WELCOME

NAADAC Annual Conference 2018
September 27-October 2
Westin Galleria
Houston, TX
HOUSEKEEPING

- This is the RISE-UP Presentation
- Scheduled 90 minute session
- Handouts available (will email)
- Please silence all devices
- Code word for this session:
PRESENTERS

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DISCLAIMER

• Nerves…
• Expert status
• Examples- not directives
• Application/ adjustment as appropriate in scope of own agency practice
The “Opioid Crisis” has brought national focus on the behavioral health field. Despite initial positive efforts to enhance access and expand resources, as yet, few systemized approaches have been developed to truly integrate community assets in support of successful long-term recovery.
Presentation will provide a comprehensive overview of a RISE (Recovering In Supportive Environments) Model for extended care including:

- **Key components from SAMSHA’s identified dimensions of recovery**

- **Education on Peer Support, Recovery Housing and Care Coordination**

- **Consideration of strategies for integrated community based care for clients engaged in substance use disorder treatment.**
Objective 1
Understand and align SAMHSA Recovery Dimensions with community based resources
Objective 2
Define:
• Peer Recovery Support
• Recovery Residence
• Care Coordination
Objective 3
Identify individual agency strategies to apply identified community resources as integrated components of successful client care.
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.
The historical and still prevalent model for how to achieve this has traditionally begun... and ended with stabilization (detox) and/or inpatient treatment only.
REFERRAL GAPS

• Only 23% of detox admissions result in transitions to SUD treatment.
• Transitioning from detox to SUD treatment within 2 weeks lowered detox readmission odds by 56%.

-Blevins et al, 2018
SERVICE DEFICITS

21.7 million people aged 12 or older needed substance use treatment

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015. (Published September 2016)
“Getting sober is hard. Making sobriety last is much harder. Most people who go into a residential rehab treatment manage to detox and stay that way during their weeks- or months-long stay. But problems begin when they leave. Many patients walk out the door — and fall off a cliff.

They go back to their old drinking or drug friends and places. The stresses of normal life resume. And exactly at the moment they need it most, they’re essentially on their own.”

TINA ROSENBERG  FEBRUARY 9, 2016 3:21 AM - The Opinionator
CARE CONTINUUM
“The reality of addiction treatment is that it is an acute care model delivered to treat a chronic disease.”

“…releasing someone from a 28 day model is essentially abandoning their care.”

-Ryan Hampton
author American Fix (p. 37, 42)
CARE CONTINUUM

DETOX - INPATIENT - ...
...REPEAT...
Focus of this presentation is the need to address and conceptualize how to integrate resources for **ALL** recovery aspects...
CARE CONTINUUM

- Inpatient hospital/Detox
- Wilderness Program
- Recovery Residence
- Low Intensity Recovery Residence
- Self-Help Groups
- Emergency room/hospital
- Residential Treatment Center
- PHP
- IOP
- Out-patient

Higher Acuity

Lower Acuity
SEEKING SOLUTIONS

Importance of extending care (evidence)

Engaging Recovery Through Community

ACCESS!!!
RECOVERY DIMENSIONS

1. Health
2. Home
3. Purpose
4. Community
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

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

Decision to Change: Courage to

[Diagram showing a pyramid with levels of needs and arrows indicating decision paths: Right, Decision, Wrong]
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)
EVALUATING RESOURCES

What to Look for in a Sober Living Home
EVALUATING RESOURCES
UNDERSTANDING LEVELS

SUPPORT
• PEER RUN
• MONITORED
• SUPERVISED
• SERVICE PROVIDER

CRITERIA
• ADMINISTRATION
• SERVICES
• RESIDENCES
• STAFF
STANDARDIZATION

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 (overcoming stigma & NIMBY mentality)

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.
KEY IDEAS:

• “New recovery support institutions are emerging beyond the arenas of traditional addiction treatment to support individuals hoping to initiate and sustain long term recovery from addiction. One promising mechanism is recovery residence”

• A small but growing body of research supports the effectiveness of recovery residences in sustaining abstinence and promoting gains in a variety of other domains.” (Mericle et al., 2013)
EVIDENCE BASE

KEY STUDIES:

Polcin et al
- California
- CSTL-Sacramento
- ORS-Berkeley
- 300+ clients
- 6, 12 & 18 month outcomes
EVIDENCE BASE

KEY OUTCOMES:

• Decreased substance use
• Decreased duration of substance use
• Decreased severity of substance use
• Decreased criminal justice involvement
• Improved psychiatric stability
• Increased days worked
• Increased engagement with peer recovery support groups
EVIDENCE BASE

KEY OUTCOMES:

LIKELIHOOD OF BEING ABSTINENT AT 6, 12, & 18 MONTHS COMPARED TO BASELINE.

- 6 MONTHS: 16.45 as likely to be abstinent
- 12 MONTHS: 15.05 as likely to be abstinent
- 18 MONTHS: 6.52 as likely to be abstinent
EVIDENCE BASE

KEY RECOMMENDATIONS:

Society of Community Research and Action (SCRA)

1. National, State & Local level support for Recovery Residences
2. Enhanced funding for critical research related to RR
3. Strategies for education/training of professionals about RR
4. Public education to reduce RR stigma (NIMBY)
EVIDENCE BASE

- Chestnut Health - White (2008)
- NARR - White Paper (2011)
- CSARNDR - Laude (2011)
- PSJ - Reif et al (2014)
- SAMHSA-NREPP-Oxford Houses
- HUD - Recovery Housing Policy Brief
RECOVERY DIMENSIONS

1. Health
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RECOVERY DIMENSIONS

SAMHSA

*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
CARE COORDINATION

“HELPING EACH INDIVIDUAL CREATE THEIR ROADMAP FOR RECOVERY"
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
Minnesota Model (1950’s)

- Created in a state mental hospital
- Blending of professional and trained nonprofessional (recovering) staff around the principles of Alcoholics Anonymous (AA)
- 28-day inpatient setting and participation in Alcoholics Anonymous both during and after treatment.

NUWAY EMERGENCE

• Lack of affordable supportive environments
• Need for more time
• Beginning of extended care philosophy
• Modern day-matching changing understanding of addiction (episodic v. continuum)
UNDERSTANDING THE LANDSCAPE

• Existing Recovery Residences
• Who they did (and DID NOT) serve
• Creating access for all
• Embracing the Recovery Community

Trial & error: necessity = inspiration
FINDING OUR WAY

Moral Compass

Strategic Planning

ROAD TO RECOVERY
WHAT IT LOOKS LIKE

Clinical Services (MI / CD)

Recovery Residence & Community Based Support
NUWAY currently provides an extended continuum of care:

- 2 medium-intensity residential programs
  - 61 beds total
- 3 outpatient programs with recovery residence support
  - Approximately 425 clients per day
- All NUWAY programs are:
  - Co-occurring & trauma informed
  - GLBTQIA+ friendly & safe
  - Medication Assisted Recovery friendly (i.e. MAT utilization)
RECOVERY RESIDENCE SUPPORT

• **Partnership** between NUWAY and independently owned recovery residences throughout Twin Cities
  – Different than outpatient with lodging model
  – Advantages
  – Vetted internally & externally

• Full-time Recovery Residence Partner Director
  – A liaison between NUWAY and Recovery Residence partners
Example of what NUWAY Provides:

- **Cost**: $102/day
- **Licensed Co-Occurring IOP**
- **4 units clinical care/daily/ 5x**
- **Recovery Residence support (if needed)**
- **1 Meal**
- **All drug testing (non-billable)**
- **Transportation assistance**

*It can be done- when focus remains on client care*
RESULTS

• Recognition of unmet need
• 400+ individuals daily receiving recovery residence support through NUWAY
  ❖ Decreasing the number of people on the street each night
• Over 200% increase in clients served
• Utilization of 40+ recovery residence providers
• Increased length of engagement = improved outcomes
IOP & 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
RESULTS

- Over 700 IOP clients
- 87% in Recovery Residence
- Engagement & outcomes
ALUMNI = FUTURE

RECOVERY IN ACTION

THE ONLY WAY IS FORWARD
CLOSING THE CIRCLE

Alumni Development:

- Instill Hope
- Eager to “give back”
- Peer Support Resources
- Extend care continuum
- Demonstrate “Recovery in Action”
RECOVERY DIMENSIONS

1. Health
2. Home
3. Purpose
4. Community
Community: relationships and social networks that provide support, friendship, love, and hope.
A WORD ABOUT RCO’s

ASSOCIATION OF RECOVERY COMMUNITY ORGANIZATIONS

FACES & VOICES OF RECOVERY
A WORD ABOUT RCO’s

Recovery Community Organizations (RCO) are independent, non-profit organizations led and governed by the local recovery community.

They provide:

– Recovery-focused policy advocacy
– Recovery-focused education
– Peer-based support services
RISE & RCO’s

• Collaborative & reciprocal relationship between NUWAY & RCO’s
  – Client lectures
  – Recovery month

• Opportunities
  – Integration of peers
Recovery does not happen alone...
Funding & Access:

• Review all options & funding streams
• Assess organizational philosophy
Resources & Quality:
• Utilize national & local affiliates
• Develop agency protocol
• Devote appropriate resources
BARRIERS

Synthesis:
• Analyze goals
• Pilot first
• Training & education for staff, partners & public (MAT etc)
CRITICAL ISSUES

New concerns (not really):

- Stigma
- Perception
- Regulation (map of fundable)
NEGATIVE TRENDS

Headlines & buzzwords signal ethical concerns:

- Florida Model (South Florida)
- Rehab Riviera (Southern California)
- Patient/Body Brokering
- Insurance fraud
- Kickbacks
- Exploitation
SINCE 2017...

New developments:

- House testimony
- NAATP Ethics
- Aggressive regulation
Industry Trend - continuum of care

- Outpatient most frequent care level
- Clients face unsafe living environments
SUMMARY

Best Practice-evidence based outcomes

• NREPP
• SAMHSA
• HUD
SUMMARY- edit numbers

Cost effective

- $102/day
- 300+/recovery residence
- 244,000 OP service hours

*NUWAY Annual Report 2016
SUMMARY

CHANGE TAKES TIME

STRUCTURED SOBER LIVING
AGENCY EVALUATION

PROGRAM DEVELOPMENT
Planning – Implementation – Evaluation

Program Action - Logic Model

Inputs
- What we invest
  - Staff
  - Volunteers
  - Time
  - Money
  - Research base
Materials
- Equipment
- Technology
- Partners

Outputs
- Activities
- Participation

Outcomes - Impact
- Short Term
- Medium Term
- Long Term

Who we reach
- Participants
- Clients
- Agencies
- Decision-makers
- Customers

What we do
- Conduct workshops, meetings
- Deliver services
- Develop products, curriculum, resources
- Train
- Provide counseling
- Assess
- Facilitate
- Partner
- Work with media

What the short term results are
- Learning
- Awareness
- Knowledge
- Attitudes
- Skills
- Opinions
- Aspirations
- Motivations

What the medium term results are
- Action
- Behavior
- Practice
- Decision-making
- Policies
- Social Action

What the ultimate impact(s) is
- Conditions
- Social
- Economic
- Civic
- Environmental

Assumptions

External Factors

Evaluation
Focus - Collect Data - Analyze and Interpret - Report
RECOVERY COMPONENTS

SAMHSA's Working Definition of Recovery

- Hope
- Person-Driven
- Respect
- Many Pathways
- Holistic
- Strengths / Responsibility
- Addresses Trauma
- Peer Support
- Culture
- Relational
Personal Story
OUR JOB...
Q & A

Please feels free to contact us anytime!
THANK YOU!
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