

CREATIVE DIRECTIONS INC MONTHLY

Provider

NEWSLETTER



It's seen that the highest-risk clients are stuck in a cycle of crisis and ED use, despite appropriate outpatient care. For many, the issue is a mismatch between need and level of care. SAIOP and PSR at Creative Directions are designed to close that gap.

WHY LEVEL OF CARE MATTERS?

- A small subset of clients often drives a large share of ED and crisis utilization.
- Mismatched level of care is associated with higher no-show rates and more crises than care matched to need.

Reflective Question

"Which 5-10 clients on my panel are repeatedly in crisis despite appropriate outpatient care?"

SAIOP: Changing the relapse and crisis pattern

- Intensive outpatient programs (like SAIOP) show 50-70% of participants achieve abstinence or major reductions in use at follow-up, often comparable to residential outcomes when well matched.
- A 90 DAYS PROGRAM that combines group, individual, and family improving engagement versus standard outpatient alone.

Our SAIOP Inspires

- Structured groups 3 days per week.
- Group sessions as indicated, lead by Professional Experts
- Relapse-prevention and safety monitoring.
- Coordination with existing providers (with consent).

Featured Story

From Addiction to Sobriety

Program Spotlight

The SAIOP program helped me stay on track with my mind and motivated me to choose to do the right thing"

- SAIOP member





“Who is ‘stable’ on paper but unable to manage basic routines, relationships, or roles between appointments?”

PSR: From symptom stability to functional recovery

- CLUBHOUSE MODEL- Community-based psychosocial/rehabilitation services produce significant gains in community functioning and quality of life vs “treatment as usual” alone.
- Skills- and role-focused interventions reduce rehospitalization and improve long-term stability.

Our PSR Empower

- Daily living and self-management skills.
- Support with housing, work/volunteering, and social roles.
- Recovery-oriented, person-centered goals.



Why delaying SAiop or PSR can slow recovery

- Intensive outpatient/day treatment: 50-70% achieve abstinence or major reductions in use at follow-up when they get timely care.
- With waitlists or delays, up to ~50% never enter treatment, and longer waits are linked to more dropout.
- Longer waits before treatment are associated with a higher probability of criminal charges before entry and more charges afterward.
- Without community-based psychosocial programs, people with serious mental illness often show little or no functional improvement vs those getting structured rehab.

THE MEASURABLE IMPACT

- “Among clients who complete our SAiop/PSR, about **60-70%** remain engaged in ongoing treatment or community supports 90 days after completion.”
- “**75%** of SAiop completers report fewer ED or crisis visits in the 3 months after completion vs the 3 months prior.”
- “PSR participants show an average improvement of **8/10** points on our functional/rehabilitation scale over 6 months.”

Why Providers are Central to Creative Directions?

For we value their contributions as:

- First line of detectors.
- Translators of complexity
- Co-ordinators of a fragmented system.
- Drivers of quality and equity.
- Creators of Human Impact & Trust

“Thank you Reader, Your kindness today shapes a better tomorrow.”

PRACTICAL REFERRAL TRIGGERS

Consider SAIOP when an adult client has:

- Two or more relapses in 6-12 months despite adequate outpatient care.
- Recent ED/crisis visits related to substance use.
- Escalating risk or functional impairment tied to substance use.

Consider PSR when an adult client has:

- Persistent difficulty with daily routines, appointments, or independent living tasks.
- Social isolation or loss of roles despite symptom stabilization.
- Recurrent hospitalizations or crises linked to poor community functioning.

Clear, written triggers make referral pathways more seamless and timely.

How we collaborate with you

We view SAIOP and PSR as extensions of your treatment plan..



If you're unsure whether SAIOP or PSR is the right level of care, we welcome no-obligation clinical consultations about fit.

- Phone (intake/referrals)
- Fax / secure referral
- Email (non-urgent questions)
- Helpful to include:
 - Brief clinical summary and primary concerns.
 - Recent risk/safety issues and relevant history.
 - Current services and medications.
 - Client contact information and preferred times to call.
- Use our PROGRAM REFERRAL FORM

IMPACT STORY



Self Awareness & Right Support Opens Doors

"A 42-year-old resident in one of our homes, entered SAIOP shortly after detox, missing appointments and spending most of his time isolated in his room. Over the next several weeks, a predictable group schedule, coordinated medication support, and consistent prompts from residential staff helped him begin attending groups, taking short walks with peers, and reconnecting with his family by phone. After several months in SAIOP and step-down services, he transitioned to a less structured living environment and remains engaged in outpatient care, telling staff, *"This is the first time I've actually believed I can live outside of crisis."*

WHAT WE OFFER YOUR CLIENTS

- SAIOP: Structured group services; individual and family sessions; case coordination; relapse-prevention focus.
- PSR: Skill-building for daily living; community functioning; support around housing, employment, and social roles.
- Collaboration: Communication with referring providers (with consent); support for step-up and step-down care

EDUCATION & PARTNERSHIP

We can provide:

- Short in-services or lunch-and-learns: "When to step up to SAIOP or PSR."
- Program overviews for staff meetings or onboarding.
- Printed materials or digital copies for your clinic.

UPCOMING EVENT



Stay Connected

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Thank you for every referral you make!
Each one is a concrete step that helps our clients move out of crisis and into coordinated, recovery-focused care at Creative Directions.

Why choose Creative Directions for your patients recovery?



Empathy embodied at every move of Creative Directions which means:

- **We listen before we solve** - every interaction starts with understanding the person's story, not just their symptoms or diagnosis.
- **We speak in real language that connects** - we explain plans in words people use, and check, "Does this make sense for you?"
- **We offer choices, not commands** - especially in groups and crises, we present options so people feel respected, not controlled.
- **We see the whole person** - their culture, family, faith, strengths, and fears shape how we plan care, not just the chart.
- **We maintain continuity of care** by coordinating with referrers, planning thoughtful step-downs, and staying connected so clients experience one coherent recovery path, not a series of disconnected services.