THE DIALOGUE

A PUBLICATION OF THE CENTRAL EAST ADDICTION TECHNOLOGY TRANSFER CENTER SPRING 2008

In this issue...

In recent years, the federal government and the substance abuse treatment and prevention communities have been involved in a cross-country dialogue about "recovery." This dialogue is an ongoing effort to re-examine the nature of recovery and how it influences substance abuse treatment in the United States. The following article is a discussion of Recovery-Oriented Systems of care models for creating treatment systems that are more recovery focused.

What are Recovery-Oriented Systems of Care?

By Paula Jones

For the past few years, there has been a lot of talk about recovery-oriented systems of care (ROSCs) among those who treat substance use disorders. ROSCs incorporate person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to sustain personal responsibility, health, wellness, and recovery from alcohol and drug problems. Essentially, ROSCs focus on sustained recovery management using chronic care models instead of treating individuals with a substance use disorder with relatively short, acute care interventions.

Some of the principles and key elements of ROSCs are not new, others are very revolutionary. Across the country, policymakers, funders, and service providers are exploring ways they can move their current system to make it more recovery oriented.

An important step toward ROSCs took place in September 2005 when the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) convened the National Summit on Recovery. The Summit brought together over 100 stakeholders including individuals in recovery, family members, mutual aid organizations, systems professionals, and treatment providers. The goals of the Summit included:

- Develop new ideas to transform policy, services, and systems toward a recovery-oriented paradigm that is more responsive to the needs of people in or seeking recovery, as well as their family members and significant others.
- Articulate guiding principles and measures of recovery that can be used across programs and services to promote and capture improvements in systems of care, facilitate data sharing, and enhance program coordination.
- Generate ideas for advancing ROSCs in various settings and systems (e.g., criminal justice, faith communities, peer support programs, etc.) and for specific populations (e.g., racial, ethnic, and cultural groups; women; people in medication-assisted recovery; people with co-occurring disorders; etc.).

(ROSCS, cont. on page 2)

Guiding Principles of ROSC

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self re-definition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery is supported by peers and allies.
- Recovery involves (re)joining and (re) building a life in the community.
- Recovery is a reality.

see page...

Central East ATTC
Unifying science, education and services to transform lives.
www.ceattc.org

The Addiction Technology Transfer Network
Funded by Substance Abuse and Mental Health Services Administration

(ROSC, cont. from page 1)

An important outcome of the Summit is a definition of recovery. Through a consensus process, Summit participants developed the following definition:

> *"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."*

How Are ROSCs Different from the Current System?

Because they focus on the needs of the individual and bring together an array of resources in a coordinated manner, ROSCs provide the flexibility required to offer holistic care; they can treat the "whole person." Because people in recovery, their families, and their support networks are an integral part of planning and provide ongoing input, ROSCs can be responsive to both individual and community needs, even as they evolve.

Another key aspect of ROSCs is the emphasis on evidence-based practices. Interventions have been tested and proven to be effective. In moving toward a recovery-oriented system, technical assistance is important to help providers incorporate these practices.

Sources

Center for Substance Abuse Treatment. National Summit on Recovery: Conference Report. DHHS Publication No. (SMA) 07-4276. Rockville, MD: Substance Abuse and Mental Health Services Administration 2007.

Moving Toward ROSCs

Change takes time. It also takes leadership and resources. SAMHSA/CSAT has identified fostering the development of ROSCs as a priority. Some jurisdictions are already engaged in the process of moving their current system toward one that focuses on recovery. As these jurisdictions make progress, others can learn from their experiences.

The profile on the next page discusses Philadelphia's efforts to implement a recovery-oriented system.

Essential Elements of ROSCs

- Person-centered
- Family and ally involvement
- Individualized and comprehensive services across the lifespan
- Systems anchored in the community
- Continuity of care
- Partnership-consultant relationships
- Strength-based
- Culturally responsive
- Responsive to personal belief systems
- Commitment to peer recovery support services
- Inclusion of the voices and experiences of recovering individuals and their families
- Integrated services
- System-wide education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Research based
- Adequately and flexibly financed

Philadelphia Transforms its Behavioral Health System

The following profile is based on an interview with Arthur C. Evans, PhD, Director of the Philadelphia Department of Behavioral Health and Mental Retardation Services. Since his appointment to the position in November 2004, Dr. Evans has been leading a process to transform the entire system to one that focuses on recovery for adults, resiliency for children and self-determination for all people who use mental retardation services. Dr. Evans is a clinical and community psychologist and holds a faculty appointment at the University of Pennsylvania School of Medicine.

Philadelphia has a reputation for innovation in the provision of behavioral health services, including the treatment of substance use disorders. In many ways, a system that is regularly evolving could be considered the norm and not the exception in Philadelphia as the system has regularly been enhanced to improve services.

Philadelphia's System of Care

The Department of Behavioral Health and Mental Retardation Services addresses substance use disorders across several offices. The Office of Mental Health is responsible for services to individuals with problems related to serious mental illness. The Office of Addiction Services receives federal and state funds for people with substance use disorders. Community Behavioral Health (CBH) is a private 501(c)(3) managed behavioral health care organization that is fully owned and run by the City. CBH administers behavioral health payments for most Medicaid populations that are served in the City. Essentially, the Department manages all Philadelphia's public behavioral health dollars.

"I was brought in to take a well developed system to the next level and to focus on the concepts of transformation and recovery," stated Dr. Evans.

Planning for Transformation

For over a year, the Department engaged in a planning process that involved providers, people in recovery, and the wider community. This process focused on building consensus and developing common definitions and a set of common principles that would guide the transformation effort in moving forward.

In shaping the new system, specific outcomes were identified as end goals. These goals are: 1) maintaining a focus on long-term recovery; 2) use of evidence-based practices; and 3) empowering people in recovery and their family members to participate in the process of transformation and to provide direction to the transformed system.

Workgroups were an important part of the planning process and continue to be an effective way to involve people in recovery, family members, and providers in the transformation of the system. For example, both people in recovery and providers always participate on committees that review and select proposals submitted for funding.

Educating participants in the process about recovery-oriented care was an important part of the initial planning. During the first year, there were many conferences and training session. Organizational assessments were also conducted to identify areas for change. This education and assessment was essential to the process. It provided participants with the necessary knowledge to participate in the planning process and to support and direct the implementation of recovery-oriented approaches.

This groundwork also served to create a sense of excitement, a "buzz" about recovery-oriented care, and the consensus process helped build momentum. "We have reached a critical mass of people in the provider world and in our organization that will push forward with these ideas, regardless of changes in the administration, policy, or funding," stated Dr. Evans.

Dr. Evans emphasized the importance of acknowledging previous work when introducing something new since some people will perceive potential changes as a critique of past efforts. "It is important to acknowledge the work that has gone on before and base the next steps on these efforts. You need to honor the past while pushing forward into the future," Dr. Evans relates.

Importance of Ongoing Communication

During the planning and implementation process communication between participants is essential Dr. Evans emphasized. "The rhetoric should match the actions," he relates. "It is critical to be upfront about change taking time."

Even as a new vision is being articulated, changing the administrative policies related to the new vision takes time. It is important that both policy-

(Philadelphia, cont. on page 4)

(Philadelphia, cont. from page 3)

makers and providers understand that it can take time to make the changes in funding and regulation necessary to bring about and support a transformed system. Key to moving the process forward is letting the community know that efforts are underway to bring about the necessary change and actively involve them in advocating needed change at many levels.

Involving Providers

Beyond involving them in the planning process, Dr. Evans identified important ways to gain provider buy in. As a funder of services, it was important for the Department to be sensitive to the needs of providers and to offer incentives to support the integration of recovery-oriented concepts and services, such as rate increases for certain services and in one instance, a one-time payment to support the involvement of providers in the transformation process through their commitment to the planning process and their participation in training.

It is also important to have strategies for engaging frontline staff, not just the leadership within organizations. For example, the Department opened up participation on workgroups to all staff. As a result, extremely diverse voices have participated in the planning process. Some come to the process because it is part of their professional responsibilities while others have a personal interest in the process, either as a person in recovery or as a person affected by addiction.

Lessons Learned

- Educate providers, consumers, and the community about recovery-oriented care.
- Recognize and build on previous efforts.
- Create a process based on consensus.
- Involve both organizational leadership and frontline staff.
- Communicate with stakeholders about the pace of change.
- Allocate sufficient resources to support change.
- Provide resources (e.g., grants) that foster creative approaches by providers and people in recovery.
- Support the involvement of people in recovery by providing training and skills building opportunities.

In keeping with the holistic aspect of recovery-oriented care, during the planning process it was recognized that the Department had to reach beyond traditional treatment systems to work with people in the community people leave the treatment system and will need support in the community when they do. The Faith-based Initiative supports faith-based organizations as they address substance use disorders in their congregations and their ministries. As part of this initiative, the Department works with religious organizations to help them support the behavioral health-related needs of their congregates.

The Community Coalition Initiative provides grants to engage community-based organizations in recovery-oriented care. Organizations providing treatment for substance use disorders must collaborate with other community-based organizations. The initiative is designed to strengthen the link between the formal treatment system and grassroots organizations. In addition, mini grants of $5,000 to $10,000 have been provided to community-based organizations to implement services that support recovery-oriented care.

Involving People in Recovery

People in recovery have gone beyond providing input into the process to playing key roles in supporting other people in recovery within the community. For example, the Department supports a Recovery Center, run by and for people in recovery. The Center provides support to those in recovery and can also connect people to other services. The Department also sponsored "A New Day" Recovery Conference, which was organized by and for people in recovery. It was anticipated that 500 people would participate but almost 2,000 people wanted to attend, over 1,000 potential participants had to be turned away.

To optimize their involvement, the Department has initiated programs to support the participation of people in recovery. The Consumer Leadership Academy, which is conducted in partnership with Harcum College, provides training for people in recovery who want to develop leadership skills so they can assume leadership roles in the system and

(Philadelphia, cont. on page 5)

(Philadelphia, cont. from page 4)

community while working toward a college degree. Another strategy is to provide storytelling training to people in recovery so that they can effectively convey their experience, either to peers or to the broader community.

Benefits of Transformation

The three years of effort to move toward recovery-oriented care has served to energize both providers and the recovery community. Before the process was initiated, there was no identifiable recovery movement small groups were active but their efforts were not connected to the larger community. In Philadelphia, people in recovery now have a clearly defined role in the process of planning a recovery-oriented system of care and participate in the provision of services. Service providers also have been re-energized and many are looking for ways to incorporate new ideas, such as creating consumer leadership councils to provide input into their programs.

Dr. Evans related that the Department is also becoming more creative in terms of optimizing resources to address existing needs, which often means the creation of new services. For example, as with many large cities, Philadelphia has struggled with the issue of homelessness and many homeless individuals also suffering from behavioral health problems. To address this, excess capacity within the treatment system was converted to address the needs of this population. Specifically, two year-long residential programs were developed, which reflects the commitment to long-term care. The programs have been at capacity since they were initiated.

Delaware News

The Delaware Summer Institute Welcomes David Mee-Lee, MD and Stephanie Covington, PhD, LCSW

Presenting The Dr. Mario Pazzaglini Keynote Address
"Beyond the Diagnoses"
Monday, July 28, 2008 9:00 AM – Noon

Our challenge, as service providers and consumers, is to look beyond an individual's diagnoses and to create holistic and person centered services. To focus exclusively on diagnoses fails to address the breadth of supports and services necessary for optimal recovery. Research has proven that service providers, who have a broad perspective, taking into account the many facets of an individual, are more effective in engaging clients and assisting them in their recovery process.

This Summer Institute provides an array of opportunities to learn approaches that support recovery "beyond the diagnoses." Topics include how to provide services that are trauma, gender, and culturally informed from a co-occurring perspective. We invite you to learn how to create recovery plans and deliver services which are guided by our clients and reflect their unique life goals across their life spans.

David Mee-Lee, MD, is a board-certified psychiatrist, and is certified by examination of the American Society of Addiction Medicine (ASAM). He trains and consults internationally. Dr. Mee-Lee is Chief Editor of the Revised Second Edition of the ASAM Criteria. He is a Senior Advisor to The Change Companies and is a Senior Fellow for the Co-Occurring Center for Excellence for Substance Abuse and Mental Health Services Administration. He has over 25 years experience providing person centered treatment and program development for individuals with co-occurring mental health and substance use conditions. Dr. Mee-Lee will speak on person centered treatment approaches and meeting the challenges of providing co-occurring services.

Stephanie S. Covington, PhD, LCSW, is a clinician, author, and organizational consultant. Recognized for her pioneering work in the area of women's issues, Dr. Covington specializes in the development and implementation of gender-responsive services and trauma informed care. Her work focuses on systems change and how to build caring, compassionate, and empowering environments. Dr. Covington has served as a consultant to the United Nations Office on Drugs and Crime in Vienna and the Center for Substance Abuse Treatment and was a workshop chair for the Women's and the Trauma Treatment Improvement Protocols. Dr. Covington will address how the key to recovery for many individuals may lie in addressing an underlying history of trauma.

Maryland News

We recently finished our spring commuter course offering and now our full attention is directed towards our summer residential program at Salisbury University on the eastern shore of Maryland. We are excited about the line up of courses that we will be offering.

In the early days of addiction treatment the services we offered were often based on a "cookie cutter" model that did not account for individual differences. Fortunately, this has changed in the past 20 years. Science and research have evolved to provide a body of clinical work that informs our practices. Now treatment and prevention services are tailored to meet the needs of our patients in all stages of the recovery process.

The courses we will be offering this summer have incorporated the latest research and science to assist our treatment and prevention professionals to meet the challenges of treating diverse patient populations. Among these are two courses on treating the substance abuser who also has mental health difficulties: *The Addicted Patient with Depression* and *Making the Most of the DSM IV*. To gain skills needed for working with patients in criminal justice settings *Behind the Walls: Skill Building for Jail Based Treatment* will be offered. Additional specialized courses include: *HIV/AIDS and Substance Abuse* which highlights specifics of treating the addicted person with HIV/AIDS and other related infectious diseases, and a course on cultural fluency, *Achieving Comfort and Commitment*. The emerging urgency to understand the unique treatment needs of the returning military veteran will be examined in *War, Conflict and Resulting Trauma* in which the comorbidity of trauma and specifically brain trauma and substance abuse will be discussed. *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay Bisexual and Transgender Individuals* will explore the treatment needs of this often under identified population. Of interest to many, the always popular, *Treating the Addicted Adolescent* will also be offered this summer.

To sharpen the therapeutic skills or to add some additional tools to our clinicians' toolbox we are offering for their consideration the following: *Advance Group, Using the Stages of Change Model to Strategize Treatment Planning,* and *Shifting Paradigms: Considerations in the Treatment of Opioid-Related Disorder* and *Family, Twelve Steps to Recovery* and *Mediation and Conflict Resolution*.

For those looking for professional or personal development coursework will find: *Ethics for Addiction Professional, Stress Management Techniques, Mediation and Conflict Resolution, Building Effective Teams, Grief and Loss* or *Grant Writing and Budget Management*. And finally, we are excited to offer this summer: *Nutrition and Addiction: Exploring the Mysterious Connection for Healing, Growth and Transformation*.

It is the commitment of the Office of Education and Training for Addiction Services (OETAS) to make it a rewarding experience, both inside and outside the classroom, whatever course an individual chooses. Salisbury University, located on the eastern shore, is a beautiful and relaxing setting with outstanding food, recreational facilities and with an array of apartment and meals options to accommodate any budget. To find more about the Maryland summer residential program please visit our website at www.maryland-adaa.org. and click on OETAS or call 410/402-8585.

New Jersey News

Clinical Supervision Training for Substance Abuse Counselors

The New Jersey Department of Human Services, Division of Addiction Services, in collaboration with Central East ATTC is presenting a "Clinical Supervision Workshop and Clinic." This 10-session workshop/clinic includes an evidenced-based 20-module course curriculum that covers all aspects of clinical supervision for counselors working in addiction or co-occurring disorder treatment centers. The training is facilitated by Thomas Durham, PhD., Executive Director, of the Danya Institute, Inc. Each session includes a combination of didactic training, experiential learning, and an opportunity for participants to discuss actual cases and issues in their supervisory work. At the completion of the training, all 28 participants will possess the educational requirement to obtain a Certified Clinical Supervisor (CCS) certificate.

Session one was held on January 31, 2008 at the Department of Human Survives Building in Trenton, N.J. Students participated in a self-guided questionnaire entitled the DISC® Classic Personal Profile System. The profile provides a framework for looking at human behavior, examining behavioral patterns, and increasing self- knowledge. Through small group discussions, participants revealed their profile patterns and assisted each other in interpreting how their unique characteristics influence their leadership style. Many of the participants voiced surprise at how accurately the profile assessed their strengths and suggested areas for improvement. Most agreed that their efforts to create more effective agency outcomes will be enhanced by their increased awareness and knowledge of different motivational styles.

The Clinical Supervision Workshop and Clinic will continue once per month for the next 10 months. This extended classroom model will allow participants the opportunity to incorporate new supervisory skills at their agencies while simultaneously discussing, sharing, and troubleshooting their experiences with the class.

Washington, D.C. News

The Central East ATTC, in conjunction with the Addiction Prevention and Recovery Administration (APRA), has conducted a number of different trainings designed to enhance the knowledge and skills of addiction professionals in Washington, D.C. In February, the Central East sponsored a two-day training on behavioral treatment intervention for gay and bisexual male methamphetamine users. In March, the Central East sponsored two courses on interpersonal violence training for substance abuse counselors conducted by Dr. Inga James. Recently, the Central East, APRA, and Washington D.C.'s Department of Mental Health collaborated to conduct a one-day buprenorphine awareness training. This training was designed to provide general information about buprenorphine which is the latest medication for the treatment of opioid dependence. All of these trainings and workshops were well received by the participants. The Central East is currently working with APRA and the Department of Mental Health to host a training on co-occurring disorders among adolescents. This training is scheduled to take place on June 18th.

Washington, D.C. has once again sent emerging leaders in the substance abuse treatment field to Central East's annual Leadership Institute. The ATTC Leadership Institute is an intense leadership preparation program designed to cultivate the development of future addiction and mental health leaders. It provides professional development through a combination of evidenced-based training seminars, distance learning, and completion of a project within a six-month timeframe. Each individual partners with a mentor who offers expertise vital in facilitating the development of future leaders.

The **DIA**LOGUE

SPRING 2008

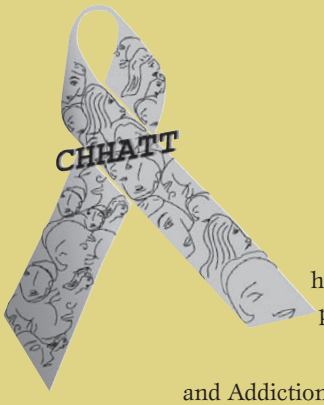
The **DIA**LOGUE is published by the Central East Addiction Technology Transfer Center (Central East)

8737 Colesville Rd., Ste. 300
Silver Spring, MD 20910-3921
Phone: 240/645-1145
Fax: 301/565-3390
www.ceattc.org

The Danya Institute
www.danyainstitute.org

Central East ATTC
Unifying science, education and services to transform lives.

8737 Colesville Road, Suite 300
Silver Spring, Maryland 20910-3921



Keeping It Real 2008 Conference
Street-Level Intervention Strategies for Addiction, HIV/AIDS, and Hepatitis

Marriott Princeton Hotel & Conference Center at Forrestal
Princeton, New Jersey ▪ September 22 – 24, 2008

Our seventh annual conference will provide cutting-edge information on issues related to HIV/AIDS, hepatitis, and substance abuse. All outreach workers, substance abuse counselors, and other related healthcare personnel who work with the drug-addicted and HIV/AIDS/HCV population are encouraged to attend.

The conference is based on the seven Outreach Competencies developed by the Center for HIV, Hepatitis, and Addiction Training and Technology (CHHATT). The Seven Competencies are:

Competency 1 – Understanding Outreach and Outreach in a Scientific Context
Competency 2 – Understanding Chemical Dependency
Competency 3 – Understanding Disease and Wellness in the Context of Drug Use
Competency 4 – Engagement
Competency 5 – Intervention
Competency 6 – Client Support
Competency 7 – Supporting Ourselves

Attendees will find this an informative and interactive forum providing the most up-to-date information and techniques available in the field. **CEUs will be provided through NAADAC and pending approval from NASW.**

We have invited leading authorities who will speak on topics on addiction and co-infection with HIV and Hepatitis, rapid-testing, Buprenorphine, and improving efforts in working with hard-to- reach and special populations, and much more.

FOR ONLINE REGISTRATION, PLEASE GO TO:
www.ceattc.org