[music]

The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program 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 "Supporting Recovery With Safe, Sober, and Peer-Oriented Housing."

Torres:

Hello, I'm Ivette Torres, and welcome to another edition of the *Road to Recovery*. Today, we'll be talking about supporting recovery through safe, sober, and peer-oriented housing. Joining us in our panel today are Tom Bond, Director of Programs, Helping Up Mission, Baltimore, Maryland; Sachin Kamble, Peer Support Volunteer Coordinator, Communities for Recovery, Austin, Texas; Schroeder Stribling, Executive Director, N Street Village, Washington, DC; Kenneth R. Wireman, Executive Director, Main Street Housing Incorporated, Baltimore, Maryland. Tom, how important is having a home in the recovery process for persons with mental and/or substance use disorders?

Bond:

Without a stable place to live, to receive the support services, I think a person in recovery is absolutely doomed.

Torres:

Yeah. And Schroeder, where did the whole history—particularly for substance use disorder—where did we start out in this country in terms of housing for homeless?

Stribling:

Well, we have several different approaches for homelessness, which has certainly escalated in the last several decades, as we know. And some of it is shelter-based, which is for emergency situations, all the way to what Tom is talking about, which is long-term recovery housing. And, that's for people who are struggling to recover from mental illness or addiction issues or both and need longer-term supports in order to ultimately be self-sufficient.

Torres:

And Ken, the whole issue for the mental health community really came to headway in I suspect it was around the early or mid-1970s, when we were deinstitutionalizing a lot of the institutions—correct?—for the mentally ill?

Wireman:

Very true. I think that one of the travesties is the result of that many times was homelessness, substandard housing, throughout the country, particularly on the Eastern shore, from New York down through the Maryland area. There were

flop houses; there were board and care facilities that were not good at all; and there was a *lot* of homelessness.

Torres:

Sachin, what is the "recovery residence" concept? What is the purpose, and what is the need for recovery residences?

Kamble:

Recovery residence is just a general term that includes sober housing, sober living, basically a facility where individuals with substance abuse conditions go to, and they have to remain abstinent from certain chemical substances, and there's a high accountability. There's usually a house manager there with experience in addiction who does randomized testing; there's certain different rules applied, different meetings they might have to go to; chores are assigned; and we try to reintegrate individuals into society. So, definitely, definitely there's a need for that.

Torres:

And Schroeder, in terms of the recovery residence, what types of services are provided under a recovery residence?

Stribling:

Well, at *our* recovery residence, which is N Street Village in Washington, DC, we adhere to the idea of wrap-around services, which are comprehensive services that address everything from health, mental health, addiction support to education and employment services. And, we offer those on*site* because we believe the community itself is the change agent, and being able to access those services right, directly in your community and alongside your peers is very important.

Torres:

And Tom, in terms of the concepts of the different types of housing, what is supportive housing versus the residences?

Bond:

Well, at Helping Up Mission, we have services that run the gamut from chronically homeless, the people that are still sleeping on the streets, and we try to bring them in and get them to stop living that life to a 1-year program that has comprehensive services with all the services delivered onsite, where the men basically run the house. They cook the food; they wash the floors. It's their house, and they support each other and support the house. And then after they've reached a certain level of recovery and gone back to work, that's a critical time in the recovery process where many men, and women, fail—we only serve men at Helping Up Mission. And so, it's at that point you want them to practice

what they've learned, use the tools that they've learned while they're going out in the community and starting to work. And they still need that supportive community for long-term success, we believe.

Torres:

And Ken, what kind of services does a program provide for someone who is homeless?

Wireman:

Well, Main Street Housing doesn't particularly serve people that are homeless, per se, because we actually provide housing, but I wanted to talk about a little bit with the idea of the difference between recovery housing and supportive housing and then the differences in supportive housing because nationally in the mental health side of things, supportive housing has a wide gamut of what people understand supportive housing to be. Main Street Housing in particular, has housing that's very independent, very lease-based, and really relies on the person to be accountable for their lease and the services they need in the community, all the way from a model that Tom was talking about that had services attached to the housing. So, supportive housing is a great step *past* when we talked earlier about deinstitutionalization; there were also group homes, where people were kind of "bound" there. It was almost sort of like a mini institution.

Torres:

Very good. In terms of the types of services for the individual who is in recovery, Tom, what is it that, you know, is the most important aspect of that relationship between when the person shows up to receive services and wants their—incorporated into the program?

Bond:

There's no magic bullet, and that's been my experience, and I've been in it for 12 years, and like Sachin, I'm also in recovery, and it's not "one size fits all." And so, at Helping Up Mission, we've just explored many, many different avenues for recovery, and we do everything from mental health counseling and substance abuse counseling, but all the way to yoga and t'ai chi and a library and poetry and book clubs and just a laundry list of different activities: art therapy and music therapy. I mean, there's different strokes for different folks, and so what we like to see is a goal-setting process where then a man in recovery then kind of picks and chooses those things that work for him because what works for one person is not going to work for the other. And then he incorporates those different recovery modalities into his own personal recovery process, and then works with it under the guidance of peer advocate support specialists.

Torres:

And when we come back, I want to hear more about your story, as well as Sachin's. We'll be right back.

[music]

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:

Maria Hampton, Outreach Worker for Oxford House in Washington, DC, explains the purpose of the Oxford model.

Hampton:

Oxford Houses are houses for people in recovery. Because the houses are run by the residents, it teaches the residents the responsibility of paying the rent on time, paying the bills on time, and being accountable for, you know, where they're supposed to be and what they're supposed to be doing.

Male Narr:

Senquinnetta McCallister, a Resident at Oxford House in Washington, DC, talks about how Oxford house provided her with a safe and sober place to live.

McCallister:

If I wasn't accepted into the Oxford House, that means I was going back on the streets, so I'm really thankful that the Oxford House does exist. They give you a chance to prepare yourself back into the world—soberness, sobriety. They make me feel like I'm at home.

[Music]

Torres:

Tom, can you share with us your story because it seems like, you know, you're engaged in an incredible program, and I want to hear a little bit about your personal experience.

Bond:

I was born in Baltimore city, raised in Hartford County, a great upbringing, went to James Madison University at Virginia. And for me, that was my training ground. That's where it all really started, and left school, got married, wasn't ready, failed marriage, and then an ongoing, progressive battle with drugs. Was able to land decent jobs in corporate America, but kept losing those decent jobs because of my progressive issue with drugs. And by the year 1998, I actually found myself homeless; I just was destitute, living on the streets, living in abandoned houses in the projects of East Baltimore. Found myself in jail numerous times, and it was in jail where I learned about the Helping Up Mission, engaged in the recovery process, and finished the 1-year program. And at the end of that program, they asked me if I wanted to stick around because they saw something in me that I didn't really realize was in there. And here we are 12 years later.

Torres:

But there's also, Schroeder, court-ordered referrals, correct?

Stribling:

Mm hm. We work closely with the criminal justice system in Washington, DC, and we are a place of opportunity for women who are leaving jail in Washington, DC. And one of the challenges that we've had, because we *know* that homelessness and criminal justice involvement in addiction are closely affiliated issues, and so we've been working to support women who are exiting jail who may not have other options, so that they don't fall into long-term homelessness, so that they don't fall back into addiction or whatever other issues led them into jail. So, one of the things that we've done is have our peers work with the people who are *in* jail and do some in-reach. And we've done things like YouTube videos where women who are in our housing now will give a tour, a virtual tour, and then we can take that into jail and show the women who are there that this is an option, that this is a place for you to come and it's a welcoming community. And we rely so heavily—Tom's story is so beautiful because it illustrates why peers are important—and we rely so heavily on the peers to build the community.

Torres:

And Ken, I know you wanted to talk precisely about the type of peer support that your program is engaged in.

Wireman:

Well, I think it's interesting 'cause for many years in the substance abuse world, peers have been involved in service delivery, and in the mental health world, that's coming into its own. And Main Street Housing is part of a larger group, On Our Own of Maryland, which is a statewide consumer organization, a mental health consumer organization, and so we evolved from that organization to be a peer-run housing organization. It's critical. I think some of the stuff Tom was talking about, when we go into a house to inspect, it's inspecting as a peer, somebody that's been there, somebody that's been homeless. All of my staff have mental health issues; some of my staff have been to hospitals; most go to doctors; most see their psychiatrists, social workers. So, the idea is, being there. It's interesting because it holds to— we use an accountability model because many times we expect *very* big things from the tenants that we have, and it happens. It's true.

Torres:

So, what other types of services are you providing in the Austin area, Sachin?

Kamble:

Communities for Recovery, we basically provide peer support services for individuals with substance abuse issues and possible co-occurring mental health conditions. We're basically a community center where we have a computer lab, where people can come in and look for jobs. We teach classes: we get them a resume up online; we have a career closet where people can come in and have nice clothes for interviews. We also have a recovery café where people can come in and relax. It's a safe zone 'cause from personal experience, I am in recovery, and when I went to treatment and got out, I felt there was a lot of temptation around me; I was in a danger zone. So, I needed to find a center to help me find resources, and Communities for Recovery has helped me with that. We provide curriculum where we help link peers to different facilities around Austin, where they take it to hospitals, treatment facilities, and we basically help bring recovery meetings. So, there's a lot of resources out there.

Torres:

And can you share a little bit more about your own experience?

Kamble:

Sure. I've been in and out of the recovery world for about 10 years. Addiction is, it's really a hard battle. For years, it was nothing but a downward spiral. And I've been in and out of jails; I've been involved with the criminal justice system, myself; and nothing made me stop, until finally it took a number of resources that I had to reach out for and get. I actually went to a treatment facility, Austin Recovery; I went inpatient. And I left Austin Recovery, and I moved into this sober house, Austin Turning Point, where I would live there for a year. Now, I'm the current house manager there. And it saved my life.

Torres:

And when we come back, I want to go back to the peer run because I want to know with the whole new access to care initiatives, what's going to happen, and how are we going to handle the need for more staff and more personnel to take care of all these issues? We'll be right back.

[music]

Torres:

So, talking about the peer—Tom, if I were a person in recovery, and I just came up to you and said, "You know, I want to become a peer support provider," what other examples of what a person needs to be cognizant of or have a knowledge base of to be able to support someone else in their recovery?

Bond:

So, at Helping Up, one of the things we've done—'cause again, we're not a state-supported organization, we're privately funded—and what we've done over and over and over again, is just asked ourselves, "What's the best way to help people in recovery?" And so, the peer model kind of grew out of that for us. We didn't use that vernacular as we were developing our programs; it's just was what worked—the guys running the house, the guys supporting each other. And now from our treatment model, our first level of defense, so to speak, is what we call a treatment coordinator, which is a recovery coach, who is somebody who has a minimum of 1 year in the recovery process, a graduate of our program who has a heart and a passion, has walked the walk, and can empathize with men that are in the process, and then help them to set goals and reach their goals.

Torres:

Ken, on the mental health side, is it still being developed, or what?

Wireman:

Everywhere across the nation, it's a little bit different. Main Street Housing's part of On Our Own. On Our Own of Maryland has been working diligently on a peer certification process because there's 18 affiliated organizations throughout the state that are doing peer support, and how do you get funded for that? And so, getting some certification and some background in, like well, "Have you had wellness recovery action plan training? Have you learned trauma-informed care? Have you the experience, as a peer?"

Torres:

Sachin.

Kamble:

If you don't mind, I'd like to touch on the whole peer support. At Communities for Recovery, we have a peer support volunteers, which are basically peers where we place them, and they call them HNIs: Hospitals and Institutions. People in recovery—personally, I think if you have 10 hours of sobriety, you have every right to tell somebody how to stay sober for 10 hours. That's my personal opinion. And we just place these peers into these settings to help others. And we also have a peer recovery coach program, where we have an institute where we help train peer recovery coaches. Basically, a peer recovery coach is not a clinician, but at the same time not a sponsor, kind of in the middle, where they're like a resource broker. For instance, if I come into my peer recovery coach, "Hey, I need help to get a GED." My peer recovery coach will help direct me on how to go about that. So, I think it's very essential that there is a need for peer recovery coaching programs.

Torres:

Schroeder, let's talk about recovery management. You know, how do we manage someone's recovery?

Stribling:

Yeah. Well, I'm going to refer back to what all these gentlemen are saying around peer programming because for us that's really fundamental to what we do. We also believe that you need to—at N Street Village we imbed programs that are trauma-informed, trauma-sensitive that also can address mental health issues and that have a gradation of structure, so that when somebody first comes in, the program is *highly* structured. And then, as people progress in the program, it gets looser, and they kind of expand their horizons more. Maybe they're now reconnecting with family members or children. Maybe they're starting to look for employment or work on their GED. The goal is, in our therapeutic community, to have the peers build the community. And so, when you come in, you have a big sister; you have somebody to look to who's got some recovery time.

Torres:

And sobriety is a prerequisite?

Stribling:

No.

[laughter]

Stribling:

It's a fuzzy world. It's a fuzzy world.

Wireman:

I'm glad you said that.

[laughter]

Stribling:

If you're a woman who's exiting jail or coming off the streets or is homeless, and you want to come to N Street Village, you have to want to be sober, but you don't have to be sober. So, you'd come in, and we'll surround you with the community, and we'll surround you with the support services. And you can relapse, and you can relapse again, and maybe again. At a certain point, you won't be able to live there anymore, but we are *tolerant* and supportive to the extent that we can be, and it's the *peers* who make those decisions.

Torres:

True. Because at Oxford Houses, I know there's almost like 1,700 Oxford Houses all over the United States and around the world, and one of their prerequisites is that they do require sobriety. Tom, you were going to say something.

Bond:

Right now, today, we are zero tolerance in the sense that if somebody does relapse, they have to go. We do our utmost, very best to refer them to somewhere and not just put them out on the street. We're a large program; we have 500 beds at Helping Up Mission, and so it becomes a sense of population management, and if people think they've got a get-out-of jail-free card then— But, we are talking about that at the leadership level right now, recognizing that we cannot continue to throw people out of treatment for doing what naturally happens in the recovery—

Torres:

Well, everyone—it's a relapse, you know, as you were noting.

Bond:

Right. It's a process. It's not an event. And we know that, and we feel that, and so we're talking about that just recently, and trying to figure out how we can implement that. And it's so highly individualized and the demographics have changed. In the 12 years I've been at Helping Up, when I got there—we are located in downtown Baltimore—we were 85 percent African-American and 90 percent inner city, but now we're 50 percent Caucasian, 50 percent African-American, 50 percent of our clients are coming from the surrounding counties, kids at 21, 22, 24, just a whole different demographic of people out there.

Torres:

And when we come back, I want to give Ken an opportunity to tell us about his program and what the parameters are there, as well as Sachin. We'll be right back.

[music]
We try to hide our truths about our mental and substance use disorders from the world. And sometimes, from ourselves. Saying "I'm fine" is a façade. By facing our problems, recovery begins and we are empowered to speak our truth. Join the Voices for Recovery. Speak up. Reach out. For confidential 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.

Torres:

And Ken, did you want to add anything on the whole issue of zero tolerance or sobriety?

Wireman:

Well, what I was hearing, the Helping Up Mission is having the same very issue that Main Street Housing is having because we have a zero tolerance for drugs, and I've been looking at this because we've been working with dual diagnosis, but when we're looking at mental health and substance abuse converging in Maryland completely and into one behavioral health administration, how are we going to serve folks with more of an addictions issue, and how is that zero tolerance going to be working within our organization? So, we're struggling with that, as well.

Torres:

Okay. Sachin.

Kamble:

I'm a huge fan of sober living. I've done it personally; I'm still doin' it, as we speak. I believe it's safety in numbers. There's a fellowship that's involved: guys get to know each other; we hang out; we do morning meditation for spiritual growth. But at the same time, there's accountability. We are a zero tolerance house. However, we do have an intensive house if people, say, go back out. The owner of the house is very adamant as far as helping. He understands that relapse *can* happen from time to time, and the intensive house houses people under 30 days of sobriety, and we just don't want to throw anyone out into the streets. In recovery, we understand that it can be difficult.

Torres:

Well, it's come to the time where I call on you to give me your last thoughts. Any last thoughts, Tom?

Bond:

The landscape of recovery is changing drastically, and we feel like almost everybody is touched by it, at some level. You know, six degrees of separation have become one degree. Somebody's father, somebody's brother, uncle, sister is touched by it. It's one of the most pervasive problems in America, and then all the problems that surround it with emergency room visits and jails and institutions and all of that. And so, there's so much help that can be provided through organizations like the ones that are provided at this table: community-based organizations that provide comprehensive, wrap-around services that are supportive and that are engaging people that are in the process themselves to help others, and it's just a really beautiful thing.

Torres:

Very nice. Schroeder.

Stribling:

I, first of all, appreciate what Tom just said about the issue of social cause because there's a great business case to be made for us to invest in the types of programs that we have because there are so many public costs associated with addiction and mental health issues and homelessness. I would say two other things. One is that we really place a critical importance on the idea of community and social connectedness. And for us at N Street Village, and for many people whom I know, that element of social connectedness, the centrality of spirituality, have been fundamental in their own healing and their own recovery. And the last thing I would say is that we *all* of us have to think about sustainability for organizations like ours, and this is a public sector issue, too. This public sector and the nonprofit sector have to think about how we are going to sustain these programs in such a difficult economic environment.

Torres:

Thank you. Ken.

Wireman:

I love talking about recovery in such that it's not sitting on a sofa symptom-free. It's an alliteration, but bottom line is symptom reduction in some of the traditional ways we looked at things in the past aren't going to work anymore. You have to have a goal. You have to be a part of a community. You have to really put something in front of yourself to say, "Okay, I'm going to recover to this." Main Street Housing, at best, provides a platform. Somebody becomes a tenant, somebody becomes a member of society, somebody becomes a neighbor, and it is in a group home, and it is in a residential setting. And so, that kind of activity is where we need to go.

Torres:

Thank you. Sachin.

Kamble:

Thank you. Ivette, I want to thank you having us here today. Thank you to all of my fellow panelists. I really appreciate it. Communities for Recovery, we are a nonprofit organization, but we also have private donors, and we also receive grants from a wonderful organization called SAMHSA, so thank you there. I guess what I'm trying to say is—the addiction world, the mental health world, it can be a juggernaut at times. It's always changing, and I mentioned there's a double stigma in society, but it's getting better. And if anyone's watching this and going through issues with addiction or mental health, just don't give up. There's plenty of resources out there. Just never give up, and there's help out there. And I just want to let people know from personal experience, I and Tom also, we represent change. We can change for the better.

Torres:

Excellent. And I want to remind our audience—first of all, our panel—that we're trying to move away from the word of *stigma* and call it *discrimination*.

[laughter]

Torres:

That's one idea that our colleagues at SAMHSA are trying to put forward. But, September is *Recovery Month*, and we hope that everyone who is in our audience get engaged and visit RecoveryMonth.gov because it merits your attention, and it merits your participation through events and activities. And what a better time to get engaged and talk about issues of homelessness here in America. And I want to thank you for being here; it's been 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 "Video, Radio, Web" tab.