

Services Provided:

Intensive Group Treatment:

- IMR and IDDT
- Recovery Skills and Awareness
- Helping Men/Women Recover
- Wellness Recovery
- Journaling
- Seeking Safety
- Relapse Prevention

Ancillary Programs:

- Smoking Cessation
- Anger Management
- Art Therapy

Other Services:

- Access to Psychiatric Services/Medication Management
- Individual Counseling
- Alumni /Aftercare Program
- Trauma Informed Services
- Peer Led/Facilitated Groups
- Linkage to Services/Community Resources
- Supportive Employment
- Case Management
- Transportation



BHTCC Staff:

Star Graber, Project Director

Teresa Pemberton, Program Supervisor

Josh Woodbury, LMFTI

Keppi Serpa, LMFT

Ken Loya, LMFTI

Betty Gillespie, LMFT

Rosie Armendariz, Case Manager

Sean Myers, LPT

Mary Garrett, Psychiatric Nurse

Dena Tamez and Robert Macias, Probation Officers

Judge Crawford, ATCC Court

BHTCC

A collaborative approach to client-centered, strength-based and wellness-focused recovery.



An intensive outpatient behavioral health program (12-18 months long) that meets the clients' need for substance abuse treatment, mental health wellness, and reduction of traumatic symptoms.

Using evidence-based recovery classes in conjunction with effective ancillary programs, BHTCC provides clients with a holistic treatment model to fit their unique and individual needs.

Phases of BHTCC

Referrals:

- Probation, Prop 36, and CWS cases are referred to the court-based ATCC program. Eligible clients must have an open criminal case.

Engagement Phase:

- 30 day trial begins with new referrals to the program.
- Individual needs are assessed
- Develop a treatment plan with probation and Behavioral Health provider.

Phase I:

- Implementation, Structure, Stabilization
- Begin case management and groups
- Medication Adherence
- Random Drug Testing

Phase II:

- Therapy/Treatment Stage
- Review Treatment Plan/Goals
- Greater insight into coping skills, co-occurring disorders, and early recovery awareness.
- Proactively managing illness
- Increasingly becoming more autonomous, gaining employment, and becoming more self-sufficient.

Phase III:

- Life Skills Stage
- Relapse Prevention and Integration
- Continued Treatment Progression from Phase II.



- Reunite with social contacts, rebuild and sustain healthy relationships.
- Primary reassessment
- Continue working towards building life skills (start GED, enroll in classes, find employment, enroll in vocational rehabilitation)

Phase IV:

- Transition/Completion Phase
- Discharge Counseling with DAS

Specialist

- Re-integration into Community Based Organizations (CBO's)
- Collaborative Networking to continue to receive services and resources in community
- Minimal monitoring is required
- Participate as a peer mentor
- After completion clients can come back for alumni aftercare
- Clients are self-sufficient and have coping skills.

In Their Own Words

Participants

"Being in jail doesn't help (you) at all, doesn't treat the addiction. This program covers all of the areas of life you need to stay clean."

"The program gives you hope that you can change."

"My counselor finds answers, doesn't leave me hanging and uncertain about what will happen."

"BHTCC staff and program are awesome: If staff don't hear from you, they find you to make sure that you are OK."

"Peer support staff have that personal experience and personal understanding that makes a difference and helps you succeed."

"The program is teaching us to give back and that makes us feel good."

