mild to moderate)

myPrime (Level .5)

- 3-day psychoeducational course
- Early intervention or prevention
- Teaches responsible use
- Generally, for no diagnosis
- Virtual, Portsmouth, Sewell's Point, and Little Creek

Level 1

- 2-week outpatient program (Monday-Friday) + an intake day
- Teaches responsible use
- Mild alcohol diagnosis or no dx with significant stressors (e.g. DUI)
- Psychoeducational group
- Virtual, Portsmouth
- Per ASAM – Called Outpatient Services for adolescents and adults, this level of care typically consists of less than 9 hours of service/week for adults for recovery or motivational enhancement therapies and strategies. Level 1 encompasses organized services that may be delivered in a wide variety of settings.

Level 2.5

- Partial Hospitalization
- 4-5 weeks
- Abstinence based
- Moderate substance use disorders with safe/sober/supportive home environment and *reliable transportation*
- Portsmouth
- Per ASAM – Called Partial Hospitalization Services for adolescents and adults, this level of care typically provides 20 or more hours of service a week for multidimensional instability that does not require 24-hour care. Level 2 encompasses services that can meet the complex needs of people with addiction and co-occurring conditions. It is an organized outpatient service that delivers treatment services usually during the day as day treatment or partial hospitalization services.

Level 3

- Average 35-day (5 week) residential program
- Abstinence based
- Moderate to severe substance use disorders
- Appropriate for client who is unlikely to be able to sustain abstinence throughout treatment, rocky home support due to use that may impact treatment
- Per ASAM - Called Clinically Managed Low-Intensity Residential Services, this adolescent and adult level of care typically provides a 24-hour living support and structure with available trained personnel, and offers at least 5 hours of clinical service a week. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support setting.

Aftercare Plans

- Continuing care
  - 2-hour group once weekly for 6 months
- Meetings with DAPA
- AA/NA meetings
- Referrals to other healthcare providers
- Aftercare plans are up to the command. SARP makes recommendations, but a command can decide to alter or discontinue the aftercare requirements

Determining Level of Care

- History
  - Previous substance use treatment
  - ARIs
- Diagnosis
  - Drug vs. Alcohol
  - Mild vs. Moderate or Severe
- ASAM criteria
- If previous treatment then go up at least one level (general rule)
- If multiple ARIs consider a higher level of treatment. If DUI/DWI generally looking at Level 1 due to seriousness of the offence and likelihood that it's not a first-time offender
- Drugs only go to level 2/3 because myPrime/Level 1 are "responsible use" based
- Mild=Level 1, Moderate/Severe=Level 2 or 3
- ASAM: Risk of withdrawal or acute intoxication, Biological/Medical factors, Emotional/Cognitive/Behavioral factors, Readiness for Change, Risk of Relapse, Supportive/Unsupportive recovery environment

Referrals within NMCP

- Can be done via Genesis
- Genesis note must contain rationale for DX and justification for recommendation of LOC
- If a provider does not have the time to complete an assessment, a referral can be submitted requesting SARP complete the evaluation and determine level of care

Referrals from outside NMCP

- Require completed DAPA Package emailed to USN NSA HR NAVHOSP PORS VA List NMCP-SARP Admissions usn.hampton-roads.navhospporsva.list.nmcp-sarpadmissions@health.mil

POC: Dr. Lynette Rushing
Program Director
Office: 757-953-9955
Lynette.a.rushing.civ@health.mil

LCDR Brianna Duncan
SARP DH
Office: 757-953-9955
Brianna.j.duncan.mil@health.mil

LT Grant Hungerford
Medical Director
Office: 757-953-9824
Grant.p.hungerford.mil@health.mil