WELCOME

NAADAC Annual Conference 2017
September 22-26
Marriott Tech Center
Denver, CO
This is the RISE Model Presentation
Scheduled 90 minute session
Handouts Available (session/on-line)
Please silence all devices
Connect with us at the NUWAY booth throughout the weekend
Code word for this session:
PRESENTERS

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R.I.S.E
Recovering
In
Supportive Environments
Although residences are present in communities across the country, few truly systemized approaches have been developed to support integration of these assets for an essential role in successful long-term recovery.

This presentation will provide a comprehensive overview of how a RISE (Recovering In Supportive Environments) Model incorporates the key components from SAMSHA’s identified dimensions of recovery into successful provision of client services.

We will learn about levels of service, accreditation and accountability in the recovery residence industry and will gain understanding of how to best utilize recovery residence environments as an integrated support to clients engaged in substance use disorder treatment.
Objective 1:
Identify the four levels of supportive recovery residence care as defined by the National Association of Recovery Residences (NARR).

- Peer Run
- Monitored
- Supervised
- Service Provider
Objective 2:
Understand the practice standards for recovery residences as defined by the National Association of Recovery Residences (NARR).

- Administrative & Operational
- Recovery Support
- Property & Architecture
- Good Neighbor
OBJECTIVES

Objective 3:
Identify strategies to engage recovery residence supports as an integrated component of successful client care and outcomes at the outpatient service level based on the SAMHSA definition of recovery from mental and/or substance use disorders.

• Evidence base
• Program practices
RECOVERY DIMENSIONS

1. Health
2. Home
3. Purpose
4. Community
**RECOVERY DIMENSIONS**

**SAMHSA**

- **Health**: overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

- **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.
RECOVERY DIMENSIONS

SAMHSA

Home:

“a stable and safe place to live”

Arguably the foundation for other dimensions, yet frequently most under-addressed and least supported
FOUNDATIONAL NEED

- **Physiological needs**: food, water, warmth, rest
- **Safety needs**: security, safety
- **Belongingness and love needs**: intimate relationships, friends
- **Esteem needs**: prestige and feeling of accomplishment
- **Self-actualization**: achieving one’s full potential, including creative activities

Decision making image: Right and Wrong, Courage to Change
NOT A NEW IDEA

• *Origins in 1830’s* - YMCA, Salvation Army: temperance movement, religious component

• *Evolution following World War II* - Emergence of AA: 12th Step Houses (Los Angeles, CA): still individually driven

• *1970’s* - Creation of Oxford House Model (Montgomery County, MD): peer support, social model

• *Present day* - increased trajectory of homelessness & decreased residential treatment combine with changing view of addiction (episodic to continuum)
SEEKING SOLUTIONS

As the treatment landscape has continued to shift and change, many variations have emerged including:

• Levels of residential care
• Organizationally operated recovery residences
• Formal & informal partnerships
• Parallel access
• Stand alone recovery residence referral
21.7 million people aged 12 or older needed substance use treatment

19.3 million did not receive substance use treatment at a specialty facility (89%)

2.3 million received substance use treatment at a specialty facility (11%)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015. (Published September 2016)
NEGATIVE TRENDS

Headlines & buzzwords signal ethical concerns:

• Florida Model (South Florida)
• Rehab Riviera (Southern California)
• Patient/Body Brokering
• Insurance fraud
• Kickbacks
• Exploitation
FINDING OUR WAY

Moral Compass

Strategic Planning
NUWAY is a private, non-profit organization serving individuals recovering from substance use and mental health disorders since 1966.
OUR MISSION

“To provide a temporary home or homes for the homeless alcoholic with a sincere desire to arrest his disease, (ALCOHOLISM) to return to a useful life, and find contentment in sobriety. The home environment will be supplemented with counseling, teaching, and practicing a program of group therapy on ALCOHOLISM, and by explaining it through a medium of interviews, classes, lectures, and meetings also to promote the physical, intellectual, social, economic, and spiritual welfare of the alcoholic” (circa 1966).

To provide extended treatment for individuals in supportive environments
OUR HISTORY

• 1966
  – NUWAY established as a non-profit by Alano Club (AA) members in Minneapolis, MN to serve the homeless alcoholic: halfway house model is one of the first in MN and the U.S.

• 2011
  – Rate reform in MN: transition to medium intensity residential care

• Mid-90’s
  – Initial addition of outpatient services: recognition of continuum of care needs
OUR HISTORY

• 2013
  – Implementation of recovery residence support

• 2017
  – Recognition of unmet need: over 200% increase in clients served
    ❖ Utilization of 40+ recovery residence providers
    ❖ 350+ average census supported in recovery residence environments
    ❖ Increased length of engagement = improved outcomes
WHAT IT LOOKS LIKE

Clinical Services (MI/CD)

Recovery Residence & Community Based Support
SERVICES, PROGRAMS & FACILITIES

NUWAY currently provides an extended continuum of care:

– 2 medium-intensity residential programs

– 3 outpatient programs with recovery residence support

– All NUWAY programs are:
  • Co-occurring & trauma informed
  • GLBTQIA+ friendly & safe
  • MAT friendly
Medium-intensity residential care
Average length of stay - 43 days
Serving adult males
Variance to serve transgender persons
24 hour staff support/supervision
Nursing supervision/medication management
MAT friendly

Program Director- Alex Stolis

NUWAY I
2200 1st Ave S Mpls

NUWAY II
2518 1st Ave S Mpls
3Rs NUWAY Counseling Center
2220 Central Ave NE
Minneapolis, MN
Program Director - Jason Cintorino

2118 NUWAY Counseling Center
2118 Blaisdell Ave S
Minneapolis, MN
Program Director – Kristin Juntenen

St. Paul NUWAY Counseling Center
545 7th St W
St. Paul, MN
Program Director – Lindsay Battuello
Outpatient Programming

• Adult women & men
• Recovery residence support
• Co-occurring Disorders Program Curriculum
• Daily programming held M-F; two tracks available
  – a.m. track 8:30-12:30; afternoon track 12:30-4:30
• Group, individual and gender sensitive programming
• Art & music therapy
• Recovery based yoga
• Prolonged Exposure Therapy for PTSD
• Tele-psychiatry (People Incorporated)
• Enhanced Illness Management Recovery (U of M)
• One meal provided each day in outpatient
• Average length of stay 87 days
NUWAY Administration
2217 Nicollet Ave S
Minneapolis

- Residential Admissions Team (Sam Cohen, Nick Vetter, Cieritta Natee)
- Director of Outpatient Services (Ken Roberts)
- Community Relations Director (Monique Bourgeois)
- Recovery Residence Resource Director (Sam Woolery)
- Executive Leadership Team (David Vennes, ED/CEO; John Marston, CFO; Tom Meier, CAO)
- Human Resources
- Financial Team
- Practicum Director
- Compliance Manager
RECOVERY RESIDENCE SUPPORT

DECISION
• Population
• ASAM

IMPLEMENTATION
• Original Intent
• Changing course

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM’s criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

DIMENSION 6
Recovery/Living Environment
Exploring an individual’s recovery or living situation, and the surrounding people, places, and things.
CASE STUDY

SYTHESIZING RECOVERY RESIDENCE SUPPORT WITH CLINICAL PRACTICE-LESSONS LEARNED-THE CLINICIAN
RECOVERY COMPONENTS

SAMHSA’s Working Definition of Recovery

- Hope
- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect
A WORD ABOUT RCO’s
EVALUATING RESOURCES

• Carolinas
• California (2)
• Connecticut
• Florida
• Illinois
• Indiana
• Maine
• Massachusetts
• Maryland
• Michigan

• Minnesota
• Missouri
• New Jersey
• Ohio
• Pennsylvania
• Rhode Island
• Tennessee
• Texas
• Virginia
EVALUATING RESOURCES

What to Look for in a Sober Living Home
UNDERSTANDING LEVELS

SUPPORT
• PEER RUN
• MONITORED
• SUPERVISED
• SERVICE PROVIDER

CRITERIA
• ADMINISTRATION
• SERVICES
• RESIDENCES
• STAFF
LEVEL I- PEER RUN

Administration - democratically (peer) run

Services - house meeting, self-help encouraged

Residences - primarily single family

Staff - no paid positions

Example: Oxford Houses (http://www.oxfordhouse.org)
LEVEL II- MONITORED

Administration- house manager/senior resident

Services- house rules (structure), peer run groups, drug screens, house meetings, self-help/treatment

Residences- single family, apartment

Staff- 1 compensated position (minimum)

Example- ComoHouse (http://vtrelli.wixsite.com/comosoberliving)
LEVEL III- SUPERVISED

Administration- organizational hierarchy, administrative oversight, varied licensing (state)

Services- life skills emphasized, outside clinical

Residences- varied (all types)

Staff- facility manager, certified staff

Example: St. Paul Sober Living (http://stpaulsoberliving.com/)
LEVEL IV- SERVICE PROVIDER

Administration- overseen organizational hierarchy, clinical & administrative supervision, licensing (state)

Services- clinical services on-site

Residences- all types; often more institutional

Staff- credentialed staff

Example: Crossroads (http://www.crossroadsaftercare.org/)
NARR DOMAINS
- Administrative & Operational
- Recovery Support
- Property & Architecture
- Good Neighbor

BREAKDOWNS
- Core Principles
- Standards
ADMINISTRATIVE & OPERATIONAL

CORE PRINCIPLES:
• Operate with Integrity
• Uphold resident’s rights
• Be Recovery Oriented
• Use Peers to staff & govern
RECOVERY SUPPORT

CORE PRINCIPLES:

• Create a healthy recovery experience
• Provide a home-like experience
• Inspire purpose
• Cultivate community
PROPERTY & ARCHITECTURE

CORE PRINCIPLES:

• Provide a home-like space
• Promote Health & Safety
GOOD NEIGHBOR

CORE PRINCIPLE: Be a Good Neighbor

The path to your door,
Worn well over time,
Trod often to pour
Out troubles of mine,
We share so much joy
And happiness too,
I'm so glad to have
A neighbor like you.
EVIDENCE BASE

- Chestnut Health- White (2008)
- NARR- White Paper (2011)
- CSARNDR- Laudet (2011)
- PSJ- Reif et al (2014)
- SAMHSA-NREPP-Oxford Houses
RESOURCES

Bringing Recovery Supports to Scale Technical Assistance Center Strategy
BRSS-TACS- https://www.samhsa.gov/brss-tacs

National Association of Recovery Residences
NARR- http://narronline.org/

National Registry of Evidence Based Programs and Practices
NREPP- http://nrepp.samhsa.gov

Addiction Recovery Guide
https://www.addictionrecoveryguide.org/treatment/sober_housing
BARRIERS

• Funding
• Access
• Resources
• Quality
• Synthesis
CASE STUDIES

Client success is the best evidence!
SUMMARY

• Industry Trend-continuum of care
• Cost effective
• Best Practice-evidence based
SUMMARY

- Video
- Personal Story
Q & A

Please feel free to contact us anytime!
THANK YOU!