

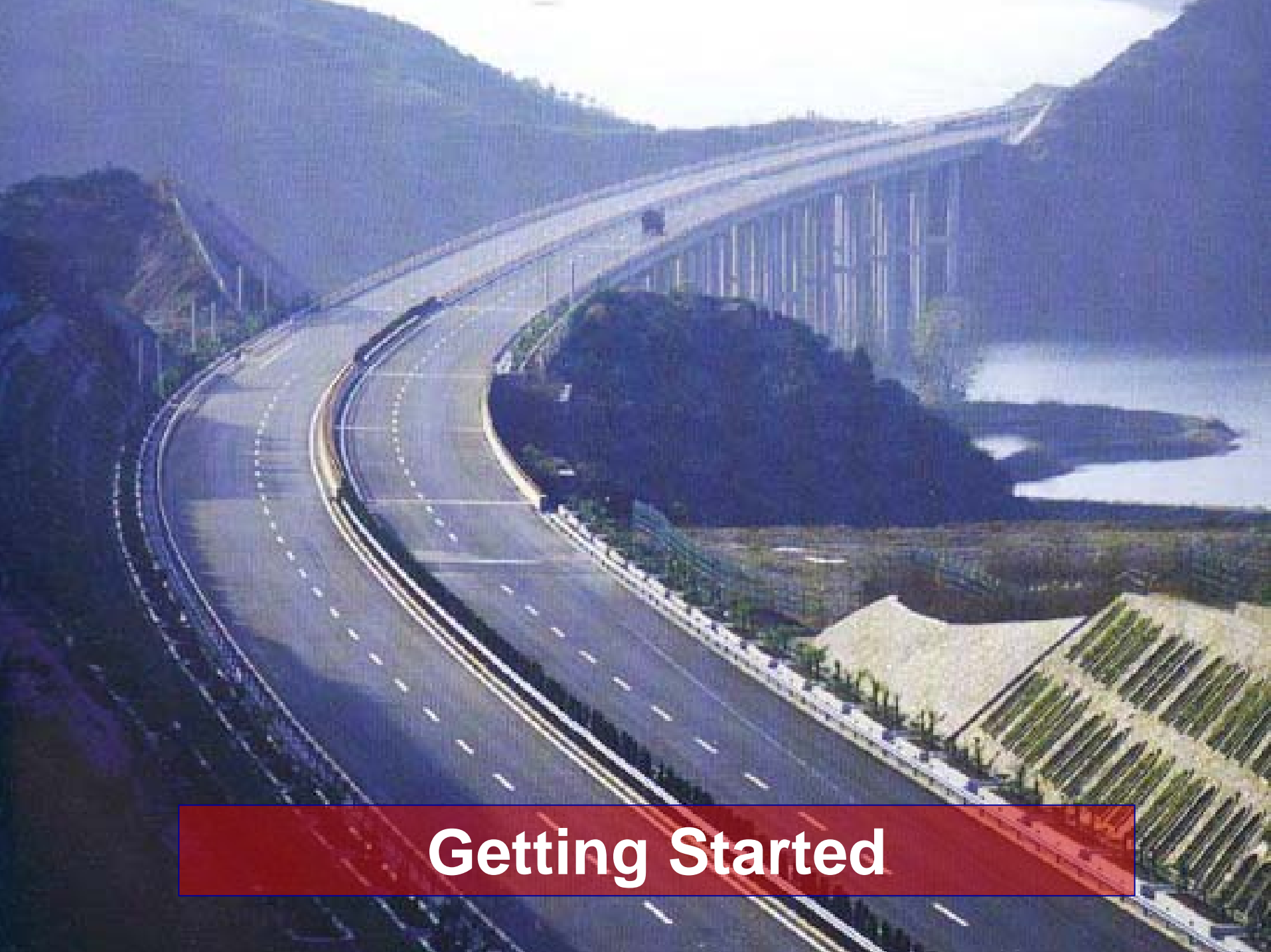
Federal Substance Abuse and Mental Health Service Administration
National Advisory Council

**CONNECTICUT
ACCESS TO RECOVERY**

Thomas A. Kirk, Jr., Ph.D., Commissioner

Department of Mental Health and Addiction Services
A Healthcare Service Agency

June 2006



Getting Started



We are a healthcare service agency.

Promote health

through prevention and early intervention services.

Recover and sustain health

through treatment and recovery support services.

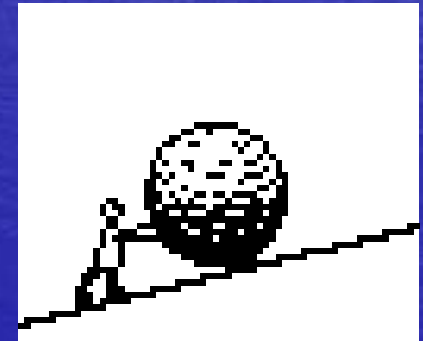
“addicts”



“a chronic, relapsing disease”



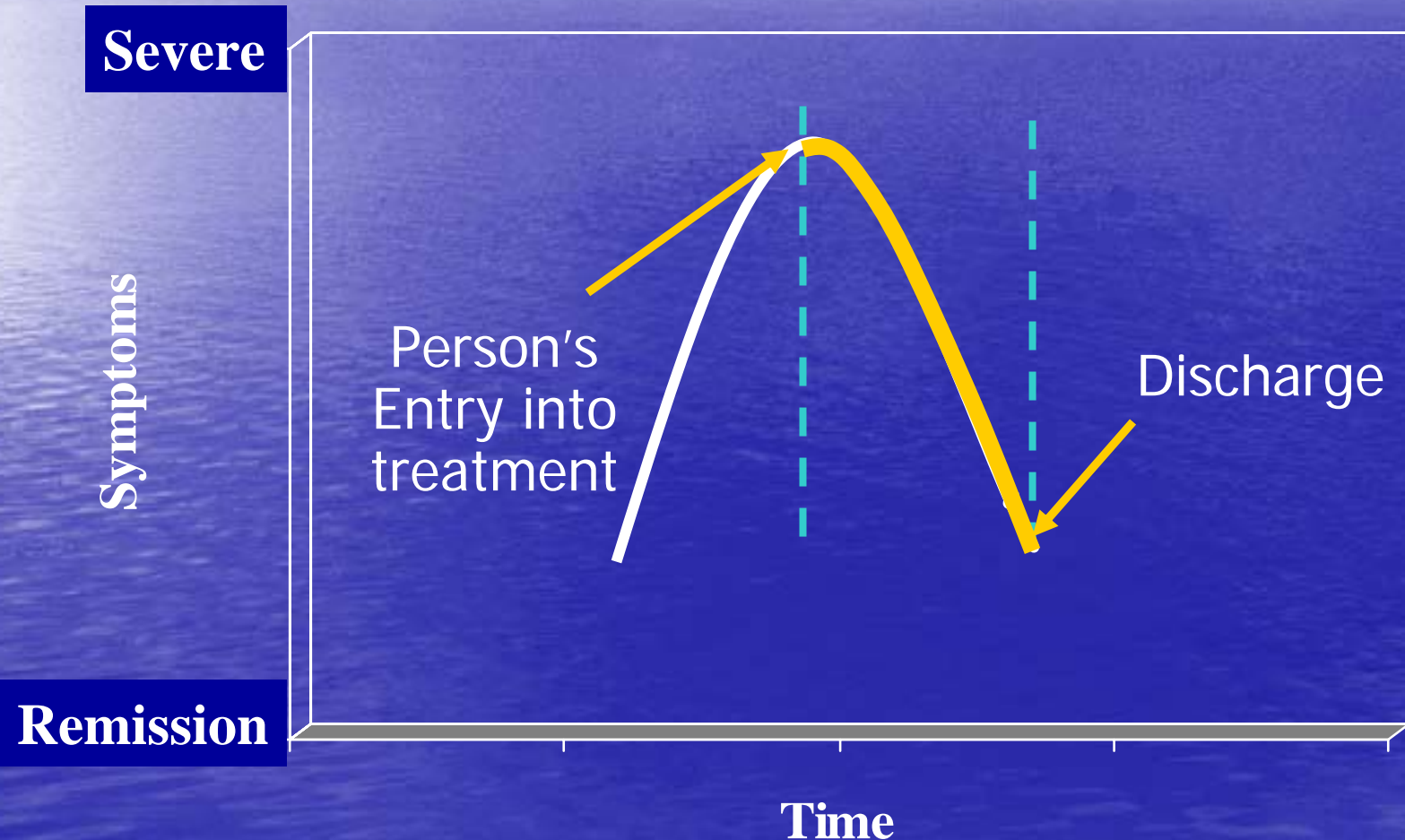
“severe persistent mental illness”



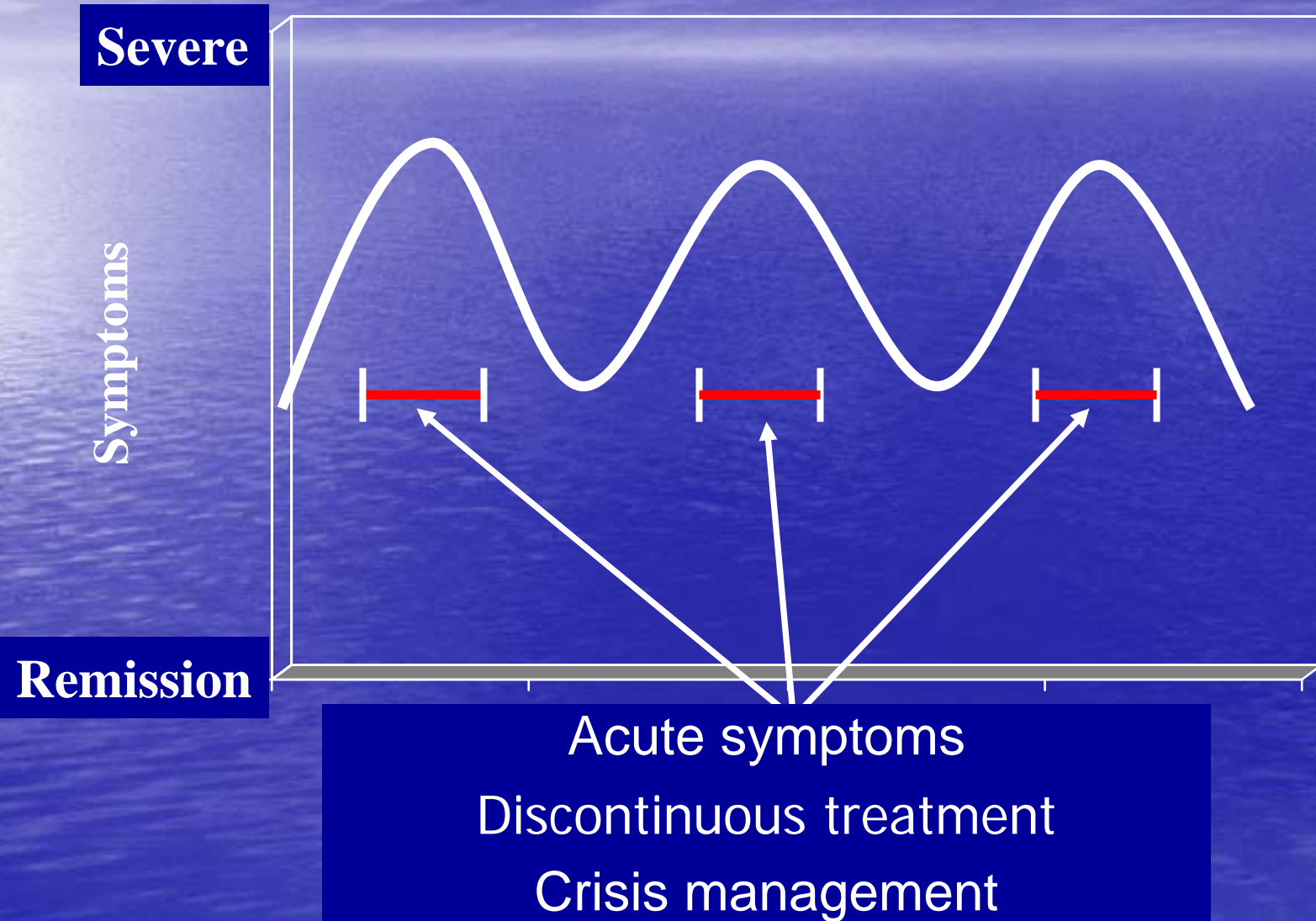
What message are we conveying?

Doesn't anybody ever get better?

Substance Abuse as too often viewed by the funder and/or service provider



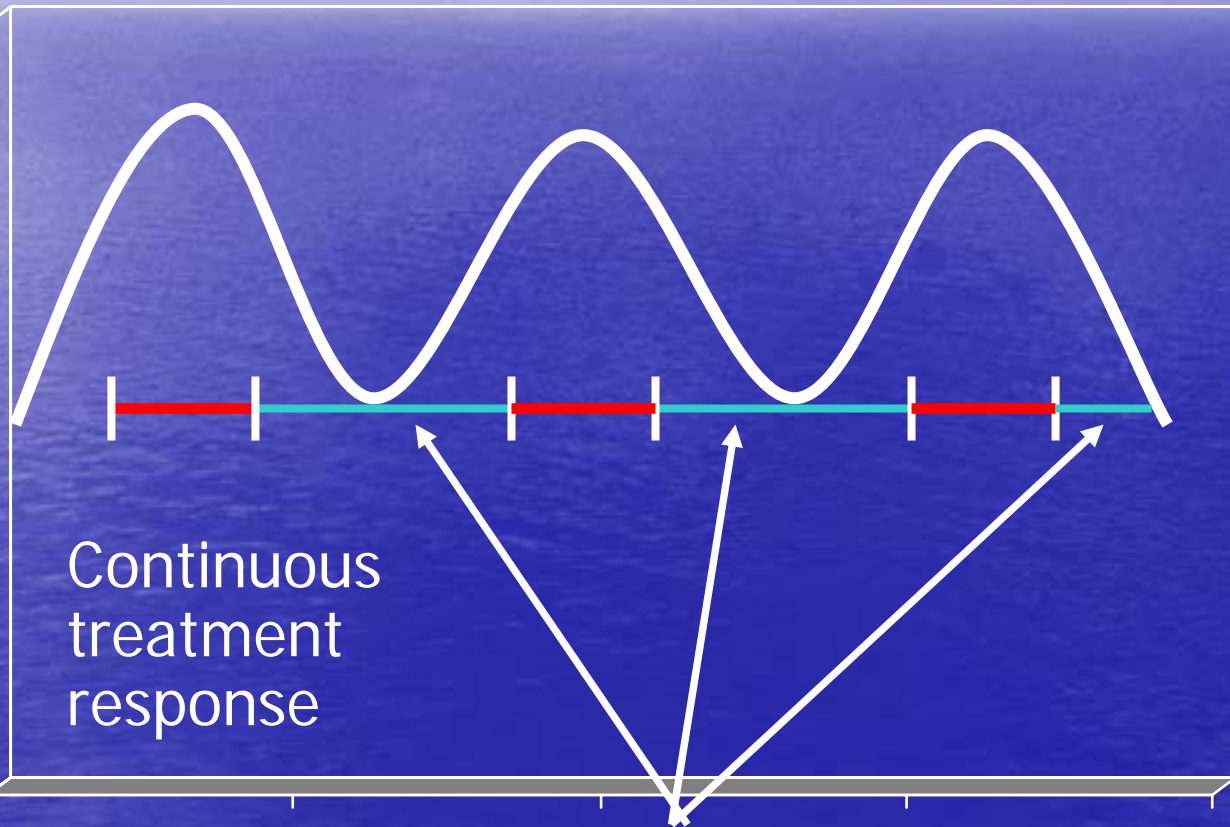
Service Response



Recovery-oriented response

Severe

Symptoms



Continuous
treatment
response

Remission

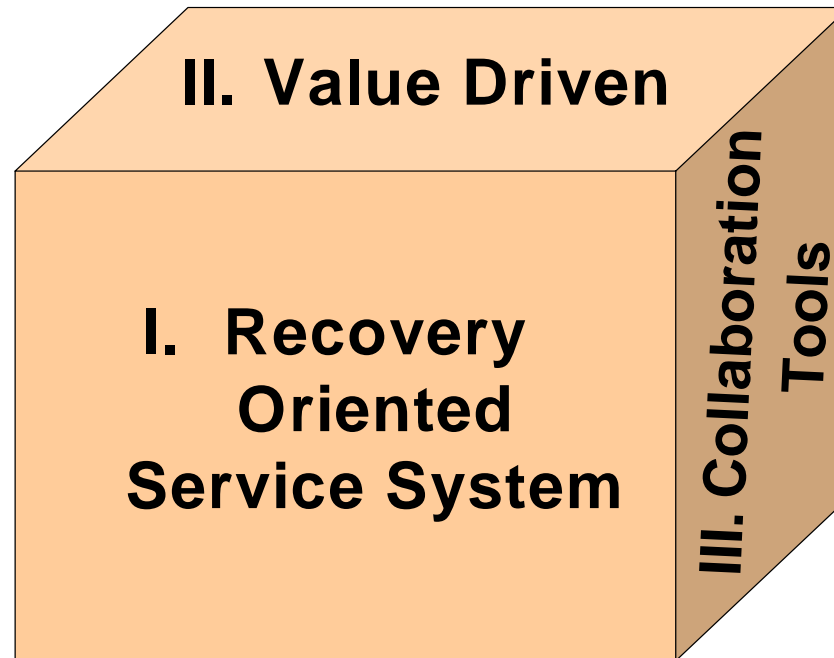
Promote Self Care, Rehabilitation



Many Paths to Recovery

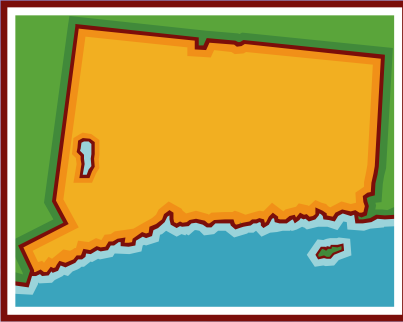
DMHAS APPROACH

Service System Strategies



How Does ATR Fit Into CT's Larger Picture?

- ATR is not just another program, it represents a significant investment in the promotion and enhancement of the Department's overarching goal of a recovery-oriented system of care
- ATR builds upon a combination of previously undertaken steps and programs



Connecticut's ATR Model

- High degree of collaboration with other targeted state agencies
- Five regional networks - a total of 36 clinical and 130 recovery providers (including peer and faith-based) to ensure client choice
- One lead agency in each network assisting with implementation, certification of providers, auditing, etc.

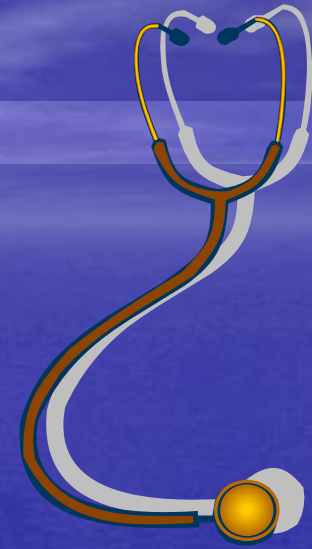
Collaborative Agencies & Programs

- Department of Correction
- Judicial Branch
- Department of Children and Families
- Department of Social Services
- Primary Healthcare Sites (Hospital ED & FQHC Sites)
- DMHAS-funded Outreach &
- Engagement Urban Initiatives



Clinical Services

- Evaluation
- Brief Treatment
- Ambulatory Detoxification
- Intensive Outpatient (IOP)
- Methadone Maintenance
- Recently implemented: an evidenced based model of IOP for individuals using cocaine and/or methamphetamines



Recovery Support Services

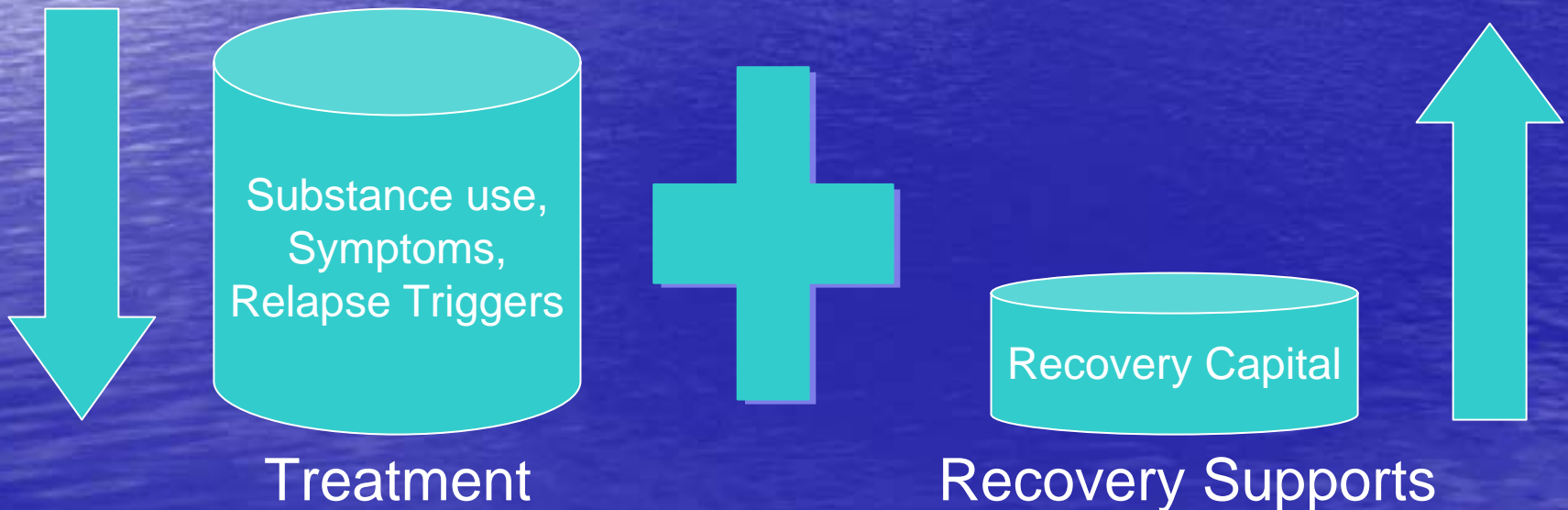
- Short-term Housing
- Case Management
- Childcare
- Transportation
- Vocational/Educational Services
- Basic Needs (food, clothing, personal care)
- Faith-based Services
- Peer-based Services



Two thirds of CT's ATR service budget is invested in Recovery Support Services, not clinical services.

What are Recovery Support Services?

Complement the focus of treatment, outreach, engagement, and other strategies and interventions to assist people in establishing an environment supportive of recovery and in gaining the skills and resources needed to initiate and maintain recovery.



Recovery Capital is . . .

“the quantity and quality of both internal and external resources that a person can bring to bear on the initiation and maintenance of recovery” (W. White, 2006)

In contrast to people who achieve “natural” recovery (without care), most people with addictive disorders entering treatment have never had much recovery capital or have dramatically depleted such capital by the time they seek help.

Recovery Support Services aim to:

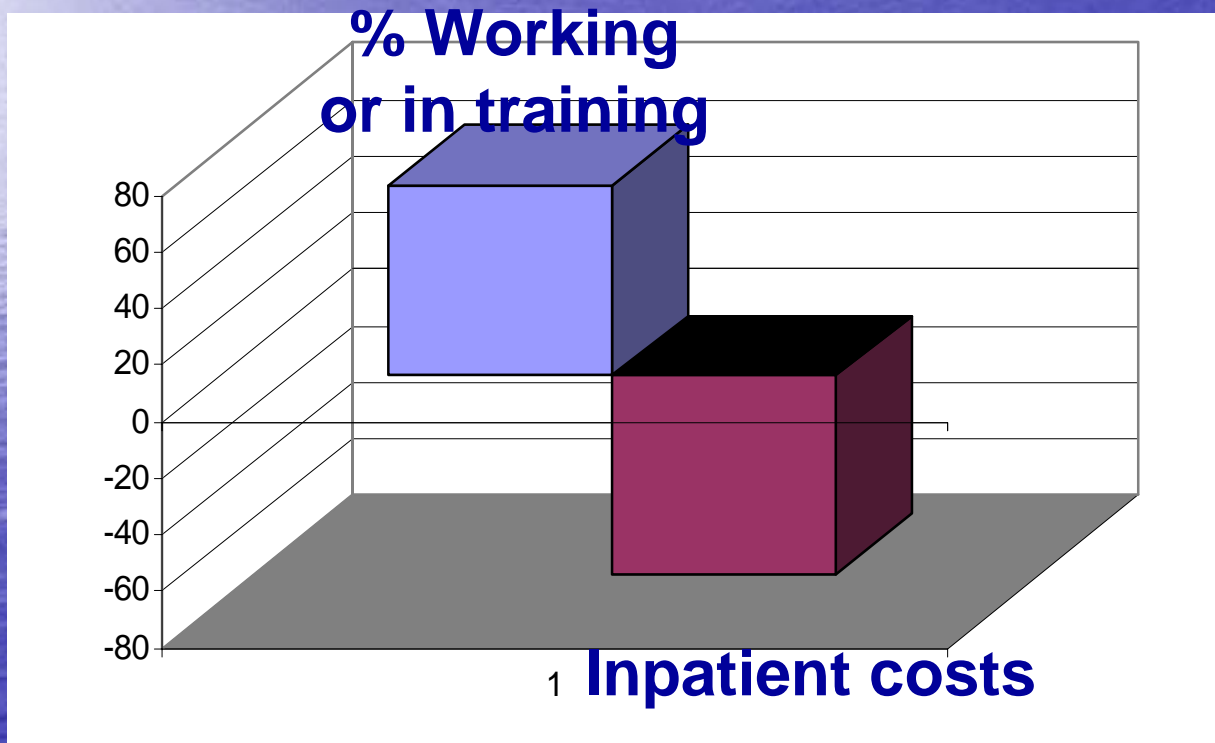
- 1) remove personal and environmental obstacles to recovery (e.g., through the provision of child care or transportation)
- 2) enhance identification of and participation in the recovery community (e.g., through connecting people to treatment and to 12-step and other mutual support/recovery-oriented groups)
- 3) enhance the person's "recovery capital" (e.g., by assisting people in addressing their basic needs, gaining employment, going back to school, forming sober social relationships, etc.)

Year To Date

August 3, 2004 – June 11, 2006

- 10,158 Unduplicated Individuals Served
 - Year 1 Total Unduplicated Individuals: 106
 - Year 2 Total Unduplicated Individuals: 10,032
- Received over 75,000 service level authorizations (clinical and/or recovery support services)
- \$10,228,529 total paid claims

More people working and in housing, less inpatient costs



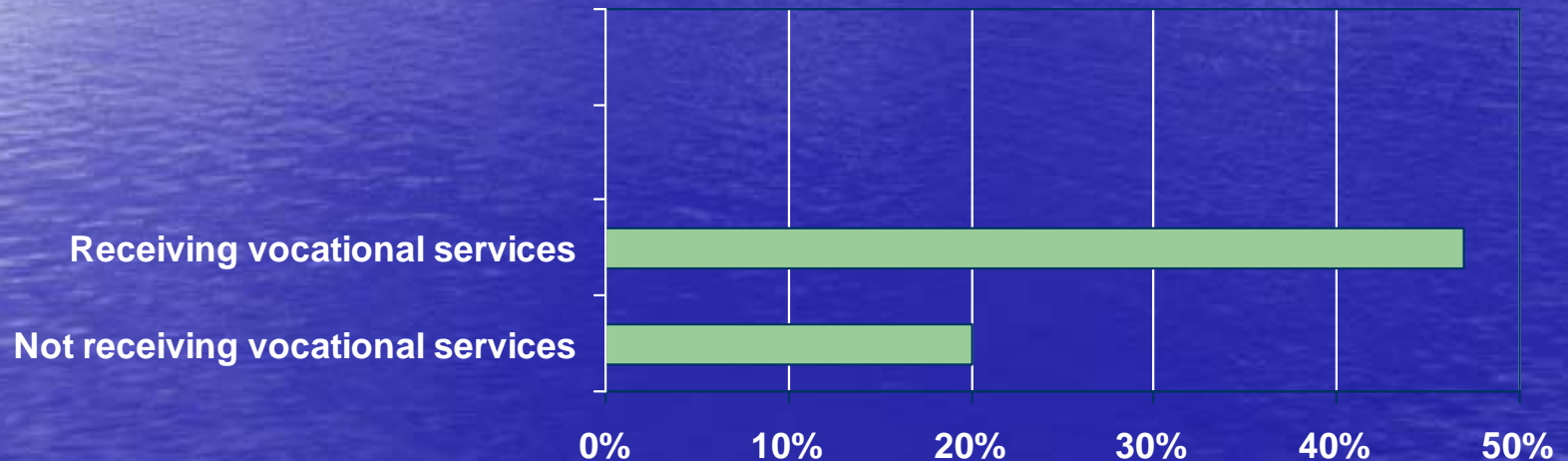
DMHAS established new supportive housing units for over 550 people with psychiatric or substance use disorders. Over 60% of these people are now working or in training, and their inpatient costs have decreased 70%.

Based on a Corporation for Supportive Housing study, these supportive housing units are projected to generate over \$140 million in direct and indirect economic benefits for the state.

Putting People to Work

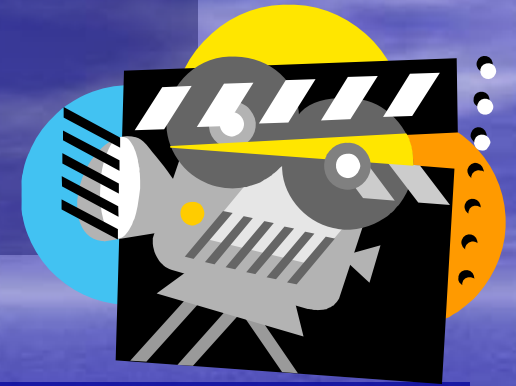
Enhancing Employment and Self-Sufficiency through Vocational Rehabilitation

The likelihood that a person served by DMHAS will become gainfully employed is more than doubled when he/she receives vocational rehabilitation.



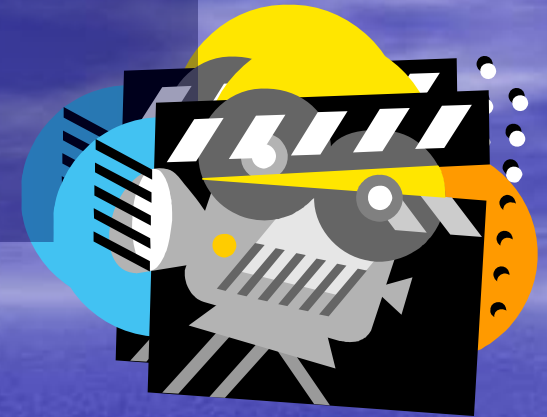
It pays!!

Client Vignettes



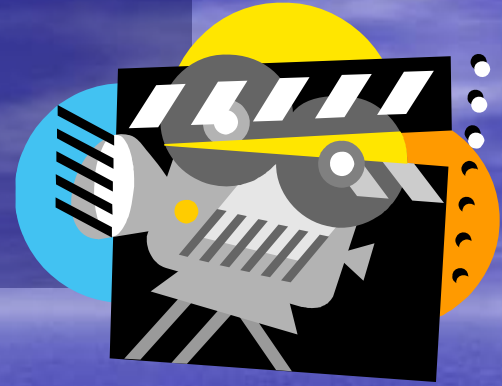
“Mary” prior to discharge from York Correctional Institute for Women, met with an ATR case manager to review discharge plans. “Mary”, through informed choice, selected an intensive outpatient program from a list of providers and a faith-based housing provider from a list of housing providers. Additionally, the ATR case manager assisted “Mary” with transportation from the correctional facility to her housing provider. Once in the community, the housing provider submitted a request on behalf of “Mary” for food, clothing, personal care items and bus passes to attend her IOP program and look for employment.

Client Vignettes



"Jim" was referred from the Judicial Branch-Probation Division, with a history of crack, cocaine, and alcohol abuse. As an important milestone in his recovery, he was returning to work as an electrical contractor. **ATR** paid for textbooks required for the Electrical Code Review Contractor Course and for the course itself. **ATR** also assisted "Jim" in purchasing the electrical contractor tools required for employment.

Client Vignettes



"Karen" has been receiving substance abuse treatment funded by **non-ATR** sources since May 2005. She is becoming self-sufficient and is now in classes at the Stone Academy, with **ATR** covering textbook costs.

"Frank" requested and is receiving **ATR** financial assistance to cover the cost of a Faith-based Men's Retreat where people support each other in their recovery.

"Patti" is attending Hairdressing school, requested and received **ATR** assistance in purchasing hairdressing supplies needed for her courses. Her treatment is being funded by the General Assistance funds.

Challenges

- Developing administrative infrastructure
- A voucher program requires an agency to have infrastructure to support the necessary administrative processes, including appropriate documentation of delivering the service
- Many grassroots organizations, including faith-based organizations, struggle with the paperwork that is required of a voucher (fee for service) program

Lessons Learned

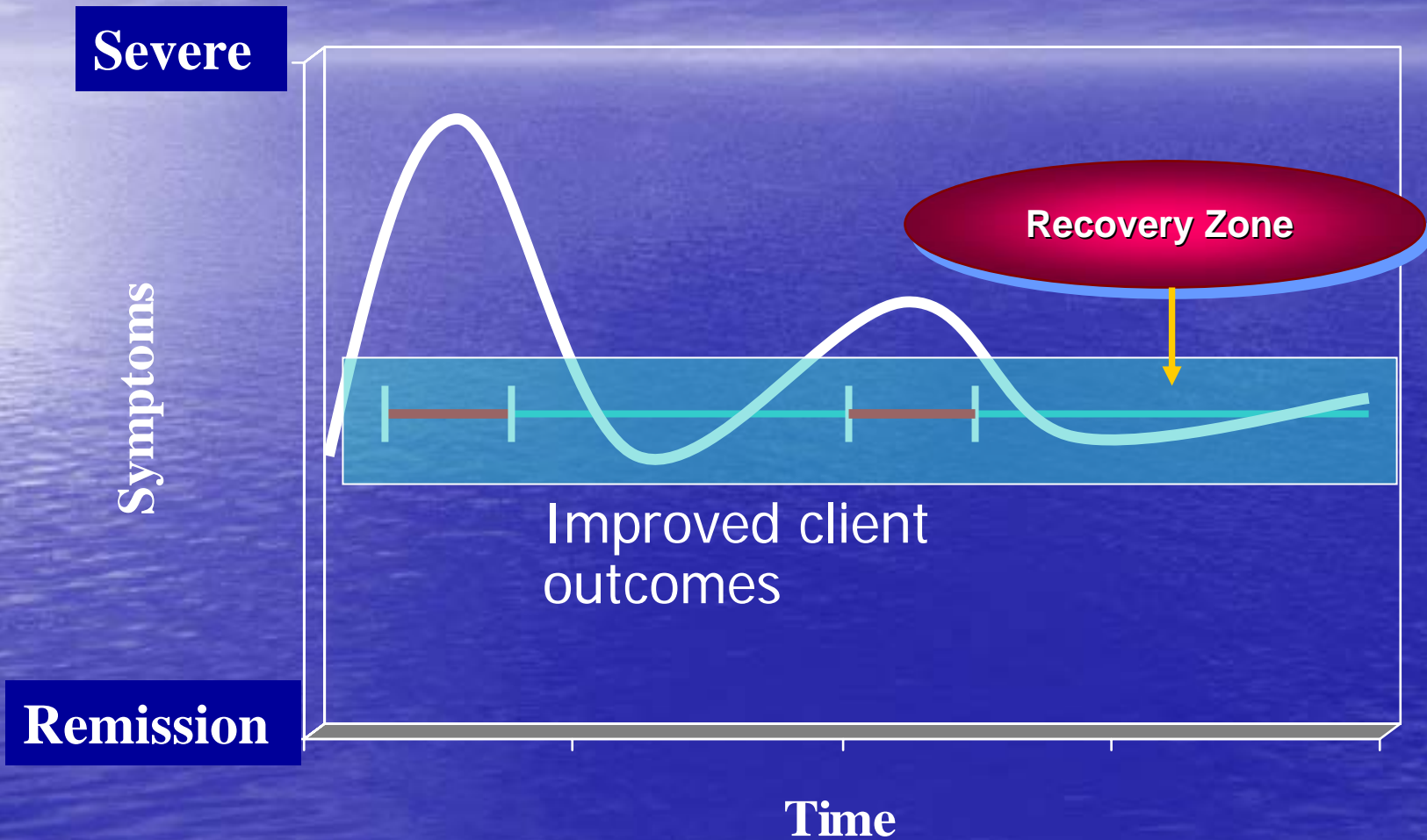


- ATR represents a major service system change that takes time and commitment from all entities
- Need to support Recovery Support Service (RSS) providers in building infrastructure to collect and maintain client, program, and administrative level data and documentation
- Some RSS providers over-extended themselves on their ATR business and ignored other potential revenue streams

ATR's Impact on the CT System

- Expands clinical continuum of care to include Cocaine/Meth. IOP and Brief Treatment Services
- Expands recovery services continuum to include an array of peer- and faith-based services
- Adds new "non-traditional" provider base (peer- and faith-based)
- Offers extension of ATR processes and services within CT's General Assistance BHP (I.e, housing provider credentialing application, expansion of basic needs, etc.)
- Helps to improve continuity of care and maximize existing capacity of system.

Helping People Move into Recovery Zone



NEXT STEPS:

SUSTAINING ATR IN CONNECTICUT

- Enhance credentialing process for on-going monitoring of quality of care, performance, and resource efficiency;
- Consider formal regional networks for integrated prevention, intervention, treatment, and recovery support services;
- Determine comparative effectiveness of recovery support services, including a cost effectiveness analysis; and
- Explore the feasibility of expanding recovery support services within its existing General Assistance Behavioral Health and Basic Needs Programs

In addition to those outcomes already expected by ATR, recovery support services may lead to positive outcomes in the following domains:

- Sense of personal hope for recovery
- Work searches and applications submitted
- Work activities, including volunteer positions
- Educational searches and applications submitted
- Educational activities (academic and alternative educational and skill building pursuits)
- Friendships and social connections
- Time spent in self-selected valued social roles, including giving back to others
- Time spent in self-selected prosocial community-based activities
- Acquisition of symptom/illness self-management skills

FOR FURTHER INFORMATION

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