Houston Recovery Initiative
A Project of the Texas Department of State Health Services

September 15, 2011

Phase II Report

Progress on Development of a
Recovery Oriented System of Care

Gulf Coast Addiction Technology Transfer Center
Addiction Research Institute, University of Texas at Austin
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Table of Contents

PROGRESS OF THE INITIATIVE: ................................................................. 4
ROSC IMPLEMENTATION AT SANTA MARIA HOSTEL: .............................. 8
RECOMMENDATIONS .................................................................................... 9
APPENDICES .................................................................................................. 11
PROGRESS OF THE INITIATIVE:

A. Background

After planning sessions with DSHS in the spring of 2010, The Addiction Research Institute (ARI) entered into an agreement with The Council on Alcohol and Drugs Houston for development of a ROSC in Houston. In April, a planning meeting was held between Leonard Kincaid of The Council, Richard Spence of ARI, and Laurel Mangrum of ARI, to lay out a framework for the ROSC initiative. An organizational kickoff meeting was convened by The Council and ARI in May, 2010 bringing together core Houston stakeholders. A key result of this meeting was the formation of workgroups to identify ROSC problems and challenges, and recommendations for changes. These workgroups reported their progress back to the core stakeholder team every two weeks and in less than two months a preliminary summary report was developed for DSHS which identified an initial list of problems and recommendations to develop and improve the ROSC community of care in Houston. These initial recommendations were presented to the broader community of Houston stakeholders in a large event on July 30, 2010. During this meeting, feedback on the recommendations was provided by community stakeholders as well as outside experts brought to the meeting from other communities which have had more extensive experience in growing and improving ROSC initiatives in other states.

Following the stakeholder meeting, a follow-up meeting of the core stakeholders was convened to consider feedback received and to narrow their focus on a more limited number of key recommendations. Out of the 33 recommendations for change, six strategies were identified which would direct the focus of the Houston Recovery Initiative for the next phase of effort. These six strategies were perceived as the most important, most feasible, and the most timely objectives which could have an immediate impact on improving the recovery environment in Houston. Recommendations to begin an Adolescent ROSC effort were acknowledged and action was postponed until completion of Phase I of the overall community effort. However, an adolescent recovery initiative has now been added as a 7th strategy undertaken by the community.

B. ROSC Processes during year one:

Three phases were originally envisioned for the Houston Recovery Initiative. See Appendix A for a chart depicting these phases.

Phase I

This phase consisted primarily of Consensus Building activities. The recruitment of key stakeholders to be workgroup members was a key task which was accomplished and these leaders worked to address the first three strategies of:
1) Stakeholder Involvement,
2) Developing Consensus on Recovery Roadblocks and Service Gaps, and
3) Developing Consensus on New Directions Needed in the community.
The initial activities of the Houston initiative have made a tremendous contribution to consensus building and have identified specific strategies which the whole community has expressed commitment to work for changes. A report describing the activities and accomplishments of Phase 1 was issued one year ago and is available online at the following link on the Gulf Coast ATTC website: www.addictioncareers.org/userfiles/file/GulfCoast/HRI Final Report for Phase 1 (2).pdf

Phase II

During the first year, the groundwork was laid for entering into a second phase (Planning and Organizing for Change) which would provide a framework for involvement of community stakeholders for an extended period of time in working on new directions for recovery support. Out of an initial list of 33 recommendations, a smaller set of six strategic initiatives were identified. The original list was modified during subsequent meetings with the resulting list of the following seven strategies and workgroups:

1. HOUSING
   - Priority attention for underserved populations and recovering persons.

2. RECOVERY COMMUNITY CENTERS
   - Work with the City on designation of public centers as resources for recovery.

3. PEER RECOVERY SUPPORT
   - Recovery Coach Training
   - Include customers on advisory boards and in evaluation activities to ensure the voice of recovery is considered in program decisions.

4. 12-STEP COMMUNITY
   - Coordinate with the 12-step community.

5. EDUCATION
   - Education of agencies on the Chronic Care Model.

6. RECOVERY RESOURCE DIRECTORY
   - Develop and maintain a web-based directory of agency resources in the community.

7. ADOLESCENT ROSC
   - Develop consensus on specific strategies for adolescents.

C. Progress and Accomplishments

HOUSING

The Coalition for the Homeless was involved in a meeting of 150 service providers in the Houston area to prioritize housing needs. These include a central intake system, rapid re-housing, and better data on
the performance of existing housing resources. The city is developing a system to identify people at risk of losing their housing and they are conducting an inventory of apartment complexes that are receptive to people who are challenged to find housing.

RECOVERY COMMUNITY CENTERS

● The City of Houston representative to the ROSC has initiated plans to incorporate Recovery Center operations within city multi-service centers. Houston and Harris County are working on a federal community transformation grant application to build capacity for treating chronic diseases including addictions. The ROSC has been invited to assist in planning for this effort.

PEER RECOVERY SUPPORT

● Recovery coach trainings have become routinely offered in Houston. More than 60 people have been trained and five recovery coach practicum sites have been developed. Recovery coach practicum placements and support are now offered for recovery coach training graduates. 10 people have been selected to be practicum supervisors and are meeting regularly.

● Monthly recovery coach alumni meetings are being conducted to provide ongoing training and support.

● VOA has matched 40 women with mentors. However, former patients are not allowed to become mentors due to probation restrictions. VOA is building a ROSC model within its organization to support clients before and after leaving treatment.

● Cenikor has a goal to provide two recovery coach scholarships each year to graduates of its program.

● Santa Maria Hostel has had five recovery coaches with over 120 clients receiving coaching.

● The City of Houston has sent staff to recovery coach training and has used them in its Reentry Program.

● A support group for persons in long-term recovery (at least three years) has been organized and had its first meeting in July.

12-STEP COMMUNITY

A large community meeting was held to exchange information and foster improved cooperation among community 12-step groups, treatment programs, and recovery coaches. Over 140 participants attended, including treatment staff, recovery coaches, and others.

EDUCATION

● The ATTC provided two trainings training for treatment personnel on evidence-based treatment strategies.
• The ATTC also provided trainings on Recovery Planning with an emphasis on identification of recovery capitol, strength-based assessment, role of recovery coaches and other allies, and goals for holistic health after treatment.

RESOURCE DIRECTORY

• A web-based resource directory has been created and procedures are being developed for ongoing updates and training for usage.

ADOLESCENT ROSC

A group has been formed to work on developing an improved adolescent recovery environment in Houston. This is a new initiative which has been undertaken based on recommendations from the stakeholder meeting and advocacy from within the ROSC workgroups. Initial meetings have been convened and a schedule of meetings established to work on issues necessary to start an adolescent ROSC. Alternative (non-12-step) peer support groups have been identified as a model to be replicated to promote a safe environment where young people support each other in maintaining a drug-free lifestyle.

D. Recommendations:

A set of recommendations have been identified to enhance the implementation of Recovery Oriented Systems of Care in Houston. Some of these are specific recommendations offered by Houston stakeholders. Other recommendations have been developed by the Addiction Research Institute (ARI) based on review of progress and challenges for the ROSC to date. See the final section of this report for a description of these recommendations.

Summary:
Overall, the Houston ROSC has been perceived to be a major success story. Stakeholders have been mobilized and their efforts are being multiplied through recruitment of other agencies and individuals throughout the city and county to engage in the six strategic initiatives adopted by the program.

This effort can be expected to continue to be effective but progress can be enhanced by providing organizational support for meetings, administrative support, training and technical assistance. The Council on Alcohol and Drugs has proven to be a very effective resource for coordinating and supporting the workgroup structure and hosting meetings. It is strongly recommended that this organization continue in a central role to support the Houston Recovery Initiative.
ROSC IMPLEMENTATION AT SANTA MARIA HOSTEL:

Under the leadership of chief executive officer, Kay Austin, the Santa Maria Hostel (SMH) treatment program for women with alcohol and drug problems has successfully implemented recovery coaching and recovery support services. This is a state-of-the-art treatment program which has developed an enhanced dimension of quality for its clients through the new focus on recovery-oriented services.

One implementation issue that was encountered had to do with the roles of recovery coaches in working with treatment clients and the working relationships of coaches with counselors in the program. This problem became apparent when a coach sought approval to attend a court hearing and provide feedback to the judge regarding a client’s participation in recovery coaching (without being aware of the need to obtain consent from the client). In response to this issue and related ones, SMH instituted in-service training procedures for recovery coaches concerning the different hats that coaches must wear to separate different roles in working with clients. Other policies and procedures for recovery coaches are being formalized and refined based on experience gained in this project. Advice on organizational policies and procedures has been requested from other providers who are using recovery coaches. This is a good example of learning and developing through experience. An additional unresolved problem is the difficulty in providing coaching services for clients who live some distance from the city.

The recovery coach component of SMH has been very favorably received by existing treatment staff as well as the client population. After adding a recovery coach to the admissions department, the program found that approximately 50% of new admissions requested assignment to a recovery coach. The admissions coach also makes contacts with prospective clients awaiting admission. The recovery coach in the admissions section has had a notable positive impact in working with clients who may be reluctant to engage with the program and those who are also experiencing challenges in the pre-contemplation stage.

The ROSC team at SMH consists of five recovery coaches working out of two locations: Bonita House and Jacquelyn House. Coaches provide face to face as well as telephone coaching sessions and they also hold a weekly group session on Recovery Support Program services. Although the response has been very positive, this new demand has caused the existing coaches to become overworked and there is a need for additional coaches. However, there is an unmet need for scholarships to pay for the recovery coach training.

Recovery support services (wrap-around services) are also made available to each client to enable them to obtain needed help in a variety of areas including rental assistance, car repairs, suspended license charges, child care, bus cards, and phone cards. Some clients have used all of the funds for which they are eligible ($550); however, others have chosen to use less than that amount.

SMH staff have observed that the rate of relapse or lost contact has diminished since the beginning of the recovery coach and recovery support service components.

Based on the success of this program it is recommended that additional support be provided for administrative coordination of recovery services, additional scholarships be provided to enable more recovery coaches to be trained and used in the program, and additional outreach resources be funded to enable recovery services for women who live in remote locations.
The following list of recommendations and priority unmet needs has been developed based on the needs and new directions identified by workgroup members and other stakeholders, and also by the Addiction Research Institute in partnership with The Council on Alcohol and Drugs Houston. These are areas of recommended support for continued progress of the Houston Recovery Initiative.

**Coordination and Linkages**

- A stronger linkage between the ROSC and the Coalition for the Homeless is needed. Greater attention needs to be focused on inappropriate placement and exploitation of homeless clients. There is a need for a coordinated intake system.
- Stronger outreach should be made to involve the faith-based community.
- Greater participation by for-profit providers.
- Develop a learning community among all Texas ROSC sites
  - to enable mutual learning and support from communities across the state.
  - to support initiation of additional ROSC sites
- Develop a statewide website for ROSC materials, contacts, trainers, and sharing of information about meetings and other resources.
- Improved coordination of services for adolescents to address gaps and recovery obstacles.

**Support for Recovery Coaches**

- Provide for ongoing development and support for recovery coaches.
- Policy work is needed to address criminal justice restrictions on recovery coaches or mentors who are on probation. Approximately half of the recovery coaches who have been trained in Houston have criminal records.
- Establishment of a recovery coach liaison within treatment programs that want to be practicum sites.
- Funding for a recovery support center should be developed to serve several purposes:
  - Support for recovery coach training
  - Recruitment and support of volunteer recovery coaches
  - Practicum placement and supervision of recovery coaches
  - Space for recovery support meetings (12-step and alternative)
**Training Needs**

- Workshops for treatment programs about using recovery coaches
  - Recruitment, supervision, and support
  - Ethics, roles, policies, procedures

- Training on Recovery Support Services
  - Theory, methods, and evaluations

- Training of treatment providers and recovery coaches on recovery topics
  - Chronic Care Model and the language of recovery
  - Recovery Planning
  - Recovery Capitol
  - Strength-based assessments
  - Role differences between counselors, recovery coaches, sponsors, and case managers.
APPENDICES

A. ROSC Phases of Change

B. 12-Step Coordination (C12C) Meeting Flyer

C. C12C Meeting Photo

D. Recovery Planning Training Announcement

E. ROSC 101 PowerPoint presentation by Leonard Kincaid

F. Presentations on the Houston ROSC
### Phases of ROSC Implementation

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consensus Building and Planning</td>
<td>Initiating and Supporting Change</td>
<td>Working on Community Barriers and Sustaining Change</td>
</tr>
<tr>
<td>Stakeholder Involvement</td>
<td>Develop Capacity and Readiness for Changes</td>
<td>Address Stigma and other Recovery Barriers in the Community</td>
</tr>
<tr>
<td>Consensus on Recovery Barriers and Service Gaps</td>
<td>Prepare Action Plans and Recruit Key Participants</td>
<td>Training and Technical Support for Quality Improvement</td>
</tr>
<tr>
<td>Consensus on New Directions Needed</td>
<td>Initiate Changes, Monitor Progress, and Sustain Efforts</td>
<td>Evaluation, Renewal, and Stakeholder Support</td>
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</tbody>
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SAVE THE DATE!

WHO: Anyone interested in better long-term recovery outcomes for people with substance use disorders—treatment community clinicians and administrators, representatives from 12-step communities, faith-based organizations, child protective services, criminal justice and law enforcement providers, employee assistance program providers, and families, as well as representatives from other sectors who care about improving the quality of life for people who want and need support to achieve a stable recovery.

WHAT: A forum to improve cooperation between the professional community and 12-step communities.

WHERE: The Council on Alcohol and Drugs Houston, 303 Jackson Hill, Houston TX 77007.

WHEN: Friday, August 12, 2011 – 8:00 AM to 12 NOON. Registration and breakfast from 8-9. Forum will start promptly at 9 AM.

WHY: To exchange ideas and foster cooperation for the sake of all of our peers in or seeking recovery.

FEE: No charge to attend. Morning refreshments will be provided. CEUs for LCDC.

Please take advantage of this opportunity for us all to work together to strengthen the lives of the people we serve who are challenged by substance use disorders.

Online registration is now available through The Council on Alcohol and Drugs Houston website (it is listed on the calendar of events) or link directly to the registration page at http://tiny.cc/C12C.

Contact Randy Jo Baker at extrameasures@yahoo.com or Sandy Olson at cbhshouston@yahoo.com for more information.

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1 In early 2010, the Gulf Coast Addiction Technology Transfer Center (ATTC) convened a group of stakeholders in Houston coordinated by The Council on Alcohol and Drugs Houston, to look at a new paradigm for serving persons with serious substance use disorders in the Houston area called Recovery-Oriented Systems of Care (ROSC). ROSC is a philosophy and model for serving persons with serious substance use disorders whose foundation rests on the knowledge that recovery from substance use disorders is a long-term proposition. Recovery is the unifying element in ROSC. Treatment is seen as an important but not self-contained aspect of the service continuum. A recovery-focused system of care shifts the focus of services and supports to the longer-term needs of persons who are learning to live life without alcohol and other drugs as a coping tool.
Attend this workshop to discover the similarities and differences between Recovery Planning and Treatment Planning. It offers a unique opportunity for both professionals and recovery coaches to dialogue and find common ground in the community.

THREE GOALS OF THE WORKSHOP:
1. To introduce the topic of recovery planning;
2. To distinguish recovery planning from treatment planning and the relationship between;
3. To help treatment clinicians and recovery coaches think about the differences and similarities in their roles regarding development and implementation of recovery plans.

WHO SHOULD ATTEND?
Clinicians, recovery coaches, and staff members who provide services for populations with substance use and dependence issues, as well as co-occurring disorders.

SPEAKER:
Robert Carty, LCSW, CADC, CCJP, has worked in the social services field for more than 35 years, focusing on addictions treatment, mental health counseling, criminal justice, and child welfare. His professional background includes experience as a therapist, supervisor, administrator, and trainer. For the past 8 years, Mr. Carty has directed Partnerships in Clinical Training and Consultation (PCTC), working to promote clinical and organizational excellence within the helping services via high-quality training, consulting, and mentoring on treatment and recovery issues. In addition, Mr. Carty offers nationwide technical assistance to CSAT-funded projects that focus on recovery oriented systems of care and recovery support services. The Illinois Certification Board honored his ongoing commitment to the addictions treatment field by naming him the "Professional of the Year" in 2011.
Recovery-Oriented Systems of Care (ROSC) 101

Leonard Kincaid, LCDC, LPC, MBA
Chief Government Relations Officer
The Council on Alcohol and Drugs Houston

Key definition

- **Recovery-Oriented System of Care (ROSC):** a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families and communities to achieve improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

W. Clark, CSAT, Generic ROSC Talk and ATTC Network ROSC Manual
Goals of the Initiative

- To create a broader and deeper safety net.
  - (get help to more people suffering from addiction)
  - (provide more support for people needing help to maintain their recovery)

Key definitions

- **Acute care model**: assess, treat, discharge
- **Chronic care model**: disease cannot be cured but can be arrested or managed
- **Recovery**: a process of change through which an individual achieves improved health, wellness, and quality of life. (CSAT, 2010)
Recovery Management

- 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)

A Recovery Continuum

A three to five year plan

- Detox
- Residential
- Out-patient
- Aftercare
- Support groups
Past Year Perceived Need for and Effort Made to Receive Treatment among Persons Aged 12+ Needing But Not Receiving Specialty Treatment for Illicit Drug or Alcohol Use: 2006

Felt They Needed Treatment And Did Not Make An Effort (314,000) 1.5%
Felt They Needed Treatment And Did Make An Effort (625,000) 7%

21.1 Million Needing But Not Receiving Treatment For Illicit Drug Or Alcohol Use

Source: 2006 NSDUH, OAS, SAMHSA

Creating a Recovery-Oriented System of Care that ...

“... identifies and builds upon each person’s assets, strengths, and areas of health and competence to support the person’s efforts to manage his or her condition while establishing or re-gaining a whole life and a meaningful sense of belonging in and to the community.”

Source: Thomas A. Kirk, Jr., Ph.D.
Recovery-Oriented Systems of Care Approach

- In recovery-oriented systems of care, treatment agency is viewed as one of many resources needed for client’s successful (re)integration into the community.
- No one source of support is more dominant than another.
- Various supports need to work in harmony with client’s direction, so that all possible supports are working for and with the person in recovery.

Source: Addiction Messenger, November 2007, Vol. 10 Issue 11, published by the Northwest Frontier ATTC.

Primary goals of recovery-based care for addiction:

- Prevent addiction and intervene early with those who develop substance use problems;
- Support sustained recovery for those who are in recovery; and
- Improve the health and wellness of individuals, families and communities.

National Conference of State Legislators (September 5, 2008). Recovery-Based Care for Addiction: Lessons From the States
Houston Recovery Initiative

Our goal is to create a broader and deeper safety net for individuals with substance use disorders including those in recovery by:

1. Increasing access to housing
2. Establishing Recovery Community Centers
3. Building a stronger relationship with the 12-Step community
4. Educating the community on the Chronic Care Model and best practices for treatment
5. Developing and implementing a ROSC model for adolescents with substance use disorders
6. Developing and maintaining a web-based substance use disorder resource directory
7. Training Recovery Coaches
Presentations on the Houston Recovery Initiative
(by Leonard Kincaid, Council on Alcohol and Drugs Houston)

August 30, 2011
Southeast Council on Alcohol & Drug Abuse
Beaumont, Texas

August 12, 2011
Cooperation with the 12-Step Communities Forum
The Council on Alcohol and Drugs Houston
Houston, Texas

July 22, 2011
2011 Annual Texas Behavioral Health Institute
Panel Presentation: A Recovery Revolution in Texas
Austin, Texas

July 15, 2011
2nd Annual Community Awareness Day
Drug Supply/Drug Demand: Working Together For Change
Rice University, Houston, Texas

March 26, 2011
Recovery Coach Alumni Meeting
Houston, Texas