



Substance Abuse and Mental Health Services Administration
SAMHSA
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Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



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Peer Practice: A Valuable Asset to Recovery-oriented Systems of Care

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Substance Abuse and Mental Health Services Administration
U.S. Department of Health & Human Services



2016 HOPE Conference
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Augusta, Maine



SAMHSA: A Public Health Agency

within the U.S. Department of Health & Human Services

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- Mission: To reduce the impact of substance abuse and mental illness on America's communities.
- Vision: SAMHSA provides leadership and devotes its resources towards helping the nation act on the knowledge that:
 - Behavioral health is essential for health
 - Prevention works
 - Treatment is effective
 - *People recover*



SAMHSA's Roles

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- **Leadership and voice**
e.g., Health care systems reform and integration
- **Health surveillance**
e.g., National Survey on Drug Use and Health (NSDUH)
- **Practice improvement**
e.g., Treatment Improvement Protocols (TIPS) and Recovery to Practice
- **Public education and awareness**
e.g., Opioid Overdose Prevention Toolkit (2014) & "Talk. They Hear You."
- **Regulation and standard setting**
e.g., OTP's and work place drug-testing programs
- **Strategic grant and contract resource investment**
e.g., SBIRT and interoperability of PDMP's



SAMHSA's 6 Strategic Initiatives

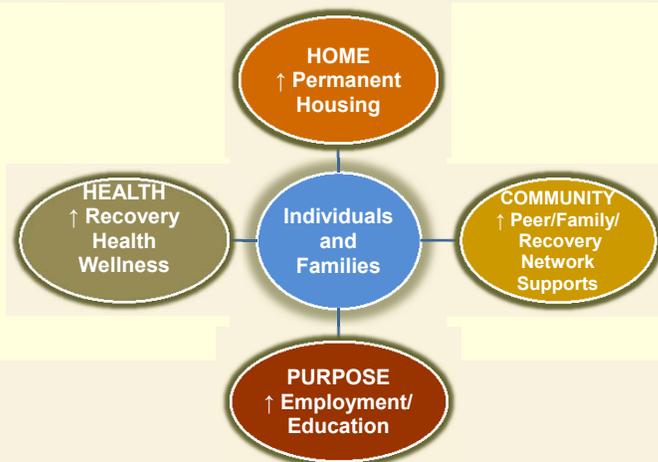
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- #1- Prevention of Substance Abuse and Mental Illness
- #2 –Health Care and Health Systems Integration
- #3 –Trauma and Justice
- #4 –Recovery Support**
- #5 –Health Information Technology
- #6 –Workforce Development



Four Dimensions of Recovery

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BRSS TACS — Major Goals

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- **Engage** and promote leadership of people in recovery at all levels of State and local systems and services
- **Disseminate** state-of-the-art information on recovery supports and services
- **Implement** Recovery Support Action Plans for States, Territories, Tribes, and communities
- **Promote** peer-driven, recovery-oriented systems of care



BRSS TACS: Key Activities

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- Policy Academies
- Peer-Run Organization Subcontracts
- Peer Health Reform Subcontracts
- Webinars
- Technical Assistance
- First Fridays
- Online Recovery Resource Library
- Regional Summits



Technical Assistance

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- **Expert Panels**
3 virtual panels per year on topics related to behavioral health recovery
- **Webinars**
BRSS-TACS hosts 6 webinars per year
- **First Fridays**
A Brief Presentation and then discussion with experts on recovery topics



A1

BRSS TACS Webpages

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www.samhsa.gov/brss-tacs

You can find out about all BRSS TACS activities on the BRSS TACS webpages



Slide 10

A1 Can we combine this and the next slide?
Author, 5/14/2015

Today's Talk



Agenda

- Setting the Context
- Recovery Capital
- Recovery-oriented Systems of Care
- Peer Recovery Support Services
- Working Together across Communities

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Setting the Context



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A Perfect Storm



- Recovery-oriented Systems of Care (ROSC)
- Affordable Care Act
- MHPAEA
- Managed Care Expansion
- Recovery Advocacy Movement
- Peer Recovery Support Services
- Criminal Justice & Drug Policy Reform Movements
- **Opioid Epidemic**

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Addiction Recovery Advocacy Movement



2001 Recovery Summit in St. Paul

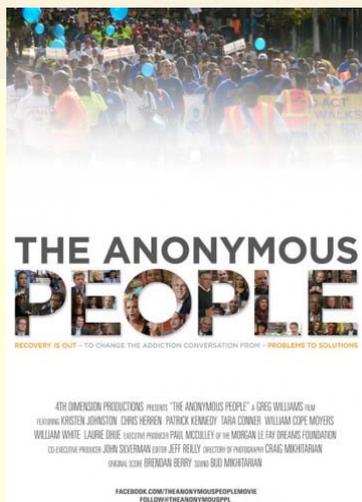
- Official launch of Faces & Voices of Recovery

The recovery movement:

- includes people in recovery from addiction, families, and allies
- includes and honors all pathways to recovery
- encompasses all the diverse perspectives, cultures, and experiences of the recovery community

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You've seen it, right?



- A feature documentary film about the over 23 million Americans living in long-term recovery from addiction to alcohol and other drugs
- Released in 2013
- Sparking a new conversation, following community-sponsored releases across the country
- Now available on Netflix
- <http://manyfaces1voice.org/>

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Were You There?

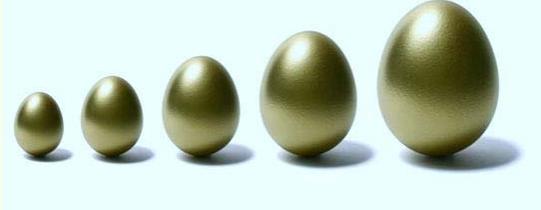
The Day The Silence Ends
Join us on Oct. 4th in Washington, D.C.



- UNITE to Face Addiction
- Rally on the National Mall, Washington, DC
- October 4, 2015
- <http://www.facingaddiction.org/stories/>

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Recovery Capital



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SAMHSA's Working Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(SAMHSA, 2011)



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Continuum of Addiction Recovery



Adapted from William White

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Recovery Capital Definition



In assisting people to achieve their recovery goals, it is often helpful to help them assess and build their **Recovery Capital**.

Recovery Capital is the sum of the strengths and supports – both internal and external – that are available to a person to help them initiate and sustain long-term recovery from addiction.

(Granfield and Cloud, 1999, 2004; White, 2006)

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Recovery Capital Domains

Best & Laudet (2010)

Domains	Key Questions	Examples
Social	What kinds of support are available from family, social networks, and community affiliations? What are the participant's obligations to these entities?	<ul style="list-style-type: none"> ▪ Family and kinship networks ▪ Friendships ▪ Support groups ▪ Community affiliations
Physical	What tangible assets (e.g., property, money, job, etc.) are available to expand the participant's recovery options?	<ul style="list-style-type: none"> ▪ Money ▪ Personal property ▪ Job ▪ Home
Human	What intangible assets (skills, aspirations, personal resources, etc.) will enable the participant to flourish in recovery?	<ul style="list-style-type: none"> ▪ Skills and talents ▪ Education ▪ Dreams and aspirations ▪ Personal resources
Cultural	What network of values, principles, beliefs, and attitudes will serve to support the participant's recovery?	<ul style="list-style-type: none"> ▪ Access to cultural activities ▪ Connection to cultural institutions ▪ Belief systems and rituals

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Consequences of Addiction Can Deplete Recovery Capital



- Limited education
- Minimal or spotty work history
- Low or no income
- Criminal background
- Poor rental history
- Bad credit; accrued debt; back taxes
- Unstable family history
- Inadequate health care

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Creating and Reinforcing Recovery Capital



Essential Ingredients for Sustained Recovery:

- Safe and affordable place to live
- Steady employment and job readiness
- Education and vocational skills
- Life and recovery skills
- Health and wellness
- Recovery support networks
- Sense of belonging and purpose
- Community and civic engagement

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Creating and Reinforcing Recovery Capital



Often, a Need to Address:

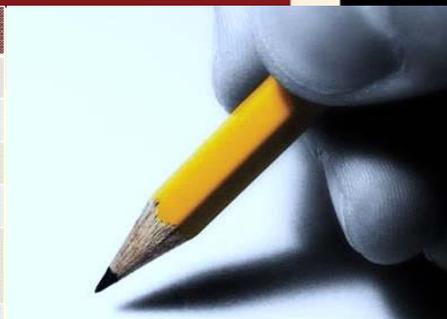
- Legal issues
- Criminal records
- Financial status: debt, taxes, budgeting, etc.
- Revoked licenses: professional, business, driver's
- Child custody
- Relationship and parenting skills
- Recovery support networks and community connections

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Recovery Capital Assessment

Ten Domains

1. Substance use and abstinence
2. Mental wellness and spirituality
3. Physical and medical health
4. Citizenship and community involvement
5. Meaningful activities: job/career, education, recreation, support
6. Relationships and social networks
7. Housing and safety
8. Risk taking and independence from legal responsibilities and institutions
9. Coping and life functioning
10. Recovery experience



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Individual Assessments: Changing the Questions



Examples

- "Can you tell me a bit about your hopes or dreams for the future?"
- "What are some things in your life that you hope you can do and change in the future?"
- "What kinds of activities make you feel happy and fulfilled?"
- "If you went to bed and a miracle happened while you were sleeping, what would be different when you woke up?"

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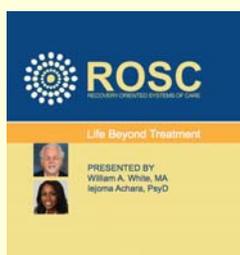
Critical Elements for Recovery Planning



- Consult *Recovery Capital Assessment*
- Articulate goals: short- and long-term
- Identify strengths, areas of support, and helpful resources
- Explore challenges and strategies to overcome them
- Pre-action, action, and post-action steps
- Establish timeline with milestones
- Recovery reengagement plan

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Recovery-oriented Systems of Care



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White Bison: The Four Laws of Change



- Change is from within
- In order for development to occur, it must be preceded by a vision
- A great learning must take place
- You must create a Healing Forest

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The Healing Forest



ROSC

Recovery –oriented systems of care are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders.



William White

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Focus: Recovery and Wellness

Shifting from a crisis-oriented, professionally-directed, acute-care approach with an emphasis on discrete treatment episodes....

...to a person-directed, recovery management approach that provides long-term supports and recognizes the many pathways to health and wellness.



Distinguishing features of a ROSC

Services that are:

- Person-centered
- Strength-based
- Trauma-informed
- Inclusive of family
- Individualized and comprehensive
- Connected to the community
- Outcomes driven
- Evidence-based
- Adequately and flexibly funded



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Three Approaches to System Transformation

Additive

Adding peer and community-based recovery supports to the existing treatment system

Selective

Practice and administrative alignment in selected parts of the system – pilot projects

Transformational

Cultural, values-based change drives practice, community, policy, and fiscal changes in all parts and levels of the system. Everything is viewed through the lens of and aligned with recovery-oriented care.

Achara, Evans & King, 2010

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Peer Recovery Support Services: Conceptual Framework



- Peer lived experience and community service in providing services
- Holistic community-based support services in sustaining recovery
- Recovery along a continuum of change and the role of peer services in supporting change along the continuum
- Importance of social support/recovery capital in supporting long-term recovery

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Peer Values and Principles



- Authenticity of recovery experience, visibility/voice, and representation
- Leadership development
- Cultural diversity and inclusion
- All pathways of recovery
- Participatory process
- Strength-based world-view
- Volunteerism and service

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Who and What: Peer Recovery Support Services



- Provided by individuals with “lived experience” of addiction and recovery
- Non-professional and non-clinical
- Distinct from case management and treatment
- Distinct from mutual aid support, such as 12-step groups
- Provide links to professional treatment, health and social services, and support resources in communities

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What: Four Types of Social Support

Type of Support	Description	Peer Support Service Examples
Emotional	Demonstrate empathy, caring, or concern to bolster person’s self-esteem and confidence.	Peer mentoring Peer-led support groups
Informational	Share knowledge and information and/or provide life or vocational skills training.	Parenting class; Job readiness training; Wellness seminar
Instrumental	Provide concrete assistance to help others accomplish tasks.	Child care; Transportation; Help accessing community health and social services
Affiliational	Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging.	Recovery centers Sports league participation; Alcohol- and drug-free socialization opportunities

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When Are PRSS Delivered?



Across the full continuum of the recovery process:

- Prior to treatment
- During treatment
- Post treatment
- In lieu of treatment

Peer services are designed and delivered to be responsive and appropriate to all stages of recovery.

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Where Are PRSS Delivered?



- Faith and community-based organizations
- Emergency rooms and primary care settings
- Addiction and mental health treatment
- Criminal justice systems including drug courts
- HIV/AIDS and other health and social service agencies
- Children, youth, & family service agencies
- Recovery high schools and colleges
- Recovery residences
- Recovery community centers

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Why: Benefits of PRSS



- Effective outreach, engagement, and portability
- Manage recovery as a chronic condition
- Stage-appropriate
- Cost-effective
- Reduce relapse and promote rapid recovery reengagement
- Facilitate reentry and reduces recidivism
- Reduce emergency room visits

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Why: Effectiveness of PRSS



- Focuses on building trusting relationship
- Builds on a person's strengths to improve Recovery Capital
- Promotes an individual's choices and goals
- Utilizes recovery community resources and assets
- Provides entry and navigation to health and social service systems
- Models the benefits and expectations of a life in recovery

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Innovations in PRSS Delivery



- **Anchor Recovery Community Center**
(Pawtucket, RI)
Peers working in emergency rooms
- **Community Voices Are Born/ Reach II**
(Vancouver, WA)
Peers working within drug courts
- **Community Bridges**
(Phoenix, AZ)
Peers working on mobile crisis and community outreach units

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Peer Recovery Coach



- **Guide and mentor** for individuals seeking to achieve or sustain long-term recovery from addiction, regardless of pathway to recovery
- **Connector** to instrumental recovery-supportive resources, including housing, employment, and other services
- **Liaison** to formal and informal community supports, resources, and recovery support activities

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PRSS: NOT Just Recovery Coaches...



- Peer telephone continuing support
- Peer-facilitated educational and support groups
- Peer-connected and -navigated health and community supports
- Peer-operated recovery residences
- Recovery community centers



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Recovery Community Centers



- Vision: creating a community institution like a Senior Center
- Provide public and visible space for recovery to flourish in community:
Recovery on Main Street
- Serve as a "community organizing engine" for civic engagement and advocacy
- Operate as a "hub" for PRSS and recovery activities
- Provide volunteer, service, and leadership opportunities



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Mobilizing Recovery Community Resources



In 2015, at Connecticut Community for Addiction Recovery (CCAR):

- A total of 416 volunteers gave 27,427 hours of service, broken down as follows:
- 11 gave 500+ hours of service
- 11 gave 250-499 hours of service
- 42 gave 100- 249 hours of service

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Working Together Across Communities



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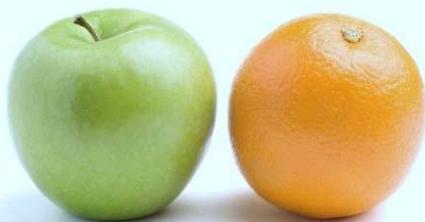
MH and SUD Recovery: *What's Similar?*

- Long-term goal
- Values and principles
- Role of individual
- Societal attitudes
- Discriminatory policies
- Advocacy movements
- Chronic condition management



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MH and SUD Recovery: *What's Different?*



- Recovery tools and pathways
- Treatment and depth of care
- Disability status and protection
- Instrumental supports
- Family involvement

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MH and SUD Recovery Peers: Working Together

- SAMHSA: Peer Practice Guidelines and Core Competencies
- SAMHSA: Statewide Peer Network Recovery and Resiliency Grants
- ACHMA: Peer Leadership Interest Group & *Peer Services Toolkit*
- State activities: New York, Maryland, New Mexico, Vermont



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MH and SUD Recovery Peers: Opportunities



 KEEP
 CALM
 AND KNOW
 I'VE GOT
 YOUR BACK

- Workforce issues
- Funding and reimbursement strategies
- Cultural and community alignment
- Language and communication
- Advocacy agenda
- Peer Practice Guilds
- Research agenda

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A Shared Vision for the Future

- Be active agents of change in our own lives – not passive recipients of services
- Manage and move beyond our symptoms and not be defined by our illness
- Have valued social roles and relationships
- Embrace purpose and meaning in our lives and make worthwhile contributions
- Live self-actualized and abundant lives



Adapted from Ijeoma Achara 55

A Renewed Vision

- ~~Recovery Works~~
- ~~Recovery is Possible~~
- ***Recovery is an Expectation!***



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