

What's Recovery Got To Do With It? Only...Everything.

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Behavioral Health - A National Priority

The Substance Abuse Mental Health Services Administration (SAMHSA) is an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral Health of the Nation

Roles:

Leadership
Voice
Data
Surveillance
Public Education
Regulation and Standard
Setting Practice
Improvement
Funding

Behavioral health is essential to health

Prevention works

Treatment is effective

People recover

Our mission is to reduce the impact of substance abuse and mental illness on America's communities

SAMHSA's Strategic Plan 2019-2023

5 Priority areas -

1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services.
2. Addressing Serious Mental Illness and Serious Emotional Disturbances.
3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use.
4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation.
5. Strengthening Health Practitioner Training and Education.

<https://www.samhsa.gov/about-us/strategic-plan>

SAMHSA's Strategic Plan 2019-2023

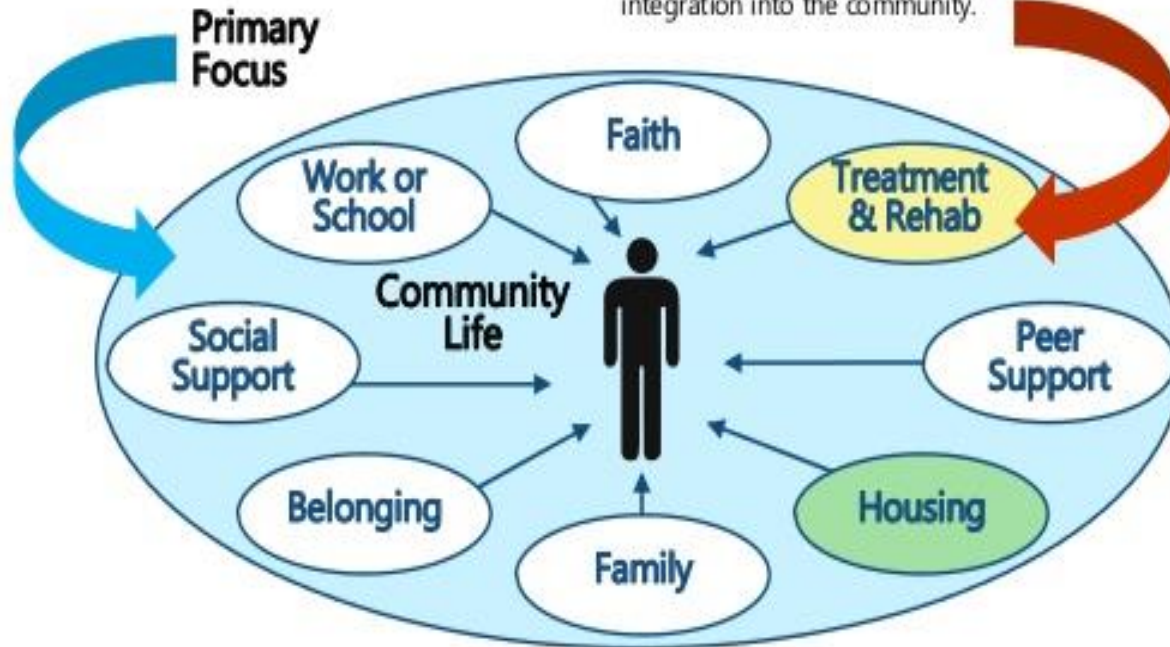
5 Core Principles -

1. Supporting the adoption of evidence-based practices.
2. Increasing access to the full continuum of services for mental and substance use disorders.
3. Engaging in outreach to clinicians, grantees, patients, and the American public.
4. Collecting, analyzing, and disseminating data to inform policies, programs, and practices.
5. Recognizing that the availability of mental health and substance use disorder services are integral to everyone's health.

ROSC Eco-System

Recovery Oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.



RECOVERY, RESILIENCE & SELF-DETERMINATION

06-11-2015

https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf

SAMHSA's Definition of Recovery

SAMHSA's WORKING DEFINITION OF RECOVERY

10 GUIDING PRINCIPLES OF RECOVERY

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BACKGROUND

Recovery has been identified as a primary goal for behavioral health care. In August 2010, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use problems and SAMHSA, met to explore the development of a common, unified working definition of recovery. Prior to this, SAMHSA had separate definitions for recovery from mental disorders and substance use disorders. These different definitions, along with other government agency definitions, complicate the discussion as we work to expand health insurance coverage for treatment and recovery support services.

Building on these efforts and in consultation with many stakeholders, SAMHSA has developed a working definition and set of principles for recovery. A standard, unified working definition will help advance recovery opportunities for all Americans, and help to clarify these concepts for peers, families, funders, providers, and others.

DEFINITION

Working definition of recovery from mental disorders and/or substance use disorders

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

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

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.

Home
A stable and safe place to live

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

Community
Relationships and social networks that provide support, friendship, love, and hope

10 GUIDING PRINCIPLES OF RECOVERY

Hope	Relational
Person-Driven	Culture
Many Pathways	Addresses Trauma
Holistic	Strengths/Responsibility
Peer Support	Respect

Recovery emerges from hope

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven

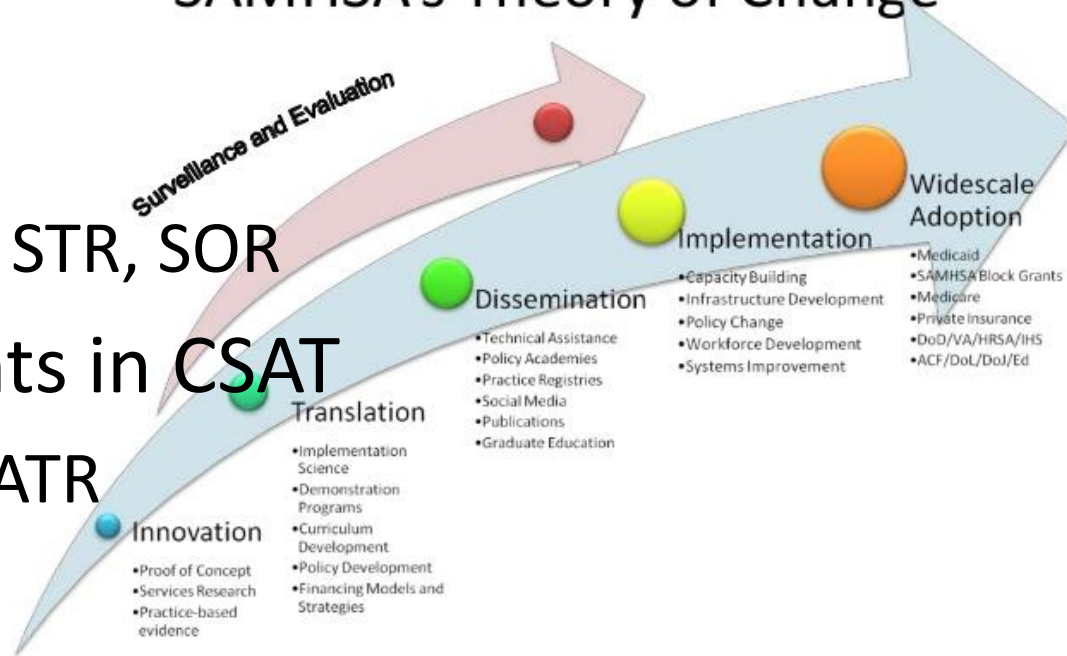
Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

<https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>

SAMHSA Funding

SAMHSA's Theory of Change

- Formula grants
 - SAPT Block Grant, STR, SOR
- Discretionary grants in CSAT
 - RCSP, BCOR, TCE, ATR



For more details visit: www.samhsa.gov/grants

Review: CSATs Recovery Grant Portfolio

- Targeted Capacity Expansion Peer-to-Peer
 - 2014 TCE-PTP (\$250k for 3 years – sunset)
- Access to Recovery (ATR)
 - 2004 (hundreds of millions - sunset)
- Recovery Community Services Program
 - RCSP-SN (\$150k for 3 years)
 - RCSP (\$300k for 5 years)
- Building Communities of Recovery
 - BCOR (\$200k for 3 years)

Targeted Capacity Expansion-P2P (2014-2017)

Funded 21 grants to:

- Expand and enhance service capacity through the provision of peer recovery support services for those individuals with substance use disorders (SUDs) and their family members.
- Help individuals achieve and maintain recovery and improve the overall quality of life.

Recovery Community Services Program-SN (2016-2019)

Funded 13 grants to:

- Develop statewide recovery networks;
- Enhance infrastructure by leveraging resources;
- Serve unmet needs throughout the state;
- T/TA to interested organizations and groups;
- Public Health Messaging

Building Communities of Recovery-BCOR (2018-2020)

Funded 29 grants to:

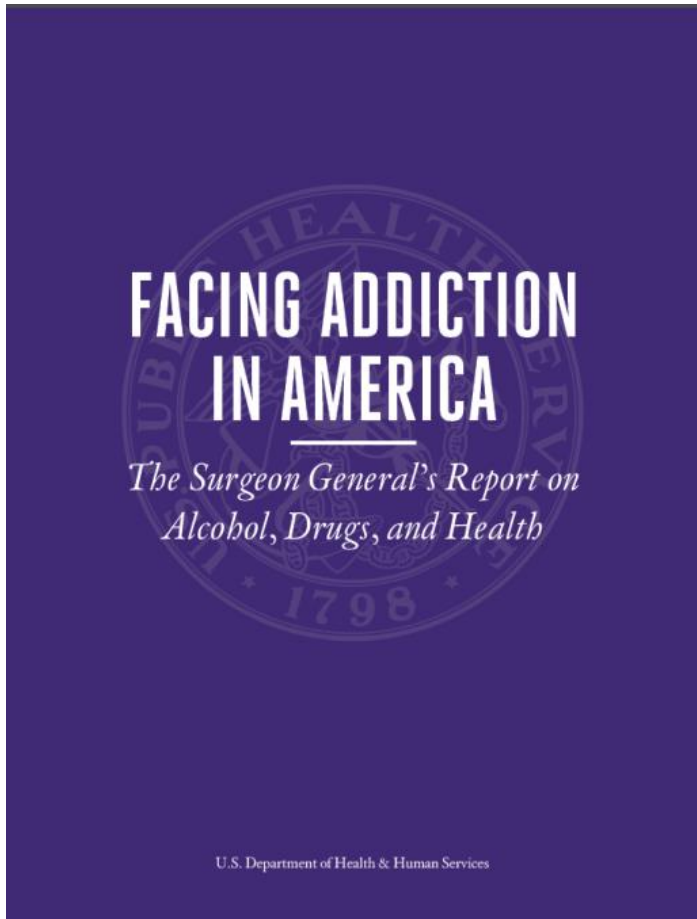
- Recovery-oriented funding opportunity, using CARA funds
- Up to \$200,000 grant; matching funds required (can be in kind and/or cash)
- A mix of traditional RCSP and TCE Peer-to-Peer type activities
- Initiated FY18

Recovery Community Services Program (2020-2024)

Funded 6 grants to:

- Provide peer recovery support services via recovery community organizations to individuals with SUD, co-occurring, or those in recovery from these disorders.
- The program's foundation is the value of lived experience of peers to assist others in achieving and maintaining recovery.
- These services, in conjunction with clinical treatment services, are an integral component of the recovery process.

Surgeon General's Report



- Published in 2016
- First time addiction was placed alongside other major health issues
- Covers neurobiology, prevention, treatment, health systems
- Entire chapter on Recovery!

Recovery: The Many Paths to Wellness

- Describes the construct of recovery, as well as the estimated number of people in recovery (estimated 25 million in *remission*).
- Highlights an emerging social movement of recovery advocacy and services.
- Outlines the development and implementation of recovery-oriented services and systems.
- Emphasizes the many pathways that make recovery possible, including treatment, recovery support services, and mutual aid.

Recovery: The Many Paths to Wellness

- Well-supported scientific evidence demonstrating effectiveness of 12-step programs
- Promising evidence on specific recovery supports: educational programs, recovery housing, and telephonic recovery support
- Many other recovery supports have not been studied at all
- Make health care system permeable to recovery concepts, people, and organizations
- Invest in moving the evidence forward on the effectiveness of recovery supports
- Expand research on the innovative and emerging recovery supports that are happening in diverse communities and cultures

Where are Peers Embedded?

Ever Growing Number of Peer Roles:

- Recovery Community Centers and other Social Service Spaces (RCOs)
- Peer Workers in SUD Treatment and Recovery Housing
- Peer Workers on MAT Treatment Teams (MAR)
- Peer Workers in Primary Care Settings
- Peer Workers in Hospital Emergency Departments
- Peer Workers in Health Insurance Plans and on Integrated Healthcare Teams
- Peer Workers in Criminal Justice Settings
 - Drug Court, Mental Health Court and other Specialty Courts
 - Offender Reentry Programs
- Peer Workers in High School and Collegiate Recovery Programs
- Peer Workers Conducting Street Outreach
- Peer Workers in Homeless Shelters
- Peer Workers working in collaboration with Community Health Workers
- Peer Workers in Certified Community Behavioral Health Centers
- Peer Workers in state Behavioral Health Offices

Recovery Support Services / Peers

- Recovery-oriented grants
- CJ – Drug Court/ORP
- PPW
- TCE-HIV
- YTR – Youth Treatment & Recovery
- SBIRT
- TCE – Special Projects

Recovery Housing in SAMHSA Grants

SAMHSA Criminal Justice portfolio includes emphasis on recovery housing

- There is no limit of how much can be spent on recovery housing
- Came about as the result of input from recovery advocates

Recovery Housing Guidelines

- SUPPORT Act required development
- Drafted with input from advocates
- SAMHSA reviewed all input and published 10/9/19
<https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>
 - Less than 10 pages
 - 10 specific guidance areas
 - Covers safe, effective and legal recovery housing
 - Acknowledges national organizations important contributions
 - Guidance is a framework that builds upon the work done by these national organizations

New Center of Excellence for RCO's

New as of
August 31, 2020

The APR-CoE was authorized by Section 7152 of the SUPPORT Act for Patients and Communities. The Act specifies that TA and training must be provided to recovery community organizations (RCOs), as well as peer support networks.

SAMHSA has long acknowledged the value of individuals with lived experience in assisting others in achieving and maintaining recovery from substance use disorders, and this Center will assist in the promotion of peer recovery support activities.



The APR-CoE will address four major service gaps

- 1) Discrimination in traditionally "non-peer" systems;
- 2) Minimal workforce development for peer support workers;
- 3) Deficiency of scalable approaches to build RCOs; and
- 4) Shortage of mechanisms to spread existing and future peer recovery support evidence-based practices.

Goals

- 1) increase the number of clinical and other settings that integrate peer support workers into care delivery (specifically those that have not traditionally used peers);
- 2) Enhance professionalization of the peer support workforce;
- 3) Increase the number of RCOs with strong organizational capacity to provide sustainable services to the communities in which they are located; and
- 4) Improve the dissemination of peer recovery support evidenced-base practices and practice-based evidence.



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Note: BRSS TACS sunset on September 4th

APR-COE Goals and Activities

Goals	Major Activities
<p>Goal 1: Increase the number of clinical and other settings that have traditionally not used peers that have integrated peer support workers into care delivery.</p>	<ul style="list-style-type: none"> • Conduct a multi-modal, strength/needs assessment of the capacity of organizations, communities and states to integrate PRSS in the continuum of care in Y 1 and Y3 support each year re: integration of peers in care services. • Train at least 500 providers and 500 peer workers each year in SUD and PRSS best practices. • Conduct Program Design and Implementation Institutes, based on science-based implementation models and strategies, with at least 3 clinical organizations per year. • Develop/maintain a library on dedicated website with evidence based, up-to-date information and up to 50 resources related to provision of PRSS in clinical settings.
<p>Goal 2: Enhance the professionalization of the peer support workforce.</p>	<ul style="list-style-type: none"> • Building on a UTX study, a state-by-state analysis of credentialing, training and licensure of peers, develop and disseminate a comparative analysis of approaches to peer professionalization. • Provide TA to at least 125 individuals, groups or communities each year re: workforce development. • Develop and host 2 phone-based monthly affinity groups for peer workforce and peer supervisors to discuss successes and challenges re: implementation of PRSS for those with SUD. • Leverage curriculum developed through the Opioid Response Network (ORN) at UMKC and conduct a 10-session virtual leadership development series for up to 30 peer workers • Develop/maintain a library on dedicated website w/ up to 50 resources re: peer workforce development.
<p>Goal 3: Increase the number of RCOs with strong organizational capacity to provide sustainable services to the communities in which they are located.</p>	<ul style="list-style-type: none"> • Develop, distribute and analyze an RCO survey to assess TA needs of RCOs re: development and sustainability. • Develop RCO assessment tool to identify strengths, opportunities, gaps and needs for use in TA requests, learning collaboratives and NIATx Change Leader Academies (NCLAs). • Each year conduct a 6-mo learning collaborative, based on ECHO model, with up to 8 RCOs to develop/enhance organizational best practices. • Host up to 3 NCLAs for RCOs to teach QI techniques to equip organizational change projects. • Develop/maintain a section on dedicated website with up to 50 resources specific to building RCO capacity
<p>Goal 4: Improve the dissemination of peer recovery support evidenced-base practices and practice based evidence.</p>	<ul style="list-style-type: none"> • Create and disseminate an annotated listing of research- and practice-based emerging best practices within 3 mo. • By mo. 6, develop a toolkit combining literature, models, case stories, emerging best practices, and implementation tools re: best/emerging practices. Update annually. • Create/maintain a network of at least 10 researchers interested in studying PRSS and 20 RCOs and/or settings with integrated PRSS interested in studying efficacy of practice-based models. • Develop/maintain a section on dedicated website with up to 50 resources re: EBPs and emerging practices.

Roles of SAMHSA's Regional Administrators

Represent SAMHSA & Connect with Stakeholders

- Voice of SAMHSA Assistant Secretary in the regions and states.
- Educate and engage the public and key stakeholders in SAMHSA's vision, mission, priorities and messaging.
- Connect the public and key stakeholders to people and resources.
- Coordinate with and support the functions of the SAMHSA Project Officers related to grants, contracts and cooperative agreements.

Promote Initiatives & Engage Target Populations

- Contribute to the development and support of HHS/SAMHSA initiatives and activities that advance mental and substance use disorders.
- Lead strategic discussion within communities, states, tribes and regions promoting behavioral health and advancing prevention, treatment of and recovery from mental and substance use disorders.

Collaborate to Support HHS Regions Together

- Lead cross-agency initiatives within the region and incorporate the support and collaboration of key HHS OPDIVs and other federal/state/tribal partners to advance behavioral health.
- Support HHS regional initiatives championed by Regional Directors, Regional Health Administrators, and/or regional OPDIV colleagues.
- Identify opportunities to increase collaboration among HHS colleagues to assure behavioral health is a priority.

Support Stakeholders

- Provide regional behavioral health leadership that supports stakeholder action, program development, policy innovation, and system transformation.
- Leverage national and regional resources and technical assistance in collaboration with headquarters.
- Assist stakeholders in expanding relationships and obtaining the information and resources they need.

Conduct & Report Regional Environmental Scan

- Prepare periodic reports to communicate important regional/state trends, issues, and policy changes that affect SAMHSA's programs, grantees, and stakeholders.
- Communicate performance impact, success, challenges, and opportunities for improvement.

LEADERSHIP

- As part of SAMHSA leadership, participate in development and implementation of SAMHSA strategic vision, direction and policies nationally.
- Promote engagement across Centers and Offices as members of the leadership team.

Thank You!

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.



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