



Practicing Recovery: Expanding Person-Centered Care

Issue 1: January 2015



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A NOTE FROM THE PROJECT DIRECTOR



Laurie Curtis, M.A., C.P.R.P.
Project Director, Recovery to Practice

What makes us professionals?

- » Have valued knowledge and skills
- » Receive payment for work (and/or volunteer services)
- » Take work seriously
- » Receive specialized training or preparation for work
- » Meet a set of certification or licensure requirements
- » Commit to a code of ethics or standards for practice

A fresh look! An expanded focus!

Peer support is emerging as a professional discipline and certified peer support specialists are increasingly occupying valued roles within behavioral health services—both in traditional and in peer-operated services. This does not diminish the importance of informal, heart-felt, person-to-person peer support, coaching, and mentorship that has been the foundation and nexus of this movement. On the contrary, the field is recognizing the positive impact of peer support on the process of recovery in behavioral health.

The term “behavioral health professionals” encompasses peer support specialists, recognizing this new field as an important partner in recovery-oriented practice and service delivery.



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A fresh look! An expanded focus! Welcome to the second phase of the Substance Abuse and Mental Health Services (SAMHSA) Recovery to Practice (RTP) project!

The overarching goal of the RTP project continues to be moving the concept of behavioral health recovery from a set of beliefs and values to concrete guidelines for treatment and recovery support services that operationalize these principles. Under the management of Advocates for Human Potential, Inc., and its partners the Center for Social Innovation and the Center for Practice Innovation at Columbia University, the focus of the second phase of the project will be on integrated and multidisciplinary approaches to recovery-oriented treatment and services for persons with behavioral health disorders in diverse practice settings. This

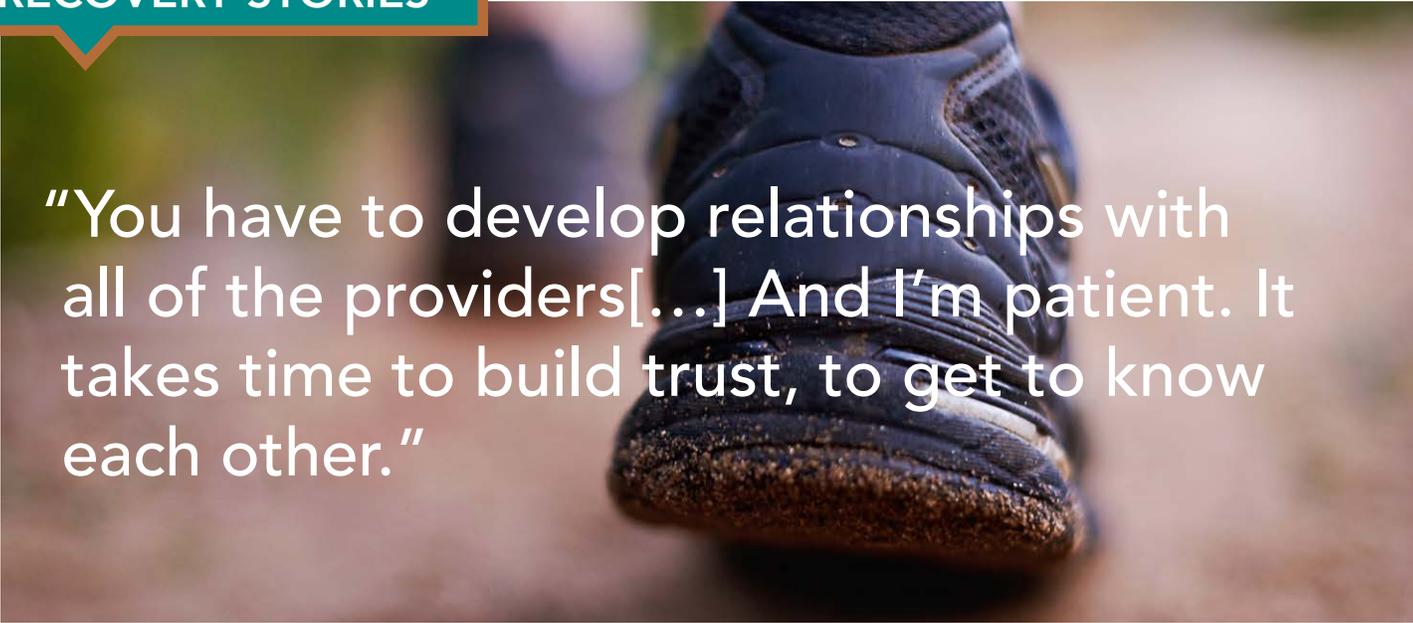
work will build upon the curriculum developed by six professional associations during the first phase of the RTP project, and will encompass:

- » Supporting and expanding the uptake of the existing discipline-based curricula through technical assistance and training events;
- » Providing information and resources through informational newsletters and the RTP website;
- » Developing a new training module on interprofessional collaborative team approaches to recovery;
- » Creating training materials for peers working with people experiencing homelessness; and
- » Developing clinical decision support resources for prescribers and other providers serving persons with serious mental illness.

The new look of the quarterly RTP newsletter embodies this fresh

perspective. We will continue to provide you with great resources and “news you can use” in an attractive, lively, and easy-to-read format. This issue spotlights Thought Leader Joe Powell, the Executive Director of the Association of Persons Affected by Addiction, who describes practical steps for developing peer-provided recovery supports. Tony Russo, a retired United States Navy Submariner and Certified Peer Specialist with the Edith Nourse Rogers Veteran’s Administration Medical Center, shares his powerful recovery story. In this and every issue, you will also find practical and useful tips and resources for practitioners.

As always, we value your feedback, resource recommendations, and contributions to this newsletter. Please drop us a note at RTP@ahpnet.com. We’d love to hear from you! ●



“You have to develop relationships with all of the providers[...] And I’m patient. It takes time to build trust, to get to know each other.”

Moving from Sobriety to Recovery

By: Rachel Latta, Ph.D.

Tony Russo works as a peer provider at the Bedford Veterans Administration Medical Center (VAMC). As one of Bedford’s first peer providers, Tony has worked in almost every program at the VAMC. His current role is with the Community Reintegration Program, which seeks to help veterans reconnect with community supports. Tony is also a coach for the Special Olympics, a volunteer provider with Family Promise who helps homeless families attain housing, a member of First Baptist Church Beverly’s Social Concerns Committee, and a board member with the Psychiatric Rehabilitation Association.

LATTA: Could you share with us your path from sobriety to recovery?

RUSSO: First, you need to understand that sobriety does not equal recovery. I think the ingredients to gain recovery vary from person to person. The ingredients that allowed me to move from abstinence to recovery were time, education, and the church.

The time piece is that the further you are from the addiction, the easier it gets. I didn’t think that at first, because you can’t see it at one month of sobriety. But once you get a year or more, then you can start to visualize the benefits.

Education is about reading the materials you get in programs, finding recovery meetings that work for you, and listening to the people who have been there. You start to hear all the stuff that you initially dismissed. Another piece of education is hanging around with different people—



and that's not the same thing as saying "change people, places, and things." I sought out people for specific reasons. I sought out the minister at my church to guide me on my spiritual journey. I started volunteering. This brought me to a different crowd, with a different purpose.

My involvement with **the church**—which is not necessarily about religion, but spirituality—brought me to a better place on my spiritual path. I quietly started attending the church and it really was just showing up. After two months of attending worship, I was asked to work at the church fair. It took off from there—my willingness, my desire, my attendance, my *stick-to-itiveness*, and then, my sense of belonging.

LATTA: Can you say more about your shift from sobriety to recovery?

RUSSO: Here's what I can say shifted. I find validation in my church, because they took me for me. They don't see me as

the addict, the "screw up," or as all the problems I created in my addiction. They may have heard rumors, but they didn't know me like that. They also didn't judge me. At the church, I'm a greeter and an usher, and they're going to make me a marshal. I'm involved with several committees. My opinion is valued.

LATTA: Based on your experience as a peer in a number of programs at the hospital, how can we bring recovery into all health care settings?

RUSSO: You have to develop relationships with all of the providers. I worked in a program where they didn't want to give me the keys to the office, because I had been in treatment in these programs before. So I had to work harder to find ways to connect. It can be little things, like finding out what the providers' interests

are. I talked with one psychiatrist about basketball, late in the day, when most of the veterans and other staff had gone home. I lead with my values—I offered to make omelets for all the veterans at the holiday party in a residential program. And I'm patient. It takes time to build trust, to get to know each other.

"I find validation in my church, because they took me for me. They don't see me as the addict, the 'screw up,' or as all the problems I created in my addiction."

LATTA: Thank you so much for sharing your experience with us. You remind us of the importance of developing interprofessional collaborations when working with people in recovery. Whatever your professional discipline, taking the time to build trust and develop relationships in your team will allow you to provide better care and help service users develop and maintain optimal health. ●



The Value of Recovery: Partnering with Managed Care to Provide Peer Support

By: Justine Hanson, Ph.D.

“I always say ‘peers go where no one has gone before.’ We go to the jails, treatment centers, psychiatric hospitals, emergency rooms, and health centers...”

“Wherever there are people, there are people affected by addiction. And we are there. With the managed care contract, we are able to provide peer support on a whole new level. We are able to put peers where nobody else can,” shares Joe Powell, Executive Director of the Association of Persons Affected by Addiction (APAA) in Dallas, TX. APAA is a peer-led, peer-run, and peer-driven recovery community organization that provides informational, instrumental, emotional, and affiliation support to people in recovery from substance use and co-occurring mental health and substance use disorders.

Founded in 1998, APAA made history by becoming the first recovery community organization to sign a contract with a managed care organization, Value Options, to provide peertopeer recovery

support services. Joe was first introduced to Value Options in 1998 through community meetings on behavioral health. Value Options had been referring clients to APAA and saw how APAA was growing and developing its infrastructure through funding from SAMHSA. A regional pilot program for managed care provided an opportunity to partner together to provide peer recovery services.

“It was a big step and a risk for them. A managed care organization contracting with a peer recovery community organization hadn’t been done anywhere else in the country. They only pay for group sessions and individual coaching, but they get a big bang for their buck. We can go into places where no other treatment provider can go. I always say ‘peers go where no one has gone before.’ We go to the jails, treatment centers, psychiatric

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5 TIPS

Five Tips for Building Effective Teams

Effective primary care and behavioral health teams share the following five components. Bring these to your organization to improve your collaboration!

Effective integrated care teams share:

1



Leadership and organizational commitment

Span boundaries, buffer teams from stressors, take risks, create clear vision, and focus on providing the right care at the right time

2

Common framework

Create and carry out a shared social contract that ensures multiple health disciplines, working in concert, are worthy of the trust of service users and the public



3



Team development

Foster strong team relationships, hire the right providers, create clear roles and responsibilities, and cross-train providers

4

Team process

Use three types of communication: Clinical case review, day-to-day operational communication, and process communication



5



Team outcomes

Identify clear patient outcomes as key to guiding a shared treatment approach and reduce conflict among providers

SAMHSA's Leading Change 2.0

Have you reviewed the recently released strategic plan to guide SAMHSA through 2018? SAMHSA's Leading Change 2.0 outlines six strategic initiatives for meeting SAMHSA's mission and goal to increase awareness and understanding of mental illness and substance use disorders, promote wellness, increase access to effective treatment, and support recovery. The initiatives include:

1. Prevention of Substance Abuse and Mental Illness
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development

The Recovery to Practice project supports [SAMHSA's Recovery Support Strategic Initiative](#) and collaborates with SAMHSA's programs and campaigns to provide comprehensive training and technical assistance to improve the quality and delivery of behavioral health services across the nation.

[Taking Action: A Mental Health Recovery Self-Help Educational Program](#)

Check out this recently released SAMHSA curriculum that offers self-help concepts, skills, and strategies for adults with mental illness, including those with substance use disorders.

Continued from page 6...

hospitals, emergency rooms, and health centers, and we have our own recovery community center to provide recovery support. We have the workforce to go wherever people are to talk about recovery and engage people in treatment and recovery. The managed care contract also gave us the opportunity to provide services for indigent people (below 200% of the poverty line)," describes Joe.

The strength of the partnership between APAA and Value Options is rooted in sharing the same goals: promoting the value of recovery and helping people to recover. Joe notes that a key element of APAA's recovery services is providing a welcoming environment, and that their partners at Value Options consider this level of engagement and outreach as "something money cannot buy."

In addition, the contract gave APAA the opportunity to grow and gain recognition in the community. It also provided a stable revenue stream. "It is a very dependable source of revenue that has helped us grow and expand. With this funding, we can do things that we cannot do with government grants," explains Joe.

Promoting the value of recovery is a deeply personal mission for Joe. "My goal is to do whatever I can to eliminate the stigma that is associated with addiction and mental health issues. It is one of the biggest barriers. I have 26 years in recovery, since October 1988. Recovery means that I am able to be a father and to give back to the community. I am able to be of service at a whole other level to help people see the value of recovery." ●

What's Next?

Training and Technical Assistance Opportunities

Interested in Shared Decision-Making in Behavioral Health?

SAMHSA's [Bringing Recovery Supports to Scale Technical Assistance Center Strategy](#) project is recruiting participants for a training and technical assistance program to help organizations incorporate shared decision-making principles, practices, and tools into mental health services, substance use services, peer support, and integrated care settings. This is a rare opportunity to participate in a collaborative learning process about shared decision-making in behavioral health and receive get support to design and initiate a project at your organization or program.

This structured program includes three related components:

1. Virtual Learning Classroom (VLC): At least six hours of live, interactive online training on shared decision-making in behavioral health. The next VLC is scheduled for March/April 2015.
2. Project implementation support: Virtual technical assistance for your implementation project. Limited on-site training and technical assistance may be available to approved agencies or programs.
3. Collaborative Learning Community: A community of practice for ongoing collegial support, information exchange, and networking.



Interested? Applications are being accepted until February 15, 2015 for the spring program.

To receive an application, contact Tahisha Victor at: SDMTTA@ahpnet.com.

[Bringing Recovery Supports to Scale Technical Assistance Center Strategy](#)

FEB
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Webinar: "Motivational Interviewing for Peer Support Workers"

February 12, 2015, 1:00-2:00 p.m. Eastern Time

Contact brsstacs@center4si.com to receive registration information.

Conferences

National Council for Behavioral Health

APR
20-22

2015 National Conference

Orlando, Florida

Check out the [site](#) to register for the conference.

American Psychiatric Association

MAY
16-20

168th Annual Meeting

Toronto, Ontario, Canada

Check out the [site](#) to register for the conference.

Psychiatric Rehabilitation Association

JUN
1-4

The Recovery Workforce Summit:
2015 Annual Conference

Philadelphia, Pennsylvania

Check out the [site](#) to register for the conference.

American Psychological Association

AUG
6-9

2015 Annual Convention

Toronto, Ontario, Canada

Check out the [site](#) to register for the conference.

American Psychiatric Nurses Association

OCT
28-31

28th Annual Conference

Orlando, Florida

Check out the [site](#) to register for the conference.

