

Recovery Support Services: A National Perspective

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“Because one of the deepest values of our country is compassion, we must never turn away from any citizen who feels isolated from the opportunities of America. Our government will continue to support faith-based and community groups that bring hope to harsh places..”

President George W. Bush

State of the Union Address – February 2, 2005



Michael O. Leavitt
20th Secretary of the U.S.
Department of Health and
Human Services

“...I have always had three goals in public service. ... The first goal is to leave things better than I found them.

The second goal is to plant seeds for future generations.

And the third goal is to give it all I have.”

*Opening Statement before the United States Senate
Finance Committee – January 19, 2005*



“People of all ages, with or at risk for mental or substance use disorders, should have the opportunity of a fulfilling life that includes a job, a home and meaningful relationships with family and friends.”

*Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services
Administration*

December, 2004

SAMHSA Matrix of Priorities

Cross-Cutting Principles

Science to Services/
Evidence-Based Practices

Data for Performance
Measurement & Management

Collaboration with Public, Private
& International Partners

Reducing Stigma & Discrimination
& Other Barriers to Service

Cultural Competency/
Eliminating Disparities

Community & Faith-Based
Approaches

Trauma & Violence (e.g.
Physical & Sexual Abuse)

Financing Strategies &
Cost-Effectiveness

Rural & Other Specific Settings

Disaster Readiness & Response

Programs/Issues

Co-Occurring Disorders

Substance Abuse Treatment
Capacity

Seclusion & Restraint

Strategic Prevention Framework

Children & Families

Mental Health System
Transformation

Suicide Prevention

Homelessness

Older Adults

HIV/AIDS & Hepatitis

Criminal & Juvenile Justice

Workforce Development

**A Life
In The
Community
For
Everyone**

**Building
Resilience &
Facilitating
Recovery**

National Outcome Measures (NOMS)

1. Abstinence from Drug/Alcohol Use
2. Increased Employment and Education
3. Decreased Criminal Justice Involvement
4. Increased Stability in Housing
5. Increased Access to Services
6. Increased Retention in Treatment
7. Increased Social Supports/Connectedness
8. Client Perception of Care
9. Cost/Effectiveness (cost per treatment episode within cost bands)
10. Use of Evidence-Based Practices

There is no single road to Recovery. No absolute path. Each person must identify that which works. Some roads are paved, some are rough, and others are ill defined. No matter. Recovery works, but the burden rests on the individual, the family, the community, and or the tribe.



National Consensus Conference on Mental Recovery and Mental Health Transformation

December 2004

The purpose of the National Consensus Conference was to clearly define recovery.

The Conference was sponsored by:

- SAMHSA
- Interagency Committee on Disability Research
- Six other Federal agencies

Consensus Conference

Over 110 expert panelist participated including:

- Mental Health Consumers
- Family Members
- Providers
- Advocates
- Researchers
- State and Local Officials...

Consensus Conference

- Ten fundamental Components of Recovery
 - Self-Direction
 - Individualizes and Person-Centered
 - Empowerment
 - Holistic
 - Non-Linear
 - Strengths-Based
 - Peer Supported
 - Respect
 - Responsibility
 - Hope

National Recovery Summit

September 2005

The purpose of the Recovery Summit was to help shape a vision of a recovery-oriented system of care from the point of view of:

- Individuals and families
- Providers
- Organizations and
- Systems

Recovery Summit

The Recovery Summit gathered approximately 100 stakeholders representing the diversity of the substance use disorders field to identify:

- Core principles of recovery
- Measures/markers of recovery
- Principles of a recovery-oriented system of care

Recommendations - Recovery Summit

- Person-centered
- Family and other ally involvement
- Individualized and comprehensive services across the lifespan
- Systems anchored in the community
- Continuity of care
- Partnership-consultant relationships
- Strength-based
- Adequately and flexibly financed
- Research based

Recommendations - Recovery Summit

- Culturally responsive
- Responsiveness to personal belief systems
- Commitment to peer recovery support services
- Inclusion of voices and experiences of recovering individuals and their families
- Integrated services
- System-wide education and training
- Ongoing monitoring and outreach
- Outcome driven

What Are Peer Recovery Support Services?

...services provided by people who have experienced recovery from a substance use disorder

designed to help people in or seeking recovery and/or their family members and significant others

initiate and/or sustain recovery from alcohol and drug use disorders and related problems and consequences by providing social support.

Emerging Paradigm Shift

Recovery-Oriented System of Care

- Treatment is part of recovery, which is the larger construct.
- End point of treatment - absence of symptoms of clinical disorder. End point of recovery - holistic health.

Emerging Paradigm Shift

Recovery-Oriented System of Care

- Peer recovery support services are grounded in a strength-based approach that focuses on wellness and a full reengagement with the community.
- Peer recovery support services build on capacities that already exist within communities.

Conceptual Framework/Rationale for Recovery Support Services

- The value and importance of holistic community-based supportive services
- The conception of recovery along a change continuum and the role of peer services in supporting lifestyle change along the continuum
- The construct of social support

Holistic, Community-based Services Help Facilitate Recovery

- Research suggests that providing holistic, community-based support services enhances treatment outcomes (McLellan, 2003; Work Group on Substance Abuse Self-Help Organizations, 2003).
- Experience shows that ongoing community support is important to sustaining recovery (White, 2000; 2002).

Holistic, Community-based Services Help Facilitate Recovery

- Lessons learned from mental health consumer and HIV/AIDS peer communities point to the value of such services.
- 65 years of experience from 12-step groups highlight the importance of community-based services in recovery (e.g., Work Group on Substance Abuse Self-Help Organizations, 2003)

Social Support and Peer Recovery Support Services

- Social support appears to be one of the factors that helps move people along the change continuum (Hanna, 2002)
- Social support has been correlated with numerous positive health outcomes, including reductions in drug and alcohol use (Cobb, 1976; Salser, 1998).
- Four types of social support (emotional, informational, instrumental, affiliational) are incorporated in RCSP grantee work.

Emotional Support

Demonstrations of empathy, care, concern

✍ Mentoring, coaching, and support groups

Informational Support

Assistance with knowledge, information, and skills

- ✍ Life skills training, job skills training, citizenship restoration, educational assistance, and health & wellness information

Instrumental Support

Concrete assistance in helping others get things done

- ✍ Transportation to support groups, child-care, clothing, job application assistance, etc.

Affiliational Support

Feeling connected to others, having a social group and/or community, establishing a positive identity

- ✍ Alcohol- and drug-free socialization; community-building and cultural activities that promote healthy norms and connection to non-drug using communities

Peer-to-Peer Recovery Support Services

- Draw on the power of example (*instillation of hope; universality; social learning*)
- Draw on the desire to “give back” (*altruism; “survivor mission”, “wounded healer” archetype*)
- Are based on notion that both people in a relationship based on mutuality are helped and empowered (*feminist & multicultural theory & practice; servant leadership; 12-step tradition*)

Recovery Community Services Program (RCSP)

- Continued evolution of peer service types and models, securely placed within the continuum of a recovery-oriented system of care
- Refinement and consensus on the ethical framework for peer recovery support services
- Progress in identifying and measuring the impact and outcomes of peer recovery support services

RCSP Portfolio

- 27 grants providing peer recovery support services
- 20 States
- Recovery community organizations and facilitating organizations
- Diverse populations served

RCSP States



Connecticut Community for Addiction Recovery (CCAR)

- Grantee since 2004
- Provides Peer-to-Peer Recovery Support Services across the State of Connecticut
 - Recovery Centers are located in:
 - Windham
 - New London
 - Bridgeport/Norwalk
 - **Hartford**

Connecticut Community for Addiction Recovery (CCAR)

- Through Peer leadership, CCAR provides:
 - Telephone Recovery Support
 - Family Support Services
 - Recovery Assets Mapping Project (RAMP)
 - Recovery Housing
 - Recovery Coaching and Training

Mental Health Transformation State Incentive Grant

- Funding period: 9/30/2005-9/29/2010, \$2,730,000
- Offers Connecticut citizens an array of accessible services and supports that are culturally responsive and person- and family-centered and have as their primary aim promotion of the person/family's resilience, recovery, and inclusion in community life

Strategic Prevention Framework State Incentive Grant

- Funding period: 9/30/2004-9/29/2009,
\$2,350,965
- SPF SIG will allow Connecticut to develop a comprehensive prevention strategy for delivering and implementing effective substance abuse prevention and mental health promotion services that will serve as a blueprint for state and community partners.

State Adolescent Substance Abuse Treatment Coordination

- Funding period: 8/01/2005-07/31/2008, \$400,000
- The Connecticut State Adolescent Substance Abuse Treatment Coordination (SASATC) project is developing and improving policies, regulations, practices, funding and program functions of the State system that impact treatment and supports for adolescents with substance abuse and co-occurring disorders.

Access to Recovery

- In 2003, President Bush announced the Access to Recovery program
- Congress approved \$100 million for this program
- A voucher-based program that emphasizes consumer choice, accountability and effectiveness

ATR Grantees

- California
 - Connecticut
 - Florida
 - Idaho
 - Illinois
 - Louisiana
 - Missouri
 - New Jersey
 - New Mexico
 - Tennessee
 - Texas
 - Washington
 - Wisconsin
 - Wyoming
- California Rural Indian Health Board

Access to Recovery-Goals

- Increases treatment capacity by expanding access to treatment and the array of support services critical to recovery
- Allows individualized pursuits of recovery, providing consumer choice, and increasing the array of treatment and recovery support providers
- Rewards performance by offering financial incentives for providers who produce results

Access to Recovery-Structure

- New payment strategy for substance abuse field
- Provision of recovery support services
- Inclusion of Faith-Based Organizations
- Vouchers, client choice, no contracts
- Increased provider risk

Examples of Services That Can be Paid by Using ATR Vouchers

Grantees may determine what services they cover using vouchers – examples:

- Detoxification
- Brief intervention
- Group counseling
- Case management
- Family services
- Sober housing
- Employment coaching
- 12-step groups
- Recovery coaching
- Spiritual support
- Traditional Healing
- Other

Access to Recovery Connecticut

- Funding period: 08/03/2004-08/02/2007, \$7,575,685
- ATR Connecticut targets at-risk, nondependent adults aged 18 and older, who are at increased risk of continued substance use or abuse.
- Affected populations include women, criminal justice, early intervention, urban initiative, and adults with substance use disorders
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Proposed Choice Incentive Program (CIP)

- Builds on current ATR-voucher program
- May be used to address methamphetamine
- \$70.5 for approximately 25 three-year grants of \$1-5 million each
- Priority given to States/Tribes which leverage/dedicate SAPT Block Grant funds
- Current ATR grantees eligible, but must commit to dedicate minimum amount of Block Grant funds

Proposed SAMHSA/CSAT 2007 Funding Opportunities

- Targeted Capacity Expansion, HIV/AIDS—\$32.1 M
- Addiction Technology Transfer Centers (ATTCs)—\$8.1 M
- **Recovery Community Services—\$2.9 M**
- State Incentive Grants, Co-occurring Disorders—\$3.3 M
- ATR-Methamphetamine—\$24.8 M
- ATR/Choice Incentive Program—\$70.5 M

SAMHSA Funding to Connecticut Formula Grants

Formula Funding	Fiscal Year 2005/06
Substance Abuse Prevention & Tx Block	\$16,758,222.00
Community Mental Health Services Block	\$4,457,725.00
Projects for Assistance in Transition from Homelessness	\$706,000.00
Protection & Advocacy Formula Grant	\$402,700.00
Formula Grant Subtotal	\$22,324,647.00

SAMHSA Funding to Connecticut Discretionary Grants

Discretionary Funding	Fiscal Year 2004/05
Mental Health	\$9,656,718.00
Substance Abuse Prevention	\$5,696,353.00
Substance Abuse Treatment	\$13,416,933.00
Discretionary Grant Subtotal	\$28,770,004.00
Total Funds	\$51,094,651.00

Practice Guidelines for Recovery-Oriented Behavioral Health Care

- A Connecticut Department of Mental Health and Addiction Services addressing critical issues of Recovery
- Get it. Read it.



2006 Recovery Month Theme:

"Join the Voices for Recovery: Build a Stronger, Healthier Community."

Recovery Month

- September 2006 marks the 17th year of the event
- www.recoverymonth.gov
 - “Road to Recovery 2006” web cast series
 - 10 web cast that premiere on the 1st Wednesday of the month
 - Provide help to individuals and communities how to become involved in Recovery Month
 - Downloadable 2006 flyers in English and Spanish
 - Updated on Recovery Month 2006 activities

SAMHSA/CSAT Information

- www.samhsa.gov
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
 - 800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)