[Music Playing]

Male Narr: 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 **Building Communities of Recovery: How Community-Based Partnerships and Recovery Support Organizations Make Recovery Work**

Ivette Torres:

Hello, I'm Ivette Torres. And welcome to another edition of *The Road to Recovery*. Today we'll be talking about recovery community partnerships, and how they make recovery work. Joining us in our panel today are: Carroll Conquest, Recovery Corps Coordinator, Baltimore Substance Abuse Systems Incorporated, Baltimore, Maryland; Cynthia Moreno Tuohy, Executive Director, NAADAC, the association for addiction professionals, Alexandria, Virginia; James Gillen, Director, Anchor Recovery Community Center, Pawtucket, Rhode Island; Jeremiah Hawkins, Family Services Director, the Far Southeast Family Strengthening Collaborative, Washington, DC.

Cynthia, let's talk a little bit about the definitions of recovery for both the addiction treatment community as well as the mental health community.

Cynthia Moreno Tuohy:

Thank you, Ivette. Recovery from alcohol, drugs, and mental health means having a chance to change your life to be positive, happy, and healthy that includes your home, your sense of well-being, your place in community, as well as your purpose in life. The difference in alcohol and drugs is that you're also working with a chemical imbalance around that

alcohol or drug use to your brain. And so, there's other pieces that you take into play as part of your recovery as a result of that.

Ivette Torres:

And Jim, in terms of how recovery is interpreted, where does it begin in the continuum of the improvement of the life of that person that is seeking recovery?

James Gillen:

Well, we look at the whole person and, you know, what do they need for wellness, what do they need to lead a healthy lifestyle. Is it treatment for their alcohol and drugs? Is it treatment for their mental health, housing, of course, and social support. So we look at everything, and what we do, we try to assess the situation. And then, just recovery is everything is part of the recovery process, is how we look at it.

Ivette Torres:

Okay. So, the role of community, Carroll: How are the components of recovery support within the community? Are there some guiding principles that need to be looked at and adopted?

Carroll Conquest:

Well, one of the main things with the inclusion of community in the recovery process is that it takes a holistic approach to supporting that person. Individuals in recovery, they have the tendency of needing not just the treatment element but what happens after they leave treatment, you know? Is that community recovery friendly? And we have to, you know, create that atmosphere of mutual goal-seeking, and we do that by respecting one another, and we also support each other by providing those necessary support, like housing, like educational opportunities. And, we need to tear down what most in recovery experience, which is stigmas, so they're not really looked upon as a community member. And I think that's where the language needs to change. We need to start

including people, and when we can get community organizations involved in the recovery process, we create that community wellness, I would say.

Ivette Torres:

Jeremiah?

Jeremiah Hawkins:

About the community: I think the individual in recovery, either from mental health or substance use, wants to be a part of a community. And so, it's enabling them to be a part of that community. And, Carroll was speaking about earlier, it's about helping them with employment and housing and all those stressors that can lead to a relapse, you know, can lead to those things. Eliminating those barriers is one of the keys to recovery because stress, or unemployment, or those things that sort of come along with that, are those precursors to a relapse, or to, you know, stop taking your medication, or those kinda things. I think there's a sincere desire to be a part of your community, especially in Ward 8, where I work. I mean, substance use and abuse is prevalent, and that's gonna be everywhere. So, how do you function within that community and still be successful? That's the key.

Ivette Torres:

What are we talking about in terms of the number of people that are actually in need of recovery services, Cynthia?

Cynthia Moreno Tuohy:

Well, currently we're only treating about 10 percent of those with substance use disorder. So, that's about 1.1 million, and we need treatment for about 23 million. So, there's a big gap between who's receiving actual treatment and who isn't receiving treatment.

Ivette Torres:

And within that, we're really not—are we including the people that are already in recovery, that should be—

Cynthia Moreno Tuohy:

Right…that's a whole—

Ivette Torres:

—connecting with some sort of recovery support network.

Cynthia Moreno Tuohy:

You're absolutely right, Ivette. That's the other issue is we have millions that are in recovery that need some level of support, whether it's peer mentoring, or it's navigation through the health care system, or it's community support in terms of building that life in the community and getting other supports for their family because the family is also involved in recovery. So, we need to remember that the family is a piece of that. So now, we're talking about, probably, one out of four Americans need some type of service around addiction and mental health.

Ivette Torres:

You are all my heroes in recovery. You have all gone through this. I'm goin' to start with Carroll, and give us your impression of what your passage was and whether you took advantage of recovery support services.

Carroll Conquest:

Well, one of the unique things about my process was when I went into treatment after trying so many times, I found a treatment setting that was real supportive of those continuing support services. And this treatment facility director, she allowed me and two other gentlemen to start a peer support group. With starting that peer support group, it started out with just us 3, but then we grew to well over 150 members.

So, we've been doin' what we've been doin' for a while, and one of the things that we saw as a very valuable tool was the inclusion of family. We hold an annual family and friend's day, where we invite the family members, so they can see that people do get better. Now, they become

advocates for you. They support what you do. And now, they're preaching the language that, "Hey, people do get better." So, that's been my journey. I've been just a grassroot individual who just want to keep sharing that, "Hey, you can do this."

Ivette Torres:

And you sort of moved into, as part of your employment opportunity, to work in the field. And when we come back, I want to touch on the lives of other members of the panel, and they will share their stories with you. We'll be right back.

[Music Playing]

Male NARR:

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*** website at recoverymonth.gov.

Male NARR:

Christy Respress, executive director for Pathways to Housing DC, in Washington, DC, explains the mission of her organization.

Christy Respress:

Pathways to Housing DC was started to end homelessness for people living on the street, jails, and psychiatric hospitals of DC with serious mental illness, psychiatric disabilities. We have treatment teams working with people in their apartments. They consist of psychiatrists, nurse, peer specialists, employment, housing specialists, social workers, and all wrapping services around each person.

Male NARR:

Marco Thomas, a client at Unity Healthcare, Inc. in Washington DC, discusses how the Pathways to Housing program assisted him in his recovery journey.

Marco Thomas:

When Pathways came into my life, kind of held my hands, took me to my appointments, got things done, set doctors' appointments, filled out paperwork for me until I can able to do it by myself. They showed me the things to do.

Male NARR:

Christy Respress continues.

Christy Respress:

We now equip our staff with varying pieces of technology to help their jobs. Some use tablets. Some use smartphones. And so, they can, with the person in their home, sit down and pull up their treatment plan, for example, or pull up their medication, review with them. And they can pull up the records from the other providers in our teams who are seeing the person. The electronic medical record has really helped us move forward because everyone has access at any time to the treatment information. So, it's a more comprehensive kind of approach to the treatment. And it really has saved lives here, actually. We've seen that first hand.

[Music Playing]

Ivette Torres:

So, Jeremiah, were you also engaged in recovery support services, or did you become engaged as you went along in your path to recovery?

Jeremiah Hawkins:

No, I was initially engaged in recovery services. I went through treatment as a much younger person, and went through treatment and found support groups in the community that sort of helped me along my path. And certainly, my path in recovery hasn't been straight, and I think that's pretty typical of people in recovery. And I think that's what I learned—

Ivette Torres:

How so? You want to explain a little bit for our audience?

Jeremiah Hawkins:

Well, I originally…went to treatment when I was 19, and that was really, really young. And after a few years, I made a really conscious decision to, what do they say, "test the waters" again and really see if I really was an alcoholic, an addict. Turns out I am, and I was fortunate enough to still have a community present—

Ivette Torres:

So, in other words, you relapsed a little bit.

Jeremiah Hawkins:

A little bit, for 2 years, yeah. So it's—

[Laughter]

Jeremiah Hawkins:

It'd be a little more than a little bit. I gave it a good effort, you know?

Ivette Torres:

Yes.

Jeremiah Hawkins:

But I think the key point is that I was able to turn around and go to that same meeting that I went to 2 years before. And the same guys were in that same room and welcomed me with open arms. And I think that that's the key to a recovery community is that it's there, you know? It's not dependent on funding. It's not dependent on anything else but the people that show up every Saturday morning at 8 a.m. or whatever it might be. And that really, that meeting, those men were the key to my recovery. So…

Ivette Torres:

And, you know, it's funny because we're beginning to work very much with young people in recovery and I'm glad that you shared your story because I think it's particularly difficult for young people in recovery to sustain their recovery. Correct, Cynthia?

Cynthia Moreno Tuohy:

That's really true. Yes, I began recovery at 15 ½, after being put into many different homes as a result of my mother's addiction. So, I began an amphetamine addiction at the age of 10. And then, by the time I was 15 ½, I was pretty well cooked from my addiction and was in a last-chance foster home. So, my community became the church that my foster care family was involved in, and that was a whole new community for me with a lot of other supports that I had not realized, including medical support and dental support, and then, just, socialization. And how do you, you know, living on the street and being in all these different homes, how do you then become more normal and social? Which was really good for me. And then in college is where I recognized I really am addicted because I relapsed, had a long-term relapse, thinking that I was okay and then almost dying. So, sometimes in addiction—we have to realize that we really are addicted.

Ivette Torres:

And also, I think family members have to understand that there's a light at the end of the tunnel, you know, and that they have to stick with the process. Jim, I want to ask you: You've been very engaged in Rhode Island recovery community effort. Talk to me about what led you to become a peer-to-peer support person.

James Gillen:

[Laughs] Well, I woke up in Rhode Island and I didn't know where I was. I was in Brooklyn the night before, so it was very inauspicious start. I had been in and out of recovery for many years. I did a lot of testing the waters, and, you know, I was frightened. I was a stranger in a strange land. And I reached out like I always did. I tried to find a bed in a treatment center for somebody that was uninsured. And funny, in my case, it was the Providence Center, which I now work for, and I was able to get a bed. And one thing that I did—and I think being in a strange land was helpful because it forced me to really reach out and get involved. We started with a…it was like an alumni group of the treatment center. We created it, and we started it, and I found that that was really my niche. So I'd reach out and I started to get involved more than just my recovery support groups. I started to get involved in the community early, and for me it was really good. And it just kept growing. Then I got involved with our community recovery organization, which is RICARES in Rhode Island. And that opened a whole bunch of new horizons. And then I got involved with ***Recovery Month***. Oh, forget about it now. So, it's—

Ivette Torres:

But how is it? What, where is the transition from "I am in recovery," and then you all of a sudden say, you know, "This is what I want to do. I want to give back. I really want to get engaged." Is that what happens, or all of a sudden you recognize that by helping others, that that's gonna help your own recovery path?

James Gillen:

Yes. Absolutely.

Carroll Conquest:

Let me just add. I think that's the importance of peer-to-peer support. Because what we do is we show each other *how* to navigate, *how* to reach out to the resources because, as Jim said, you know, okay, I was forced to. You know, and a lot of us do feel that way that, "Okay, nobody's going to help me." But when you come across a peer who says, "Look, I will help you," that begins that process of, "Okay, I'm gonna trust you." And now, I found the comrade that walks that journey with me, and that's what we call the therapeutic value, you know? I'm helping you to do the things that I know you need help with, but I'm not doin' it for you, but I'll be there to support you. And that creates that system.

Ivette Torres:

Jim?

James Gillen:

The peer-person recovery is also a role model to those seeking recovery, and that is so key, because sometimes they feel very intimidated with the person on the other side of the desk. And, so now, this is somebody that's been where they've been, and they help them, you know, accessing housing—not doing the work for them, but helping them. Helping them

with recovery coaching, helping them with employment and other community supports. It's huge.

Ivette Torres:

When we come back, I want to come back to this theme of how the system really opens up in a way to be inclusive. We'll be right back.

[Music Playing]

Ivette Torres:

So, we were talking about how recovery support services can actually be the initiator of someone in their recovery. Correct, Jeremiah?

Jeremiah Hawkins:

Absolutely. I mean, I think it's an introduction to a way into recovery, but that doesn't mean necessarily that it's always the same path for everybody, and that's why I think, you know, peer recovery services, treatment, and all the different options, you know, are there for somebody to sort of fit in wherever they feel most comfortable. Because if you don't feel comfortable in the process, it's less than likely that you're really going to be authentic in that. And I think authenticity in recovery is one of the key things. We were talking earlier about, you know, getting into treatment and those kind of things—treatment may not be in somebody's game plan. I know plenty of people that are in recovery and are quite successful that have just used 12-step programs or used their own method, actually. And so, we talk about that continuum: Everybody should be welcomed at the beginning all the way through the end because you can learn something when we talk about those peer-to-peer relationships from anybody along their continuum and in their own process. So I feel like, to put that box again around somebody, really is doing a disservice to those other people in recovery that may learn from that individual. We all have something to share in that case.

Ivette Torres:

Very good. Community coalitions: Let's talk a little bit about how the recovery support services not only provides peer-to-peer but it also tries to change the minds of the community. Correct, Carroll?

Carroll Conquest:

That's correct. Yeah, one of the things that this whole recovery-oriented system of care is about that inclusiveness, is to hear how the communities feel about the recovering person and then see where we can find that medium. You're still doing the peer-to-peer, but we're doing it from a different place. Let's say, for example, I'm no longer that individual in recovery. I'm a community member who cares about my community, and I'm gonna use my tools to bring the community into this process of wellness. I like to tell people that if we start changing some of our language, we may get more buy-in from people. Because remember, certain words have a certain stigma attached to 'em, and it runs people away. And I think we have to make those flexible adjustments to allow people to see it from a different point of view, and I think the community collaborations begin by the language we use.

Ivette Torres:

I want to talk a little bit about Health Information Technology. ***Recovery Month***, indeed, has a platform that is an online platform. Now, the field is moving into health information technologies that are gonna facilitate it. In which way does health information technology facilitate the work of recovery support?

Cynthia Moreno Tuohy:

Well, it helps to exchange health information, so that there is a continuum of information that goes, that follows the client, instead of going from place to place, retelling your story 20 different times. So, it also helps promote your own wellness because you're not retraumatizing yourself each time

telling your story. It captures the information that needs to be captured and shared, and it also gives you a place to have a plan, so that you can carry that plan from one place to another. And you feel just that support in knowing that I don't have to retell this story. I don't have to bring new paperwork each place I go, and it's confidential.

Ivette Torres:

And are any of you engaged in health information technology? Jeremiah?

Jeremiah Hawkins:

Well, you know, the Far Southeast Collaborative, we certainly make sure that we utilize health information technology in a way to make information more accessible to the community, and we do that in a variety of ways, but predominantly by making sure technology is available: having computer labs, keeping them open, helping people use them. We work with a lot of people who might not have a high school education. Like, how do I use a computer? How do I read? You know, doing all those things. Those barriers to the basic services that many of us take for granted—we make sure that we sort of break those down so that everybody has the same sort of opportunities. So providing them access simply to a computer, to the Internet, which, in a lot of communities, I think we take for granted again because, you know at least in Ward 8, in Washington, DC, not a lot of people are gonna have access to all those kinds of things. They don't have access in the schools in Ward 8, and so making sure that we have the availability to that kind of technology so they can access that kind of information that's out there for them to see, I think is a really key point.

Ivette Torres:

Cynthia?

Cynthia Moreno Tuohy:

The technology that they do have is on their phones.

Jeremiah Hawkins:

Right.

Cynthia Moreno Tuohy:

So, really giving good support through phone technology—

Ivette Torres:

Absolutely.

Cynthia Moreno Tuohy:

—is really important.

Ivette Torres:

Absolutely.

Cynthia Moreno Tuohy:

Because you may not have the money for a computer. How many people don't have a phone?

Jeremiah Hawkins:

Right, right.

Cynthia Moreno Tuohy:

Everybody has a phone.

Ivette Torres:

This is what I wanted to get at. It's not just the health records, which people need to be very aware of and monitor the safety of where those records are, and I think that can certainly help, and will help, to reduce our health care costs, short term and long term.

Cynthia Moreno Tuohy:

Right.

Ivette Torres:

But also using that technology with the mobile messaging and so on and so forth, correct?

James Gillen:

Correct, especially with young people. And we have a lot of young people that are coming to us. And what better way to reach someone. And anyone who has kids: If I call my kids, it's days before they call me back, but if I text them, "Hey. Dad. What's up?" You know, within seconds. And so, we know that that's a very effective way to reach out to people, and everybody has a phone. They have to pay as you go, but they have text; they have Internet access; they have email. So it's a key recovery tool that is so valuable.

Cynthia Moreno Tuohy:

And it's immediate. That's the other thing.

James Gillen:

Oh, yeah. Instant gratification.

Cynthia Moreno Tuohy:

Right. Which is what the limbic system wants. That's why we get addicted. So, you have that instant support.

James Gillen:

Yes…yes.

Cynthia Moreno Tuohy:

Instead of instant gratification to use or to get depressed or to have other difficulty, you have instant gratification for support.

Ivette Torres:

And we haven't even touched the online counseling services that are available, so that people need to know about as well. When we come back, I want to talk about the whole discriminatory language that we tapped on a little bit, but I think we need to expand on that. We'll be right back.

[Music Playing]

Male Speaker:

I own—

Female Speaker:

I own my recovery, from addiction and depression.

All:

Join the Voices for Recovery. It's worth it.

Male Speaker:

For information on mental and substance use disorders, including prevention and treatment referral, call 1–800–662–HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music Playing]

Ivette Torres:

I want to talk a little bit about one of my biggest concerns, and that is the use of the language, primarily number one is how people in recovery refer to themselves and what that language does to underscore the discriminatory practices within the broader society. Cynthia, I see you shaking your head.

Cynthia Moreno Tuohy:

Well, early on in my recovery, because I was so young, I just talked about myself as being a kid that wanted to do things differently than what I was doing. And later there became some terminology to support that, and that term "recovery" became more recognized in the language. And so, I think it is important to say, "I am a person in recovery," from whatever you're in recovery from. I never accepted the term "addict" because when I used that word—and particularly as a foster kid—I already had that label. I was a foster kid, a ward of the court, a juvenile delinquent, and incorrigible. I had enough labels. I didn't want any more labels. I wanted people to see

me first as a human being, secondly as a person trying to do something different. And lastly, as someone who was the scuds of the Earth.

Ivette Torres:

And how do we get the mutual support community, Jim, to understand that by using the certain type of language that they are perpetuating—I mean, certainly in a room with themselves, that is one issue—but when you walk outside, and you're looking at the broader community, and you're saying, "I'm this. I'm that. I'm the other," and not using the more supportive language towards yourself: "I am in recovery." I mean, to me, being in recovery is one of the hardest things that an individual could ever do in their whole entire life. And, were I in that position, I would want to celebrate that.

James Gillen:

Yes.

Ivette Torres:

I would want to say, "You know what, I am in recovery, and I've fought the biggest fight that I've ever fought in my life, and as a result of that wonderful journey, I am now going to help others. I am now going to give back to my community." So, how do we get that?

James Gillen:

It takes a lot of practice. It takes a lot of training. Again, when you use certain words that are used in support groups to the general public, it puts you right in that box. So, right away you're labeled. So, we've had a number of trainings at our center, from Faces and Voices of Recovery, the Power of Our Stories, it's really important to use appropriate recovery language. I worked in methadone treatment for many years. And, you know, I saw some of the horrible languaging that went on, and a lot of it perpetuated by the patients themselves because they didn't know any better. This is what they always knew, so it was part of my journey to really push and really work with people to use language that you can be

proud of wherever you are. So it takes practice, it takes a lot of tolerance, and it takes a lot of training.

Ivette Torres:

Carroll?

Carroll Conquest:

One of the things that we have to start teaching within the recovery community is how do we really reclaim our place back into the community.

Ivette Torres:

Absolutely.

Carroll Conquest:

We want to be a part of the community. And I think that we need to start lookin' at ourselves as fathers, sons, parents. And I think with the negatives that we live for so long, and the self-loathing that we take on, we don't know that those things exist for us anymore because everything around us have told us that we're the worst.

Ivette Torres:

Absolutely. Jeremiah, let's talk about the whole context of public policy and support for recovery support services. There is an awful lot of difficulty in finding support for recovery support services, correct? So, how would we proceed in order to get that broader society to be more supportive?

Jeremiah Hawkins:

I think it starts at the community level. It's that we have to, as a community, make sure that those things are okay to begin to talk about. And then we need to engage, you know, our legislators and our lawmakers, and the people that are at the table making those kinds of decisions, to prioritize those kinds of things. Senator Wellstone, 15 years ago, wrote a mental health bill, and it took 10 years to get that bill passed. That is sad that it takes so long for legislation to be passed that really

addresses people with mental health issues, with substance abuse issues, as the same as somebody that has diabetes or that has cancer or any other disease. And I think, as a society at large, we've accepted these other diseases as legitimate, and that we're still on the fence about substance abuse. We're still on the fence about mental illness because there's a negative stigma around it and I think that's where we need to start is changing the context of our conversation, to be a positive, to be something that's supportive of those people. As you were saying earlier, one quarter of the people in this country, in some way, are affected by this. Let's own that, and let's take that, you know?

Ivette Torres:

This is my point. I mean, can you imagine the public education sector of the mental health community, as well as the public education sector of the recovery from addiction community, and all of these coming together to really voice a concern, you know, for the fact that we need to be more supportive of recovery support services, would really change things, I think. And this is what communities can do for ***Recovery Month***. You can get together, you can voice your concerns, and you can voice the joy that you feel for the total number of people that are in recovery in your community, and families can come together to support everyone who's in recovery. So, I encourage you to go online, by going to www.recoverymonth.gov, and access our materials and join the Voices for Recovery this September, by hosting an event and getting involved. Thank you for being here.

James Gillen:

It's worth it.

Ivette Torres:

It's worth it.

[Laughter]

Ivette Torres:

It’s been a great show. Thank you.

Cynthia Moreno Tuohy:

Thank you so much.

[Music Playing]

Male NARR:

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.

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