



## Panel 1: The Importance of Community in the Recovery Process

### Key Questions:

1. What is the definition of “recovery” from mental and substance disorders?
2. How is the role of community included within the guiding principles of recovery?
3. Why are persons in recovery such a valuable resource in the recovery community in helping others on their journey of recovery?
4. Based upon the number of people who have received treatment for a mental or substance use disorder, how many people potentially need recovery support?
5. What are “recovery support services”? What are the different types of services that people in recovery need?
6. What are “peer recovery support services” and how does this approach differ from other kinds of recovery support?
7. What are “recovery-oriented systems of care” (ROSCs)? Why is it important for communities to embrace and foster this approach to recovery support?

Definition of “Recovery” (Substance Abuse and Mental Health Services Administration [SAMHSA] working definition)

Source: SAMHSA Website

<http://www.samhsa.gov/newsroom/advisories/1112223420.aspx>

- A new working definition of recovery from mental disorders and substance use disorders has been announced by SAMHSA. The definition is the product of a year-long effort by SAMHSA and a wide range of partners in the behavioral healthcare community and other fields to develop a working definition of recovery that captures the essential, common experiences of those recovering from mental disorders and substance use disorders, along with major guiding principles that support the recovery definition. SAMHSA led this effort as part of its Recovery Support Strategic Initiative.
- Recovery from mental and substance use disorders: A process of change through which individuals work to improve their own health and well-being, live a self-directed life, and strive to achieve their full potential.

### Goal of Recovery

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: U.S. Department of Health and Human Services. From <http://store.samhsa.gov/product/SMA11-4629>

- The goal of recovery is exemplified through a life that includes:
  - **Health**—Overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way;
  - **Home**—A stable and safe place to live that supports recovery;
  - **Purpose**—Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to

participate in society; and

- **Community**—Relationships and social networks that provide support, friendship, love, and hope.

#### Inclusion of Community in the Guiding Principles of Recovery

Source: SAMHSA Website

<http://www.samhsa.gov/newsroom/advisories/1112223420.aspx>

- **Recovery is holistic**—Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.
- **Recovery is supported by peers and allies**—Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.
- **Recovery involves individual, family, and community strengths and responsibility**—Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
- **Recovery is based on respect**—Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery.

#### Persons in Recovery—Valuable Members of the Recovery Community

Source: SAMHSA Recovery Month 2012 Toolkit, available summer 2012 at

<http://recoverymonth.gov/Recovery-Month-Kit/Targeted-Outreach.aspx>

- Members of the recovery community are important role models for people in recovery and so are their family members, helping to promote the effectiveness of intervention, support, treatment, and the hope of recovery.
- People in the recovery community have experienced mental and/or substance use disorders themselves; therefore, are likely familiar with the challenges a person in recovery may face. This understanding enables the recovery community to identify warning signs in someone in need, share their own stories to promote recovery, and help themselves and others recognize signs of possible relapse and seek appropriate support.
- The recovery community plays an instrumental role in other people’s recovery journeys and has a unique opportunity to educate individuals with a mental health and/or substance use disorder about the different treatment approaches available, the effectiveness of treatment, available RSSs, and how to sustain long-term recovery.

Source: Mental Health Foundation Website, Recovery

<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/R/recovery/>

- It is important for the recovery community to share what that journey entails. With specific knowledge and personal expectations, people pursuing recovery can advance on a path that is best suited for their overall health and well-being. Examples of recovery inspire people to look beyond mere survival and existence and to map out their own unique pathway.

#### Need for Recovery Support—Number of People Treated for Mental and Substance Use Disorders

**Sources:** Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings and Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings*. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm> In 2010, 4.1 million people aged 12 or older received treatment for a problem related to alcohol or illicit drugs and 31.3 million adults aged 18 or older received treatment for mental health problems.

#### Definition and Types of RSSs

Source: Kaplan, L. (2008). *The role of recovery support services in recovery-oriented systems of care*. DHHS Publication No. (SMA) 08-4315. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.facesandvoicesofrecovery.org/pdf/SAMHSARecoveryWhitePaper.pdf>

- RSSs are nonclinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and well-being contributing to an improved quality of life.
- These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them.
- RSSs are typically provided by volunteers or paid staff members who are familiar with their community's support for people seeking to live free of alcohol and drugs. Often RSSs are provided by peers—people in recovery or family members.
- RSSs may include the following:
  - Employment services and job training (including supported employment)
  - Case management and individual services coordination
  - Relapse prevention
  - Housing assistance (including supported housing)
  - Child care
  - Transportation to and from treatment, recovery support activities, employment, etc.

- Family/marriage education
- Peer-to-peer services, mentoring, and coaching
- Consumer-operated services
- Recovery/wellness centers
- Wellness Recovery Action Plans (WRAP®)

#### Peer RSSs

Source: Center for Substance Abuse Treatment. (2009). What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville, MD: U.S. Department of Health and Human Services.

- The peer RSSs developed by SAMHSA Recovery Community Support Projects help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Because the RSSs are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge. The services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery.
- In a peer-helping-peer service alliance, a *peer leader* in stable recovery provides social support services to a *peer* who is seeking help in establishing or maintaining his or her recovery. Both parties are helped by the interaction as the recovery of each is strengthened.

#### ROSCs

Source: Kaplan, L. (2008). *The role of recovery support services in recovery-oriented systems of care*. DHHS Publication No. (SMA) 08-4315. Rockville, MD: U.S. Department of Health and Human Services.

From <http://www.facesandvoicesofrecovery.org/pdf/SAMHSARecoveryWhitePaper.pdf>

- ROSCs support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, well-being, and recovery from alcohol and drug problems. ROSCs offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery.
- In ROSCs, the expectation is that contact with the client will continue after the acute stage of treatment is completed and that RSSs are extended to family members and to people who may not have remained in treatment.

## Panel 2: Effectiveness of RSSs

### Key Questions:

1. How effective are RSSs in helping people in recovery?
2. What are some of the most effective service delivery strategies used in RSSs?
3. What are the major types of support that are provided by peer-to-peer support programs?
4. What specific service activities are provided in a peer RSSs setting?
5. What are community coalitions and how are they helping to support treatment and recovery efforts in the community?
6. What is “health information technology (HIT)” and how are advances in HIT helping to increase effectiveness in RSSs?

### Effectiveness of RSSs

Source: Humphreys, K., Moos, R. H., & Finney, J.W. (1995). Two pathways out of drinking problems without professional treatment. *Addictive Behavior*, 20, 427–441.

- For those with substance use disorders, a comprehensive array of services assists recovery from substance use disorders, and social supports improve recovery outcomes.

Source: Jason, L. A., Olson, B. D., Ferrari, J. R., & Lo Sasso, A. T. (2006). Communal housing settings enhance substance abuse recovery. *American Journal of Public Health*, 96, 1727–1729.

- A study has shown that at 24 months’ followup, individuals entering Oxford House (supported housing) after substance use disorders treatment had significantly lower substance use, significantly higher monthly income, and significantly lower incarceration rates than did those entering usual care.

Source: Harding, C., Brooks, G., Ashikaga, T., et al. (1987). The Vermont longitudinal study of persons with severe mental illness. *American Journal of Psychiatry*, 144, 727–735. From <http://ajp.psychiatryonline.org/cgi/content/abstract/144/6/727>

- One-third of individuals with severe mental illnesses who receive community mental health services after lengthy stays in a state hospital achieve full recovery in psychiatric status and social function and another third improve significantly in both areas.

### Effective Service Delivery Strategies in RSSs

Source: SAMHSA Recovery Month 2012 Toolkit, Treatment and Recovery, available summer 2012 at <http://recoverymonth.gov/Recovery-Month-Kit/Targeted-Outreach.aspx>

- Support groups (mental health)—Can be used to find support and common ground. Some groups are led by peers, others by a mental health professional; a variety of organizations specialize in different mental health problems (e.g., anxiety, bipolar disorder, autism, depression, eating disorders); most offer groups for individuals, family members, and friends tailored to their needs.

- Peer-to-peer support programs (substance use)—Provided by leaders in the recovery community who are often in recovery themselves; builds strong and mutually supportive relationships and can expand the capacity of formal treatment by initiating recovery, reducing relapse, and intervening early if or when relapse occurs.
- Mutual support groups (substance use)—Comprised of members with similar problems who want to voluntarily provide social, emotional, and informational support; includes well-known programs such as Alcoholics Anonymous, Narcotics Anonymous, and other non-12-step programs such as SMART Recovery.
- Faith-based support groups (substance use)—Usually offered by churches, synagogues, mosques, or other places of worship; provides low-cost or free of charge support or treatment.
- Recovery schools (substance use)—Provides academic services and assistance with recovery and continuing care; does not usually operate as a treatment center or mental health agency, but requires that all students enrolled in the program be free of drugs and alcohol and in recovery.

### Effective Mental Health Recovery Support Approaches

Source: WRAP and Recovery Books Website

<http://www.mentalhealthrecovery.com/>

- WRAP, is an evidence-based system that is used world-wide by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of well-being. It was developed by a group of people who have a lived experience of mental health difficulties—people who were searching for ways to resolve issues that had been troubling them for a long time. WRAP involves listing your personal resources, your Wellness Tools, and then using those resources to develop Action Plans to use in specific situations which are determined by you. WRAP is adaptable to any situation. WRAP also includes a Crisis Plan or Advance Directive.

Source: SAMHSA’s Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center) Website

<http://promoteacceptance.samhsa.gov/update/archive/april2011.aspx#letter>

- Access to peer support is a fundamental element of social inclusion for individuals with mental health and substance use conditions. The term “peers” in this context refers to individuals who are in recovery from mental health and substance use issues and have valuable knowledge to share about their journeys of recovery. Peers can be very supportive since they have “been there” and serve as living examples that individuals can and do recover from mental illness and addiction.
- Peers also serve as advocates and support others who may experience discrimination and prejudice. As leaders in their communities, peers promote positive change to ensure dignity and respect for individuals in recovery and full access to needed resources, including health, social, economic, and cultural systems that promote recovery. By promoting a broader concept of

recovery from mental health and substance use conditions that engages all aspects of community life, peers are primary drivers of a social inclusion perspective.

#### Types of Helpful Support Provided in Peer RSSs

Source: Kaplan, L. (2008). *The role of recovery support services in recovery-oriented systems of care*. DHHS Publication No. (SMA) 08-4315. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.facesandvoicesofrecovery.org/pdf/SAMHSARecoveryWhitePaper.pdf>

- Emotional support—demonstrations of empathy, caring, and concern in such activities as peer mentoring and recovery coaching, as well as recovery support groups
- Informational support—provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration (e.g., voting rights, driver’s license)
- Instrumental support—concrete assistance in task accomplishment, especially with stressful or unpleasant tasks (e.g., filling out applications, obtaining public benefits) or providing supports such as child care, transportation to support group meetings
- Affiliation support—opportunity to establish positive social connections with others in recovery so as to learn social and recreational skills in an alcohol- and drug-free environment

#### Specific Activities in Peer RSSs

Source: Center for Substance Abuse Treatment. (2009). *What are peer recovery support services?* HHS Publication No. (SMA) 09-4454. Rockville, MD: U.S. Department of Health and Human Services.

- The service activities of peer leaders in connecting peers to recovery resources might be likened to case management in substance use disorder treatment. The purpose of resource connecting services is to connect the peer with professional and nonprofessional services and resources available in the community that can help meet his or her individual needs on the road to recovery. The peer leader working in a peer setting to provide recovery resource connecting services often has had personal experience navigating the service systems and accessing the resources to which referral is being made, and can bring those personal experiences to bear.
- Peer RSSs provided in RCSP projects typically can help peers with their most pressing early recovery needs—finding a safe place to live and a job. Thus, peer leaders are likely to refer peers to safe housing or to sources of information about housing and to a wide variety of resources and services that provide assistance in developing job readiness or finding jobs. Peer leaders also help peers navigate the formal treatment system, advocating for their access and gaining admittance, as well as facilitating discharge planning, typically in collaboration with treatment staff.
- Peer leaders also encourage and support participation in mutual aid groups and provide specific information about the various groups that exist in the community. Peers encourage and facilitate participation in educational opportunities. Depending on the particular needs of the population they serve, the peer leaders also may focus on developing linkages to resources that address specialized needs, such as agencies providing services related to HIV infection or AIDS,

mental health disorders, chronic and acute health problems, parenting young children, and problems stemming from involvement with the criminal justice system.

### Community Coalitions

Source: SAMHSA Recovery Month 2012 Toolkit, Build Community Coalitions, available summer 2012 at <http://recoverymonth.gov/Recovery-Month-Kit/Targeted-Outreach.aspx>

- Coalitions are groups of organizations and individuals who represent different constituencies, but share common goals and interests. Coalitions combine the resources of multiple organizations and individuals to effectively convey the message that prevention works, treatment is effective, and recovery is possible.
- Coalitions bring a range of organizations together. Member individuals and organizations should include those that work on behalf of elected or appointed officials, as well as business, educational, health services, social or religious groups, and individuals from the prevention, treatment, and recovery community. They also can bring together grassroots groups or individuals who are involved with similar efforts.

### HIT

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: U.S. Department of Health and Human Services. From <http://store.samhsa.gov/product/SMA11-4629>

- HIT provides the overall framework to describe the comprehensive management and secure exchange of health information electronically among providers, pharmacies, insurers, states, territories, tribes, communities, consumers, and other entities. HIT also provides the context from which the electronic health records (EHR) evolve and drive discussion about privacy and confidentiality.
- HIT is a broad construct that extends beyond EHR and includes telemedicine and other technologies. HIT can improve healthcare quality, prevent medical errors, increase administrative efficiencies, decrease paperwork, and improve patient health. It also has the potential to enhance medical decisionmaking, promote patient monitoring, and involve consumers in their own care.

Source: Hyde, P. S. (2012). Embracing health information technology. *SAMHSA News*, Winter 2012, Volume 20, Number 1. From [http://www.samhsa.gov/samhsaNewsletter/Volume\\_20\\_Number\\_1/administrator.aspx](http://www.samhsa.gov/samhsaNewsletter/Volume_20_Number_1/administrator.aspx)

- As our country invests in the widespread adoption of HIT, it is important to note the vast improvements this technology will bring to integrated, prevention-focused, healthcare delivery nationally.
- We are already beginning to see an expansion of behavioral health services to underserved patients, more opportunities for patients to receive ongoing therapy through website portals and smartphone applications, and the ability of providers to make better decisions based on a patient's current, complete health history, which is delivered to them electronically.

- Soon patients in some remote areas may receive real-time video counseling on a routine basis via their computers, tablets (e.g., iPads), and smartphones. Therapists may receive feedback from their patients and monitor their medical progress through web portals. Interoperable EHR systems may provide patients with information that allows shared decision making with their clinician and home monitoring of patient-reported chronic health symptoms. Consumers may be able to select physicians, treatment facilities, and hospitals based on clinical performance results.
- SAMHSA is also testing a smartphone-based recovery tool—called the Addiction Comprehensive Health Enhancement Support System (A-Chess)—that features online peer support groups and clinical counselors, a GPS feature that sends an alert when the user is near an area of previous drug or alcohol activity, real-time video counseling, and a “panic button” that allows the user to place an immediate call for help with cravings or triggers.

Source: Cogan, S. D. (2012). SAMHSA enhances health information technology efforts. *SAMHSA News*, Winter 2012, Volume 20, Number 1. From

[http://www.samhsa.gov/samhsaNewsletter/Volume\\_20\\_Number\\_1/samhsaenhancehit.aspx](http://www.samhsa.gov/samhsaNewsletter/Volume_20_Number_1/samhsaenhancehit.aspx)

- In October 2011, SAMHSA issued \$25 million in awards to 29 substance use disorder treatment programs under a grant program known as Expanding Care Coordination through the Use of Health Information Technology in Targeted Areas of Need (TCE Health IT). This program has produced a number of innovative products and services, according to SAMHSA Public Health Advisor Wilson Washington Jr., M.S., who oversees the program. “We’re seeing groundbreaking use of technology like mobile applications and web-based interactive sites that help patients engage in e-therapy at remote locations, track their progress, communicate with caseworkers and continue their care,” he said.
- The Volunteer Behavioral Health Care System in Chattanooga, TN, has built an interactive web-based e-therapy site that functions as a virtual self-help support system to provide treatment and recovery services. “Many of our clients who participate in our programs live in rural communities that offer few face-to-face opportunities for treatment and recovery programs,” said Vickie Harden, LAPSW, senior vice president of Clinical Services. “Our interactive site is designed to provide aftercare to these clients who complete residential treatment. This helps bridge a critical gap in their care by providing continuing opportunities for recovery support.”

### **Panel 3: Challenges in Delivering RSSs**

#### **Key Questions:**

- 1. What types of organizations deliver RSSs?**
- 2. What are the key challenges for communities in shifting to a recovery-oriented system of care?**
- 3. What are the funding challenges facing recovery support organizations?**
- 4. What challenges are there for recovery support organizations related to health information technology?**

Types of Organizations Providing RSSs

Source: Kaplan, L. (2008) *The role of recovery support services in recovery-oriented systems of care*. DHHS Publication No. (SMA) 08-4315. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.facesandvoicesofrecovery.org/pdf/SAMHSARecoveryWhitePaper.pdf>

- RSSs can be delivered in a number of settings such as freestanding recovery community organizations, as part of addiction treatment agencies or mental health service organizations, and as services offered by faith-based organizations. Many of these entities are grassroots organizations with annual budgets of less than \$500,000. RSSs are also delivered by organizations affiliated with other systems, such as criminal justice, HIV/AIDS services, and child welfare.

#### Challenges in Transition to a Recovery-Oriented System of Care

Source: Kaplan, L. (2008). *The role of recovery support services in recovery-oriented systems of care*. DHHS Publication No. (SMA) 08-4315. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.facesandvoicesofrecovery.org/pdf/SAMHSARecoveryWhitePaper.pdf>

- As described by White and Kurtz (2006), the conceptual and institutional barriers that impede the shift to a recovery-oriented system of care include:
  - Difficulty in moving from deficit- or problem-focused thinking to a strengths-based focus and accepting the chronic model of care;
  - Professionals' concerns about loss of status and power, coupled with concerns about the abilities of indigenous healers as peers;
  - Lack of protocols and financing for RSSs;
  - Absence of ethical codes that guide peer recovery services; and
  - Weak infrastructure of addiction treatment and mental health service organizations; staff turnover in these organizations.
- In addition to the barriers among providers and professionals in the field, most faith-based and peer RSSs are grassroots organizations that lack the infrastructure needed to comply with federal, state, or local reporting requirements. They often do not have appropriate accounting systems in place to track and justify grant or reimbursement payments.
- Grassroots organizations need help in setting up an appropriate infrastructure—governance boards; financial, employee, and volunteer policies; ethical guidelines; and volunteer recruitment and training—as well as developing a sustainability plan.

#### Funding Challenges for Recovery Support Organizations

Source: Kaplan, L. (2008). *The role of recovery support services in recovery-oriented systems of care*. DHHS Publication No. (SMA) 08-4315. Rockville, MD: U.S. Department of Health and Human Services. From <http://www.facesandvoicesofrecovery.org/pdf/SAMHSARecoveryWhitePaper.pdf>

- Another area of concern for states has been in the area of financing RSSs. States are faced with declining budgets for treatment services as the demand for recovery services increases. Transforming a complex delivery system means committing scarce resources and addressing administrative, regulatory, and political issues.

- For many states, money for RSSs must be cobbled together from many different sources. A number of funding streams can be used to provide recovery services, including block grant funds, Medicaid, general funds, Temporary Assistance for Needy Families (child care), welfare reform (transportation to and from work), and vocational rehabilitation.

#### Challenges for Recovery Organizations Related to Health Information Technology

Source: McLellan, A. T., Carise, D., & Kleber, H. D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment*, 25, 117–121.

- Of 175 substance abuse treatment programs surveyed, 20 percent had no information systems, e-mail, or even voicemail.

Source: Centerstone Research Institute. (June 2009). *Behavioral Health/Human Services Information Systems Survey*. National Council for Community Behavioral Health Care. From:

<http://www.thenationalcouncil.org/galleries/policy-file/HIT%20Joint%20Survey%20Exec%20Summary.pdf>

- Fewer than half of behavioral health and human services providers possess fully implemented clinical electronic record systems.

Source: Salomon, R. M., Blackford, J. U., Rosenbloom, S. T., et al. (2010). Openness of patients' reporting with use of electronic records: Psychiatric clinicians' views. *Journal of the American Medical Informatics Association*, 17(1), 54–60.

- A study of 56 mental health clinicians in an academic medical center revealed that their concerns about privacy and data security were significant and may contribute to the reluctance to adopt electronic records.

Source: Cogan, S. D. (2012). Technology...What it means for you. *SAMHSA News*, Winter 2012, Volume 20, Number 1. From

[http://www.samhsa.gov/samhsaNewsletter/Volume\\_20\\_Number\\_1/Winter2012-volume-20-number-1.pdf](http://www.samhsa.gov/samhsaNewsletter/Volume_20_Number_1/Winter2012-volume-20-number-1.pdf)

- Many behavioral health providers, as well as consumers and their families, have real concerns about how EHR systems and real-time access to sensitive medical information can be achieved while fully protecting their confidentiality. Providers and consumers want to know how to use promising new technologies securely while simultaneously safeguarding the privacy of EHR information.

### **Panel 4: Expanding and Improving RSSs—Initiatives and Resources**

#### **Key Questions:**

1. **How is SAMHSA's Recovery Support Strategic Initiative working to expand and improve RSSs in this country?**
2. **What initiatives and programs are being applied across the country in the key recovery support service areas of housing, employment, and education?**
3. **How are SAMHSA's HIT and Health Reform Strategic Initiatives helping to expand and improve RSSs?**
4. **How are consumer and patient privacy consumers being addressed given the advancements of health information technology and electronic health records?**
5. **What resources are available to recovery support organizations and others in the field of recovery support to help expand and improve services?**

#### SAMHSA's Recovery Support Initiative

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: U.S. Department of Health and Human Services. From <http://store.samhsa.gov/product/SMA11-4629>

- The overall goals of the SAMHSA Recovery Support Strategic Initiative are centered around four areas (health, home, purpose, and community) for individuals with substance use and mental disorders: (1) promote health and ROSCs, (2) ensure that permanent housing and supporting services are available, (3) increase gainful employment and educational opportunities, and (4) promote peer-support and social inclusion in the community.
- The initiative recognizes that many racial and ethnic groups face elevated levels of substance use disorders, experience higher suicide rates than the general population, and have higher rates of risk factors for mental disorders and other problems, including poverty, domestic violence, trauma, and involvement with foster care and criminal justice systems. Behavioral health disparities also are widespread in American Indian and Alaska Native communities and tribes; people with disabilities; lesbian, gay, bisexual, and transgender individuals; girls; and transition-aged youth. SAMHSA is committed to addressing these disparities by improving prevention, treatment, and recovery support programs that serve members of these groups.

#### Permanent Supportive Housing

Source: SAMHSA Homelessness Resource Center Website  
<http://homeless.samhsa.gov/>

- Permanent supportive housing is based on the philosophy that people with mental disorders can live in their own housing with the same rights and responsibilities as anyone else, regardless of their support needs. Helping people with mental disorders live in the community means helping them take pride in and responsibility for their homes and helping them choose the supportive services that they need.

Source: Substance Abuse and Mental Health Services Administration. *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: U.S. Department of Health and Human Services. From <http://store.samhsa.gov/product/SMA11-4629>

- Permanent supportive housing has emerged as a model in which individuals who have substance use and mental disorders can secure stable housing and receive the supports they

need to manage mental illness or other disabilities. Research and practice reveal that supportive housing decreases symptoms and increases housing stability and is cost effective.

- For many in recovery from substance use disorders, transitional drug-free housing is also essential to achieving long-term recovery.

Source: *Oxford House—Facts and Prospect*, provided by Paul Molloy, Oxford House World Services, Silver Springs, MD, October 2009.

- First established in 1975, Oxford House is an approach to recovery from substance use disorders that uses a democratically run, self-supporting, and drug-free home. The number of residents in a House may range from 6 to 15; there are houses for men, houses for women, and houses that accept women with children. Oxford Houses flourish in metropolitan areas such as New York City and Washington, DC, and thrive in such diverse communities as Hawaii, Washington State, Canada, and Australia.
- Today in the United States, there are 1,378 Oxford Houses in 46 states and 387 cities with more than 10,800 recovery beds at any one time. Over half (53 percent) of residents have been homeless an average of 6 months. About three-fourths (76 percent) have done jail time averaging 13 months.
- The average cost per person per week for Oxford House residency is less than \$100.
- The average length of stay in an Oxford House is about 10 months; the average length of sobriety of house residents is 16.5 months.

#### Employment and Education as Critical Factors in the Recovery Process

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change: A plan for SAMHSA's roles and actions 2011–2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: U.S. Department of Health and Human Services. From <http://store.samhsa.gov/product/SMA11-4629>

- Employment helps integrate individuals in society and acknowledges their ability to contribute. The income it produces enables people to improve their living situation, reducing exposure to violence and other stressors that may adversely affect behavioral health. Conversely, being unemployed is associated with increased rates of mental disorders, especially among men, and with relapse to substance use disorders.
- Education is closely linked to opportunities for work, yet individuals with mental disorders have the lowest educational attainment level of any disability group. Mental disorders often begin when young adults are completing high school and looking at future opportunities and career plans. Supported education is a promising practice that allows individuals with behavioral health problems to enroll and remain in an educational program.

#### Definition and Effectiveness of Supported Employment Programs

Source: SAMHSA Homelessness Resource Center—Evidence-Based Practice Toolkit  
<http://www.nrchmi.samhsa.gov/resource/supported-employment-evidence-based-practicetoolkit-48852.aspx>

- Supported employment is a well-defined approach to helping people with mental illnesses find and keep competitive employment within their communities. Supported employment programs are staffed by employment specialists who have frequent meetings with treatment providers to integrate supported employment with mental health services.

Source: Cook, J. A., Leff, H. S., Blyler, C. R., et al. (May 2005). Results of a multisite randomized trial of supported employment interventions for individuals with severe mental illness. *Archives of General Psychiatry*, 62, 505–512.

- Supported employment programs that help people with the most serious mental illnesses place more than 50 percent of their clients into paid employment.

Source: Bush, P. W., Drake, R. E., Xie, H., et al. (2009). The long-term impact on mental health service use and costs for persons with severe mental illness. *Psychiatric Services*, 60(8), 1024–1031.

- A recent 10-year study suggests that supported employment initiatives for people who are high users of mental health services can reduce their need for such services, saving public funding over time.

#### Health Reform and Health Information Technology SAMHSA Strategic Initiatives

Source: Cogan, S. D. (2012). SAMHSA enhances health information technology efforts. *SAMHSA News*, Winter 2012, Volume 20, Number 1. From

[http://www.samhsa.gov/samhsaNewsletter/Volume\\_20\\_Number\\_1/samhsaenhancehit.aspx](http://www.samhsa.gov/samhsaNewsletter/Volume_20_Number_1/samhsaenhancehit.aspx)

- Two of SAMHSA’s eight Strategic Initiatives encourage the development and expansion of HIT and EHR systems that support behavioral health care. Under its Health Reform Strategic Initiative, the agency is spearheading efforts to increase consumers’ access to prevention, treatment, and recovery services through the use of technologies that support high-quality, coordinated care, especially for people with behavioral health disorders and co-occurring physical health conditions such as obesity, diabetes, heart disease, and HIV/AIDS.
- In carrying out its HIT Initiative, SAMHSA has launched a number of activities to assist behavioral health providers in adopting HIT and EHRs. One SAMHSA-funded project—the Open Behavioral Health Information Technology Architecture project—is supporting the development of an open source software platform that is built on common standards to facilitate the effective sharing of information between behavioral health providers and the primary care system while ensuring compliance with behavioral health-specific patient privacy regulations. SAMHSA is working closely with treatment providers, consumers, and technology vendors to identify and address the current priorities of the community for advancing HIT.

#### Addressing Consumer and Patient Privacy Issues

Source: Cogan, S. D. (2012). Health Information Technology...What It Means for You. *SAMHSA News*, Winter 2012, Volume 20, Number 1. From

[http://www.samhsa.gov/samhsaNewsletter/Volume\\_20\\_Number\\_1/Winter2012-volume-20-number-1.pdf](http://www.samhsa.gov/samhsaNewsletter/Volume_20_Number_1/Winter2012-volume-20-number-1.pdf)

- Concerns about protecting the confidentiality of sensitive behavioral health information are long-standing. Language within the Code of Federal Regulations (42 CFR Part 2) has guided providers of services for substance use disorders (SUD) for more than three decades. These regulations, enacted in the 1970s, ensured that individuals with SUDs were not deterred from entering drug treatment for fear that their treatment records would be used to judge them or criminally prosecute them for drug use. 42 CFR Part 2 protects the privacy and confidentiality of treatment records residing in substance use treatment facilities.
- The CFR regulations, which predate the 1996 Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, strictly prohibit the unauthorized disclosure and use of records maintained in connection with any federally assisted alcohol or drug use treatment program. Only with a patient's expressed consent or a court order can information be released to a third party.
- In contrast, the HIPAA Privacy Rule, established primarily to reduce waste and fraud in the health insurance industry, permits use and disclosure of patient information for treatment, payment, and healthcare operations, as well as certain other disclosures without the individual's prior written authorization. Under HIPAA, a mental health exception requires patient authorization before disclosing psychotherapy notes.
- HIPAA, 42 CFR Part 2, and applicable state laws that regulate the confidentiality of mental health treatment information raise questions for providers about patient confidentiality about disclosure of EHR information. For example, providers want to know how to handle release of information in the case of a medical emergency or when the information is needed to avoid possible harm that may result from drug interactions.

## **RSSs**

### Faces and Voices of Recovery

<http://www.facesandvoicesofrecovery.org/>

- This national recovery advocacy organization mobilizes people in recovery from addiction to alcohol and other drugs, as well as their families, friends, and allies in campaigns to end discrimination and make recovery a reality for even more Americans.

### Mental Health America (MHA)

<http://www.nmha.org/>

- This is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With nearly 300 affiliates nationwide, MHA works to improve the mental health of all Americans through advocacy, education, research, and service. The local affiliates provide public education, information and referral, support groups, rehabilitation services, socialization, and housing services to those confronting mental health problems and to their loved ones.

### National Coalition for Mental Health Recovery (NCMHR)

<http://www.ncmhr.org/>

- Mission: NCMHR will ensure that consumer/survivors have a major voice in the development and implementation of healthcare, mental health, and social policies at the state and national levels, empowering people to recover and lead a full life in the community.

#### National Alliance on Mental Illness (NAMI)

<http://www.nami.org>

- NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports, and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

#### National Association for Children of Alcoholics (NACoA)

<http://www.nacoa.org/>

- This national nonprofit membership and affiliate organization is the advocate and voice for children and families impacted by alcoholism or drug dependency in the family. NACoA provides training, evidence-based programs, materials, and public policy guidance to facilitate substance use prevention and recovery support for all impacted family members.

#### National Federation of Families for Children's Mental Health

<http://ffcmh.org>

- The National Federation of Families for Children's Mental Health is a national family-run organization linking more than 120 chapters and state organizations focused on the issues of children and youth with emotional, behavioral, or mental health needs and their families. It was conceived in Arlington, VA, in February 1989 by a group of 18 people determined to make a difference in the way the system works.

#### National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

<http://www.ncadd.org/>

- Founded in 1944, NCADD and its Affiliate Network make up a voluntary health organization dedicated to fighting the nation's #1 health problem—alcoholism, drug addiction, and the devastating consequences of alcohol and other drugs on individuals, families, and communities. NCADD focuses on increasing public awareness and understanding of the disease through education, prevention, information/referral, intervention, treatment services, advocacy, and RSSs, and has helped millions of individuals and family members into recovery.

#### National Inhalant Prevention Coalition (NIPC)

<http://www.inhalants.org/>

- This public-private effort promotes awareness and recognition of the underpublicized problem of inhalant use. It serves as an inhalant referral and information clearinghouse, stimulates media coverage about inhalant issues, develops informational materials and a newsletter, provides training and technical assistance, and leads a week-long national grassroots education and awareness campaign.

#### Community Anti-Drug Coalitions of America (CADCA)

<http://www.cadca.org/>

- This organization builds and strengthens the capacity of community coalitions to create safe, healthy, and drug-free communities. It supports members with technical assistance and training, public policy, media strategies, conferences, and special events.

#### SAMHSA's National Helpline

1-800-662-HELP (4357), or 1-800-487-4889 (TDD)

- SAMHSA's National Helpline — for 24-hour free and confidential information about substance use and mental disorders, prevention, treatment, and recovery referrals in English or Spanish.

#### SAMHSA Treatment Facility Locator

<http://www.samhsa.gov/treatment/>

- SAMHSA Treatment Facility Locator

#### How To Support Someone in Recovery

Source: [http://www.hbo.com/addiction/aftercare/45\\_support\\_recovery.html](http://www.hbo.com/addiction/aftercare/45_support_recovery.html)

- Educate yourself on the recovery process for individuals and families.
- If the person in recovery is living with you, provide a sober environment to support that recovery.
- Support the individual's involvement in treatment aftercare meetings and recovery support groups.
- Assertively reintervene in the face of any relapse episode.
- Assist the recovering family member in locating sober housing, employment, child care, transportation, or other recovery support needs.

#### Available Recovery Services

Sources: <http://www.nida.nih.gov/podat/PODAT1.html>

<http://www.aa.org> and <http://www.na.org>

<http://www.drugabuse.gov/PDF/PODAT/PODAT.pdf>

- Counseling (individual and/or group) and other behavioral therapies are critical components of an effective recovery program.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) and other 12-step-like programs are self-supporting entities that are not allied with any sect, denomination, politics, organization, or institution.
- Participation in self-help support groups during and following treatment is often helpful in maintaining recovery.
- Peer supports and services, provided by peer specialists or recovery coaches.

#### Faces & Voices Guide to Mutual Aid Resources

<http://www.facesandvoicesofrecovery.org/resources/support/index.html>

#### Technical Assistance Publications (TAPs)

Source: <http://www.kap.samhsa.gov/products/manuals/index.htm>

- TAPs are compilations from various federal, state, programmatic, and clinical sources that provide practical guidance and information related to the delivery of treatment services to individuals with substance use disorders.

### Treatment Improvement Protocol (TIP) Series

Source: <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A91408>

- TIPs, developed by the Center for Substance Abuse Treatment (CSAT), are best-practices guidelines for the treatment of substance use disorders.
- CSAT draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPs, which are distributed to facilities and individuals across the country.
- The recommendations contained in each TIP are grounded in evidence that includes scientific research findings and the opinion of the TIP consensus panel of experts that a particular practice will produce a specific clinical outcome (measurable change in client status).
- In making recommendations, consensus panelists engage in a process of “evidence-based thinking” in which they consider scientific research, clinical practice theory, practice principles, and practice guidelines, as well as their own individual clinical experiences.
- Based on this thinking, they arrive at recommendations for optimal clinical approaches for given clinical situations.

### CMHS Consumer Dialogue Series

<http://www.samhsa.gov/ConsumerSurvivor/programs.asp>

- Participatory Dialogues is a Guide to Organizing Interactive Discussions on Mental Health Issues among Consumers, Providers, and Family Members. This manual, developed by mental health consumers, is designed to stimulate and promote dialogue among states, local communities, providers, managed care organizations, advocates, family members, and consumers.

### Consumer-Operated Services Toolkit

<http://store.samhsa.gov/product/Consumer-Operated-Services-Evidence-Based-Practices-EBP-KIT/SMA11-4633CD-DVD>

- Provides tools for developing mental health services that are owned and operated by people who have personal experience living with a psychiatric disorder. Offers guidance grounded in evidence-based practices. CD-ROM/DVD includes 10 booklets.

### Tips for Preventing Relapse

Sources: [http://www.hbo.com/addiction/aftercare/44\\_enhance\\_recovery\\_odds.html](http://www.hbo.com/addiction/aftercare/44_enhance_recovery_odds.html)

<http://ezinearticles.com/?What-Happens-When-You-Suffer-an-Addiction-Relapse?&id=3367234>

- Choose a treatment program that offers a rich menu of continuing care services and actively use these supports.
- Find a recovery support group and stay actively involved.
- Involve your family members in recovery support groups and activities.
- If you do not have a living environment supportive of recovery, investigate the growing network of recovery homes.
- Become an expert on your own recovery and take responsibility for it.
- Learn techniques that will help you get through difficult times, without reverting to substance abuse.

- Learn how to manage negative thinking, with the help of others or with cognitive training.
- Have coping mechanisms in place in order to avoid conflicts, or learn how to take it down a few levels so as not to lose emotional control.

#### Re-Entering Recovery After Relapse

Source: <http://ezinearticles.com/?What-Happens-When-You-Suffer-an-Addiction-Relapse?&id=3367234>

- For someone who has had a substance use disorder relapse, the first thing he or she needs to do is get back to an environment of support. Once in a supportive environment, the individual has a much better chance of stopping the relapse and getting back on the right track.
- Speaking with others who have experienced relapses can also help. They will understand and be able to help provide the necessary coping tools needed in order to prevent it from happening again. They can help the individual understand that relapses are not unusual, and help the individual prevent it from happening again in the future.

#### National Recovery Month

Sources: <http://www.recoverymonth.gov>

- **National Recovery Month** is an annual observance that takes place during the month of September.
- **National Recovery Month** promotes the societal benefits of treatment for mental and substance use disorders, celebrates people in recovery, lauds the contributions of treatment providers, and promotes the message that recovery in all its forms is possible. **National Recovery Month** spreads the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective, and people can and do recover.
- Voices of people who have been courageous and victorious in their recovery from mental or substance use disorders are a powerful tool for spreading the message of **National Recovery Month**. These voices are genuine examples of the importance of recovery, and they are truly **representative** of the wide scope of individuals who suffer from these disorders.

*A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 6/22/12. However, we acknowledge that website URL's change frequently and may require ongoing link checks for accuracy. Last Updated: 6/25/12*