(Music) The Substance Abuse and Mental Health Services Administration presents the Road to Recovery. This programming aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment and that people can and do recover. Today's program is: Recovery Support: Collaboration, Coordination, and Recovery Management.

Ms. Torres: Hello I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about recovery support and the necessary coordination, collaboration, and recovery management of services. Joining us in our panel today are Dr. Keith Humphreys, Professor of Psychiatry and Behavioral Sciences, Stanford School of Medicine, Department of Psychiatry, Stanford, California. Beverly Haberle, Project Director, Pennsylvania Recovery Organization, Achieving Community Together, Southeast Pennsylvania. Joe Powell, Executive Director, Association of Persons Affected by Addiction, Dallas, Texas. Dr. Thomasina Borkman, Professor of Sociology Emerita, George Mason University, Fairfax, Virginia. Keith, let's start out by letting the audience know what is the need for treatment in terms of substance use and mental disorders in this country?

Dr. Humphreys: A lot of people aren't aware of how prevalent these conditions are, but amazingly there are 45 million American adults who meet the criteria for a mental health problem. And 23 million who meet it for substance use, alcohol or drugs. And most of those who also smoke and the overlap between those groups is about 10 million people who struggle with both of those problems. So that means at any given time one in four people in this country could conceivably benefit from treatment for mental health or substance use disorder.

Ms. Torres: And actually, we're using the term now, behavioral health, do you want to explain a little what behavioral health encompasses?

Dr. Humphreys: Behavioral health is a bridging term, I mean, what is happening around the country is there's much more desire to integrate services, integrate thinking about these different types of disorders. And behavioral health is sort of a way we describe them as a whole because there are certain things that are quite similar about them, having a chronic course, having a part that's about our own behavior environment, things of that sort.

Ms. Torres: And Bev, I suspect that many of these folks have co-occurring conditions. Do you want to help us understand a little bit what co-occurring conditions are all about?

Ms. Haberle: Absolutely. You know, many people will have two separate conditions occurring at the same time and so they may have depression along with substance use disorder. And so parallel services need to occur in order for them to be able to sustain long-term recovery.

Ms. Torres: And Joe, speaking of co-occurring issues, how many people are actually treated, you know, for co-occurring and for substance use and for mental illnesses?

Mr. Powell: That's a good question Ivette, I mean, there are many, of course, there are millions of course, of people that are being treated for both co-occurring disorders and that is all over the country. I think that in treatment they have been parallel and they have been separated, so now is the time for treatment to happen for both.

Ms. Torres: Yes. Does everyone, Thomasina, that wants to get treatment, are they able to find it? Is there enough treatment around the country if all these millions of people wanted to be treated for their condition?

Dr. Borkman: I mean, there certainly is a lot of self-help groups that are open, and they're almost cost free. I think the question also is just because they need treatment doesn't mean that they're ready and willing to go to treatment. I think that's a really big issue for both mental illness and substance use.

Dr. Humphreys: I think an important part of that, Thomasina, is that sometimes the quality of the services hasn't been there. So sometimes people would like to seek help, but, for example, the treatment program is only open when they're at work or there's no parking, there's no childcare and so part of what our responsibility is, is to make those services more attractive and more accessible to the population because, as you know, only about one in 10 people with an addiction will get treatment each year and only about 1 in 3 with a mental health problem get treatment each year.

Dr. Borkman: Right, right.

Ms. Torres: Bev?

Ms. Haberle: I think the other thing is that there are so many different levels of care and types of services that people need that it's so important to make sure that someone is accessing the level and the type of service or the pathway to recovery that one size does not fit all. So the question is, is there enough of the various types of services available because you're right, everybody can't go during the day when they need to go to work or they need to do other things, but there needs to be a whole menu of ways for people to get the services that they need.

Ms. Torres: And Keith, there's also some workplace issues, tremendous workplace issues, correct?

Dr. Humphreys: Oh absolutely. I mean it's one of the most common reasons for absenteeism on the job is substance use or mental health problems—injuries on the job, accidents on the jobs, workplace violence. I mean, these problems are sewn through every part of American life and that's the really daunting aspect of this problem but the upside is recovery. I mean, because addiction is so destructive by definition, then recovery is a chance for us to get double benefits and repair that damage and benefit the entire society, not just the person with the problem.

Ms. Torres: And Bev, in terms of that whole issue in the workplace in particular, I know that there are policies in place that companies can adopt, correct?

Ms. Haberle: Yes, drug-free workplace policies, employee assistance programs where people can access help at the earliest possible moment so they're then supported, integrated back into the workplace. I also wanted to mention the impact on the criminal justice system, and I think what's so exciting is that when people really have opportunities to access recovery and move into long-term recovery, their involvement with the criminal justice system just goes down so much, and people who haven't had a way out now have a pathway to be able to restore their life and move away from their life of being involved with the criminal justice system.

Ms. Torres: And I'm glad you talked about pathways, because when we come back we're going to be talking about the whole changes in the healthcare system and how they're going to affect substance use disorder and mental health services. We'll be right back.

For more information on National Recovery Month, to find out how to get involved, or to locate an event near you, visit the Recovery Month Web site at recoverymonth.gov.

Geoff Henderson, Senior Director at the Phoenix House in California, talks about the mission of their recovery support program.

The mission of the New Start program is to provide treatment opportunities for incarcerated males in the Orange County jail system. The program is designed to treat them while they are in custody and continue their treatment into the community at whatever level of care it is that they need for at least 1 year postcustody.

Orange County Alcohol and Drug Program Administrator Brett O'Brien describes the services that are provided at the Phoenix house.

The Phoenix House provides that treatment. They provide continuing care, a group counseling. They provide fellowship. Basically an all-encompassing kind of program from beginning to end, which really enables a person a really, really good shot at making it.

Devin Petersen, Person in Recovery and Phoenix House Graduate, discusses how Phoenix house had a positive effect on his life.

Going through there was one of the most single influential events of my entire life. It was an opportunity that presented itself at a time when I was ready to change my life. It provided me with the tools, the social support, in order to move forward in a more positive way with my life. People should understand that the Phoenix House really has the power to change lives, and I would like to see it around for years to come

Ms. Torres: Keith, let's talk a little bit before we get into the health care dialogue, let's talk about how has recovery evolved throughout the years?

Dr. Humphreys: There's been a very positive change in the United States, which I'll just give a personal story. Early in my career when I would give a talk about Alcoholics Anonymous I would get angry emails from people saying, "That's a bad organization, I got better in treatment." And then I'd give a talk about methadone and people saying, "Oh, methadone's terrible, you should tell people to do this in that way." It was like a bunch of little battling sects. And what's changed that's really exciting is that there's this collective sense of we need to honor all pathways to recovery. And I think CSAT actually deserves a lot of credit for that with the National Summit on Recovery. When people stood up there with people who had recovered "the wrong way" and said, "This is not my pathway, but I honor and accept that." That's when the recovery movement started to become a force because if you don't divide yourself then you have the ability to influence lots of other people and that's very important because this is a health problem and nobody ever says about cancer, "You know, oh, you got better on tomaxafin instead of chemotherapy, how sad." They say, it's great. You've recovered from cancer. And that's what we should say. Everybody who recovers from these disorders, we should hug them, celebrate them, be very, very happy.

Ms. Torres: And we do during Recovery Month.

Dr. Humphreys: That's right. Yes.

Ms. Torres: Thomasina?

Dr. Borkman: The origin of recovery really is from Alcoholics Anonymous, the term. They use the term "recovery." And I think it's really important, as we're going to talk later, about recovery being self-directed, that it came out of a self-help mutual aid movement. It did not start with professionals and that's kind of the key pin of recovery is, I think, due to the historical basis in the 12-step movement.

Ms. Torres: Thank you. And Bev, you know you were at the meeting in 2005, I believe, when we first gathered all the folks in recovery, I was there as well. And what was magic about that?

Ms. Haberle: I think that as Keith said, the fact that people were all there talking about the different ways that they were able to access recovery, but also in one room having the opportunity just to talk about it. I think that there has not been that opportunity to bring people from all different sectors of the community together to really talk about recovery and try to define recovery and recovery principles and what are the values and all of those things. So it was a maybe a leveling of the playing field to be able to honor all of those different perceptions and

ideas. And I also—I think that what Keith said about the recognition and celebration, I think, many of us for many years hid our recovery and I think the opportunity to be able to talk about it is really a blessing for many people because not only does it provide hope it also is healing. It's not something to be ashamed of.

Ms. Torres: And Joe, talk to us a little about those principles for recovery.

Mr. Powell: You know, it's so interesting how the principles have came a long way. I mean, like going back to what you were saying, Thomasina, as far as Alcoholics Anonymous but even today when we talk about pathways to recovery, that's one of the principles that we honor all pathways to recovery. And to see how SAMHSA has really taken the lead, I mean I go back 13 years ago to the first peer-to-peer recovery community support program where we had to put pathways, I mean we honored all roads to recovery. But the cool thing is that the Feds, SAMHSA, now has initiated principles of recovery in all of their strategies now, which is the lead for all of the States and also in the community.

Ms. Torres: Well, certainly because we have had subsequent meetings to 2005 and really it's been a process, a very dynamic process of the agency taking from the field what the elements of the best practices are and what the need is and attempting to incorporate that into the programs.

Ms. Haberle: I think one of the things that's so important is really validating that there is not just one way and for many of the people we see they have been traditional treatment failures or traditional 12-step failures, or they felt that way, just to understand that there maybe are other options or other things is so empowering for them that it really does reinforce that hope and gets them back on track and then it's always surprising to me, many times, they will then put a collection of things together that many times include what we would have thought of as traditional, but they've kind of had to come a different path and come around to it.

Ms. Torres: And Keith, how important is it that the Office of National Drug Control Policy now has an office on recovery issues?

Dr. Humphreys: I think that is—I would have to say personally, one of the things I am most proud of the time I was there and very grateful to Director Kerlikowske for seeing the value of that. And again to tell a personal anecdote, when I would tell friends of mine who are in recovery they would often choke up, just the thought, they felt like at last we've made it, there's an office in the White House that's focused on us. And so just that office existence, I think, is very important to just remove the shame and help, I hope, roll back the discrimination that recovery people often encounter. And the other thing to add to it, it's good to have the office but it has to be very active, so it's been important that the director, the deputy director had been out at the recovery marches, have involved recovery people in the development of drug policy listening sessions participation, because there's so much wisdom among people who have experienced this problem about how to help the people and we haven't tapped that. And if we could just figure out how to tap it we would have enormous benefits for all of us, so I think that's part of it.

Ms. Torres: And we've talked about a lot of the elements of recovery and the characteristics and when we come back we're going to talk about how those are going to fit into the new healthcare reform. We'll be right back.

## [Music]

Ms. Torres: Keith, we've been talking about healthcare reform and how some of the programs that are going to help folks in recovery are going to be integrated into the whole healthcare system. Talk a little bit about that.

Dr. Humphreys: Yeah, I'd be glad to. This is a very exciting time for this field due to some real changes in public policy. The first one is parity, which was a law passed at the very end of the Bush administration and then the regulations were written during the Obama administration. And what parity rules say is that if you're an insurance company and you offer benefits for substance use disorder treatment, you can't make those benefits lesser than you could for any other condition. And you used to be allowed to do that. You used to be able to say outpatient co pay is \$10 unless it's for mental health or substance use in which case it's \$20. That's illegal now. So that should help people who have private insurance be able to access care. Then in terms of public insurance, the Affordable Care Act or healthcare reform as people called it, also is really going to make quite an impact on this field. Medicaid is going to be expanded up to people who make 133 percent of poverty, which it historically hasn't covered. You're going to have health exchanges that people will compete to offer insurance in. Both of those new programs are mandated that substance use care is an essential healthcare benefit. And that was an achievement in part, I have to say, of the recovering community. A lot of recovering people helped advocate for those changes around town and made that happen. And not just advocacy where they talk to politicians but I think kitchen table advocacy where people talk to each other and they understand this is an illness, it should be treated. And that made a constituency in the country because these changes were popular.

Ms. Torres: Joe?

Mr. Powell: One of the, I guess, exciting things about the healthcare reform is that recovery support services is in there also and primary care along with behavioral health. In other words, now that the recovery organizations and, of course, you have health navigators and recovery coaches and peer specialists are able to help a person in recovery not only with mental health or substance use, addiction problems, but also to link them to some primary care because we know that recovery support, you know, if I have cancer or diabetes or hurt in any kind of way and especially that can also cause stress and cause me to relapse or go back to addiction and also seek medications as far as they're drug related, and I don't need that, but healthcare reform has a lot of this recovery supports in it that also access the community. On a local level, we're doing a lot of that right now as from the primary care, criminal justice, all of the providers are involved only because of the healthcare reform, they have initiatives and same thing at the State level. So integration and also with primary care and behavior health is important right now.

Ms. Torres: Yes, Thomasina?

Dr. Borkman: On the Federal level in mental health the Feds are experimenting, there are at least eight States that have been given grants, to transform their public health system, mental health system, into the recovery oriented. That is a huge thing. To look at the whole public health system of mental health and that's going to affect the substance abuse, too.

Dr. Humphreys: I'm so glad Thomasina brought that up because there's another point to this that's really key that is recovery is not just a service that we're supposed to attach to treatment for 3 years while we have a grant and then it goes away. It's supposed to transform the entire treatment system. We have to change the way of doing business throughout it, so it truly is recovering support system. And the systems that are thriving are the ones that are taking that on. This is a philosophical, cultural transformation not just flavor of the month, a grant, we'll do this for a year and then we'll forget about it.

Ms. Torres: Yeah, and describe that for us, Bev.

Ms. Haberle: Well, it really is a transformation process and it's not only bringing people to the table but really looking at all of the different aspects and components of this system—

Ms. Torres: And that's why it's called recovery oriented.

Ms. Haberle: Recovery oriented. But what's really, for me, pretty exciting about it is the nontraditional community support services that have been out there for a long time.

Ms. Torres: Such as?

Ms. Haberle: Such as some of the faith based organizations, some of the recovery support services that are peer-to-peer are all now sort of a part of the mix and so there's a concerted effort to do linkages and to do warm handoffs for people. We're not just sending somebody there. But also to really walk with people in their recovery journey and having support for doing that has been incredibly important.

Ms. Torres: So let's say I'm in recovery and I go to PRO-ACT for example, someone greets me, do they do an assessment? Do they do an orientation? What happens?

Ms. Haberle: We say how can we help you with your recovery? And then we give them a tour and say here are all the kinds of things that are available.

Ms. Torres: Which is transportation—?

Ms. Haberle: Transportation, things like learning how to get an email address, you know, how about do you need help with getting employment? How about writing a resume? You know, all

of those kinds of things and then we say, "what do you have to give us?" What is it you would like to get but what would you like to offer, too, and most people say I've got nothing and then we say well take a look at this and they say, "Oh, well, gee I do know how to cook," or "I do know how to do this." Well, maybe you'd like to share that with somebody else. So we're trying to help people to understand the value of giving back at the very earliest opportunity that they come into the process. Sometimes it's those giving back things are what in the long-term keep people really committed to their recovery.

Ms. Torres: And Keith, when we come back, I'd like you to start us off and talk about the screening and brief intervention and how relevant that is with the new health reform. We'll be right back.

## **PSA**

Male VO: I wasn't really living my life, I was absent. I wasn't there for anyone, even my kids. Jack's homework, I don't even know if he did it.

Male NARR: If you or someone you know has a drug or alcohol problem, recovery is the solution. Call 1-800-662-HELP.

Male VO: Through treatment, I'm living my life everyday.

Boy VO: Can you check my homework Dad?

Male VO: Already did.

Male NARR: Brought to you by the U.S. Department of Health and Human Services.

Ms. Torres: And Keith, let's talk a little bit about screening and brief interventions, which really are at the front end of what our last panel conversation.

Dr. Humphreys: Yeah, so screening brief intervention and referral treatment or SBIRT as it goes by its acronym, started as a very strange idea. No one thought that you could possibly reach the addicted population in the primary care setting or in the emergency room, but it turns out that from a lot of research, in fact, you can. These are great opportunities that are often missed. So the idea behind SBIRT is to take advantage of those opportunities and hopefully stop people from having to go so far into a really terrible addiction career before they get help. So this might be your primary care doctor when they ask you all the questions about do you exercise, asking also can you tell me something about your drinking? Or have you ever used a prescription medicine in a nonprescription way and that gives a chance for somebody, an authority figure in a white coat to say, hey, that's unhealthy. And if it's at a low level, maybe I can handle here in primary care, but if this is really serious, I need to talk to you about some of the options out there because

there are treatments that work, you could overcome this problem and I'd really like to see that happen.

Ms. Torres: Which truly brings up a challenge talking about billing codes in terms of recovery services. In some States, I believe they do have a billing code, correct Joe?

Mr. Powell: Right and we're just fortunate that these are those great times that managed care has jumped on board and we are fortunate to have two billing codes to do peer services. In fact, to do peer recovery coaching and to do peer support groups. The other thing to how it connects to the SBIRT is that SBIRT is the screening piece and right now we are actually in training to see how can we do that early intervention and screening in the emergency rooms in the hospital for folks that's coming in with drug and alcohol-addicted related incidences, so it's very important.

Ms. Haberle: If I can piggyback on what Joe was saying, our experience with SBIRT has been not only to encourage and train physicians and physician's assistants and all to do that, but then also to provide the support so that if somebody does screen that they've got, that they're at higher risk to be able to make it easy for them to access services and so our recovery coaches are able to connect right with the person at that point. They may need just some education and so we've got packets of information for them and things like that, but also to make actual transition into some level of care if they need to because right then they're motivated. And they're willing to do it. So it is a great kind of much more consistent process then just here, go do something and so that's been very successful.

Ms. Torres: In the context of family however, what are some of the issues the family need to be aware of in order to support someone in recovery and I'll start with you, Bev.

Ms. Haberle: They need to understand the illness they're dealing with, so we have an ongoing education program for families that deals with what is the illness and understanding addiction. Then what's my role? What are the kinds of things that are helpful and constructive and what are the things that aren't so helpful and constructive? And then what are the resources out there and how can I access them? Some of the others is just a family understanding their rights and that some of the confidentiality laws don't apply to the family. You know, I can tell you what is happening in my family's life. The counselor or the treatment provider may not be able to tell me what's happening, but as a family member I can do that and really help, really support in a very constructive way the person's recovery.

Dr. Borkman: In terms of the family, let's be honest, the family suffers, too. It's not just the person in recovery. Many family members, all family members with the children, etc. suffer a great deal and I think the recovery supports need to include the family and I know like the 12-step Al-Anon and Nar-Anon are for family members.

Ms. Torres: And for the children, Ala-teen.

Dr. Borkman: Right, Ala-teen for the children. I think the family needs to be seen as a group that suffers and needs their own recovery in and of themselves.

Ms. Torres: I want to get back to the whole experience of relapsing. In spite of all of this, there will be some individuals right, Keith, that will relapse?

Dr. Humphreys: I'm so glad you brought that up because I think the one element about recovery oriented systems of care we probably haven't talked about it's the recognition that these problems are chronic and not acute. So a lot of times the way we set up treatment in the United States, we treat it like a broken bone or something. You go to the hospital, I set your bone, then you're done and you're going to heal naturally. But the truth is that most people will relapse. Take a very common experience, quitting smoking. Most people who have succeeded quitting smoking failed six or seven times. Those are people that have succeeded. You see that in alcohol, you see that with the other drugs. So what that means is that you should not feel dispirited, shamed that you had a relapse. It's a very, it's highly likely you'll have a relapse. That's the nature of the condition. And by the way, people that have heart problems have relapses. People that have back pain have relapses. That's what chronic medical disorders are like. They wax and they wane depending on how life is going. So for the family not to get dispirited and not to feel hostile that the person has done this but just try to accept that this is a chronic illness. This is what millions of people have gone through. They've had relapses and many of those people go on and recover. So it's not—it's tough, but it's not the end of the world.

Ms. Torres: And I want to remind our audience that September is National Recovery Month and every individual in recovery, their families, their friends, and all the individuals in the community can get together, host events and activities to help celebrate those in recovery. Thank you for being here. It was a great show.

#### [Music]

The Road to Recovery Television and Radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country.

To view or listen to the Road to Recovery Television and Radio Series from this season or previous seasons visit recoverymonth.gov and click on the Multimedia tab.

[End of audio.]