
Using Community Based Recovery Managers to Improve Treatment Outcomes

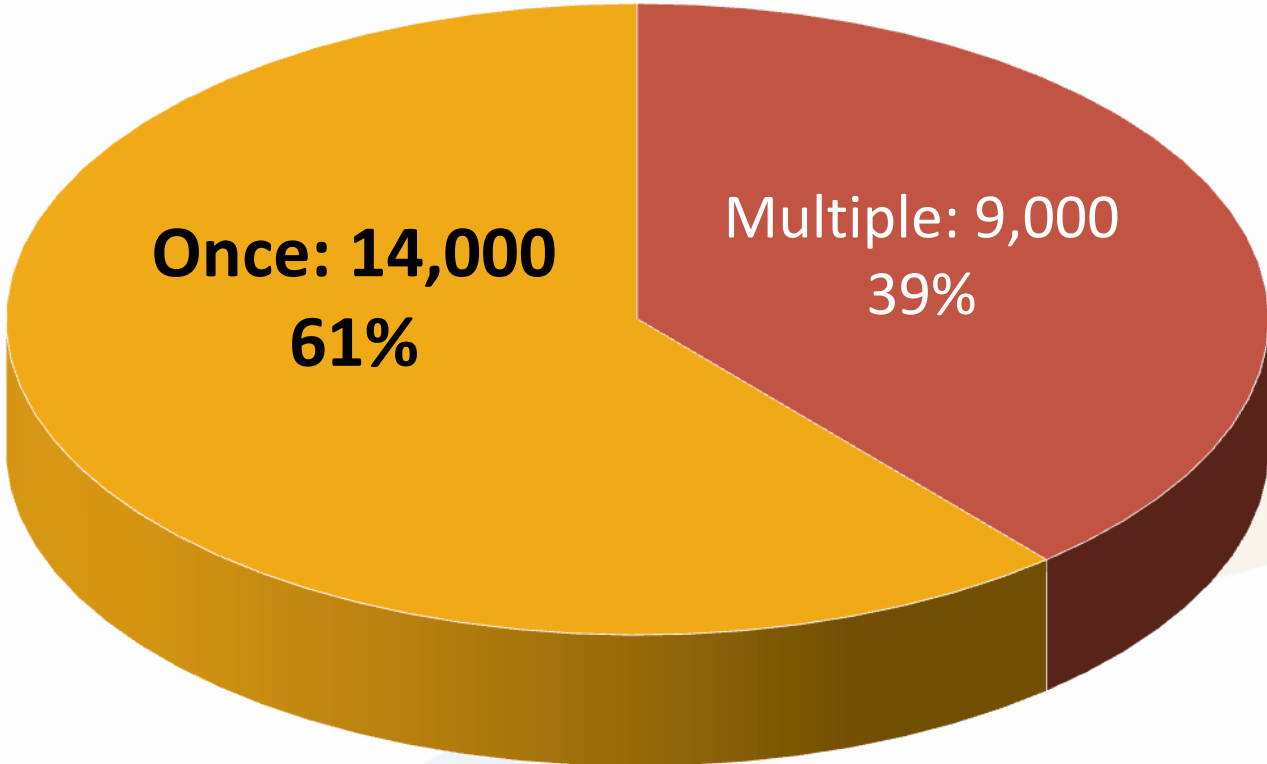


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What we Hope to Learn Today

- Why Recovery Management is Important?
- How RM Differs from Sponsorship & Counseling
- The Scope of Recovery Management
- A RM Model Program
- Outcomes and Challenges

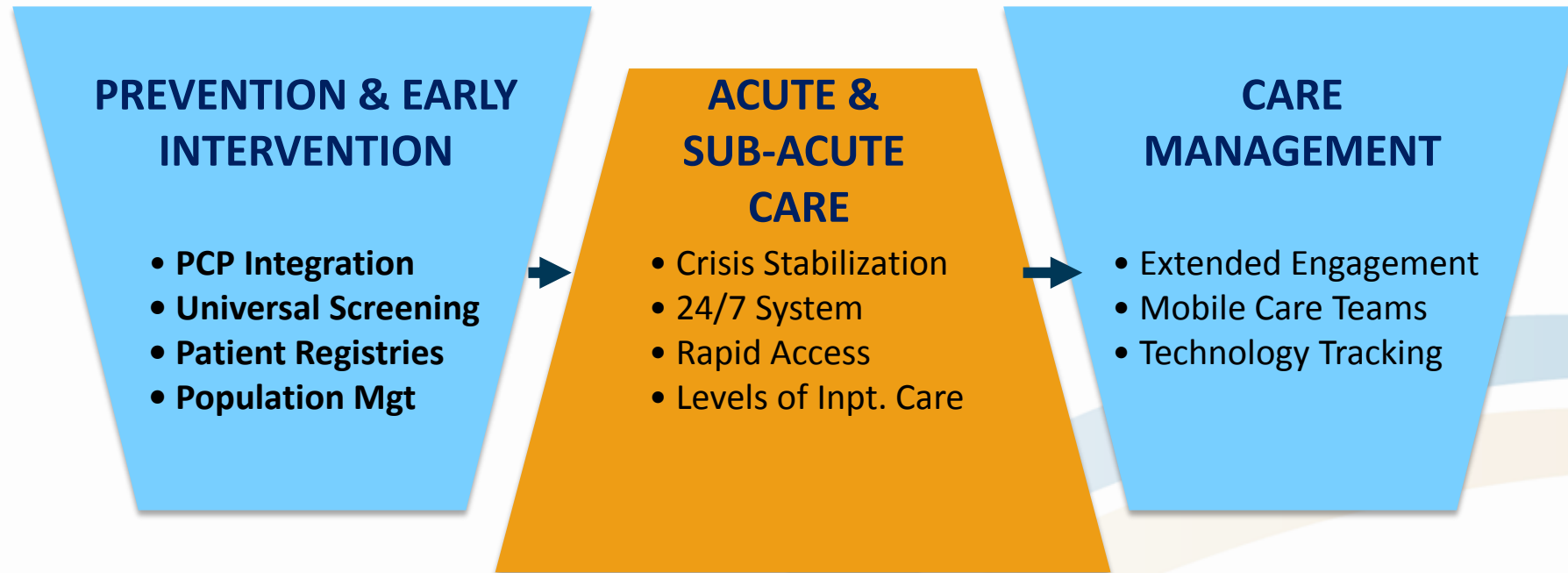
2014 Massachusetts Detox Patients



Medicaid Treatment Initiation and Engagement Rates

- Initiation: Visit w/in 7 days of an AOD diagnosis
 - National Average is **39%**
- Engagement: 2+ visits w/in 30 days of Initiation
 - National Average is **19%**

A Continuum of Care



Future Service Delivery



Recovery Management—A Definition

The use of personal, family & community resources to achieve improved health & functioning for individuals & families impacted by addiction.

- Recovery focused
- Collaboration between “patients” & traditional/non-traditional providers
- Goal of stabilization, longer periods of remission, and effective self-management.

Recovery Management vs Traditional Treatment

- Work w/existing motivation even if not ready for formal “programs”
- Redefine role of person from “patient” to partner on the recovery management team
- Monitoring, self-management, linkage to community resources
- Redefine role from an “expert” who treats to an ally & consultant
- Timely, Proactive Re-intervention vs. Waiting for Patient to Decide

Recovery Managers vs. Sponsors

Recovery Managers

Part of an Organization & a MDT
Many paths/many components
Service at any point of Readiness
RM has fiduciary responsibility
Services very broad (job, housing, etc.)
Formal Code of Ethics
No anonymity w/outside Agencies

Sponsors

Voluntary, Self-Supported; Isolated (1-1)
Within a specific program (AA, NA)
If you “have a desire to stop drinking”
Based on reciprocal benefits
Only one purpose (stop drinking/using)
No Legal Protections
Anonymous outside the 12 Step “halls”

Recovery Managers vs. Counselors

Recovery Managers

Many w/experiential knowledge
Liberal Use of Self Disclosure
Relationships highly personalized
RMs live in the patient's "world"
Recovery focus is "outside" the person
Long term contact (months/years)
Linkages, education, re-intervention
Patient is "owned" by broad network

Counselors

Formal Education, credentials, licensure
Self-disclosure limits; Boundary limits
More hierarchical relationship
More site/office based context
Recovery when patient changes "inside"
Intake, Assess, Treat, "Discharge"
Screen, Assess, Tx Plan, Refer
Counselor "ownership" of patient

Recovery Management Elements

- Participant Empowerment
- Needs Assessment and Recovery Wellness Plan
- Development of Recovery Capital
- Recovery Education and Training
- On-going Monitoring and Support
- Family coaching
- Recovery Socialization

Recovery Management Agreement

- Accompany & integrate into twelve step & recovery support programs
- Connect to supportive persons and services
- Assist in formulation of a Recovery Wellness Plan
- Meet to review progress & compliance with goals
- Communicate through the Gosnold Smartphone support
- Integrate into “alumni” activities and Recovery Socialization
- Monthly family/patient meetings
- Coordinate with other involved treatment professionals

Family Recovery Management

- Family Support Group meetings :
- How to respond when symptoms recur
- Dealing with issues of daily living during early recovery
- Communication skills and rehearsal for difficult situations;
- Referral resources for other services
- Regular meetings with patient and Recovery Manager

Although it may be therapeutic, family recovery management is not therapy.

Recovery Wellness Plan

Name: _____

Date: _____

This is our plan to prepare, maintain, change, and update as you progress in recovery. It will guide the conversations between you and your recovery manager. It is often helpful to break down recovery wellness into smaller parts; these will be listed below. Under each heading, you will find some questions to get you thinking? Some will strike you as more important than others. There is an opportunity to make a goal under each heading, yet you do not need to have a goal under each heading. It c get confusing to have more than a couple of goals at a time.

1. Connection to the Recovery Community

- Do I have contact on a regular basis with people in recovery?
- Am I or do I want to be involved in a recovery support group?
- If involved in a support group, am I active in it and taking suggestions?
- Am I or do I want to be involved with a faith community?
- If involved in a faith community, am I active in that community?
- Do I spend social time with others in recovery?
- Other questions I should be asking myself?

Recovery Goal

What is my overall recovery wellness goal?

Frequency and Intensity of Services

Months 1-3	Months 4-6	Months 7-12
<ul style="list-style-type: none"> ➤ 2-3 face to face mtgs/wk ➤ Unlimited phone, text, smartphone ➤ Transportation to appts., etc. ➤ Assist w/employment, school, housing ➤ Integration into Recovery Supports ➤ Recovery Socialization ➤ Family Coaching ➤ Patient & Family Meeting monthly 	<ul style="list-style-type: none"> ➤ 1-2 F2F mtgs/wk ➤ Unlimited phone, text, smartphone ➤ Monitor employment, school, living environment ➤ Recovery Socialization ➤ Family Coaching ➤ Pt. & Family Meeting monthly 	<ul style="list-style-type: none"> ➤ 2 F2F/month ➤ Unlimited phone, text, smartphone ➤ Recovery Socialization ➤ Family Coaching as needed

Note: Frequency and Intensity of services are averages. Services increase in intensity during high risk periods or when regressions occur. It decreases as patient demonstrates progress toward goals.

Monthly Progress Report

- Abstinance Status and Recovery Initiation Date
- Treatment Compliance (Outpt, MAT, Psychiatry, etc.)
- Community Recovery Support Engagement
- Environmental Factors (Living Situation, Employment, School)
- Drug/Alcohol Testing
- Priority Issues Review and Priority (18 Issue Areas)
- Overall Progress & Recommendations

Documentation and Integration

- Recovery Wellness Plan
- Recovery Capital Scale
- Bi-Weekly Progress Note
- Communication with other Providers

- Integrated into the EMR

Self Management Tools & Progress Tracking

ACHES—measures progress, educates, maintains engagement, networks patients.

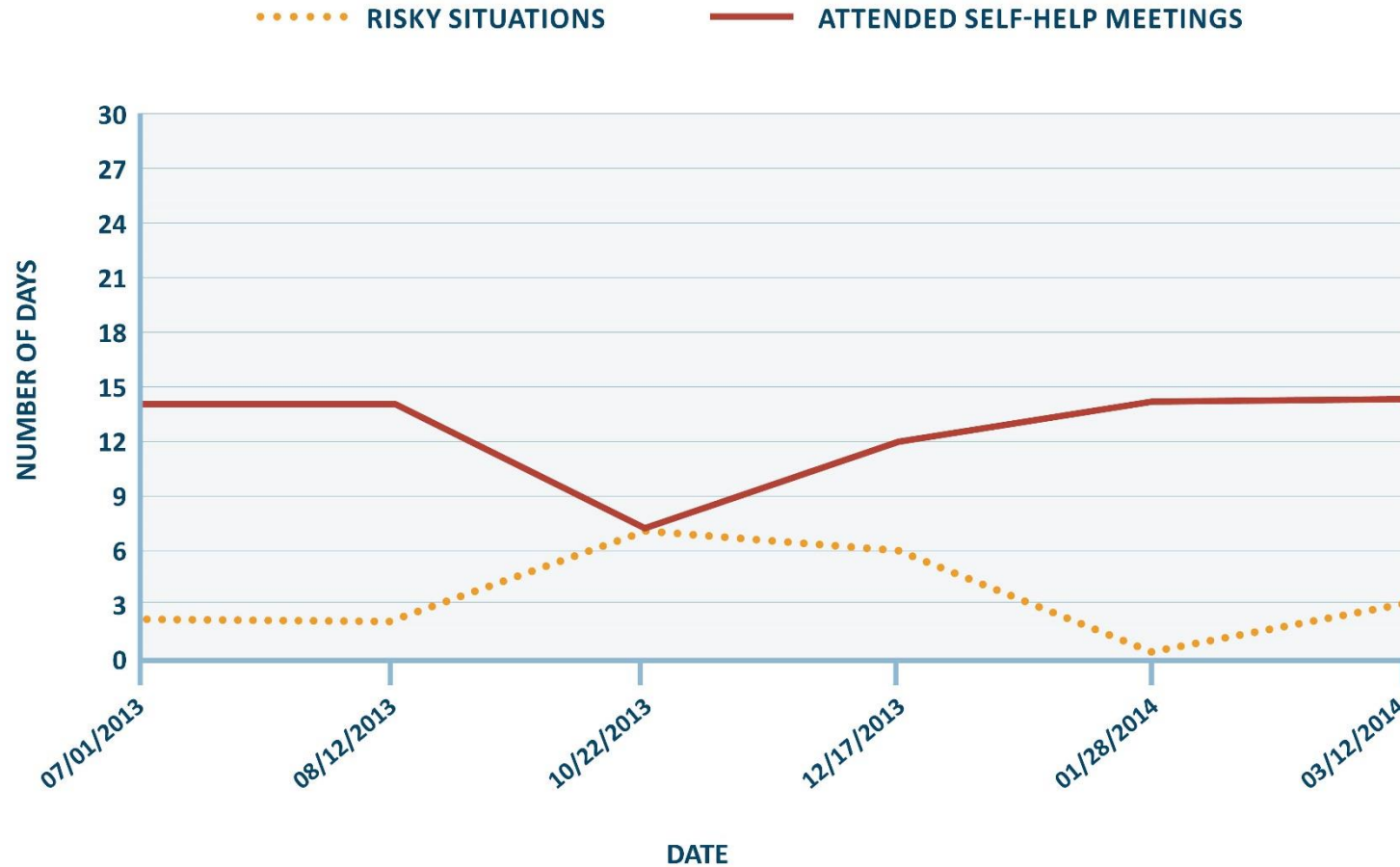


Get and give support through group chats, peer support, blogs and wall posts.



Recovery Track—Monitors status in 25 outcome domains every two weeks, with trend reports to Recovery Manager

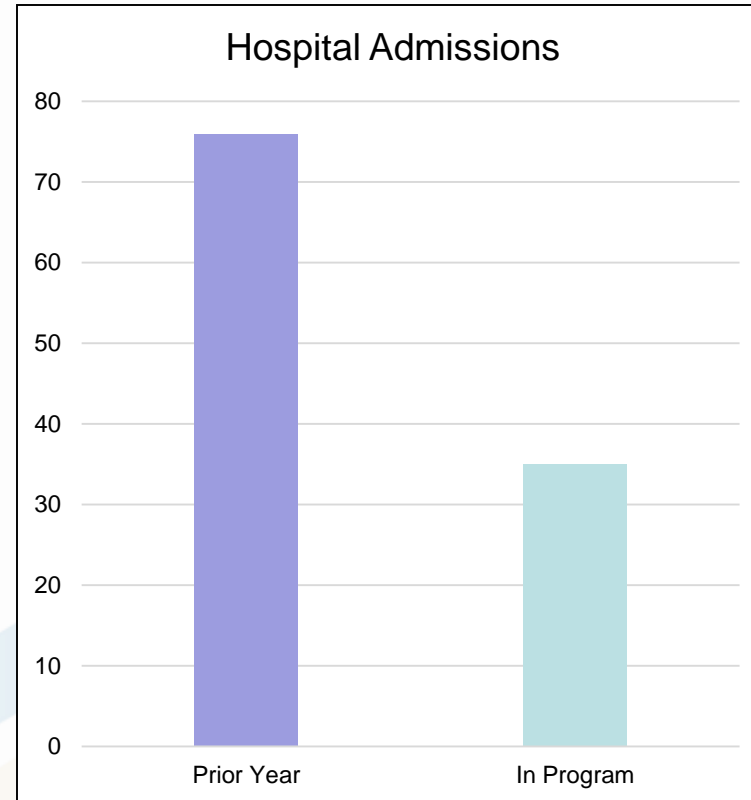
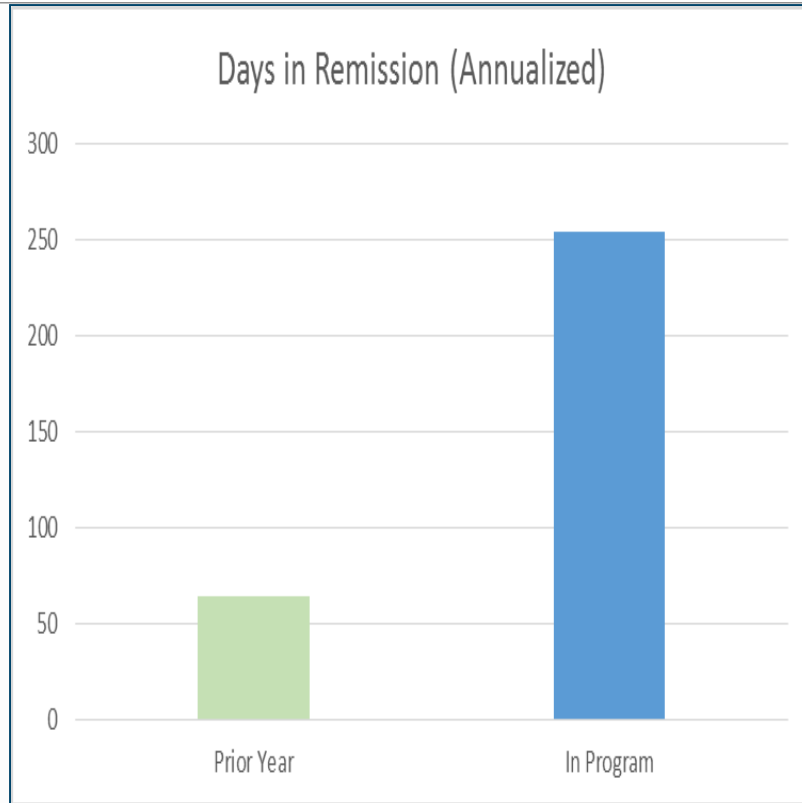
8 Month Trend—Risky Situations vs. 12 Step Attendance



Outcome Measures

- Days in Remission
- Readmission Rates to Acute Addiction Services
- Continuing Care Compliance (MAT, Recovery Supports, etc.)
- Admissions to Hospitals and EDs
- Number of Legal Offenses
- Days Employed
- PCP Enrollment and Visits

Extended Engagement Outcomes



References for Additional Reading

- Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.
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