

A Safe Space for Recovery

Discreet, Compassionate Care



Presented by: **Camily Lovell** – Clinical Manager

Rickeesha Binns – Program Administrator & Assistant Counselor



Exploring Pathways

01 Our Program Structure

02 Our Services Provided

03 Our Fee Structure

04 Our Client Demographics

05 Pathways' Outcomes

06 Challenges We Face

Pathway's Program Structure



At Pathways, our clinical services are designed to provide thoughtful, professional support for **individuals, adolescents, families, employers, and referring professionals**. Whether you're beginning treatment, seeking clarity, or need assistance with next steps, our team offers a high standard of care — rooted in *compassion and discretion*.



Core Components:

- **Lower Level of Care**- Outpatient (plans to provide Intensive Outpatient Services)
 - Harm Reduction and Abstinence Based treatment planning
- Offering both **in-person** and **virtual** program engagement (secured therapeutic platform)
- **Team** consistent of:
 - Clinical Manger/ Counselor
 - Assistant Counselor
 - Consultant Counselors
- **Interdisciplinary** Team
 - Community partners/network (General Practitioners, Psychologists/Psychiatrist, Pharmacists etc.)

Services We Provide



Using a **trauma-informed person-centred approach** we provide the following services:

- Clinical Assessments
- Individual / Group Counselling (Presenting Clients & Affected Family Members & Support Persons)
- Psycho-educational Workshops/ Presentations (Individual/ Family/ Affected Family Members & Organisations)
- On island and Overseas Referrals
 - including alternative therapies
- Urine Screening
- Extended Care- Recovery Maintenance Group
- Responsible Drivers Program (DUI) & Quit Smart Smoking Cessation

Eligibility/ Disqualifying Criteria

Upon initial contact, clients are screened with respect to the following domains:



Age/ Client Type:

Persons must be the age of 14 years and above. Parental consent required accordingly. Clients, Affected Family Members and Support Persons.



ASAM Level of Care:

Level 1 and Partial Level 2*



Needs Assessment:

Client social needs will be assessed. Social needs compromising treatment will be reviewed.



Psychological & Psychiatric Need:

Persons with acute and unmanaged MH concerns will be referred out. Close case coordination with chronic MH diagnosis.



Financial Need:

Finances are not a barrier to service engagement.

Client higher than Level 2.1 will be referred out of services.

Demographics of Clients Served

01 Age & Gender & Race

Age: 14- onward

Sex/Gender: Multiple identifications
(Women are most common)

Race: Black, White, Persons of Color

02 Client Type

- Presenting Clients- 60%
- Family Members- +35%
- Support Persons- Less than 5%
 - bosses, co-workers, friends

03 Common Substance of Abuse

1. Alcohol

2. Marijuana

3. Cocaine

4. Other substances of abuse

04 Financial Status

- There commonly exist a large split between participants
- A large portion of our clients rely on subsidized care
- Sliding fee scale

Key Program Outcomes



Collaboration between client and counsellor is a key feature of the **client-lead** process of treatment planning.

01

Short Term Outcomes:

- Increases in awareness via psycho-education (drug, mental health, addiction etc.)
- Co-dependency awareness
- Increase skill development (healthy coping, distress tolerance, refusal skills, mindfulness, boundary setting & maintenance)
- Harm Reduction
- Increase engagement in wellness services
- De-stigmatization (guilt/shame)
- Increased connection with healthy/ pro-social supports (recovery capital)

02

Long Term Outcomes:

- Maintained moderation or abstinence goals
- Maintained healthy and effective individuation/ differentiation between partners/family members etc. – healing family cultures.
- Improved individual and familial and general well-being
- Development of a strong and active recovery community

03

Outcome Measurements:

- Participation, Engagement and Completion Data
- Pre, During, Post Assessments (CCS, FFQ, HRSN)
- Treatment Planning Modifications
- Client Satisfaction Survey
- Referral and Re-engagement Timelines
- Drug Test Results

Challenges We Face

Within our community we face unique internal, external, and organizational barriers.



Client's Internal

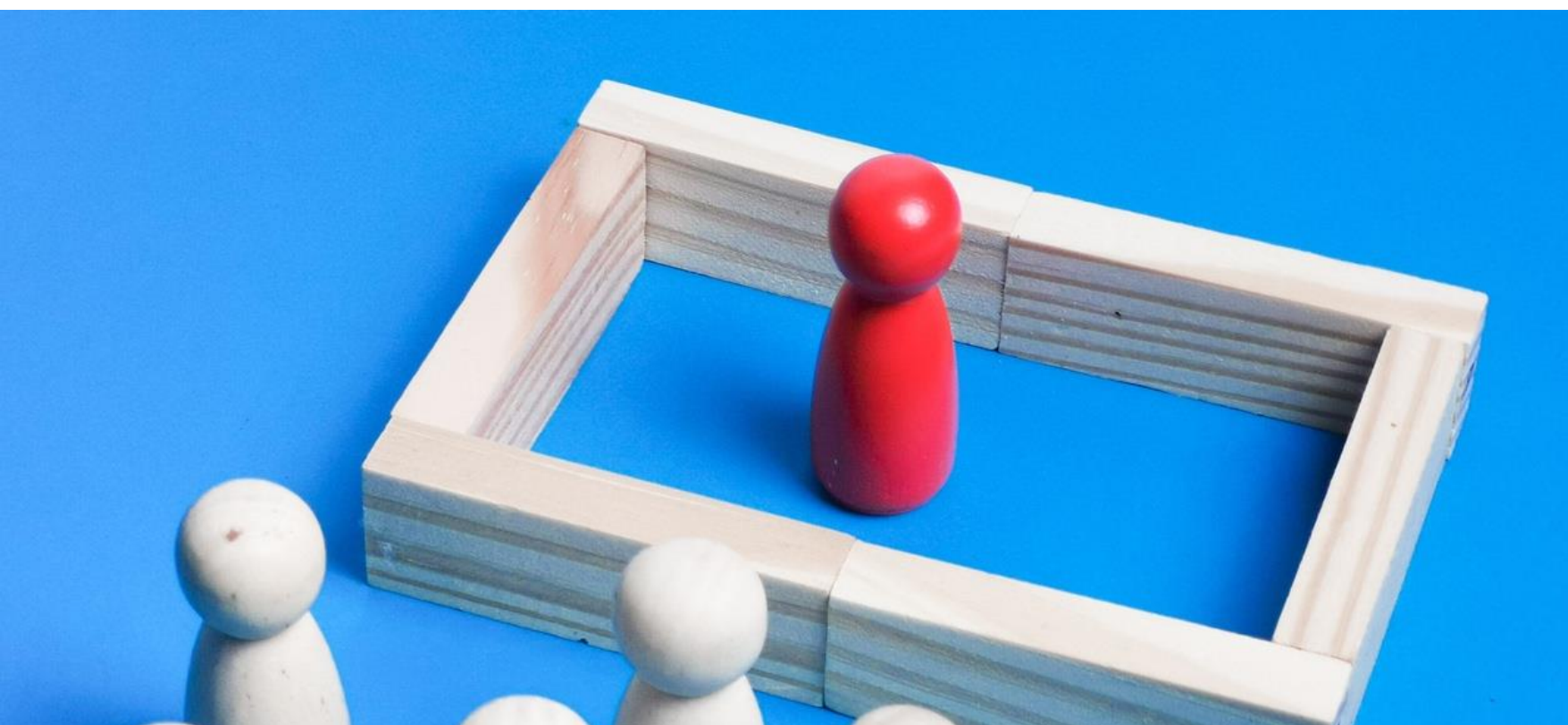
- Guilt and Internalized Shame
- Stigma (Familial, cultural, social)
- Unresolved Trauma
- Lack of resource awareness
- Lack of confidence/ trust in wellness systems (confidentiality, past experience)

Client's External

- Financial constraints (insurance, un/underemployed)
- Familial obligations
- Poor social/community connection & resource gaps

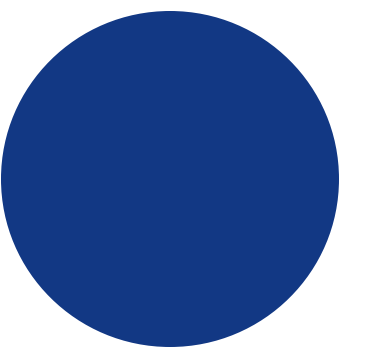
Organizational Responses

- Development/Strengthening of Recovery Community
- Resource advocacy (insurance companies and community sponsors)
- Expansion of services (via training and consultants)
- Strengthening referral and access networks





Thank you for your commitment to our community



Gita Blakeney Saltus
Executive Director



Camily Lovell
Clinical Manager & Lead
Addictions Counselor



Rickeesha Binns
Program Administrator &
Counselor Assistant



"A community grows stronger through connection and collaboration, becoming a pathway of hope and healing for all those seeking recovery" – Gita Blakeney Saltus

