LINKING TO CLINICAL AND RECOVERY SUPPORT SERVICES:

ENSURING SUCCESSFUL RECOVERY VIA A CONTINUUM OF SERVICES

Jack B. Stein, MSW, Ph.D.
Director
Division of Services Improvement

Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
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“Building resilience...facilitating recovery...a life in the community for everyone.”
“Expanding and enhancing substance abuse treatment services and recovery support services nationwide.”
Most People in Need of Treatment Do Not Seek It

21.1 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

- Did Not Feel They Needed Treatment (20,114,000)
- Felt They Needed Treatment and Did Not Make an Effort (625,000)
- Felt They Needed Treatment and Did Make an Effort (314,000)

95.5%
Traditional Substance Abuse Intervention

Abstainers

High-Risk

At-Risk

Low Risk

Abstainers

Screening, Brief Intervention, and Referral to Treatment (SBIRT): Program Goals

- Identify patients who may not perceive a need for behavior change.

- Provide brief motivational counseling to alter negative behaviors.

- Link to other needed services to support recovery.
CSAT’s SBIRT Program:
Services Received

• Screening Only (negative): 76.2%

• Brief Intervention: 17.1 %

• Brief Treatment: 3.6 %

• Referral to Treatment: 3.1 %
Recovery Defined

“Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.”

Source: CSAT National Summit on Recovery, 2005
Traditional Approach to Treating Substance Abuse Disorders

Symptoms

Person’s Entry into treatment

Severe

Remission

Discharge

Time

Resource: Tom Kirk, Ph.D
A Traditional Service Response

Symptoms

- Severe

- Acute symptoms
- Discontinuous treatment
- Crisis management

Remission

Resource: Tom Kirk, Ph.D
A Recovery-Oriented Response

Severe

Remission

Symptoms

Continuous treatment response

Promote Self Care, Rehabilitation

Resource: Tom Kirk, Ph.D
Helping Individuals Move Into a Recovery Zone

Severe

Symptoms

Remission

Time

Improved Outcomes

Recovery Zone

Cost Effective

Improved client outcomes

Resource: Tom Kirk, Ph.D
Benefits of a Recovery-Based Approach

• Most clients undergo 3 to 4 episodes of care before reaching a stable state of abstinence \(^1\)

• Chronic care approaches, including self-management, family supports, and integrated services, improve recovery outcomes \(^2\)

• Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness \(^3\)

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\(^1\) Dennis, Scott & Funk, 2003

\(^2\) Lorig et al, 2001; Jason, Davis, Ferrari, & Bishop; 2001; Weisner et al, 2001; Friedmann et al, 2001

\(^3\) Smith, Meyers, & Miller, 2001; Humphreys & Moos, 2001)
Recovery-Oriented Systems of Care

Recovery-oriented systems of care support person-centered and self-directed approaches to care that build on the strengths and resilience of the individual, their families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.

Source: CSAT National Summit on Recovery, 2005
Recovery Systems: Person-Centered and Self-Directed
Recovery Systems:

Comprehensive menu of services and supports
Recovery Systems: Multiple systems of care

- Recovery
- Systems of Care
- Services & Supports
- Person/Family/Community
- Health/Wellness
- Mental Health System
- Primary Care System
- Vocational Services
- Addiction Services System
- Criminal & Juvenile Justice Systems

- Child Welfare and Family Services
- Social Services
- Education System
- Housing System
- Faith Community
- Indian Health Services
- Health Insurance
- Tribal Authorities
- Alcohol/Drug Treatment
- Vocational
- Mental Health
- HIV Services
- Financial Peer Support Case Mgt
- Legal
- Peer Support
- Legal
- Case Mgt

- Addiction
- Services System
- Mental
- Health
- System
- HIV
- Services
- Vocational
- Services
- Health
- Wellness
Recovery Systems: Outcomes-driven approaches to care
Recovery Systems: Ongoing process of systems improvement

- Evidence-Based Practice
- Systems of Care
- Services & Supports
- Person Family Community
  - Abstinence
  - Alcohol/Drug Treatment
  - Vocational
  - Mental Health
  - Health Care
  - HIV Services
- Criminal Justice System
- Primary Care System
- Vocational Services
- Indian Health Services
- Social Services
- Child Welfare and Family Services
- Housing Authority
- Educational
- Housing/Transportation
- Spiritual
- Adolescent Services
  - Financial
  - Peer Support
  - Legal
  - Case Mgt
- Health Insurance
- Tribal Authorities
- HIV Services
- Access/Capacity
- Social Connectedness
- Employment
- Crime
- Homelessness
- Wellness
- Ongoing Systems Improvement

Abstinence

Evidence-Based Practice

Systems of Care

Services & Supports

Person Family Community

Recovery

Outcomes

Wellness

Health

Ongoing Systems Improvement
Recovery Support Services that Can Assist People in Recovery

- Case management (e.g., health care, criminal justice, employment child welfare)
- Peer-led support groups
- Re-building constructive family and personal relationships
- Life skills training
- Health and wellness activities
- Alcohol- and drug-free social/recreational activities
- Peer coaching or mentoring
Access to Recovery (ATR)

- Federal Initiative designed to promote recovery-based systems of care by providing:
  - Choice in providers
  - Vouchers
  - Access to non-traditional providers (e.g., faith-based organizations)
Examples of Services Paid for with ATR Vouchers

- Substance abuse treatment
- Employment coaching
- 12-step groups
- Recovery coaching
- Spiritual support
- Child Care
- Housing Support
- Literacy Training
ATR Outcomes

• Since the inception of ATR in 2004, nearly 300,000 individuals have received treatment and/or recovery support services.

• Among active grants:
  – Abstinence rates have increased by 47%
  – Employment rates have increased by 39%

Source: SAMHSA, SAIS, data collected through 4/29/09
SAMHSA’s Health Information Network:

- 800-729-4727
- www.samhsa.gov/shin