Recovery:

National Perspective & Future Directions

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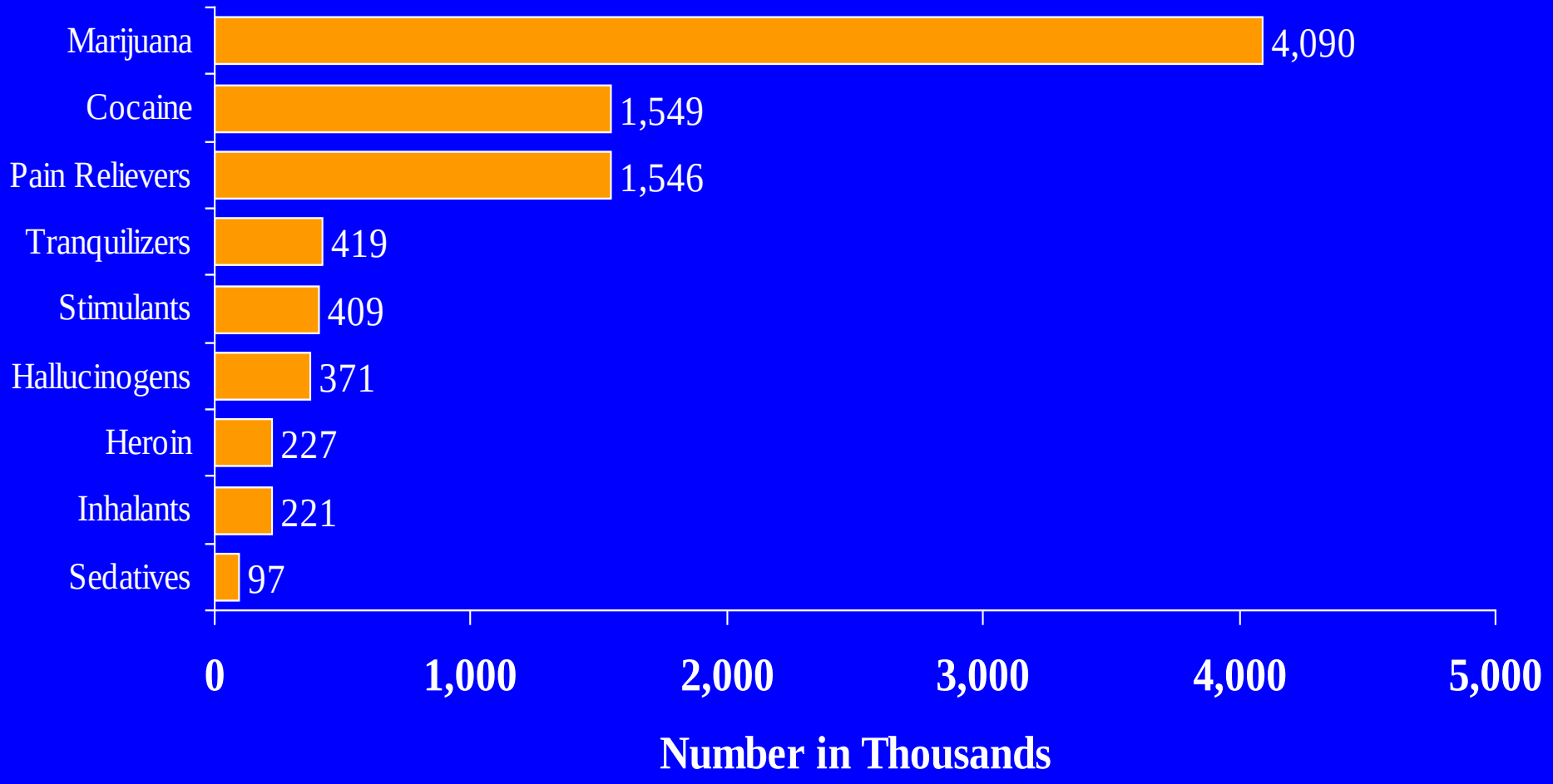
SAMHSA/CSAT's Mission

- Recovery is at the center of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) mission.
- Fostering the development of recovery-oriented systems of care is a priority of the Center of Substance Abuse Treatment (CSAT).

Why Move Toward Recovery-oriented Approaches and Systems of Care?

Dependence on or Abuse of Specific Illicit Drugs in the Past Year among Persons Aged 12 or Older: (NSDUH 2005)

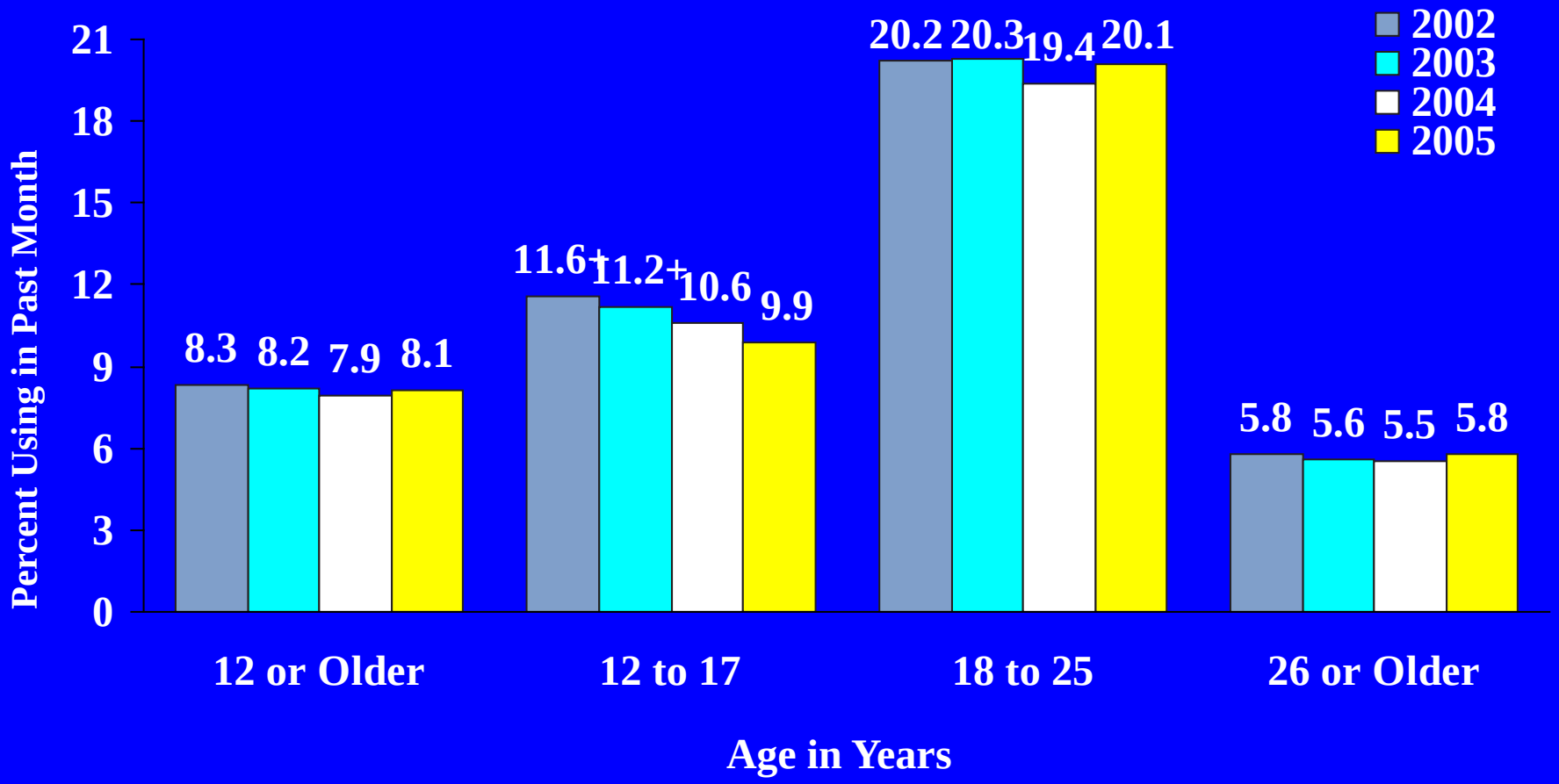


Past Month Alcohol Use: 2005 NSDUH

- Any Use: 52% (126 million)
- Binge Use: 23% (55 million)
- Heavy Use: 7% (16 million)

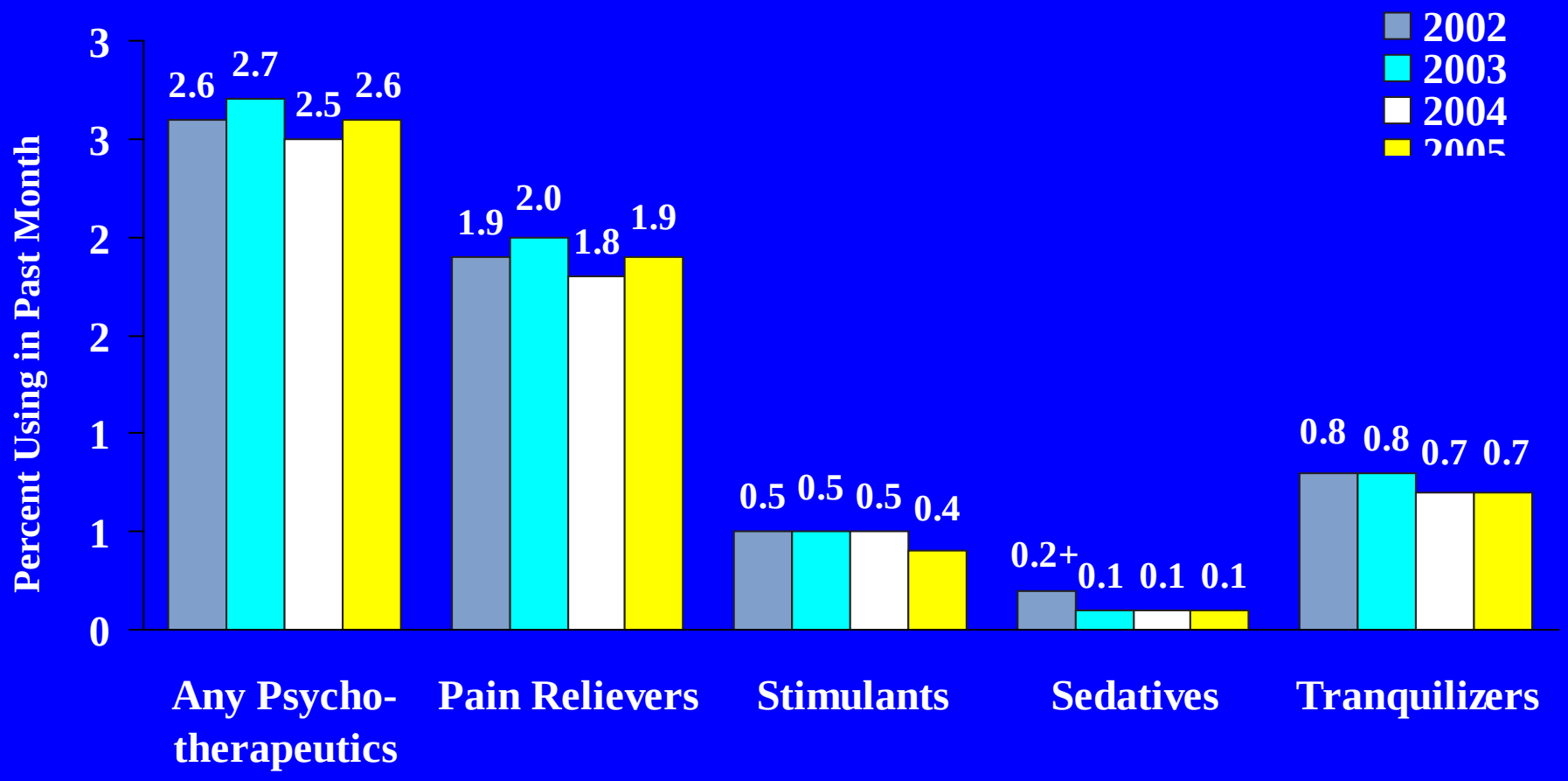
(Binge and Heavy Use estimates are similar to those in 2002, 2003, and 2004; Past month use increased from 50% in 2004.)

Illicit Drug Use, By Age: 2002-2005 cont'd



+ Difference between estimate and the 2005 estimate is statistically significant at the .05 level.

Non-medical Use of Prescription Drugs, Ages 12+: 2002-2005 cont'd



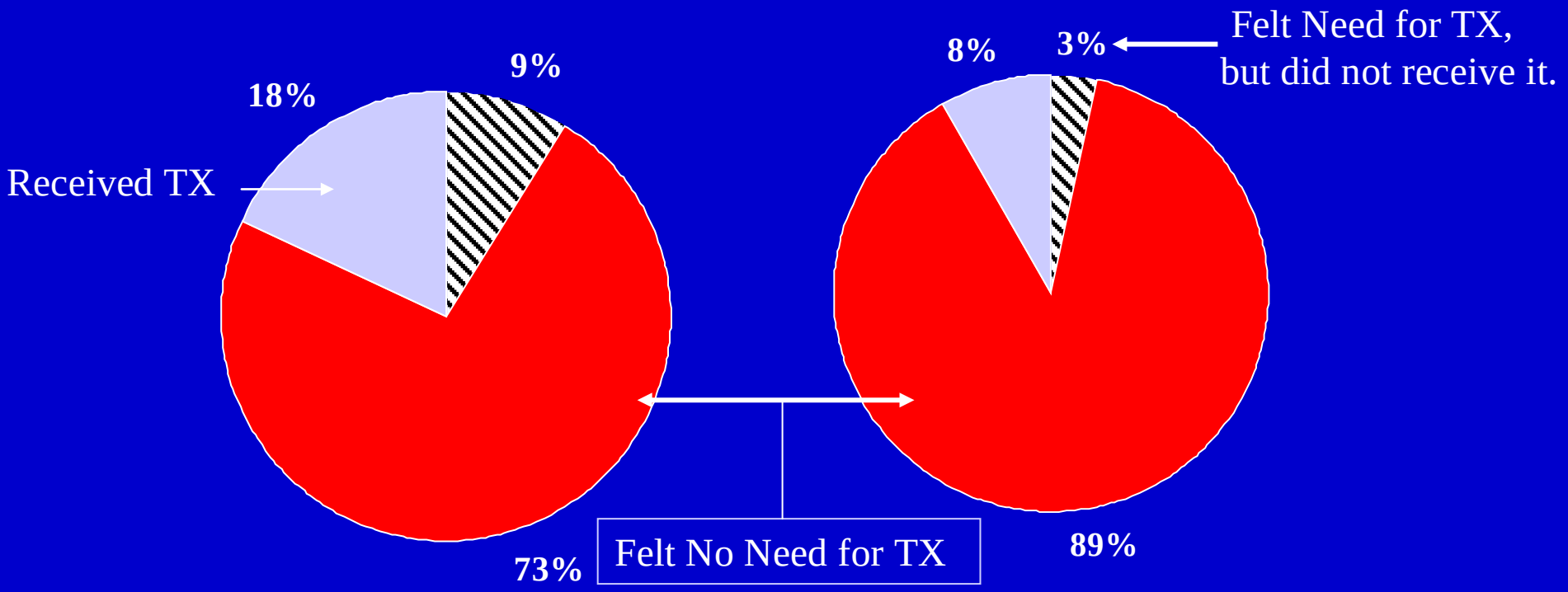
+ Difference between estimate and the 2005 estimate is statistically significant at the .05 level.

Denial, Stigma, and Access to Care

Only an estimated 1.1 million adults received treatment for illicit drug use disorders and 1.5 million adults received treatment for alcohol use disorders in 2005

5.2 million adults needed treatment for illicit drug use disorders but did not receive it

16.4 million adults needed treatment for alcohol use disorders but did not receive it



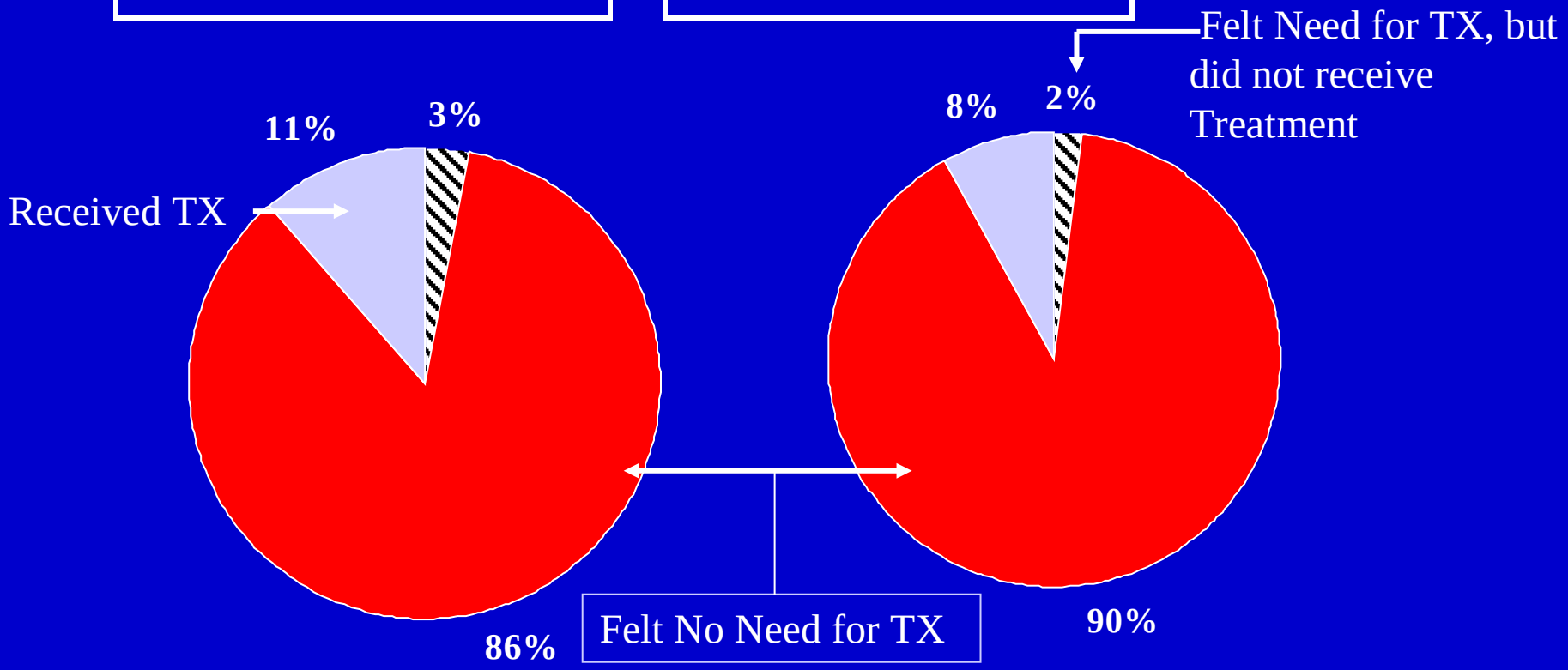
Illicit Drugs **Alcohol**

2005 NSDUH

Only an estimated 142,000 adolescents received treatment for illicit drug use disorders and 119,000 received treatment for alcohol use disorders in 2005

1.1 million adolescents needed treatment for illicit drug use disorders but did not receive it

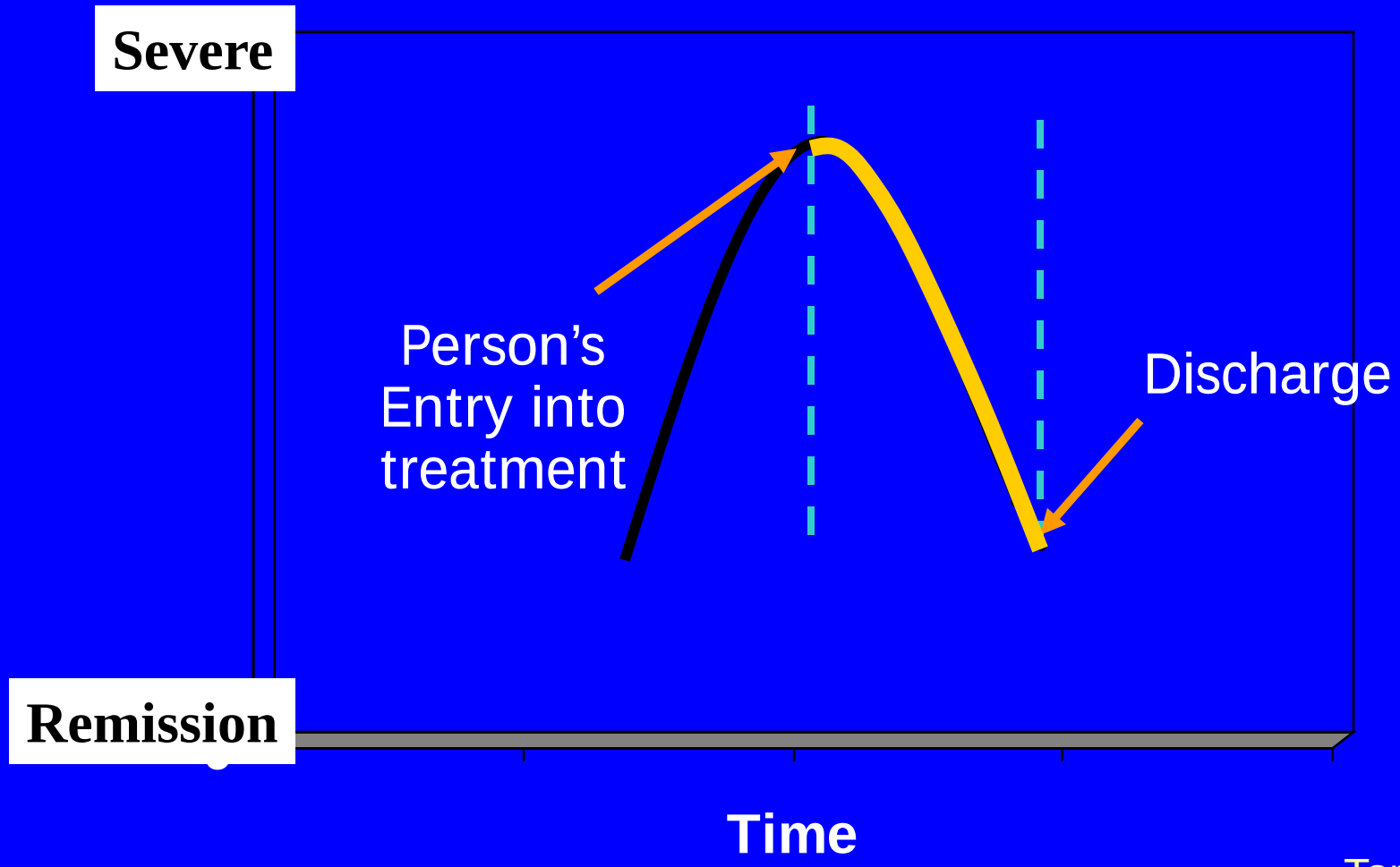
1.3 million adolescents needed treatment for alcohol use disorders but did not receive it



2005 NSDUH

Treatment and Recovery

Substance use disorders are too often viewed by the funder and/or service provider



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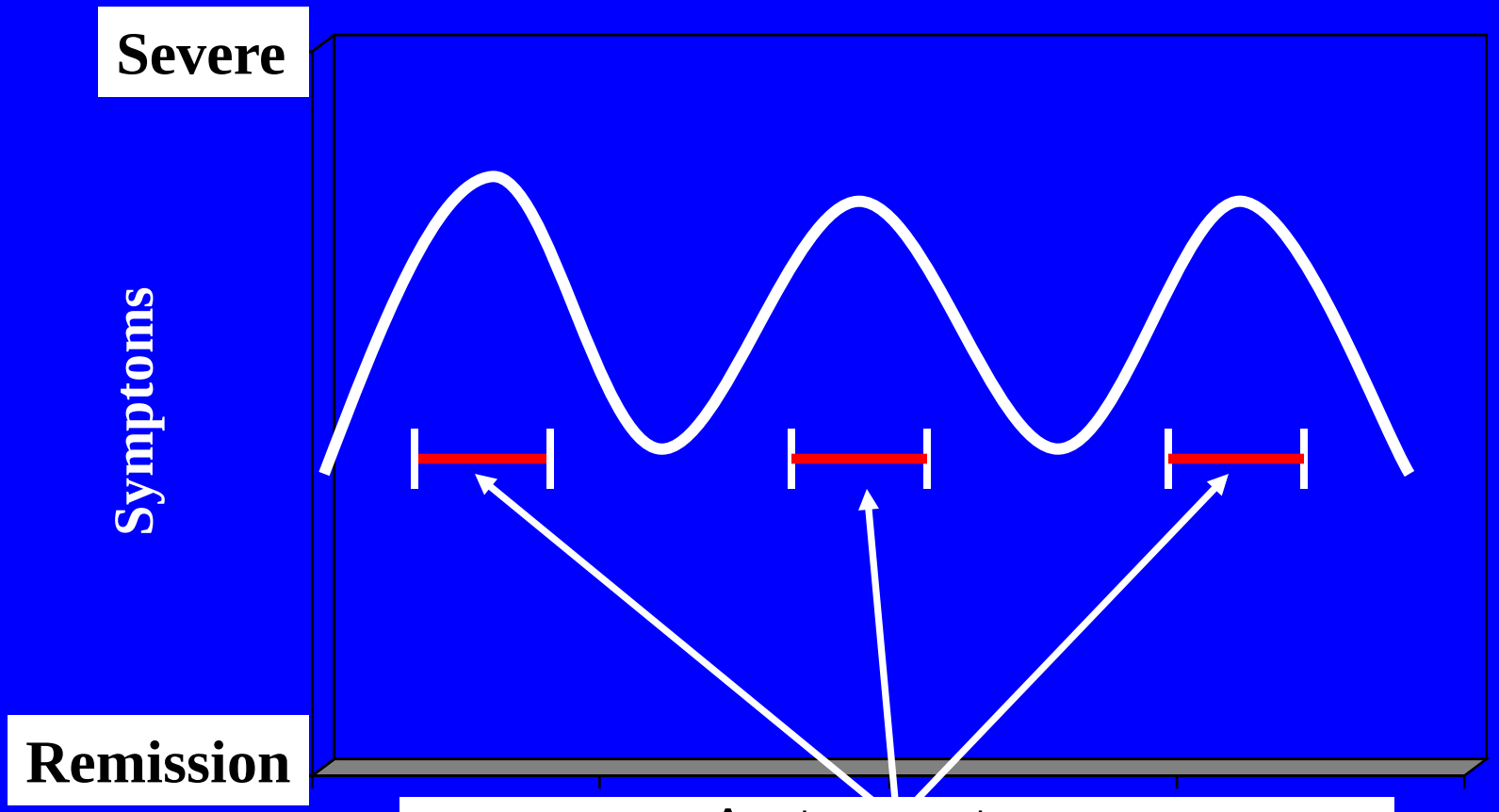
Current Service Response



Acute symptoms

Discontinuous treatment

Crisis management

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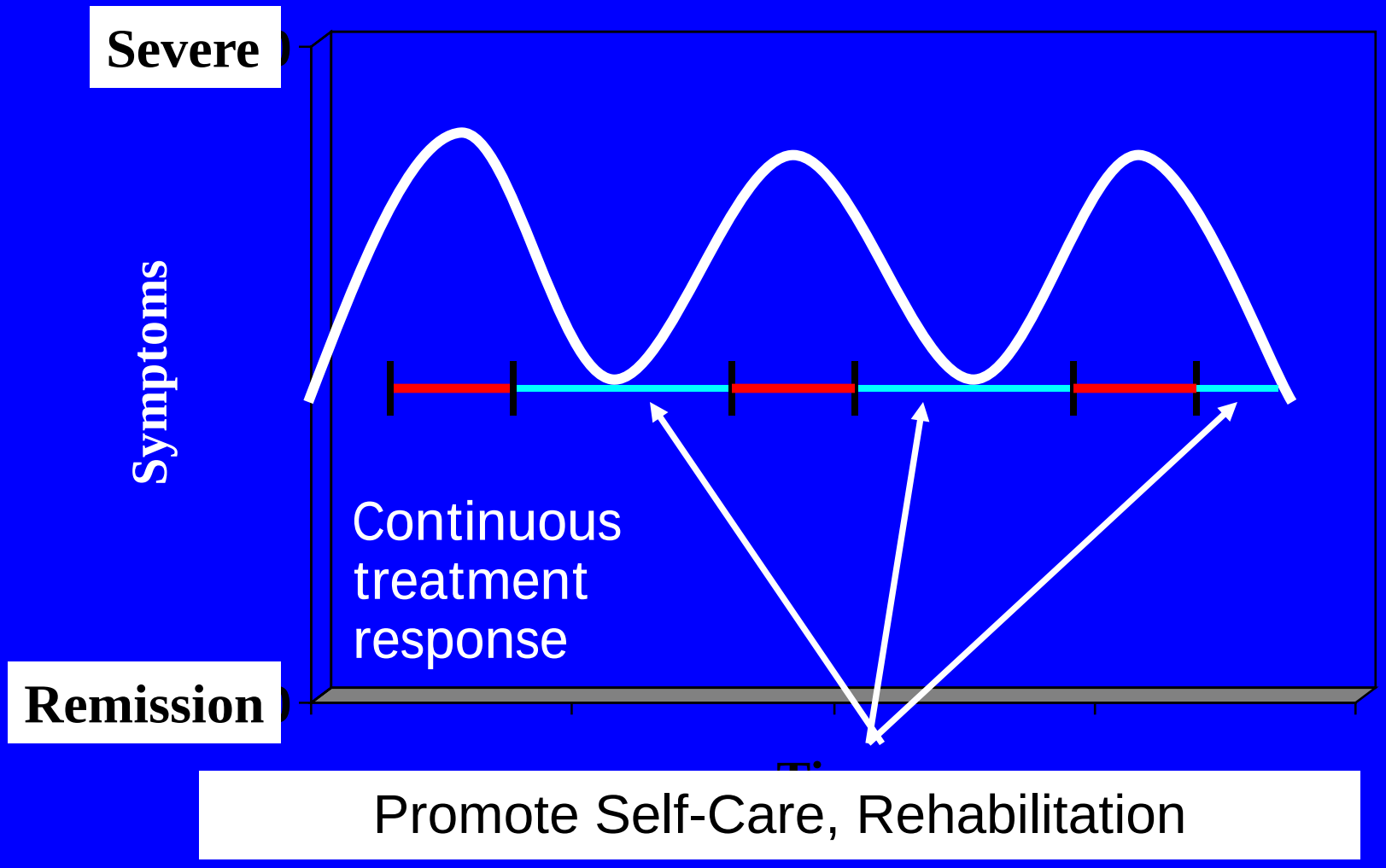
Recovery-oriented Response



Promote Self-Care, Rehabilitation

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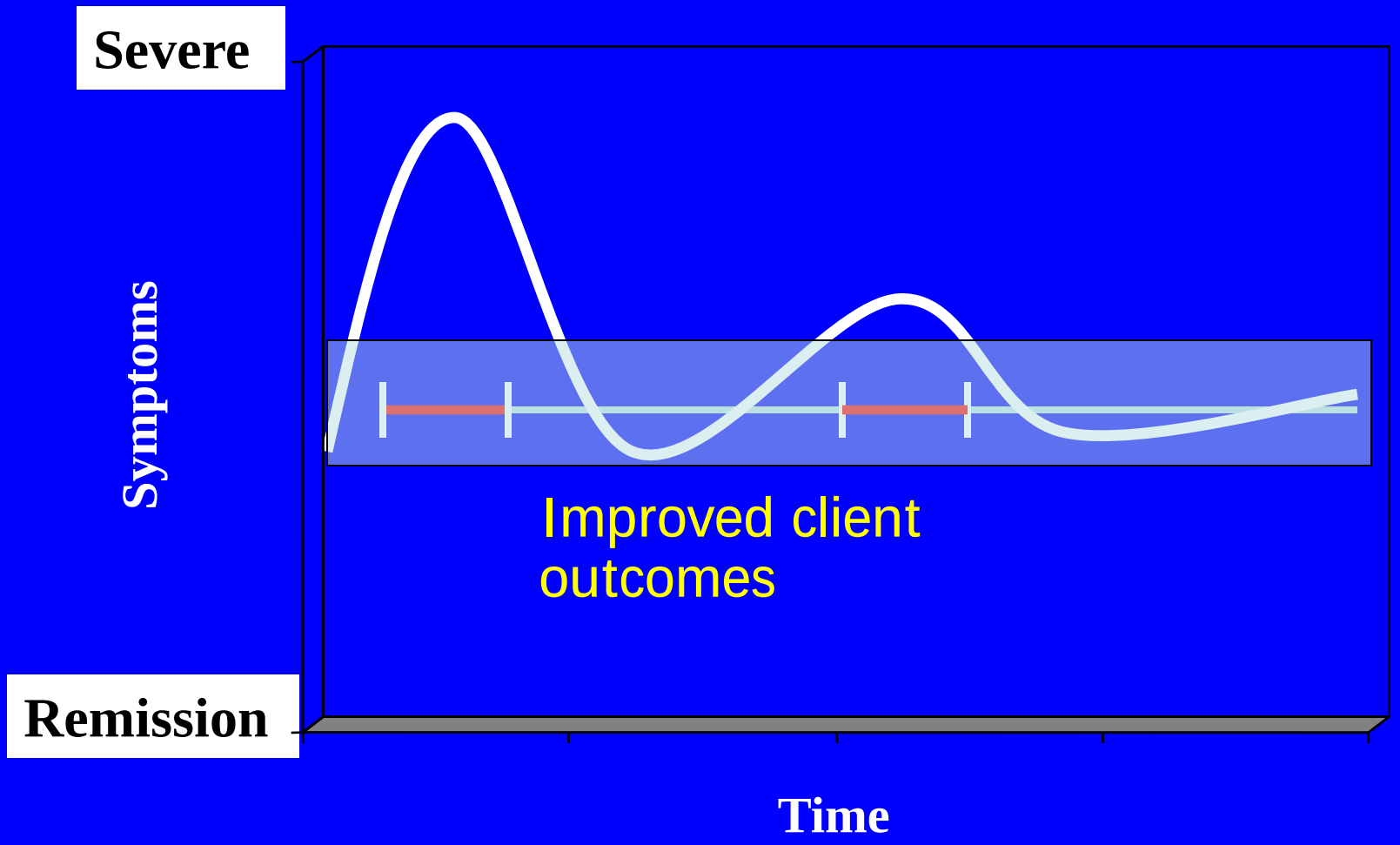
Supporting People's Path to Recovery



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Benefits of Recovery-oriented Approaches and Systems of Care

- To encourage greater access to services
- To intervene earlier with individuals with substance use problems
- To improve treatment outcomes
- To support long-term recovery for those with substance use disorders
- To promote individual responsibility for care

Definition of Recovery-oriented Systems of Care (ROSC)

- Recovery-oriented systems of care (ROSCs) are designed to support individuals seeking to overcome substance use disorders across the lifespan.
- They are comprehensive, flexible, outcome-driven and uniquely individualized; offering a fully coordinated menu of services and supports to maximize choice at every point in the recovery process.

What are Recovery Support Services?

- Recovery support services are essential to recovery-oriented systems of care.
- Recovery support services are non-clinical services that assist in removing barriers and providing resources to those contemplating, initiating, and maintaining recovery.

Recovery Support Services (cont'd)

- The types, location, and duration of recovery support services should be determined in partnership with the individual based on their needs.
- Recovery support services should be coordinated and integrated with other services to provide continuity of care.
  - Coordination and integration of care has been shown to improve outcomes (Friedmann, Hendrickson, Gerstein, Zhang, 2004; Hser, Polinsky, Maglione, Anglin, 1999).

Who Can Provide Recovery Support Services?

- Peers
- Faith-based providers
- Treatment provider (non-clinical) staff
- Other recovery support staff, e.g., childcare workers, vocational or employment services providers

When Should Recovery Support Services be Provided?

- Recovery support services should be available throughout the continuum:
  - Pre-treatment
  - As a stand alone service
  - During treatment
  - Post-treatment

Examples of Recovery Support Services

- Peer coaching or mentoring
- Peer-led support groups
- Assistance in finding housing, educational, employment opportunities
- Assistance in building constructive family and personal relationships
- Life skills training

Examples of Recovery Support Services (cont'd)

- Health and wellness activities
- Assistance navigating and managing systems (e.g., health care, criminal justice, child welfare)
- Alcohol- and drug-free social/recreational activities
- Culturally-specific and/or faith-based support

Social Support and Recovery Support Services

- Social support appears to be one of the potent factors that can move people along the change continuum (Hanna, 2002; Prochaska et al, 1995).
- Social support has been correlated with numerous positive health outcomes, including reductions in drug and alcohol use (Cobb, 1976; Salser, 1998).

CSAT Funds Programs and Initiatives that Support the Development and Delivery of Recovery-oriented Services and Systems of Care

Recovery Community Services Program

Recovery Community Services Program (RCSP)

- In RCSP grant projects, peer-to-peer recovery support services are provided to help people initiate and/or sustain recovery from alcohol and drug use disorders.
- Some projects also offer support to family members of people needing, seeking, or in recovery.

RCSP Portfolio

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

Recovery Community Services Program

Data on outcomes show positive effects of recovery support services:

- Abstinence from substance use was maintained by 92% of the clients six months post admission.
- Employment increased 17.2% from intake to six months post admission.
- Stable housing increased 18.4% from baseline to six months admission.

National Alcohol and Drug Addiction Recovery Month

- The *Recovery Month* effort:
  - Aims to promote the societal benefits of alcohol and drug use disorder treatment, with localized efforts to promote treatment effectiveness and encourage communities to invest in addiction treatment services;
  - Lauds the contributions of treatment providers; and
  - Promotes the message that recovery from alcohol and drug use disorders in all its forms is possible.

Recovery Month

- Recovery Month provides a platform to celebrate people in recovery and those who serve them and educates the public on substance abuse as a national health crisis, that addiction is a treatable disease, and that recovery is possible.
- Recovery Month highlights the benefits of treatment for not only the affected individual, but for their family, friends, workplace, and society as a whole.

Access to Recovery (ATR)

- Expanded treatment capacity and promotes accountability
- Implemented a voucher system for clients seeking substance abuse clinical treatment and/or recovery support services and assures client choice of service providers

- Conducted significant outreach to a wide range of service providers that previously have not received Federal funding, including faith-based and community providers

Proposed FY2008 ATR Funding

The ATR program builds upon the successful initiative established in FY 2004.

- Estimated Amount: $96 million for 18 grants
  - Each award will be between $1-$7million
  - CSAT plans to dedicate up to $25million per year based on the grant awards to address methamphetamine
- Eligibility is limited to the immediate office of the Chief Executive (e.g., Governor) in the States, Territories, District of Columbia; or the head of an American Indian/Alaska Native tribe or tribal organization.

Access to Recovery (2004 Grant Cycle)

- As of December 31, 2006, of the 138,000 clients served
  - About 64% of those for whom status and discharge data are available have received Recovery Support Services
  - 49% of the dollars paid were for Recovery Support Services
  - About 30% of the dollars paid for Recovery Support and Clinical Services have been to faith-based organizations
  - Faith-based providers accounted for 22% of all Recovery Support providers and 30% of all Clinical Treatment providers

A collaboration of communities and organizations
mobilized to help individuals and families achieve and maintain recovery, and lead fulfilling lives.

Partners for Recovery (PFR) Initiative

- Supports and provides technical resources and seeks to build capacity and improve services and systems of care.
- PFR activities fall into five broad focus areas:
  - Recovery
  - Workforce Development
  - Cross-systems Collaboration
  - Leadership Development
  - Stigma Reduction

PFR Collaborators

- SSAs
- Recovery individuals and their family, friends, and allies
- Legislatures
- Addictions and mental health prevention, treatment, and recovery support providers
- Addictions and mental health clinicians
- Faith-based organizations
- Physicians, nurses, psychiatrists, psychologists, and social workers
- Addiction Technology Transfer Centers (ATTCs)
- Colleges and universities
- Researchers
- Criminal justice system
- Professional/trade organizations
- Certification boards

VA, Labor, DOT, DOD, CMS, NIAAA, NIDA, CSAT, CSAP, & CMHS

PFR Core Activities

- Supporting and facilitating the development of ROSC in States and communities
- Fostering collaboration among the various systems that impact those with substance use and mental health disorders
- Equipping individuals with the tools to respond to stigma
- Developing and implementing a comprehensive strategy to address workforce issues
- Preparing the next generation of leaders

PFR Activities Included Washington State

- Three participants from Washington attended the "Know Your Rights" training in 2006.
- Eleven individuals attended and graduated from the PFR/ATTC Leadership Institutes in 2005.
- Four Washingtonians attended the Regional Recovery Meeting in Portland, Oregon in 2007.
- Washington ATR was highlighted as a case study in a PFR white paper on recovery-oriented approaches.

Hosting a National Dialogue: CSAT's National Summit on Recovery

To develop a framework for recovery and recovery-oriented systems of care, CSAT brought together diverse stakeholders at a National Summit in Washington, DC on September 28-29, 2005.

The group included:

- Recovering individuals
- Mutual aid providers
- Treatment providers
- Researchers
- Trade associations
- Faith-based providers
- State and Federal officials

National Summit on Recovery

Conference Report

Washington, D.C.
September 28-29, 2005

A Life in the Community for Everyone
SAMHSA
U.S. Department of Health and Human Services

PARTNERS for recovery

Establishing a Framework for a Recovery-oriented Approach

Summit Goals

- To develop new ideas to transform policy, services and systems toward a recovery-oriented paradigm that is more responsive to the needs of people in or seeking recovery, as well as their family members and significant others.
- To articulate guiding principles and measures of recovery that can be used across programs and services to promote and capture improvements in systems of care, facilitate data sharing and enhance program coordination.
- To generate ideas for advancing recovery-oriented systems of care in various settings and systems and for specific populations.

Outcomes from the Summit

The following concepts and recommendations were developed at the Summit:

- A working definition of recovery and recovery-oriented systems of care;
- 12 guiding principles of recovery;
- 17 recovery-oriented systems of care elements; and
- 49 recommendations for various stakeholder groups.

Recovery-oriented Systems of Care Elements

ROSC include the following elements:

- 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
- Culturally responsive
- Responsiveness to personal belief systems

ROSC Elements (cont'd)

ROSC include the following elements:

- Commitment to peer recovery support services
- Inclusion of the voices and experiences of recovering individuals and their families
- Integrated services
- System-wide education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Research based
- Adequately and flexibly financed

A Framework for Change

- National Summit principles of recovery and systems elements are intended to provide general direction for those operationalizing recovery-oriented systems of care.
- Principles and systems elements can inform development of core measures, promising approaches, and evidence-based practices.

CSAT's Efforts in Supporting the Planning & Implementation Of ROSCs

- PFR is holding five regional meetings to assist States and communities in developing, strengthening, and implementing ROSC.
  - The first meeting was held in the Northwest Region in April 2007.
- Each State is invited to send a small team of individuals to the meetings. The team includes:
  - SSA or designee;
  - Treatment provider association representative or a treatment provider;
  - Representative of a recovery organization or of the recovering community or faith-based provider; and
  - Researcher (can be substituted).

CSAT's Efforts (cont'd)

- The goals of the meetings include:
  - To inform individuals about the *National Summit on Recovery*;
  - To provide resources related to the operationalization of recovery-oriented system of care;
  - To allow States and organizations to share lessons learned; and
  - To provide a venue for individual State team planning.

CSAT's Efforts (cont'd)

The PFR website will host a variety of resources on recovery-oriented approaches, including:

- *National Summit on Recovery* Report
- *Approaches to Recovery-Oriented Systems of Care at the State and Local Level: Three Case Studies*
- *Provider Approaches to Recovery-Oriented Systems of Care: Four Case Studies*
- *Access to Recovery Approaches to Recovery-Oriented Systems of Care: Three Case Studies*
- *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research?*

Implementing ROSCs

- Requires Vision and Leadership
- Requires Systems Change at all Levels
  - Policy
  - Service
  - Staff
  - Volunteer

Outcomes of Recovery-oriented Approaches

- ROSC elements have been shown to produce many positive outcomes, including the following:
  - Obtaining major reductions in substance use and costs to society;
  - Improving recovery and remission rates for populations at risk for relapse;
  - Improving client recovery and quality of life; and
  - Enhancing individual's self-efficacy.

References can be found in CSAT's White Paper, *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research?*

Cost-effectiveness of Recovery-oriented Approaches

- Integrated, linked, and collaborative care is cost-effective:
  - Integrating care has been shown to optimize recovery outcomes and improve the cost-effectiveness of delivering services (Parthasarathy, Mertens, Moore, Weisner, 2003).
  - Individuals with substance abuse related medical conditions benefit from integrated medical and substance abuse treatment and the approach is cost-effective (Weisner, Mertens, Parthasarathy, Moore, Lu, 2001).
  - A collaborative care intervention has been shown to produce positive long-term outcomes and be cost-effective for individuals with depression and panic disorders as opposed to usual care (Katon, Roy-Burne, Russo, Cowley, 2002; Katon, Russo, Von Korff, Lin, Simon, et al, 2002)

Cost-effectiveness (cont'd)

- Disease Management is cost-effective:
  - In a cost-effectiveness study of individuals with depression treated in a disease management program, there was succinct lower incremental cost per successful treated case in comparison to usual primary care (Neumeyer-Gromen, Lampert, Stark, Kallinschnigg, 2004).
- Being treated in the community, as opposed to the acute setting, costs less to operate and results in higher overall level of service user and carer satisfaction (Golsack, Reet, Lapsley, Gingell, 2005).

CSAT is committed to supporting recovery-oriented systems change at the national, State, and local levels.

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 month: 24,000)
- Shannon Taitt, PFR Coordinator, 240-276-1691
  www.pfr.samhsa.gov