



# The Importance of Recovery Systems and Services

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A Case for Housing



# Webinar Objectives

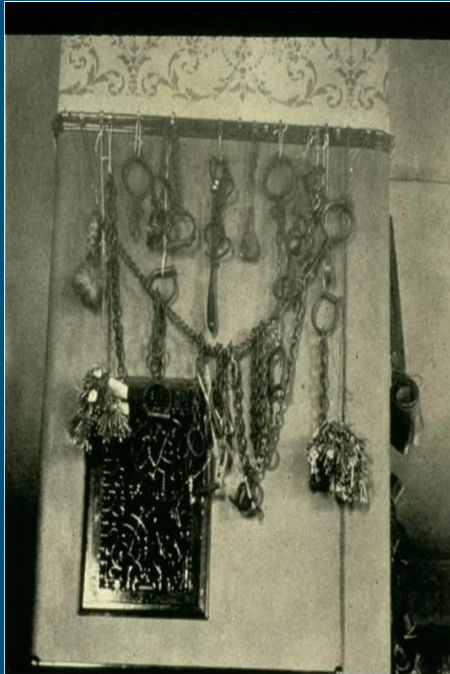
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- Define Recovery, Recovery Management, & Recovery Systems of Care (ROSC)
- Highlight the opportunities for recovery in housing

# A Brief History



# A Brief History...

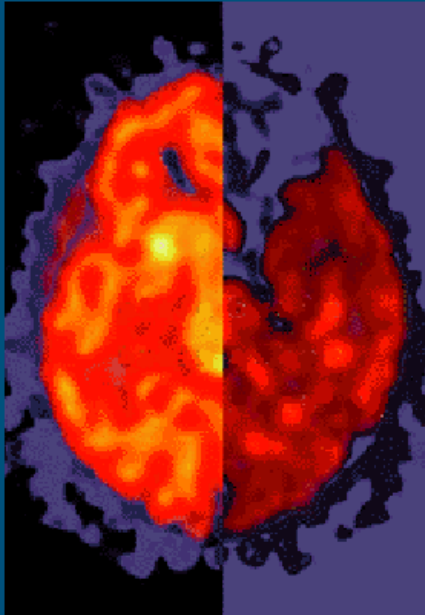


*“The law must recognize the leading fact, medical not penal treatment reforms the drunkard.”*



Slaying the Dragon: The History of Addiction Treatment and Recovery in America  
2nd ed. Edition  
by [William L. White](#)

# A Brief History...



BRAIN CHANGES appear prominently in positron emission tomography (PET) scans of Ecstasy users as well as people who abstain. Drug users(right), though, have far less serotonin activity, as is indicated by the dark areas, compared to the controls (left). New studies show that this difference may contribute to permanent brain damage.

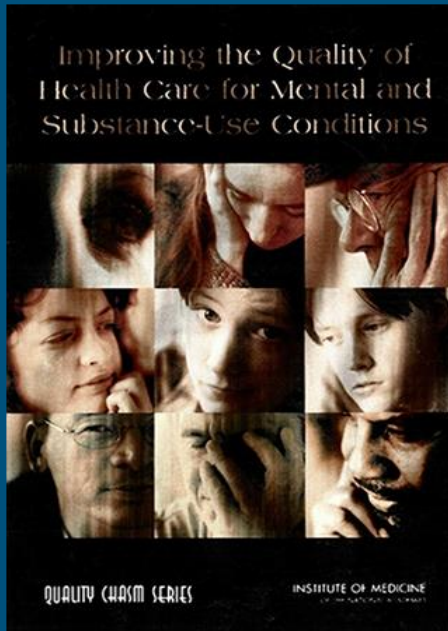
From: Leutwyler, K. (2004). "Ecstasy's Legacy: Several studies have now shown that the popular drug causes permanent brain damage." Scientific American. Retrieved on

September 20, 2006 from <http://www.scientificamerican.com/article.cfm?id=ecstasys-legacy>

Image: NATIONAL INSTITUTE ON DRUG ABUSE

# A Brief History...

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Substance Abuse and Mental Health both addressed, as well as first time science acknowledged the chronic nature of substance abuse treatment.

IOM 2006 Report

## A Brief History...

Addiction/Chronic Illness	Compliance Rate (%)	Relapse Rate (%)
Alcohol	30-50	50
Opioid	30-50	40
Cocaine	30-50	45
Nicotine	30-50	70
<b>Insulin Dependent Diabetes</b>		
Medication	<50	30-50
Diet and Foot Care	<50	30-50
<b>Hypertension</b>		
Medication	<30	50-60
Diet	<30	50-60
<b>Asthma</b>		
Medication	<30	60-80



O'Brien CP, McLellan AT. Myths about the Treatment of Addiction (1996). The Lancet, Volume 347(8996), 237-240.



# A Brief History...

## Treatment is Cost Effective

- Every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12:1 (NIDA, 1999).
- Three years after treatment, recovering alcoholics had 24% lower health care costs (private insurance) than similar untreated alcoholics (Holder and Blose, 1992).
- Substance abuse treatment cuts drug use in half, reduces criminal activity up to 80 percent, and reduces arrests up to 64 percent (OES, 1997)

Holder, H.D. And Blose, J.O. (1992). The Reduction of Health Care Costs Associated with Alcoholism Treatment: a 14-year Longitudinal Study. *Journal of Studies on Alcohol*, 53(4), 293-302.; Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Administration. (1997) *The National Treatment Improvement Evaluation Study (NTIES)*; and National Institute on Drug Abuse. (1999). *Principles of Drug Addiction Treatment* (NIH Publication No. 00-4180). Rockville, MD: NIH/NIDA.



# Impetus for Change

“If addiction is best considered a chronic condition, then we are not providing appropriate treatment for many addicted patients.”

*-Dr. Tom McLellan, 2002*

# GOAL: Recovery From Substance Use

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A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. -SAMHSA

# Stages of Recovery

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1. Pre-Recovery Initiation
2. *Recovery Initiation and Stabilization*
3. Recovery Maintenance
4. Quality of Life Enhancement
5. Community Health

# Recovery Management

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A philosophy for organizing treatment and recovery support services to enhance pre-recovery engagement, recovery initiation, long-term recovery maintenance, and the quality of personal/family life in long-term recovery

-William White

# 8 *Key* Performance Arenas Linked to Long-term Recovery Outcomes

1. Attraction, access & early engagement
2. Screening, assessment & placement
3. Composition of the service team
4. Service relationship
5. Service dose, scope & quality
6. Locus of Service delivery
7. Assertive linkage to communities of recovery
8. Post treatment monitoring, support & early re-intervention

1.

# Attraction, Access & Early Engagement

## Acute Care

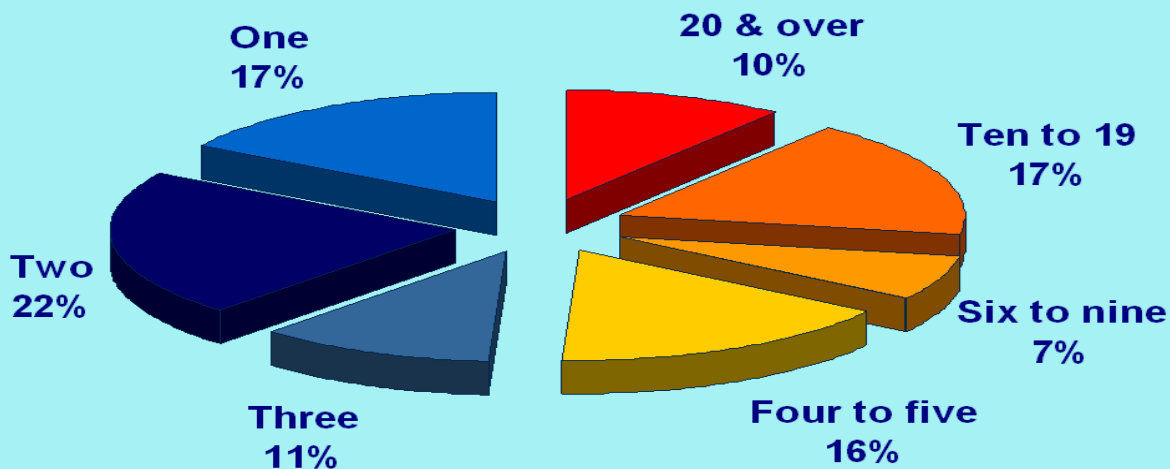
- Late stage
- Coercion
- Waiting list drop outs
- Attrition (>50% do not complete)

## Recovery Management

- Assertive community education & outreach
- Assertive waiting list management
- lowered threshold of engagement; institutional outreach
- Change admin discharge policies

**Addiction career *Number of abstinent periods* one month or longer followed by return to drug use prior to current abstinence\***

**50% reported 4 or more abstinent periods followed by return to active addiction**



Outside of controlled environment, among those who report one or more such periods: **71%** N=248 Laudet & White 2004b

## 2.

# — Screening Assessment & Placement

### Acute Care

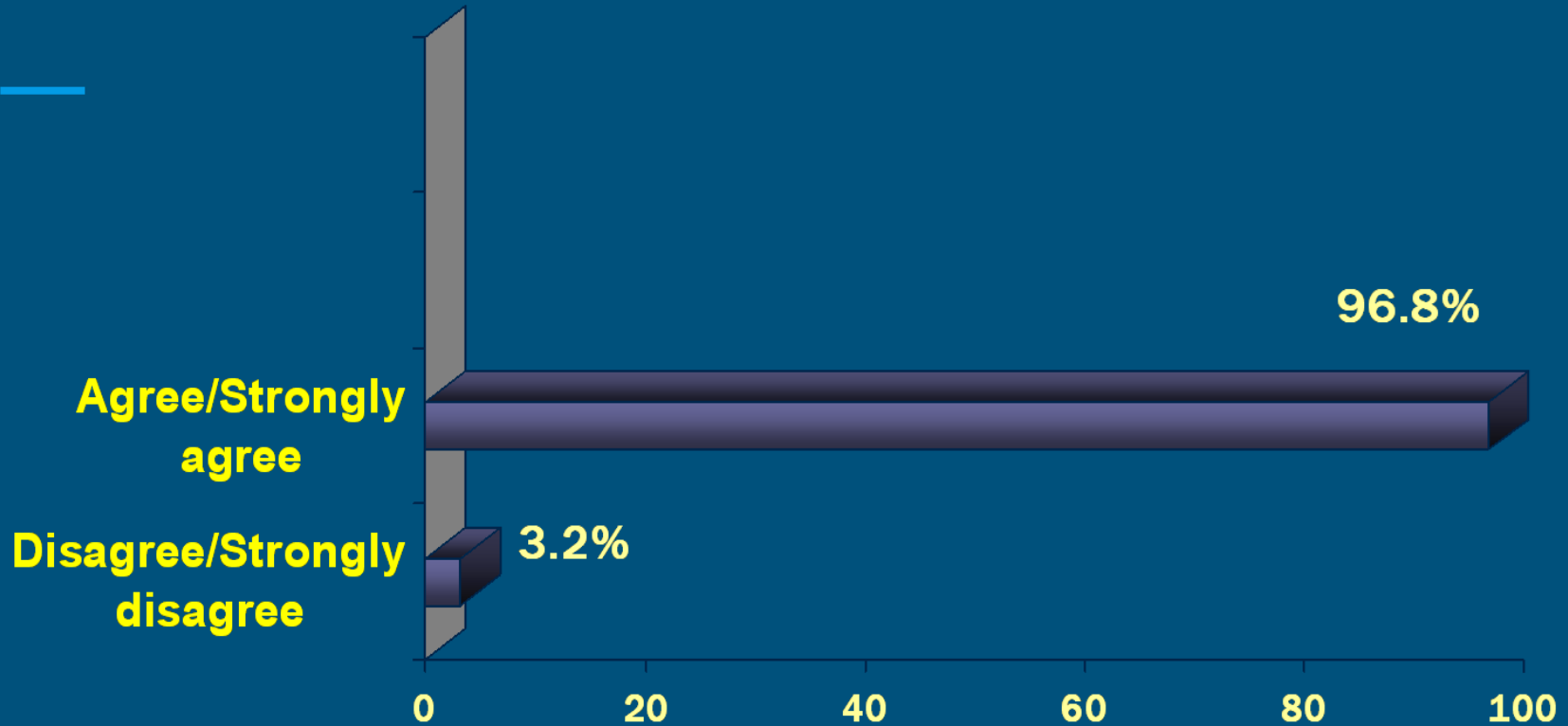
- Assessment is categorical
- Pathology focused
- professionally driven
- An intake function & individual focused
- Placement based on problem severity

### Recovery Management

- Assessment is global
- Strengths based
- Client driven (rapid transition to recovery plan)
- Continual & incl; individual, family & recovery environment
- Placement also based on recovery capital



*Recovery is a **continuous process** that never ends”*



Laudet, JSAT, 2007

### 3.

## Composition of Service Team

### Acute Care

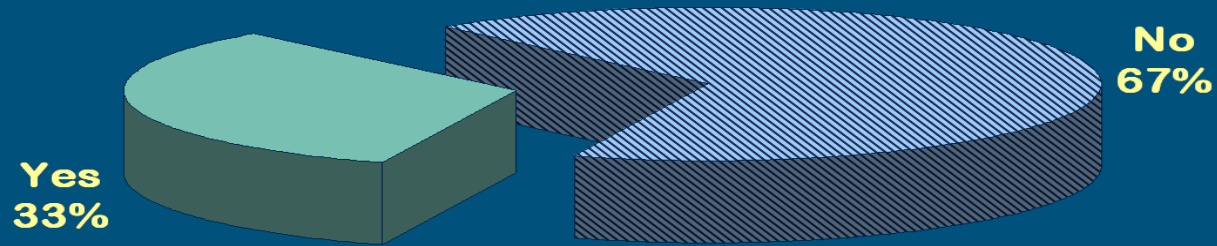
- Disease rhetoric but few medical staff
- Recovery rhetoric but decreasing involvement of recovering people

### Recovery Management

- Expands the role of medical; primary care & allied health
- Expands role of "persons in long term recovery"
- Expands role of indigenous healers
- Reinvests in volunteer & alumni programs

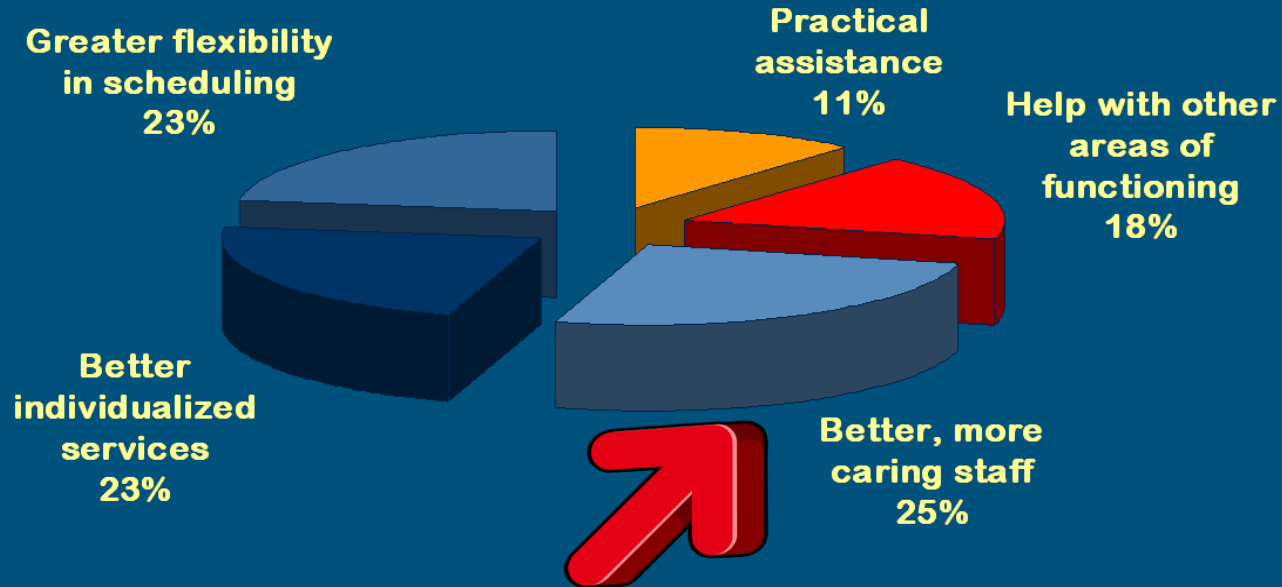
## Minimize Attrition:

*Is there anything the program could have done differently so that you would have continued attending?*



# Minimize Attrition:

*What could have been done differently so that you would have continued attending (among 'yes')*



# 4.

## Service Relationship

### Acute Care

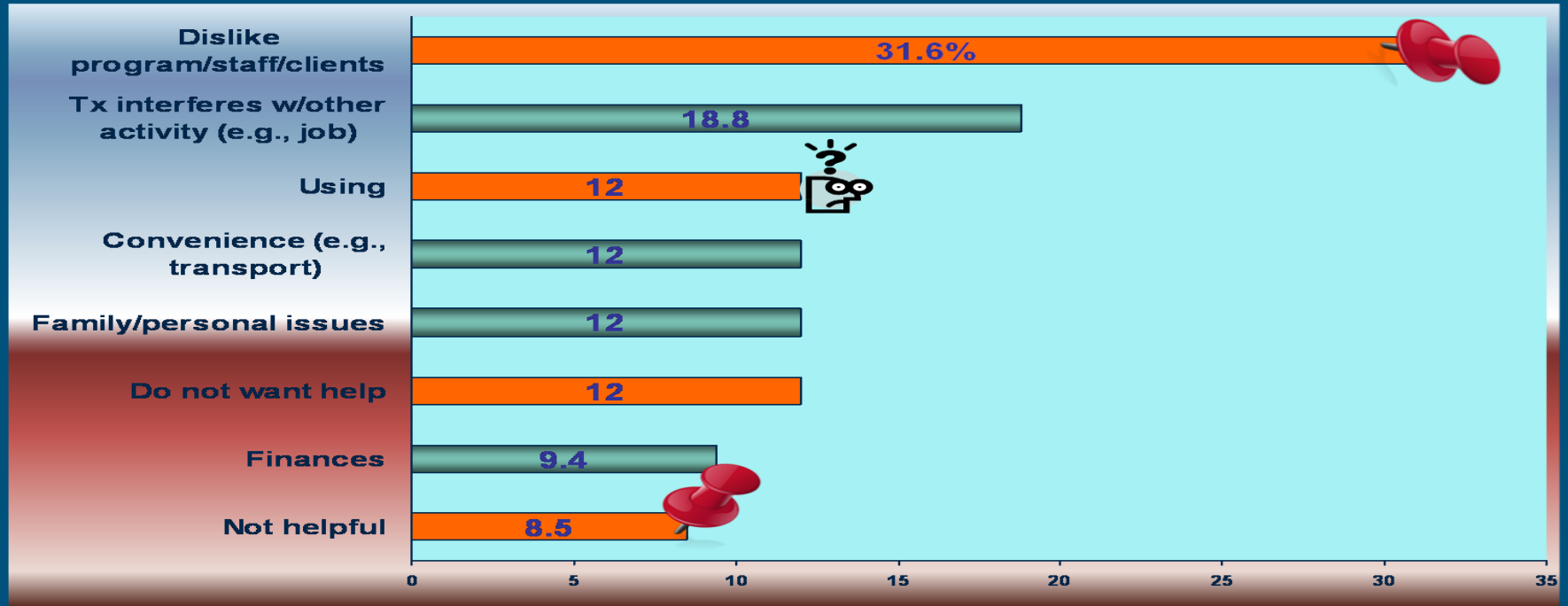
- Dominator model
- Emphasis on professional authority
- Role of client is of compliance

### Recovery Management

- Sustained recovery partnership
- Prolonged continuity of contact
- Client as a co-leader
- Philosophy of choice
- Greater use of personal/professional self

# Reasons for leaving treatment: Qualitative Analyses

What is the most important reason why you dropped out of the program?\*



\* Add to > 100% because up to 2 answers were coded; Laudet, Stanick, & Sands, JSAT 2009, 37:182-190

5.

## Service Dose, Scope & Quality

### Acute Care

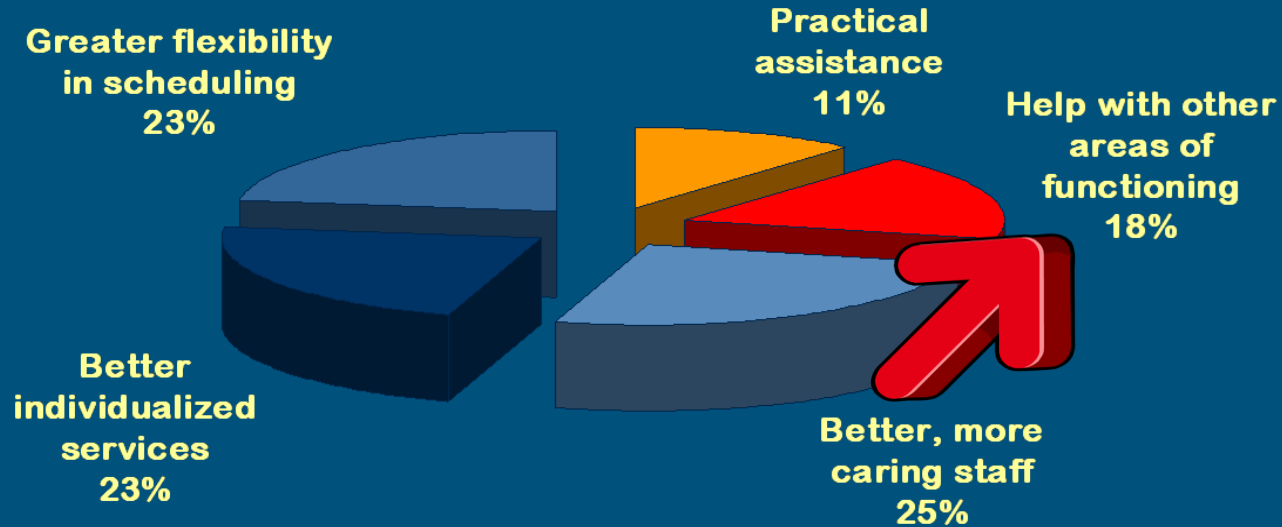
- Narrow scope due to reimbursable services
- Continues to incorporate methods lacking scientific support

### Recovery Management

- Emphasize the importance of dose (NIDA principles - 90 days)
- Emphasis ancillary services
- Weed out practices not linked to recovery outcomes or that produce inadvertent injury

# Minimize Attrition:

*What could have been done differently so that you would have continued attending (among 'yes')*





# 6.

## Locus of Service Delivery

### Acute Care

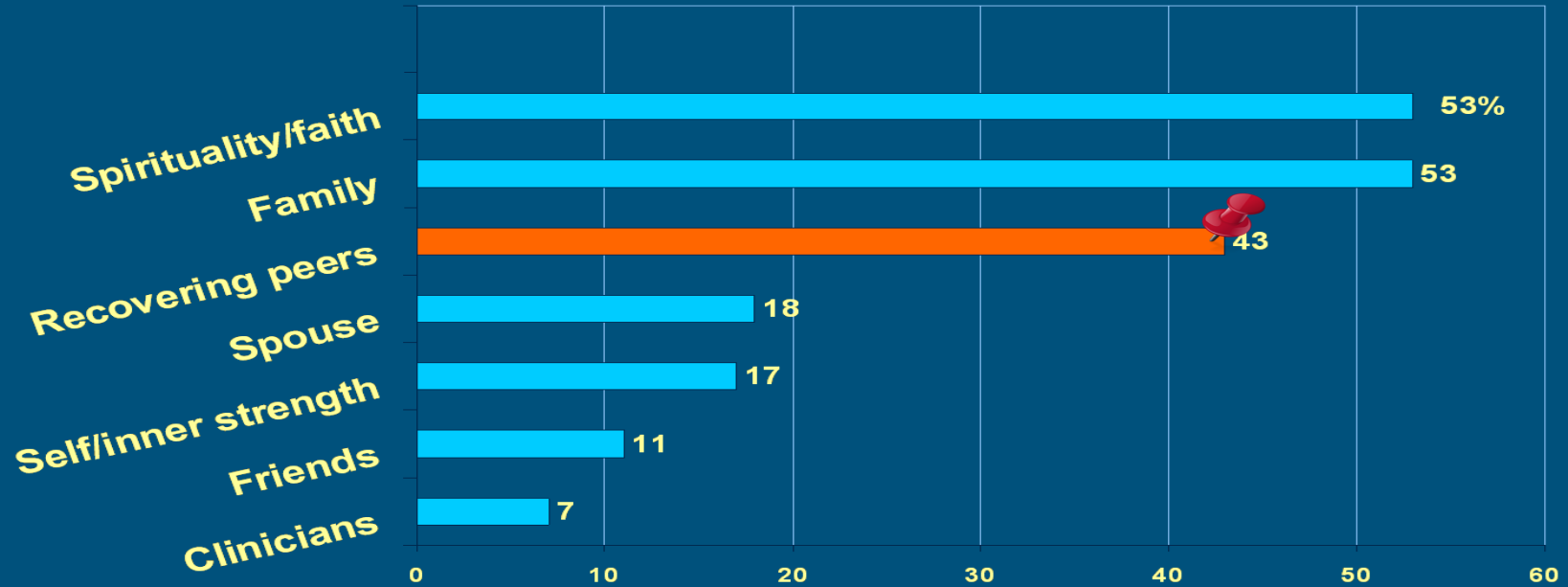
- Institution based (Bring individuals from their world to ours)
- Problem of transfer of learning

### Recovery Management

- Nested recovery in natural environment
- Create alternative recovery-conducive environments
- Community recovery ("Healing Forest" - Coyhis)

# Sources of support in long-term recovery

Pathways pilot (N = 52 CCAR members, median abstinence duration 12 yrs)



# 7.

## Assertive Linkage to Communities of Recovery

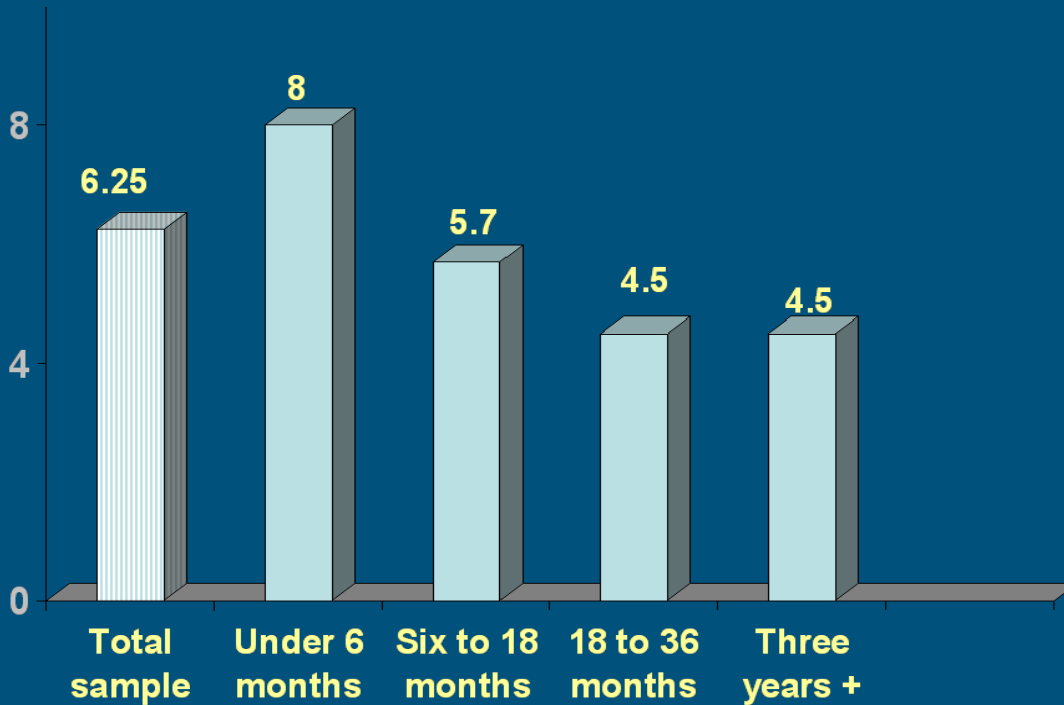
### Acute Care

- Passive linkage
- Low affiliation and high early attrition
- Single pathway model of recovery

### Recovery Management

- Assertive linkage
- Multiple pathway model of recovery
- Linkage beyond recovery mutual aid groups
- Active relationship with local service committees
- Recovery community resource development

# *Role of continuous 12-step attendance on odds of abstinence sustained for two years: Pathways study*



# 8.

## Post Treatment Monitoring, Support and, if Needed, Early Re-Intervention

### Acute Care

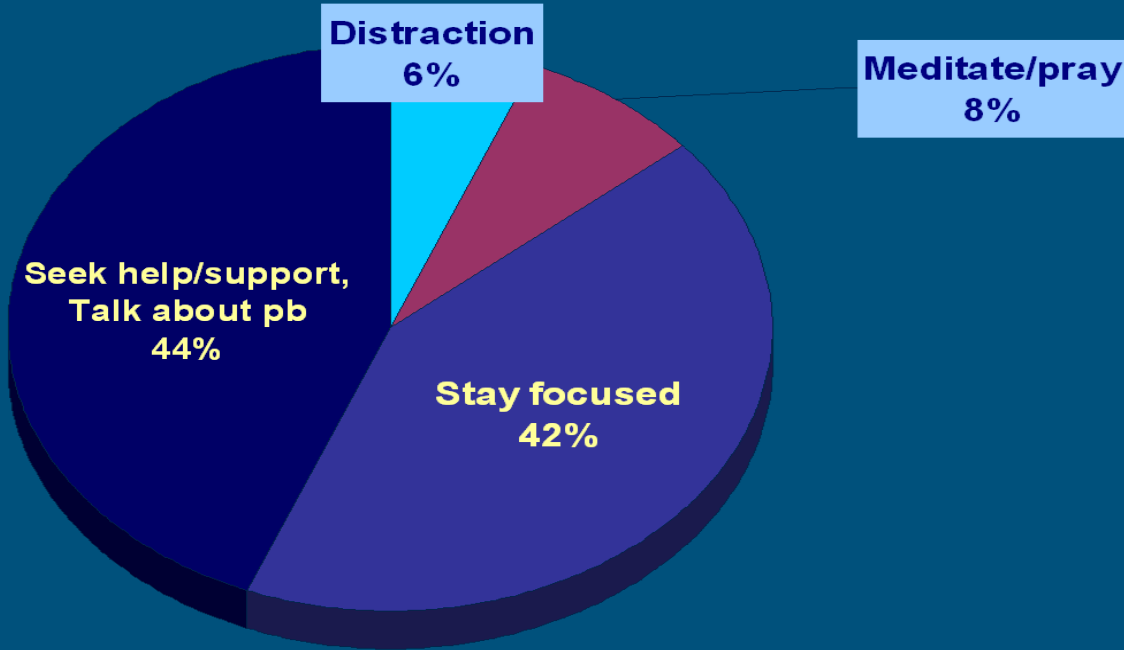
- 50-80-90 rule: >50% of clients discharged from Tx return to some use in the next year. 80% of those will do so in the first 90 days after discharge
- 1 in 5-10 adult clients receive continuing care
- 36% of adolescents receive any continuing care

### Recovery Management

- Recovery checkups
- Stage-appropriate recovery education & coaching
- Continued linkage to recovery resources
- Early re-intervention & re-linkage to Tx & recovery support resources
- Recovery community building

# *Strategies to deal with relapse triggers:*

*Most cited = Seek support, stay focused on recovery*



# Review...

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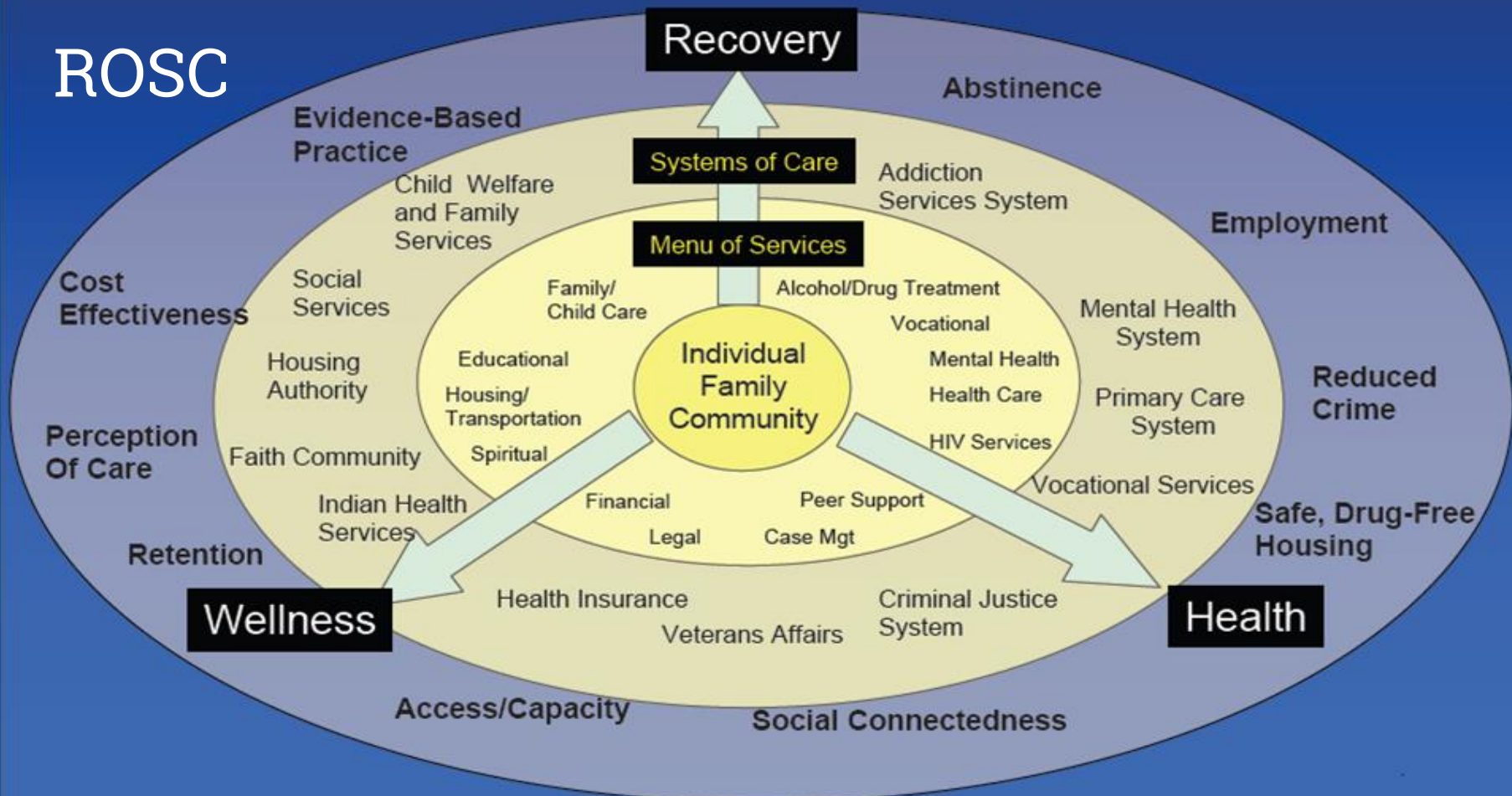
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# Recovery Oriented Systems of Care

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.



# ROSC



# ROSC Implementation Requires a Public Health Approach

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To promote the health of individuals, families and communities, a public health approach is adopted. Substance use disorders are biopsychosocial conditions. These conditions are influenced by various social determinants of health—for example, the social and physical environment, income, education, and life skills. Only by understanding these determinants and applying strategies to influence them can the disease be impacted.

“Create social and physical environments that promote good health for all”



# Economic Stability

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Poverty

Employment

Food Security

Housing Stability

# Education

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High School Graduation

Enrollment in Higher Education

Language and Literacy

Early Childhood Education and Development

# Social and Community Context

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Social Cohesion

Civic Participation

Discrimination

Incarceration

# Health & Healthcare

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Access to Health Care

Access to Primary Care

Health Literacy

# Neighborhood & Built Environment

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Access to Healthy Foods

Quality of Housing

Crime and Violence

Environmental Conditions



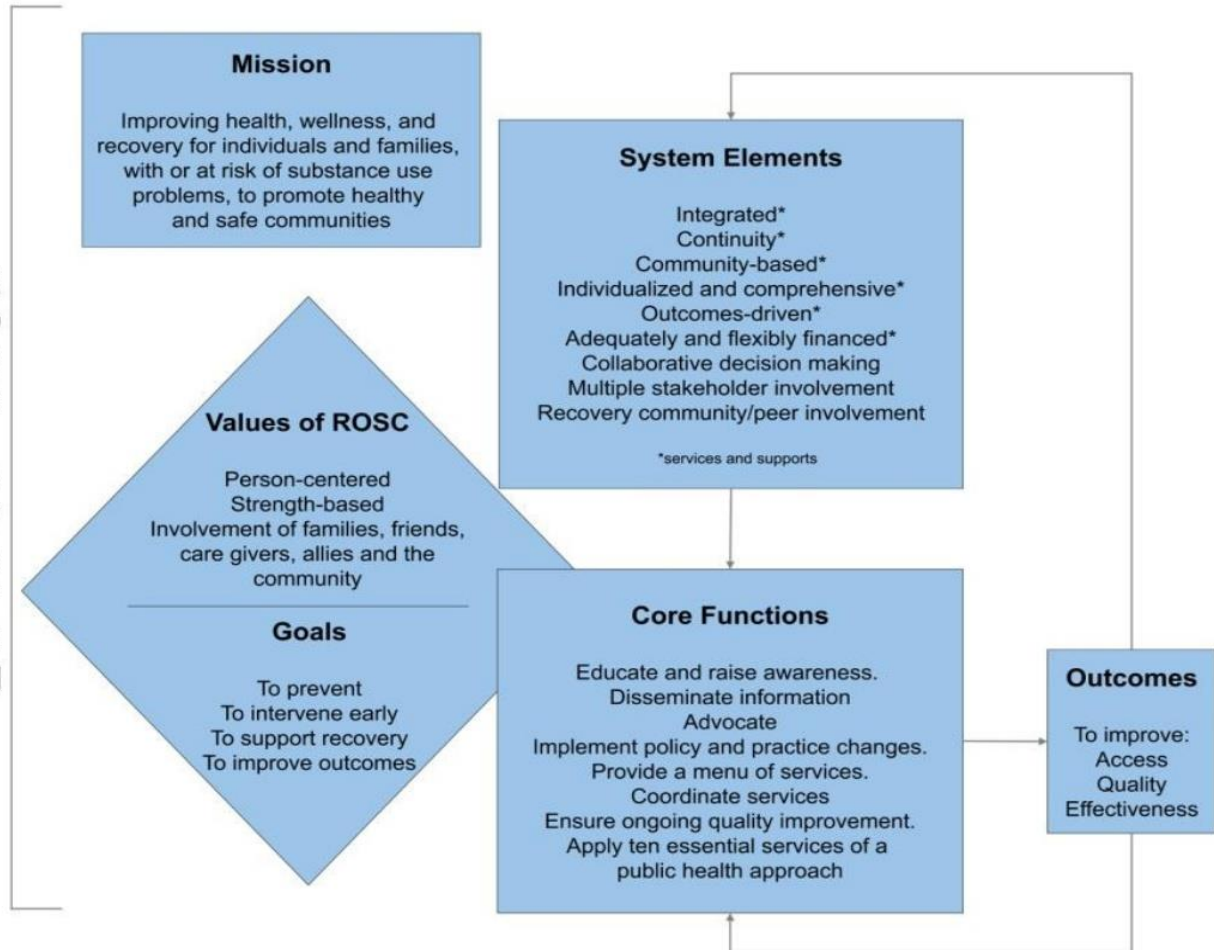
# ROSC in Practice

*Requires a change within the care system*

# ROSC

SAMHSA ROSC Guide, 2010

ROSC  
SYSTEM



# Models for Systems Change

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**Additive:** Adding peer and community-based recovery supports to the existing treatment system

**Selective:** Practice and administrative alignment in selected parts of the system - Pilot Projects

**Transformational:** Cultural, values based change that drive practice, community, policy and fiscal changes in all aspects of the system. Everything is viewed through the lens of and aligned with recovery oriented care.

# Transformational Change

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The future is unknown and only through forging ahead will it be discovered.

The future state is so different than the traditional state that a shift of mindset is required to invent it.

The process and the human dynamics are much more complex,  
**partnership is critical!**

# Conceptual Framework

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***Aligning Concepts:*** Changing how we think

***Aligning Practice:*** Changing how we use language and practices at all levels; implementing values based change

***Aligning Context:*** Changing regulatory environment, policies and procedures, community support

# Change Strategies

Stage of Change	Stage of Alignment	Stage of Technology Transfer
<b>Pre-Contemplation</b>	<b>Conceptual</b>	<b>Translation Dissemination</b>
<b>Contemplation</b>	<b>Conceptual</b>	<b>Dissemination</b>
Preparation	Conceptual Practice	Dissemination Adoption
Action	Practice Contextual	Implementation
Maintenance	Practice Contextual	Evaluate & Adjust

# Brief Poll

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What is recovery?

- A process of change through which individuals improve their health and wellness
- A process of change through which individuals live a self-directed life,
- A process of change through which individuals strive to reach their full potential
- None of the above
- All of the above

# Brief Poll

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Is **Recovery Management** a philosophy for organizing treatment and recovery services across the 5 stages of recovery?



# Brief Poll

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Is the goal of a **Recovery Oriented System of Care** to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems?

# Recovery & Housing

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# The Need

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- Drug overdose leading cause of death among homeless
- 35 – 40% Homeless and >80% of chronically homeless misuse substances
- Average public cost \$30-40k/person annually while individuals with SUDs remain on the streets
- Poor collaboration between housing/treatment systems

# A Focus on Housing: Connecticut

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Provided supportive housing for 550 individuals

Over 60% working or in training

Inpatient cost decreased by 70%

Urban housing initiative

600% decrease in Emergency Room visits

375% decrease in detoxification days

# A Focus on Housing: Connecticut

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## Recovery Housing

69% of individuals connected to care compared to 39% without recovery housing

# HUD Characteristics of Recovery Based Housing

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Program participation is **self-initiated** (there may be exceptions for court ordered participation) and residents have expressed a preference for living in a housing setting targeted to people in recovery with an abstinence focus;

There are **minimal barriers to entry** into programs, so that long periods of sobriety, income requirements, clean criminal records, or clear eviction histories are not required for program entry;

Generally, housing is **single-site** because of the benefits of the creation of a Recovery Oriented Community, but may include other housing configurations;

Residents have personal privacy and **24/7 access to the housing**, with community space for resident gatherings and meetings;

# HUD Characteristics of Recovery Based Housing

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Holistic services and peer-based recovery supports are available to all program participants;

Along with services to help achieve goals focused on permanent housing placements and stability, and income and employment, programs provide services that align with participants' choice and prioritization of personal goals of sustained recovery and abstinence from substance use;

# HUD Characteristics of Recovery Based Housing

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Relapse is not treated as an automatic cause for eviction from housing or termination from a program—research indicates that relapse prevention and management can be an important part of homelessness prevention for many program participants—therefore, the program includes relapse support that **does not automatically evict or discharge** a program participant from the program for temporary relapse;

Discharge from transitional housing or eviction from permanent supportive housing should only occur when a participant's behavior substantially disrupts or impacts the welfare of the recovery community in which the participant resides;



# HUD Characteristics of Recovery Based Housing

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However, the participant may apply to reenter the housing program if they express a renewed commitment to living in a housing setting targeted to people in recovery with an abstinence focus;

Participants who determine that they are no longer interested in living in a housing setting with an abstinence focus, or who are discharged from the program or evicted from the housing, are **offered assistance in accessing other housing and services options**, including options operated with harm reduction principles;

Permanent housing programs must also abide by all local and State landlord-tenant laws that govern grounds for eviction.

In Closing...



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*The key is that the program participant has sought out this type of program as their preferred choice for supporting their personal commitment to their sobriety and holistic recovery.*

*~CHOICE~*

# Dissemination Activities

Set Context and Establish a Sense of Urgency

Form Powerful Guiding Coalitions

Create and Over-Communicate the Vision

Utilize Participatory and Transparent Approach at ALL Times

# Questions to consider:

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- What services or supports exist in your system that you are most proud of?
- How do you see recovery oriented services fitting into your programming, policies, and financing?
- What partnerships do you already have?
- What partnership do you need, and how will you engage them?

# Additional...

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- Consider impact of trauma when identifying potential partners and stakeholders
- Consider practice, policy and financing opportunities provided under the ACA

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Ryan R. Springer, President/CEO

[info@TridentHouseInternational.com](mailto:info@TridentHouseInternational.com)

[www.TridentHouseInternational.com](http://www.TridentHouseInternational.com)

Twitter: @MrSpringerDC

Instagram: @MakingArtWithThePieces

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