Improving the Recovery Environment in Texas

Background information
Presentations about preparing for the funding landscape in 2013 for the BLOCK GRANT
★ Address uninsured treatment need (homeless, undocumented, etc)
★ Provide treatment services not covered by HCR (family treatment?, aftercare?)
★ Recovery Gaps

Context for today’s activity
Purpose of the process is to get advice on funding (advising not deciding)
This will be ONE source of input – other input, advice, and requirements will apply

Ground Rules
Everyone in the room has equal input and importance
Written input later is welcomed
Votes are personal, not representative of an agency

Process
1. Brainstorm on current recovery gaps
COMMENT: Previously you were asked to identify recovery gaps and needs.
and to identify new directions that would be helpful – without funding.

Keep your eye on the needs you previously identified – those are still valid.
Now we are asking you to expand your thinking about new directions and how they could be enhanced with funding

(ASK: What gaps and needs have you identified in your communities?)

2. Prioritize: Narrow down the list
(ASK what should priorities be based on?)
★ Importance and Need
★ Effectiveness (Bang for the Buck)
★ Feasibility

3. Input from the distance participants and after the meeting -- email input

4. Analysis and Feedback after the meeting – email to participants?
Recommendations of TRI Stakeholders
Priorities for Recovery Support

On March 27, 2012, a meeting of the Texas Recovery Initiative (TRI) was convened for the purpose of identifying key areas of focus for Recovery Support. In order to provide advisory input for DSHS strategies and plans for future block-grant funding, stakeholders were invited to this meeting to identify areas of priority focus for improving the Recovery Environment of Texas.

Recommendations have been separated into three areas of input: 1. Populations, 2. Direct Recovery Support, and 3. Indirect Recovery Support. Each of the three populations are of high priority for funding and they include each of the other categories of recovery support.

Direct recovery support services are generally of higher priority compared to indirect recovery support services, but funding strategies will be developed to encourage the availability of a mix of direct and indirect recovery support services whenever possible.

Special Populations of focus for Recovery Services

Population 1. -- Women in Treatment

Women are more stigmatized than men in recovery. This are is important and has a multiplier effect because addiction affects women’s ability to parent and recovery has a positive impact on a child’s well-being and on attachment. A woman’s recovery can impact future generations and potential recovery for whole families. This area is defined as a population group and overlaps with the service categories.

Population 2. -- Youth

Youth in recovery have particular challenges. Serving them appropriately and effectively is also challenging. In addition to the interaction between substance abuse issues and developmental needs, they also often face legal, family, and educational roadblocks to recovery. Specialized services are a necessity for this group. Family services, alternative support groups, and peer services are key areas of need.

Population 3. -- Criminal Justice

Many persons in recovery have had interactions with the criminal justice system, and most people in treatment were referred by the court. In addition to treatment, there are key areas of need for this population including transitions community re-entry support, employment, housing, and all other areas of recovery support.

DIRECT Recovery Support

Recovery related services may be separated into two separate groups; Direct Recovery Support includes all services in which personal contact and assistance is provided to work directly on recovery from addiction. Examples of direct recovery support are peer coaching, pastoral counseling and other faith group activities. Indirect recovery services address other needs which may be roadblocks to recovery, such as transportation assistance and housing. Our evaluations have shown that the indirect recovery supports alone are not effective
in promoting recovery; the best results come from direct recovery support services and a combination of direct and indirect recovery support.

The following services have been recommended by stakeholders as key areas of direct recovery support.

1. **Peer Coaches and ROSC**  **12% of support**
   
   The highest ranking area of direct recovery support centered around the peer involvement as a key element of building and maintaining recovery oriented systems of care. Recommendations emphasized peer-to-peer recovery coaching and support, and systems to maintain that support. There was a small amount of overlap with the treatment enhancement area regarding pre and post treatment services.

   The specific items receiving the most votes were:
   - Peer to Peer Recovery Coaching including street coaches (predominant recommendation in this area)
   - Recovery Centers
   - Recovery Check-ups
   - Recovery Research and Evaluation
   - Public Service Announcements (PSAs) for community education on ROSC
   - Recovery Resource Guides
   - Relapse Recovery
   - Peer Navigation Training
   - Peer Recovery Organizational support
   - Peer involvement in pre-treatment and alumni services after treatment
   - Practical support and personal involvement by peers to prevent relapse

2. **Integration Services to link treatment with the continuum of recovery services**  **17% of support**

   This area of need involves services before and after treatment, as well as case management and transitions within treatment. It is recognized that treatment systems need to become recovery oriented, and that there are services related to treatment that are missing. Recommendations for addressing specific treatment gaps are not included in this report because funding for treatment will fall under a different agency budget framework. This report is limited to non-treatment costs.

   The specific items listed under this area were as follows:
   - Post treatment services
   - Pre-treatment services
   - Case Management
   - Peer Recovery workers to help individuals navigate treatment systems.

3. **Psychiatric and Co-Occurring Disorders**  **10% of support**

   This area of emphasis focused on psychiatric disorders as key issues in recovery. Many settings do not assess for psychiatric needs. Mental health needs are generally unmet for many people in recovery, if they do not have insurance or do not meet the severity criteria of the public system. Systems of care are fragmented and there is a lack of access to integrated services, including the point at which persons present in crisis. This situation creates a revolving door when the whole person is not cared for.

   The top items of need were:
   - Psychiatric Medications needed
   - Dual Recovery Support
   - Mental Health needs
   - Dual Recovery Treatment Training
4. **Medical and Wellness** 7% of support

This area of need addresses medical needs which can be barriers to recovery. This may include screening and care for basic medical problems, as well as addressing needs for achieving a well-rounded level of healthy functioning in all areas of life.

The top areas of need in this area were:
- Holistic Health Care (this was the predominant recommendation in this area)
- Mapping and Linking Health Services within the community.
- Dental Care
- Medical Home
- PTSD and Trauma Informed services
- Advertising availability of medical benefits
- Community Education on Recovery

5. **Family** 4% of support
- Family Counseling and Education

6. **Faith** 1% of support
- Engaging the Faith Community
- Support Groups

**INDIRECT Recovery Support**

1. **Housing** 17% of support

This area of indirect recovery support received the highest funding priority. Housing needs for persons in recovery is a recurrent theme in all discussions of gaps in our recovery oriented systems of care. There are some existing resources available in some situations from HUD, SSI, and various municipal initiatives, but there remains significant gaps in availability of housing for persons in recovery. Advice for implementing housing services included the following:
- Develop an infrastructure for supporting housing
- Build recovery support into the home environment.
- Pre-screen clients to ensure they are a good fit for sober housing.
- Ensure that aftercare is not an afterthought.
- Make special provisions for veterans and persons with co-occurring psychiatric disorders

The primary item of need described in the stakeholder meeting was:
- Peer Based Recovery Housing.

2. **Training and Educational Services** 11% of support

This area addressed several types of needs for persons in recovery who have deficits in basic life skills.

Specific areas of recommendation in priority order were:
- Life Skills Training (predominant recommendations)
- Nutrition
- Parenting Education
- Specialized Education for women including reproduction, Pre,Post-Natal education, FAS
- OD education
3. **Workforce Development** (% support included within Tgn & Education group above)
   - Education and training for new counselors and recovery workers to enter the field
   - Professional Development to train current professionals in recovery support skills.
   - Recovery Education for Medical Professionals
   - Training in Cultural Competence
   - Dual Recovery Education

4. **Employment** 3% of support
   - Supported Employment and Vocational Services

5. **Miscellaneous Recovery Support Services** 1% of support
   - Transportation
   - Child Care
   - Legal Services
Recovery Support Services
Recommended Percentage of Budgetary Resources