

NAADAC

Peer Recovery Support Series, Section IV:

The Participatory Process for Solutions to Addiction

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>> MODERATOR: Hello everyone and welcome to today's webinar on the participatory process for the solutions prediction section 4 of our six part peer recovery series presented by John Shinholser and Honesty Liller. My name is Samson Teklemariam and I'm the director of training and professional development for NAADAC the Association for addiction principles. I will be the organizer for these transcripts the permit homepage for NAADAC is www.naadac.org/webinars.

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Are using go to webinar for today's live event. Notice the go to webinar control panel looks like something you see on my slide. A few important instructions. You've entered into a listen only mode. Your microphone is automatically you to prevent any disruptive background noise. If you have trouble hearing the presenters for any reason, switch to a telephone line using the audio option. It is right next to the orange arrow on your go to webinar control panel. You can use the orange row any time to minimize or maximize the control panel. If you have questions for the presenters type them into the questions it locks up. We will gather the questions and I will pose them to the presenters during our live Q&A.

Any questions we do not get to will collect directly from the presenters and post them on our website later.

John Shinholser is a president of the McShin Foundation founded in 2004 and the cofounder of CARE Talks. John is a United States Marine Corps veteran received the American Honors Recovery Award from the Johnson Institute. He was awarded the Caron Foundation's Outstanding Alumni Award and the Virginia Office of Substance Abuse Services Award of Virginia work significant contributions to the field of recovery.

Don has been featured in addiction professional magazine, Newsweek, Richmond Times Dispatch, The Mechanicsville local, Richmond Free Press and Virginia Association of Community Service Boards 2005 annual report. He has been in many news broadcast including Face the Nation and natural documentaries such as "The Anonymous People".

With us today is Honesty Liller. A woman in long term recovery from Substance Use Disorder since May 27, 27. She is the CEO of the McShin Foundation, a non-profit peer-to-peer recovery community organization that serves individuals and families with substance use disorders. She's a 2015 recipient of the phases and recoveries doesn't Faces and Voices of Recovery Vernon Johnson Award and she was awarded the Stettinius Fund honor from The Community

Foundation which he used to complete Stanford University's Executive Program for Nonprofit Leaders and The Community Foundation's emergency -- emerging nonprofit leader program. In 2019 she was honored with the Jean C. Harris Community Service Board Award from Hanover County. She is cofounder of CARE Talks and is an RCO site reviewer for CAPRSS and featured on Face the Nation discussing addiction in America.

NAADAC is delighted to provide this webinar from the McShin Foundation presented by two express leaders in recovery. John, thank you for your service to our country and John and Honesty when you're ready I will hand this over to you.

>> HONESTY LILLER: Hello everyone. I am Honesty and thank you for having us. I hope everyone is staying safe and well during these times. I want to go over -- John and I, you will see dynamic between John and I's relation. I have been here 12 years now and we been a great team together in order to grow this recovery community organization. You will get the very candid honesty in John and full disclosure on that.

Our learning objectives today so you can think about things with their own organization and things you may or may not want to change or add to your organization but you understand addiction treatment and recovery and Americas relates to the importance of authentic peer to peer support services of individuals that have lived with experience in helping individuals with recovery and addiction as well. John will touch on history that during his slides. To counteract the effects of discrimination with people with the disease of addiction. I have been here years and is changed a lot but it is a negative outlook on those with addiction in our field and outside of our field as well and propose the next up for the field of addiction recovery and have a participatory process or solutions.

The addiction realm and help individuals with SUD has changed tremendously in the past five years and we need to be in this together and how can we save more lives together and in our fields and not just our silos? John?

>> JOHN SHINHOLSER: Thank you, Honesty and Samson and NAADAC and welcome to all of the listeners. When I was first approached with the idea of the participatory process with NAADAC about authentic recovery peers I got excited because I went to treatment myself in 1982 while still in the Marine Corps. Fortunately for me that still remains my clean and sober days. If you think back, what is it like to go through a treatment center in the Marine Corps with all of my counselors in recovery and they took us out to AA and NA meetings every night and without the pleasure and honor and blessing of co-mingling with early evolving treatment centers as well as the old-timers that were a group of people who founded the 12 step program and modern recovery period.

Some people think it started with AA back in 1930 whenever. To live during that period, not really knowing that 38 and a half years later I would be giving this talk, I was amazed of the involvement of these members who are participants and not only the recovery but the treatment field.

Back then, that was before CF R42 and HIPAA was that big of a deal and before the treatment center industry and HMOs but a special time to come to the process and participate in my own recovery and be part of so many thousands of people over the years. I am one of the folks who never came in and out. I never left. I was stuck and stayed.

I'm still in the 12 step program and I still go to meetings and still have a sponsor and I still sponsor. I still do service work. Yet, 20 years ago when I started as a kid at the school up on what the recovery industry look like and advocating so hard. I realized I am getting knowledge and participating in this evolving multiple pathways society in which we live in. I got to see the

handoff from the old-timers in the clinical world in the recovery world and the new generations percolate and emerge.

If anybody knows a history of recovery in America, you know it took off with the rapid growth of AA. Back they got publicity in the 50s and 60s and then there was a big growth in treatment and whatnot. To go from watching hands on peers being a major part of the process to sometimes feels like we are in island, the actual people recovery, we been pushed out to pasture by the special interest groups and in the percolating and emerging multiple pathways.

There is so much evidence and I hope you take time to do history on this. Recently, a couple of years ago, Dr. Marc Galantner whose former president [indiscernible] wrote a book of “What is Alcoholics Anonymous” and how pertinent and important and effective it is. You can bind the evidence from the participatory 12th step world to the scientific world, you will see it's all relevant. As we grow in McShin, we were a group of recovery folks who put this operation together to try to fast-track people because we know it the existing clinical world, the treatment world, the tax funded world, things were moving slow and if anybody's recovery they know one thing well. Like when an alcoholic or addict asked for help, science and history both show you get your best outcome when the hand is there and you do the reach out.

Get better data, better evidence, people stick and stay at a higher rate. I remember speaking to West Bar back in 2006 or 2007 and I'm in the capital -- I think at a White House event -- where I got the secretary of HHS, the director of SAMSHA at the time, Wes Clark and somebody who is somebody and I said why is it in your own book, you published in 2006, 22.6 million people need treatment? More than half -- 2.2 million -- received help in the self-help group and I went to explain in the glossary of your own book you quoted self-help was defined as Alcoholics anonymous and Narcotics Anonymous.

You do not list anything else. Those with a two self-help groups you listed and there's no greater participatory group of people than those pathways, especially, the add faith based Christian pathway or religious pathways. What I was trying to get at was you are throwing these policies, all of this funding at this clinical world, the treatment world. Don't you think it would be smart to throw some funding at the recovery world and value them in the best way to value them is if they are half of the recovery outcome, hell, they should have half of the funding or have the policy decision-making.

And created a storm because I noticed in 2011 when they reprinted the manual, they took out the self-help groups were even pertinent and went on to say that year that only 2.3 million got help and, totally, removed the participatory process at the time was the largest group of people that were demonstrating great outcomes and great recovery processes. Just to stir the pot a little bit, Honesty onto you

>> HONESTY LILLER: You are on, John.

>> JOHN SHINHOLSER: What do you know? It is good have your back. I did mine when I talked about the SAMSHA in 22 million folks needing help and whatnot. I believe we're on 10 now.

>> HONESTY LILLER: Okay. These are some questions for your organization or yourself to think about -- I will elaborate on all five of these. You do not have the answer in the box or anything. Samson will take over at the end and filter questions to us.

I can talk about my personal expenses as well as my professional experience here at McShin and other areas for the peer to peer is do you think there is importance of 12-step peers? Think about

that in your personal and professional and sometimes is wearing double hats in the clinical setting. That really isn't technically me because we are the authenticity of it.

Think of it. A lot of clinical social workers or individuals that work in the mental health field, it is hard for them and they tell me the balance of negative 12 step meetings and it is their 12-step personal recovery but their boss or the institution they work for does not, necessarily, believe in the 12 step model or the individual cannot share their in 12-step.

It is a weird kind of realm those individuals -- I do not experience because I share about my recovery in the dadgum grocery store. It does not put anything on me in my recovery but think about that. I would not be here, I truly would not be here John and Carol do not start McShin and I don't have anything when I came here. I didn't have my kit or anything.

The 12 step recovery community in our area in Richmond got to come in every day -- right now because of everything going on -- they came in and guided me. There is not a lot of women in recovery back then. Thank God for that. I would not be here today without the 12 step experience, for me, personally, my pathway, in the beginning and funneled through RCO which is McShin.

What is a conference of understand of the true 12-step sponsorship? It is approved through NAADAC so thank you, Samson. The difference between what recovery coaches and 12-step sponsor. If anyone wants information, let me know in my email will be at the end. What is the true meaning? Sometimes people get confused.

Is my 12-step sponsor my counselor or lawyer? Am I supposed to borrow money? The anonymous piece and 12-step fellowship, it is hard for individuals in our field, employed in our

field to take that 12-step fellowship hat off even though and where they were, they are supposed to.

What is the value of 12-step service work? For me, personally, it helps to this day I am inactive recovery myself. I have a bunch of different pathways I use but dominantly 12 step. That service work is, I feel, the heart of recovery. Helping an individual just like me on a day to day basis or however you can fit in your schedule to try to recover. It is not giving them all the answers and doing, necessarily, step work or anything with them.

Showing them how to help other humans. Even if you're not in recovery on this webinar and in the addiction field, think about stuff you are doing to volunteer even though it is not considered 12-step, it is importance of that philosophy, of one of us helping one another is the key, I feel, to be like to be honest with you. Is there a need for social connectedness and peer to peer? 100%. A tiny bit about my story.

I overdosed on heroin when I was 17 years old and that is when my family knew I was on drugs. I hid it five years pretty well because we're good at what we do. After that they tried to fix me and treat me and give me Jesus and methadone. I had every form back then. A lot of different pathways now but back then for opioid addiction.

My personal pathway was McShin and that 12-step community that help me so the peer-to-peer therapist and I went to that but nothing worked for me personally. Sitting across a table or suffer we have it McShin is someone sharing their lived experience with their addiction and recovery and had a little tiny bit of a Christmas like off my brain. It's not a big bulb but it was tiny and it progressed to the big bulb. The tiny light was wow. If he or she can do it, so can I. That is crucial for my personal recovery and millions of Americans as well.

How is your area accessing the 12-step program? How are they? Do you have them? And a lot of rural areas is hard to get 12-step going and its volunteer. 12-step meetings are volunteered and self-funded. With the basket going around. It is hard to keep meetings going if individuals do not run the meetings.

Here we go. Some emergent participatory opportunities for all of us to kind of go through. The medication assisted and replaced therapies that include one on one and group counseling. Basically -- I can speak for myself -- I had to get mandated to a particular drug in order for social services not to take my daughter for me because she was born and withdrawal from heroin.

The medication assisted treatment I had a personal negative outlook on it. I was using every other drug I could get on that particular treatment. I was never involved in recovery. It took me a little while through my recovery process this time to be open minded and have empathy for that because of my own lived experience but now I am cool with all of it and I understand it way more because of my education I got through this process and it was not just me trying to get my kid back and do what the state told me to do.

It is very important to be open minded in this process whether you are in 12-step or in their professional realm because people need the help they need. It is up to us as the ones that are running these organizations or working for them or whatever your path is to remember if someone is asking for help, unpack their brain and what do you think do you feel with their supervisors help with that unless you are the decision-makers that the individual needs?

Back then, 13 years ago, they did not have withdrawal or this stuff back then. Now there are so many more forms of treatment for individuals with SUD which is often. I field there needs to be a recovery process with that form of treatment.

Criminal justice book there are many drug courts community correction pretrial, posttrial and opportunities. McShin we are doing our best and if her and three jails locally in Virginia and we get to deliver peer to peer recovery support services to these inmates and teach them not just about using drugs and alcohol but how to become participatory process in their own lives.

Most of the women I have encountered in the jail I go into our moms. That is my niche because of my personal story. It is very empowering to see these women in the certain jail settings. They are stuck and on fire for recovery. These judicial programs are very crucial, I believe, for individuals incarcerated in the drug courts.

SAMSHA does the best with the block grants. Are grateful to SAMSHA here at McShin because we have a grant with them and a year and a half ago we started two new gel programs and have helped hundreds of people in the setting and they'd come to a recovery housing. Check out those grants. There is a bunch right now coming out and I get emails every other day. Check those out for your organization because that is huge that you can help so many more people with that funding.

Private treatment. We know what that is. Treatment centers, alumni come through the organization. It is really crucial for those individuals that go to the treatment centers or the form of treatment to know that treatment works and not just put something on your website and here is your numbers. It is about the person who has been through that treatment center.

My favorite recovery community organizations. We do so much more here at McShin that are in recovery and it is day-to-day. We have family programs, the jail programs and advocacy. We teach our people to be proud of the recovery and not have shame with their addiction. We teach those family members about advocacy and how they can speak up for the loved one they either lost, unfortunately, due to this disease or the loved ones they are still trying to help.

And our staff here at McShin are in recovery themselves and is important to reduce the negative outlook on addiction and educate our policymakers and anything we can that we do not suck. We are also people and we could change our laws through the process of recovery. John?

>> JOHN SHINHOLSER: Thank you, Honesty. You did a great job. You have to ask yourself if you do not think or believe there is a splinter in the treatment field and the participatory recovery field, then you're probably not looking in the right place. I think the best reason for this to happen there became an attitude of not only disease versus recovery in treatment try to help addiction but there is the better than thou attitude throughout the whole field assessment of my thinking. The judge knows best or the doctor knows best or a sponsor knows best. The truth is in our own facets, we all know best and our own specialty, we do know best.

The spokes in the wheel are not the same for everybody and I cannot tell you the value of institutional knowledge. I cannot do it justice. You have people with great instincts, could experience and that are as valuable as a doctor or a judge or PO or counselor or therapist any day the week. That is what is so important as a nation and a field that we realign ourselves. That is critical. There is too much evidence out there that the participatory process of these peers in recovery might be the best value out there, especially, when tax dollars or reimbursement dollars are concerned.

Think about it. A treatment episode is, typically, a few weeks to a few months. You might have ongoing therapy clinical work or medication therapies. But a person is in the game for the rest of their life if they truly suffer from stage three and stage four and if they are an addict or alcohol like me. This is a lifelong process. We have to start thinking more how can we value the people, the participatory community? How can we see they stay in the mix and how do we see to it they stay in business with ones who create these recovery centers and whatnot?

I think now in 2020 we have all this knowledge and evidence. Look at the COVID episode for a minute. We have this great epidemic. Very dangerous and very serious. The policymakers scramble to bend the rules and break the rules and throw money at it and make up new rules to bend the curve, so to speak.

We can do that with the substance use or epidemic you make that has been around quite a while and our country. Now that we have a whole new bottle looking at things, we can bend the curve and reach an apex somewhere in the process.

Let's talk for a minute. Reducing stigma and negative outlooks. There needs to be advocacy for those in recovery, seeking recovery and their family members. The negative outlook on addiction is still strong in so many levels of care. Public policy, and even the addiction recovery field.

If you look at the current media bombardment about how everybody wants to listen to the doctors, listen to the scientist, this is was going to take to reduce the impact of COVID-19 on a patient. Everybody listens to the doctors and scientists and people had COVID-19 in our covering. That needs to be the playbook moving forward with it diction in America. Our addiction epidemic.

Yes, we need to listen to the doctors and it diction file and yes listen to the therapist and counselor and treatment centers but we need to listen to these authentic recovery support service providers in the community that are just as much first responders, public safety, healthcare organizations.

The work we are capable of doing has yet been tapped. I have traveled America. I don't know if you know my travel record but in the last few years, I have been to 40 different states speaking to

40 different recovery community in organizations and correctional facilities. It is obvious to me what needs to happen. We have to have policy shifts that will not only provide access to those in need recovery most but we have to fund the tools and not only recovery people need and the peers need as well as clinical are the treatment world.

Nationally, clinical professionals have had mixed views about peers in recovery employed in the addiction field. I see that playing out every single day my community and across America. Yes, every business, every industry will have growing pains or problems. Anything you have people you have mistakes. Especially, with the emerging CAPRSS for those are not familiar with CAPRSS is a National Accrediting Body for Covering Communities and Authentic Recovery Community organizations up there with cough and Jacob but, especially, designed for recovering people.

NAADAC does a lot of good work with certifications and CEU's and education. Like in Virginia, you're creating this new stool with the leg and think a three-legged stool. We have criminal justice leg and the treatment center text funded leg. We need authentic peer recovery support provider leg in the three legged stool and recovery organizations and some have different policies that do not encourage a certain pathway of recovery.

You are listening to an old timer in the 12 step program with almost 38 years clean and 20 years ago it was a hard pill for me to swallow that there are other pathways and I need to open my mind to them. I have done that. Absolutely, a box of the Vivitrol, methadone. I have seen a miracle. I see no effective they are. We have a peer staff here and up until COVID-19 we had 31 peer staff. I think we're down to 15 or 16 now but we had to just like everybody else.

We got staff on medication and are doing wonderful. We have 120 recovery beds. 11 recovery houses. Many of our participants are on medication. There are doing just great. Who better to monitor these people and see those doing these things right or abusing it or have other agendas?

It is us. I think we do a great job. When we go into the jails and prisons and create recovery systems of care, you don't think we don't know who needs more help in what areas and who is doing great in other areas?

I think we're the best underutilized tool in the industry. We have to figure out a way for everybody not only get along but value each other and the roles in this participatory process. That does include policy shaping. That does include reimbursement without barriers. Without the jealous agencies and jealous special interest groups and their first order businesses protect their business, protect their money.

What happens? When you bureaucratize these things come to get diminished return on the dollar investment. There is a lot of gain to be made out there and recovering person in this field does not in the same level of someone in the treatment center clinical world. You do not need a Marine when a Boy Scout will do. Future policy changes, it is critical and every time I turn around as a commission or a committee or workgroup and these things are rigged. They're stacked with bureaucrats, special interest appointees and they will let a few recovery people on.

For 20 years we have said this is what we need and this is what it costs. These are the outcomes. At McShin where a large agency and self-funded for the most part. We been collecting data and we are showing, my God, the data is question anything close to us. The evidence is there but folks don't want to count are evidence account our data. That gets frustrating, I must say.

I think we were at we have so many educated informed willing people in recovery of all pathways. Yes, we can speak to 12 step a lot. But we recognize the faith-based pathways, medication assisted pathways, mindfulness pathways. They are all wonderful. The time has come for us to really step up our game and do our best work that we have to support and align with each other.

We cannot do this alone. It is time for a change. Honesty, you are up.

>> HONESTY LILLER: Thank you, John. It is time for a change. I love that. A few things for you to wrap their heads around is some pathways, planning, connection, events. How can you incorporate these services in your own organization or if you're thinking about starting an organization as well?

On pathways what are the many participatory pathways? Use the word participatory a lot. At McShin we have been, for a few years, really active on that process. It sounds weird when you say participatory process like Sally sold seashells by the seashore. It is really important to keep the individuals in your program for individuals you are helping with SUD a part of their own personal recovery.

John touched on, that was our pathway to the 12 step. I do a bunch of other stuff. Faith-based and a lot of meditation stuff and exercise. I started a running club at McShin which is a huge part of my personal recovery. It is being able to show the new participants in our program how to recover as well through exercise and really important to my personal life and my personal path.

That is what participatory -- just necessarily individual comes in your organization and you say 12 steps is the only way. At McShin years ago we evolved around 12 step and in the past nine years we changed tremendously because times of change. That will keep changing and especially after the pandemic. What is recovery going to look like as well? Remember, there are so many awesome pathways.

There is so much that you can offer an individual that walks through your doors or in your life or calls you and need some form of treatment or help. Remember to keep them involved and engaged in their own process of recovery.

And planning. Simply identify your community resources available participatory organizations. John touched on it a little bit about the partnership that is also partnering with other RCOs. Here at McShin there is a lot of sober living and recovery housing and it is important to get as much resources as you can for the individuals who are constantly updating our resource page, especially, with the pandemic. You have a whole resource page of Zooms an online faith-based and stuff from SAMSHA and what we're doing here at McShin.

Our planning -- John and I and our staff are good at shooting from the hip. We need to fill this void immediately and we are smart and good thinkers in recovery. What can you do for your community that is going to involve other resources? We get individuals daily at McShin to move entire recovery housing.

They need food stamps, Medicaid, clothes, food. It all depends on the individual. A lot of it you can do on 2-1-1 we can call and ask for these resources. That is a huge thing is having resources available. We have access and linkage to professional therapists, substance abuse counselors, same day detox and a doctor and Vivitrol. It is so important to be able to find whatever you can for those individuals that need that treatment are recovery.

And connection. Make and develop connection and utilize peers. We have a kid here -- just to touch on it -- this individual was need recovery and still lives in our recovery housing. It is getting for National Recovery Month all across the world, he is getting places to light up in purple because those are colorful recovery my. This is something he enjoyed doing and you have to find those individuals and peers what is that niche?

We come across very, very talented people in our organization. I can speak for John and myself that just because we were using drugs, it clouded a lot of a judgment and brain cells but once you get the recovery piece and empower these individuals and make that connection of what they like and what are they good at whether its exercise or writing or whatever, we try to maximize on their talent.

Show them how great of humans and they are. There is nothing more greater than seeing someone be able to live out their dream through the process of recovery.

And events. God knows right now -- I don't know how well your organizations are doing events but, obviously, there is a lot of hiccups in events right now. But McShin is amazing at events. We have a lot of events throughout the year and is the social connectedness. The best part is seen our participants and being able to be with their children at our events and not have to beat high or drunk.

Seen them in the bouncy house and pushing a kid on the swing and that social connectedness and peer to peer is so crucial in all long-term recovery, specifically, in early recovery that it amazes me to see the dads and moms so I can be a parent and not have to use drugs? That is from my own experience as well. It is cool to have many events but never doing virtual stuff at McShin so were still keeping up with somewhat of events for our followers and our participants as well.

We are abiding by the CDC. Are you willing to do this if not already in action? Now we have 400 and some people on here right now. Now is not the time to keep talking about let's be about it. Me and McShin we are all on the same page as far as let's get this done. What does it look like? What does it cost? Develop a plan quickly because people are dying.

We keep it very authentic and real at McShin. It is important for us to be about it and stop necessarily let's have a workgroup and workgroup and 20 workgroups later, that can be up to a year. I am not trying to offend anyone if that is what you're doing by any means. In my heart of all hearts, let's get it done, professionally, and organize but let's get it done sooner than later.

I don't know about any of you but I'm sick and tired of people passing away and now, unfortunately, the cannot funerals for their loved one. I am very passionate about that.

Back to you, John.

>> JOHN SHINHOLSER: How do you engage on contact? I am listening to Honesty talk. I know how we do things here at the recovery center and when we go into the jails and prisons. You go into a prison setting or gel setting. You're in a pod. May have 60 people in there. You have the knowledge that yes, there here for a mishap related Substance Use Disorder but I automatically know that 80% of these folks have underlying trauma issues and whatnot.

I cannot help but wonder if you suffer from trauma, in my mind, corrections, especially, if it's not a good correctional facility, which I cannot imagine most of them being that good, some are better than others. How the hell you begin the process of helping these folks deal with their trauma issues in this environment with the tools we are working with in the restrictions we are working with? The task is monumental.

I know for each pathway recovery or each doorway entry, I know treatment centers have a way of doing things and therapists have a way of doing things and agencies have a way of doing things. But when where there, that recovery has to happen. That is where the whole thing emerges. I don't think there's any substitute for or not many substitutes for motivational person

and hope dealer that can make that contact with the individual not only give them solid message they can stop using substances but obsession and compulsion it is a big component to addiction.

Not only can they stop using drugs and lose that session, but they can find a good way to live. Sometimes the new way to live is a process. It might start with a treatment episode or correction episode or medication episode. Somewhere in the mix, those individuals have to start launching in the recovery and living these new ideas and principles they are hearing about. We keep that front and center whether they're walking in off the street or from the corrections.

We do that initial assessment, and a simple assessment tool and we give them a hope shot but during that process, especially, on the outside, you might have an opioid addict that walks in and says I have had it. Guess what? If you don't get the opioid addict in front of a doctor or detox protocol, most of them go right back into the community and be a higher public safety threat.

If you want to reduce does make if you want to reduce the impact addiction has on community, provide opportunities for the folks and, especially, the ones asking for help and give what they need when they need it. Do not play the game with them. Do not tell them to come back in a week, we will get you an appointment. Do not make them sign up for Medicaid. Get them into recovery and get them in what Honesty spoke about and get down to the addiction specialist to get a detox protocol or maintenance or replacement therapy.

Get them into recovery houses or sober houses. Do this in a compassionate loving way and studies show that is where your best outcomes in savings are. In your particular organization if you're dealing with funds through a treatment center or walk-in center or outreaching engagement center, I think you have to have a link up to rapid medical and clinical attention. When we start at McShin I cannot believe the amount of people that came to us and not only detoxing from drugs but they had other mental health medical disorders that run treated.

People clearly needed to be on medication and they cannot see a tax funded shrink for 60 days. Come on. What is this person to do? We have to do a better job and you better believe that me and Honesty and folks in our space, it does not take as long to realize run from a person that needs a high paygrade. Someone who needs to be see somebody about our level and the problem is there is a shortage of that. A lot of times we end up dealing with this population the best we can know when it is above our capacity but it is like the little boy holding his finger in the dike to keep the dog from busting.

That is another great valuable population. We are true soldiers in this fight. If your organization agency and you got a handful of us, you might be shorting yourself from doing your best work. There are exceptions to that. I am well aware of hospitals and the high-level treatment centers and corrections. They do have policies and protocols that can prevent stuff like that.

All of the time, I bet one out of three people walking in our facility, definitely, need inpatient treatment. Unfortunately, a lot of times that does not exist and we do the best we can while we are here. And have a safe place for these folks to be during this triage period and this new recovery period or come back. The value is tremendous.

Does your organization have access to criminal justice recovery program in? If you do not, contact us and we will give you what we got. But these communities all across America, we know where the most needed population. Yes, they are in the homeless population but the correction population houses a tremendous amount of folks that have current disorders, other mental disorders and substance use disorders.

Those sorts of folks and earlier I mentioned if you want to start listening to doctors and scientists and data likely due to the COVID-19 and apply that principle to addiction and mental health

field, my God. We can get apex within a year or two of the addiction epidemic. There are simple things that a lot of folks need. They need a hand up.

I have not met many newcomers who do not need a ride somewhere. It can be to appointments or doctors or program or outpatient. These recovery centers if you can think the bases you need to cover I think that goes a long way. We are running out of time so I'll try to move quicker.

We never took our eye off the family. Any time you get your family days, not only do they need help but having them involved and engage really helps move the process along. And to serve others, a lot of agencies, those a main principle is to serve. We are a service population. We love to serve. We are not in it for the money or the glory or the ego. Just strictly the way we stay off of drugs is we serve others.

We are uniquely qualified to be an incredible participatory workforce out there and all across America, there are 20 million people in recovery. I bet we have 2 million true soldiers ready to get out there and get in this space but you have to stop bureaucratizing the process according to funds but you have to share this. And all around us our organization is an old church building but I cannot tell you the amount of congregations and religious organizations and churches in business that we educate prevention, harm reduction, education. Such a vital component of this process.

All right, Honesty. On to you.

>> HONESTY LILLER: All right. Just to wrap up and we don't have much time. If Samson wants to throw in some questions at us, we are ready. We are all in this together to help heal families and save lives. Let's remember that. The ultimate goal no matter what, it does get frustrating out there and it does sometimes it's all about the money or whatever. Who gets what?

It is the ultimate goal is save lives. And reduce the pain families go through when they lose a loved one.

Be a part of recovery movement with integrity. That is huge. Be about it. Walk like you talk. Do not be a sketch mall. Be respectful of all pathways of recovery. Have empathy for all pathways. And remember just because it is not your path does not mean it is not someone else's. Be a hope deal in whatever profession role you're in and that does not have to be someone in recovery. You love people in recovery and you want to help them. That could be your profession or whatever but remember you always have to get those individuals hope and do not have a negative outlook on them in their pathway and how they were raised or anything like that.

During active addiction, we do things we not normally would have done and remember to have empathy for them and give them some form of hope. Samson?

>> MODERATOR: Thank you so much, John and Honesty. Will have a few minutes and also see if I can squeeze in two questions. The first one is coming from a few people. John mentioned earlier the current COVID-19 issue and Honesty you it discussed the importance of advocacy. In these two issues together. What are some examples of advocacy opportunities for recovery support specialists and their partners and clients in recovery during the current COVID-19 lockdown?

>> JOHN SHINHOLSER: Briefly and that I'll give Honesty a minute to respond, I am part of a tremendous amount of social media activities right now. There is a huge movement taking place amongst the recovery community, family members, support groups. When this COVID thing passes we want to remind America of the science driven, data-driven being the policy, break the rules, make new rules fund and let's use that for the addiction epidemic to include much stronger harm reduction and get people off of felonies.

Change some serious law but do heavy funding. But the recovering people, I am telling you. If you do not get up there and be part of this process, once again, you will be left behind. Here I am 20 years in this space and I still have people wanting to hold committees and commissions and workgroups on what to do and every single day we have new people walking in the door with no funds and ready to go and hello.

It is happening. Pay attention to what's going on in social media and get on top of these organizations doing this hard work. Honesty, your thoughts?

>> HONESTY LILLER: The same thing. Social media is definitely the jam right now. Anything -- there are so many groups out there in social media whether it is Facebook or LinkedIn or whatever. Any way you can get involved that way is the way that society is doing it right now in general. You can be a face and voice through those social media outlets 24/7. It is what it is right now.

>> MODERATOR: That is great. Is about leveraging technology. I will try to get two more in. Karen from Florida asked, how to get more diversity involved in your participatory process?

>> JOHN SHINHOLSER: I could briefly touch on the fact that here at McShin we know for the City of Richmond this is a huge underserved population, a large minority population. We at McShin progressed and said look man. We have to carve out 20 beds or 30 beds. We have to get into these facilities and correctional facilities. The LBGTQ and the poor folks.

We were very dialed into that and that's in our nature, our DNA leave nobody behind. Leave nobody on the field. Leave no winded on the field. We are really strong in that area and getting better every day and we make sure very diverse and our board and staff and our outreach workers. Honesty, what are your thoughts?

>> HONESTY LILLER: Same. We do send out surveys as well to our 7000 emails to get feedback from the community and have focus groups on what other population we could serve as well.

>> MODERATOR: John and Honesty, thank you so much and thank you everyone for your questions. We got great ones. We will email your questions to John and Honesty and work with them of the next few weeks to get some answered in the Q&A document. Will post them on the same website that you use to register for this webinar. This is that website popping on your screen. If you're wondering about your CE quiz for this webinar or had access the recording after the live event, remember that every NAADAC webinar has its own webpage that houses everything you need to know about that particular webinar.

Immediately following the live event, probably in about one hour, you will find online CE quiz link on the exact same website you use to register for this webinar.

Everything you need to know will be partly hosted at www.naadac.org/participatory-process-solutions-webinar here is the schedule for our upcoming webinars. Please to in if you can.

There are some interesting topics with great presenters. Many of you have taken the current Peer Recovery Support Series in order from 1-6. But there is some here just join us for the first time and no worries. Although this concludes part 4 about 6 part series on peer recovery support you can still register to complete the rest of this free series postpunk our next session will be on April 24th on supervision and management and conclude the series on May 15th from Phil Valentine at deeper dive into coaching recovery. You can easily catch up on all of the other sessions by going to the website listed on the slide.

Currently, NAADAC is offering series and you can visit the website listed on the slide to learn more about our clinical supervision and addiction profession series. As many of you know

clinical supervision in addiction profession is very different than the rest of the healthcare and clinical space. There are other things to look into and you will see six different sessions here accessible to you on this webpage.

The second series is addiction treatment in military and veteran culture. Right now, some of our most respected are also our most vulnerable. As the nation tries to stay in balance during a national crisis, those with trauma related symptoms and a history of Substance Use Disorder can reexperience some of the worst fears. Trying to manage triggers in an ever-changing environment and this series presented by Duane France whose retired counselor and comment that will help you address intricate issues.

You can visit the website listed on the slide to learn more. And if you to become a NAADAC member, your CEs from this webinar will be free. For nonmembers there is a different path. Visit NAADAC.org to join and thank you to the McShin Foundation. John and Honesty. John we thank you for your service. We got a lot of great feedback in the questions box and send them to you and for the audience thank you for participating in this webinar. A short survey will pop up at the end.

Please take time to give us feedback. Your nose to the presenters and as lets us know how we can improve the overall process. Continue the great work in recovery and everyone be well.

>> HONESTY LILLER: Thank you.

[End]