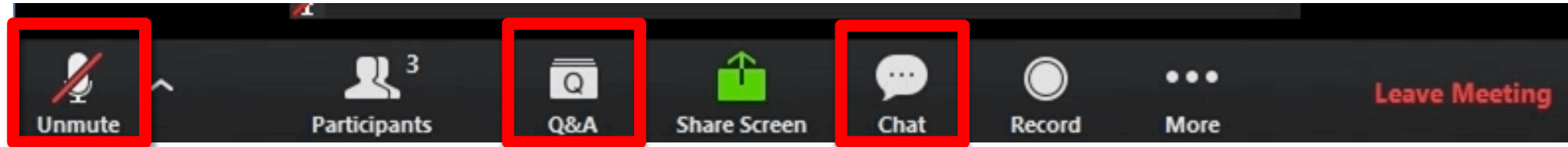


Recovery Supports, Peers, and Indiana Recovery Hubs

March 9, 2021

How to Ask a Question



All functions are located at the bottom of your screen

- Unmute yourself and ask aloud
- Type in the chat box or use the Q&A function
 - You can choose who to send a chat or question to

Evaluation

Please provide your feedback on the meeting at the link below.

Scan the QR code or type the URL into your browser.



<https://www.surveymonkey.com/r/TIROSC-PostWebinarEval>

TI-ROSC Online Hub

- <https://www.thenationalcouncil.org/trauma-informed-recovery-oriented-systems-of-care-state-of-indiana/#TI-ROSC> Toolkit
 - Webinars
 - Tools and Resources
- Upcoming webinars
 - Trauma-informed, Resilience-oriented Engagement
 - April 13, 2021 at 11:30am-1:00pm ET
 - Early Intervention, SBIRT, and Harm Reduction
 - May 11, 2021 at 11:30am-1:00pm ET
 - Medication-assisted Treatment, Diversity, Equity, and Engagement, and Provider Bias
 - June 8, 2021 at 11:30am-1:00pm ET

For IN Peer Workers Only

- Affinity Group Calls
 - March 11
 - March 25
 - 11:30am-1:00pm ET
- Share your insights
- Inform new resources and tools
- Learn from each other and national experts

Agenda

What are recovery support services, and how do they fit in TI-ROSC?

What is peer support?

How to meaningfully integrate and support peer support workers in TI-ROSC

Indiana Recovery Network – Regional Recovery Hubs

Presenters



Sarah Flinspach

Project Manager, Trauma
and Resilience Practice
Area
*National Council for
Behavioral Health*



Heather Rodriguez

Director of Indiana Recovery
Network
*Mental Health America of
Indiana*



Brandon George

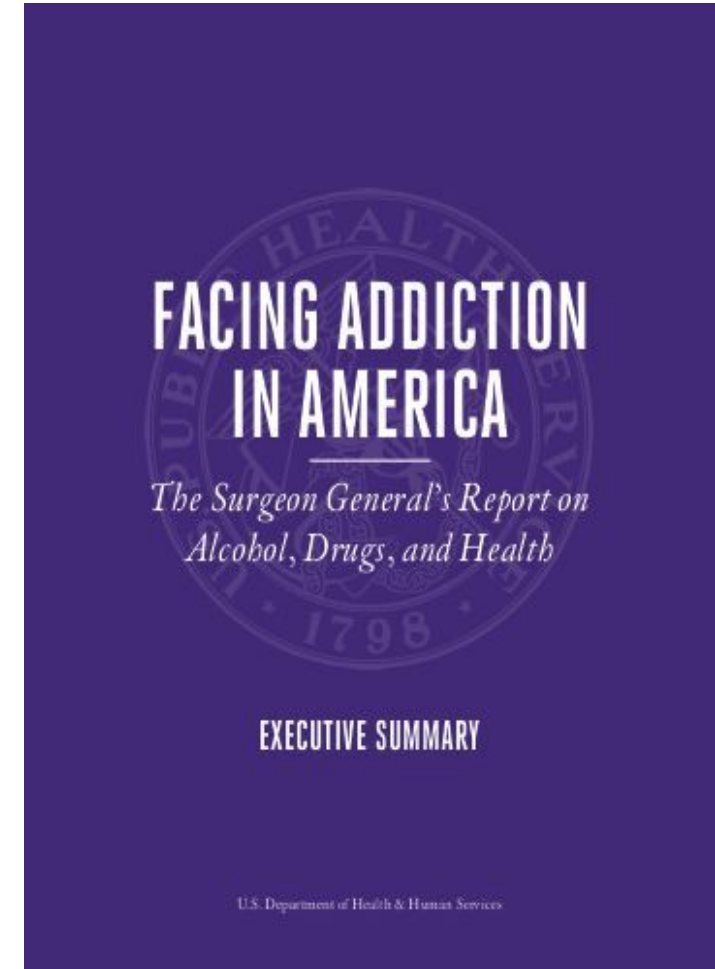
Vice President of Recovery
Programs and Advocacy
*Mental Health America of
Indiana*

What are recovery support services?

Role in TI-ROSC

Changing the Addiction Paradigm

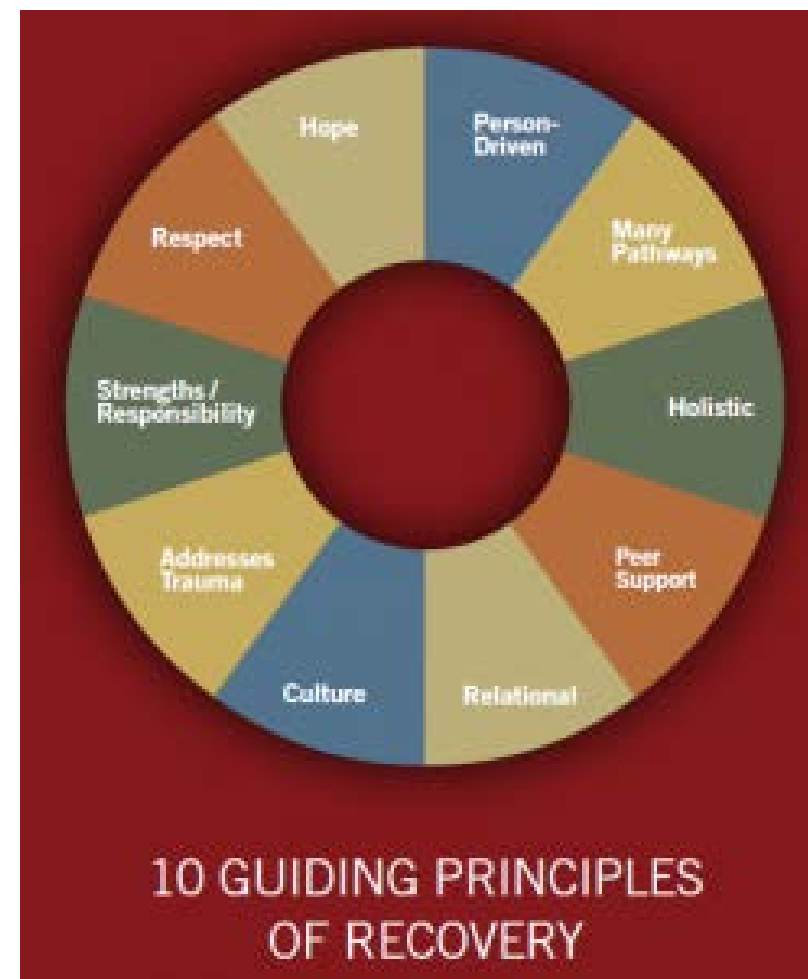
- Moving from addiction as a moral failing to a brain disorder
- Fully establishing addiction as a *chronic* – rather than *acute* – condition
- Moving from criminal justice approaches to public health strategies
- Addressing substance use, misuse, and disorders across a full continuum and the lifespan: *prevention, early intervention, treatment, recovery management*



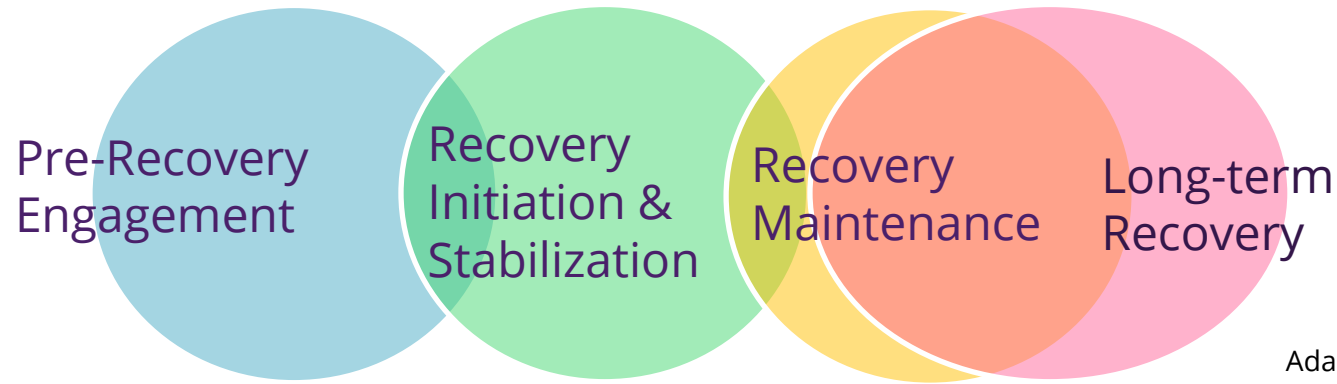
SAMHSA's Working Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

– SAMHSA, 2011



Continuum of Addiction Recovery and Stages of Change



Adapted from William White

Pre-contemplation ♦ Contemplation ♦ Preparation ♦ Action ♦ Maintenance



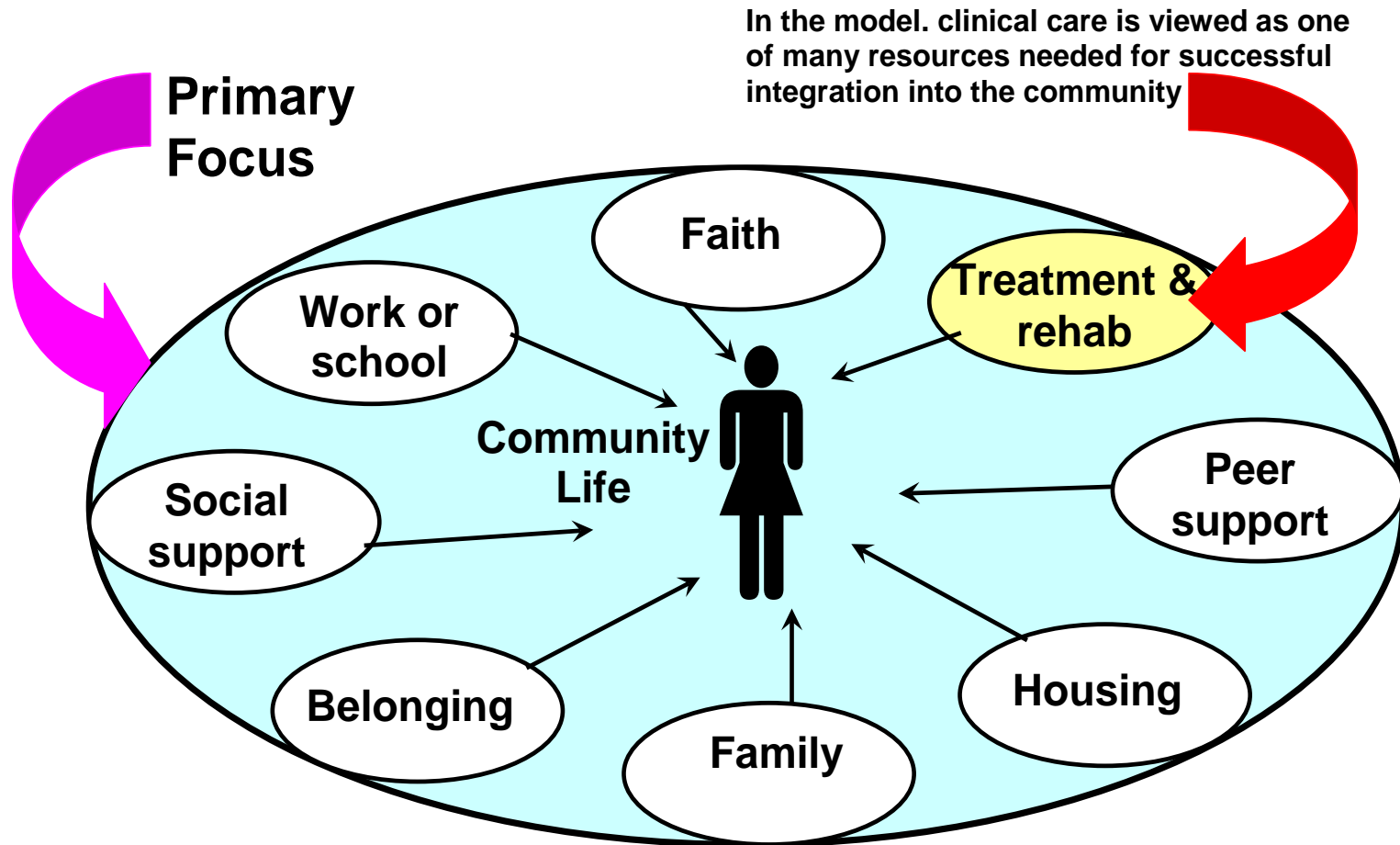
Prochaska & DiClemente

Full Continuum of Care



Individuals, families, and communities need access to these at different times. They are not linear.

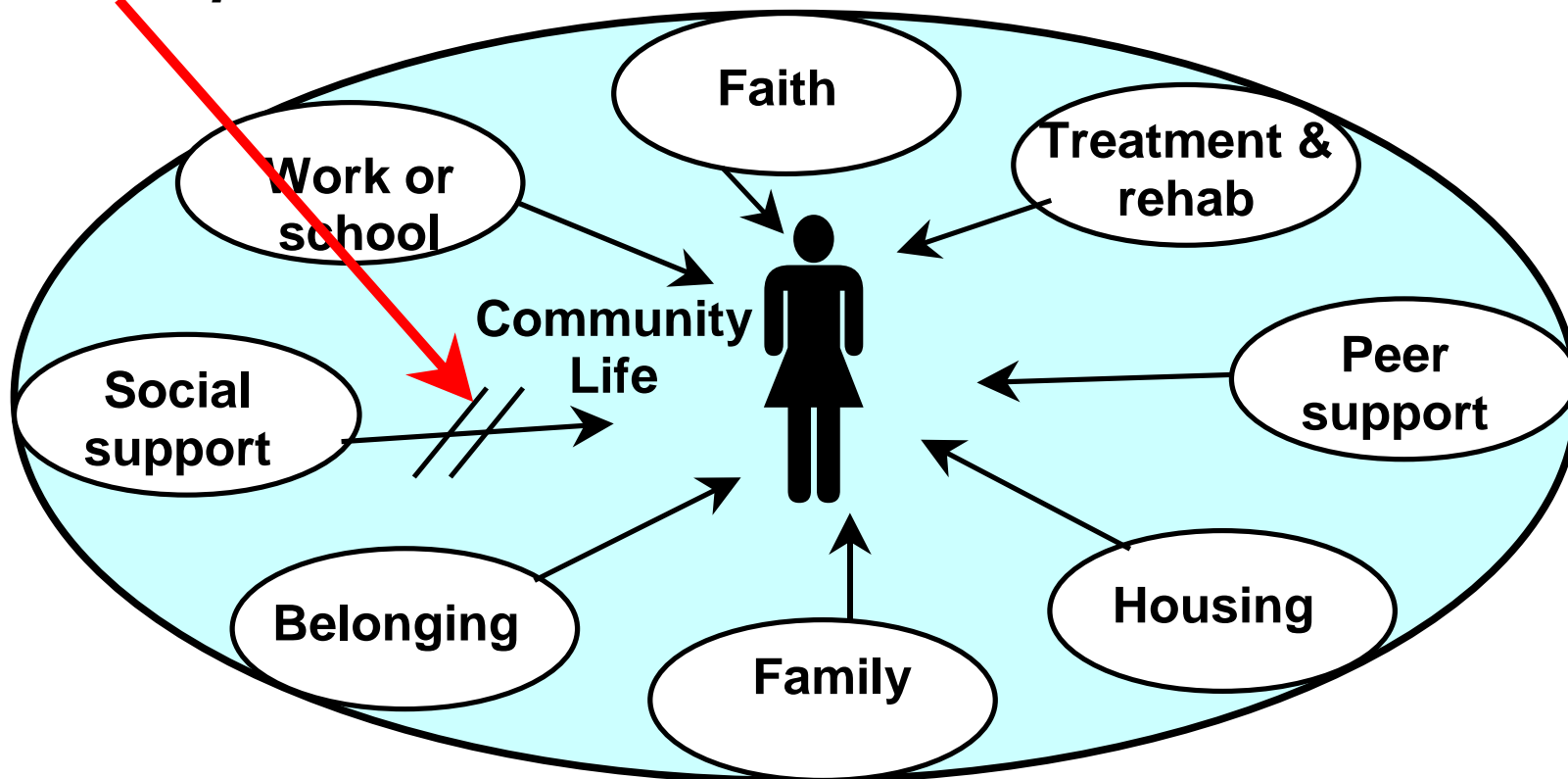
Service System Progression Model 3: Recovery-oriented System of Care



Risk and Resilience Model

What connections are not yet in place for this person and what needs to be done to establish or cultivate them?

For example





Don Coyhis
<https://wellbriety.com/>



White Bison The Four Laws of Change

- Change is from within.
- In order for development to occur, it must be preceded by a vision.
- A great learning must take place.
- You must create a Healing Forest.



The Healing Forest becomes a Recovery Ecology



Community

Sanctuary

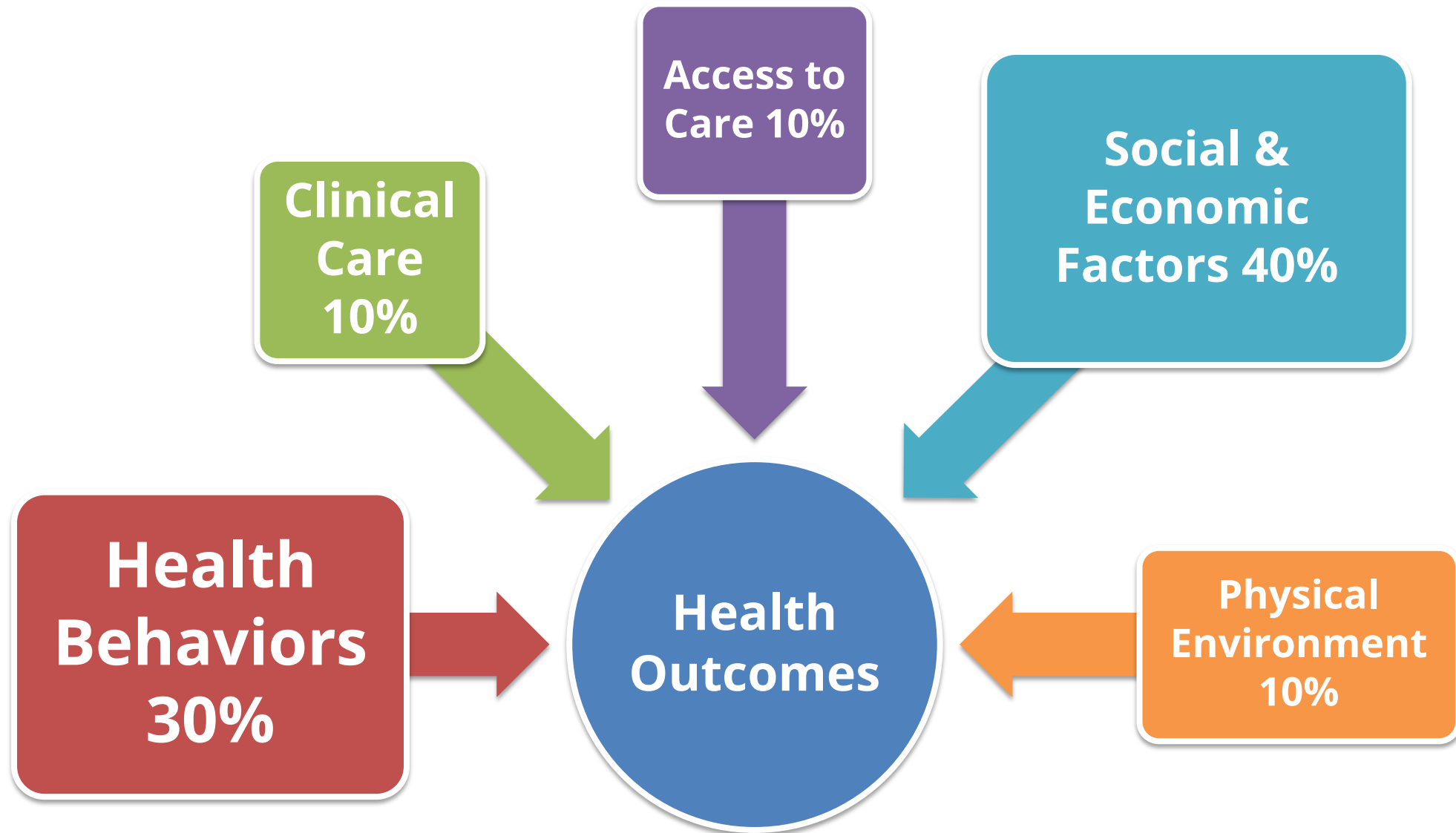
Culture of Recovery



Healing

Wholeness

Determinants of Health



Growing a Healing Forest: Recovery Capital

Recovery Capital is the sum of the strengths and supports – both internal and external – that are available to a person to help them initiate and sustain long-term recovery from addiction.

(Granfield and Cloud, 1999, 2004; White, 2006)

Stores Ledger Account [Simple]						
Name:		Maximum Level :				
Code No:		Minimum Level :				
Description:		Reorder Level :				
		Reorder Quantity:				
Date	Particulars or Reference	Receipts			Issues	
		Qty. Units	Rate ₹	Amount ₹	Qty. Units	Rate ₹
2015 Jan 1	G.R.N. No					

Recovery Capital Domains

Domains	Key Questions	Examples
Social	What kinds of support are available from family, social networks, and community affiliations? What are the participant's obligations to these entities?	<ul style="list-style-type: none"> ▪ Family and kinship networks ▪ Friendships ▪ Support groups ▪ Community affiliations
Physical	What tangible assets (e.g., property, money, job, etc.) are available to expand the participant's recovery options?	<ul style="list-style-type: none"> ▪ Money ▪ Personal property ▪ Job ▪ Home
Human	What intangible assets (skills, aspirations, personal resources, etc.) will enable the participant to flourish in recovery?	<ul style="list-style-type: none"> ▪ Skills and talents ▪ Education ▪ Dreams and aspirations ▪ Personal resources
Cultural	What network of values, principles, beliefs, and attitudes will serve to support the participant's recovery?	<ul style="list-style-type: none"> ▪ Access to cultural activities ▪ Connection to cultural institutions ▪ Belief systems and rituals

Best & Laudet (2010)

Recovery Capital

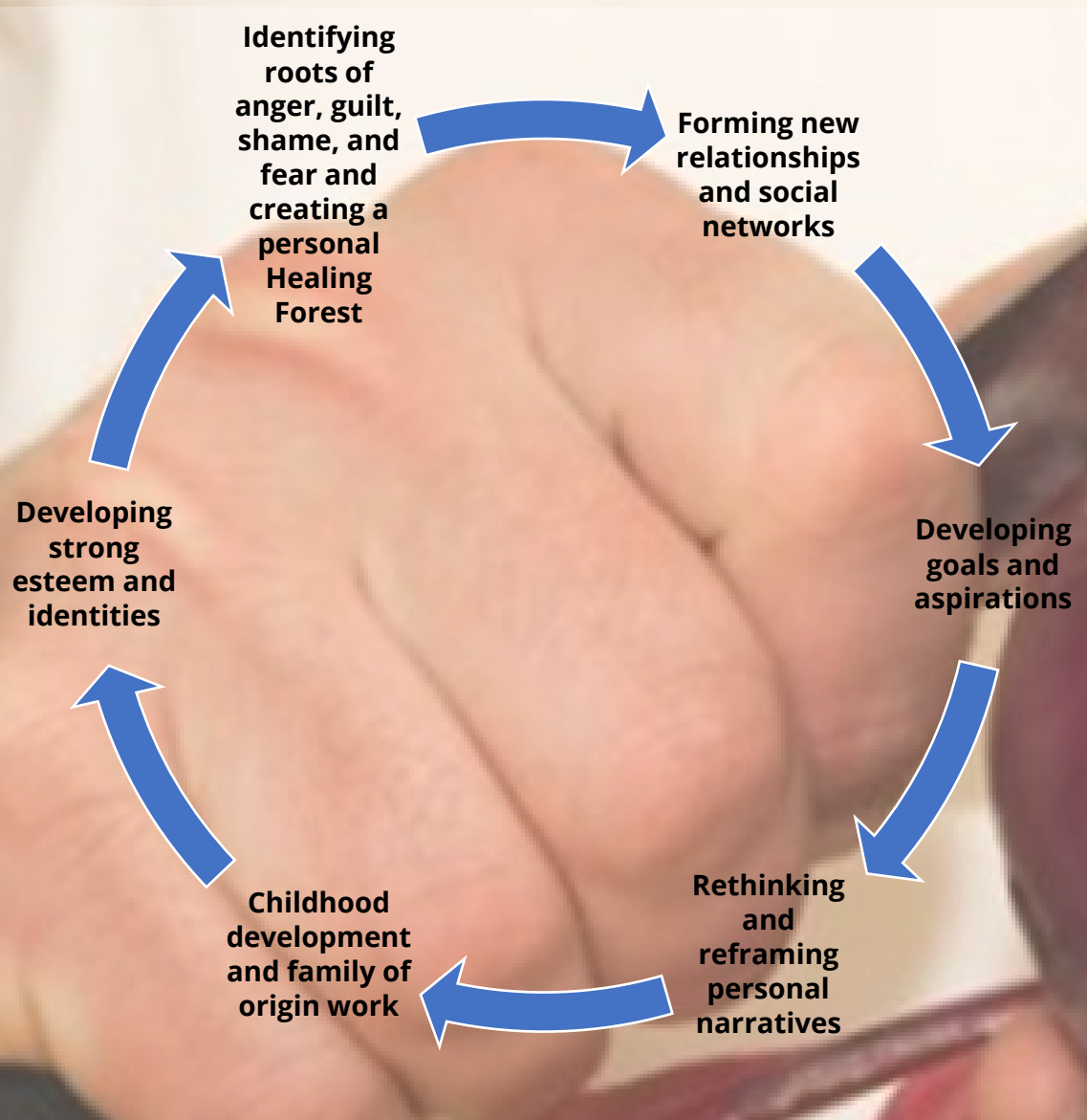
Addiction can deplete recovery capital

- Limited education
- Minimal or spotty work history
- Low or no income
- Criminal background
- Poor rental history
- Bad credit; accrued debt; back taxes
- Unstable family history
- Inadequate health care

Recovery services can boost it!

- Safe and affordable place to live
- Steady employment and job readiness
- Education and vocational skills
- Life and recovery skills
- Health and wellness
- Recovery support networks
- Sense of belonging and purpose
- Community and civic engagement

Peeling the Onion: Going Deeper in Recovery



Helping people create and move towards their own vision of wellness.

Common Sticking Points

- Legal issues
- Expunging criminal records
- Financial status: debt, taxes, budgeting, etc.
- Restoring revoked licenses: professional, business, driver's
- Regaining custody of children
- Developing relationship and parenting skills
- Developing recovery support networks and community connections



What is peer support?

A Beginning Premise

Individuals with MH and SUD disorders are capable of:

- Making sound decisions and choices
- Controlling their own lives and destinies
- Defining a personal recovery vision
- Exploring recovery pathways
- Achieving long-term recovery on their own terms

Peers and others in recovery are living proof that these capabilities are possible.

This premise flourishes in the unique relationships in peer support.



What Do We Mean when We Say, Unique Relationship?

- Evidence that recovery is possible
- Learning positive self-talk
- Using mutual aid and wellness tools
- Reframing our past
- Developing a vision for our future
- Develop dreams and goals
- Offer encouragement
- Moving beyond our comfort zone
- Walking alongside others in recovery
- Sharing lived experience to inspire hope
- Mutual healing



Peer Support Worker Role: Profile

- Lived experience in recovery from mental illness and/or addiction
- A mixture of employed and volunteer roles
- Distinct from both clinical and mutual aid roles and practice
- Reinforced through training, skills-building, and quality supervision
- Guided by ethical framework and decision-making
- Practice of boundaries and self-care

Lived
Experience



Peer Support Worker Skills

- Listening, facilitating, guiding, encouraging
- Leveling power differentials
- Helping others to gain hope, explore recovery, and achieve life goals
- Reinforcing voice and choice
- Building on strengths (*Recovery Capital*) to develop solid recovery foundation
- Development of person-owned recovery plans
- Applying trauma-informed and culturally-appropriate strategies
- Role-modelling successful recovery



What Do Peer Support Workers Do?

- Help build recovery capital and facilitate recovery tools
- Provide social support and identify and overcome obstacles
- Make introductions to recovery community
- Connect to services and community resources
- Facilitate informed decision-making
- Advocate and promote self-advocacy
- Help navigate systems
- Work as change agent in advancing cultures of recovery



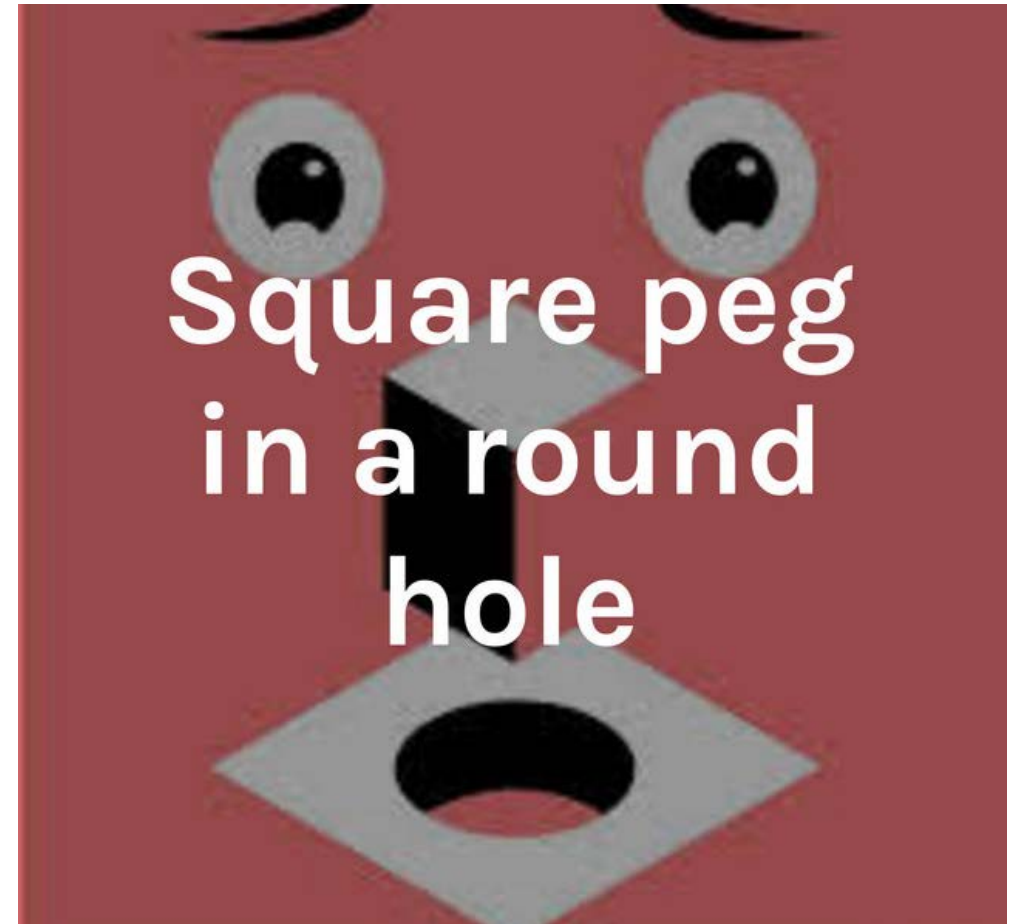
Tasks and Activities that Compromise the Role

- Counselling, giving advice
- Doing for someone what they can do for themselves
- Breaking trust and confidences
- Coercing, forcing, or manipulating
- Performing tasks that:
 - are inappropriate to peer support role
 - undermine the peer-to-peer relationship
 - jeopardize the peer support worker's recovery



Placing Peer Support Workers in Pre-existing (Non-peer) Roles

- Can set up peer support workers for failure
- Creates a “bad fit”
- Undermines the integrity of peer practice
- Underutilizes the full potential of lived experience in a peer context
- Promotes and reinforces role confusion
- Creates tension and a sense of threat in the workforce



Example: Are Peer Support Workers the Same as Case Managers?

- It is a common mistake to confuse the two roles
- While they may share similar tasks, such as connecting to resources...
- ...the approach and purpose is different
- The intentionality of lived experience drives this difference and creates new opportunities and potential for engagement

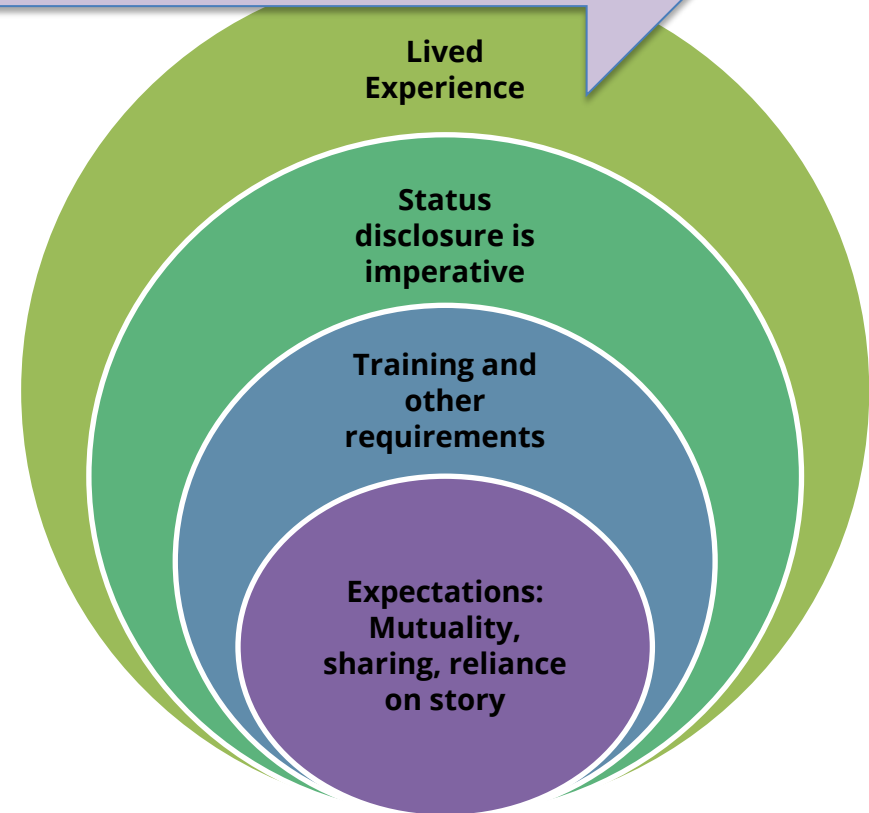


Role Context of Lived Experience

Shared Values of Recovery and Resiliency



Non-peer Staff



Peer Support Staff

Adapted from Lyn Legere, 2018

Meaningful integration and support for peer support workers

Where Are Peer Supports Delivered?



- Faith and community-based organizations
- Emergency rooms and primary care settings
- Addiction and mental health treatment
- Criminal justice systems including drug courts
- HIV/AIDS and other health and social service agencies
- Children, youth, & family service agencies
- Recovery high schools and colleges
- Recovery residences
- Recovery community centers

Peer Support to Build Recovery Capital



Emotional

Demonstrate empathy, caring, or concern to bolster self-esteem and confidence.



Informational

Share knowledge and information and/or provide life or vocational skills training



Instrumental

Provide concrete assistance to help others accomplish tasks.



Affiliational

Promote learning of social and recreational skills, create community, and instill a sense of belonging.

Salzer (2002)

Peer Support Workers Help to Achieve Positive Outcomes and Cost Savings



- Reduced remission rates
- Rapid turnaround following remission
- Decreased hospitalizations
- Reduced length of stay in hospitals
- Decreased homelessness
- Increased recovery capital
- Community and civic engagement
- Tapping unrealized potential and recovery milestones

Questions about Supervision of Peer Support Workers

- Who is qualified to supervise?
- What training is available?
- What modalities are the most effective?
- How often does supervision need to be scheduled?
- Does supervision cover admin, support, trouble shooting, and education?
- Are experienced peer support workers able to become supervisors?



Supervision Competencies

- Understand peer roles and practices
- Use strength-based approaches
- Enhance and develop unique competencies of peer practice
- Explore ethical and boundary issues
- Foster recovery orientation to the program/organization
- Assist with system navigation
- Promote self-care
- Advocate for peer supports across the organization and in the community



Bureau of Justice Assistance/U.S. Department of Justice, 2019

Six Challenges of Making Peer Services Work

1. Role Confusion
2. Being treated as separate from the rest of the workforce
3. Not being held to the same standard
4. Training for supervision
5. Career paths
6. Areas of focus

Sue Bergeson, 2019

Supporting Success in the Workforce

For Peer Support Staff:

- The Peer Support Worker's recovery must always come first
- Ensuring a fair and livable wage and appropriate compensation and benefits
- Training and ongoing education
- Career and leadership ladder
- Thorough orientation to diverse and cross-discipline work environments
- Setting and managing realistic expectations and goals with peer support staff

Supporting Success in the Workforce

For Non-peer Staff:

- Developing an understanding and appropriate use of the peer support role
- Setting and managing realistic expectations and goals
- Elevating status of Peer Support Workers as valued resources
- Providing qualified supervisors to appropriately oversee and support Peer Support Workers



Regional Recovery Hubs

State and Community Partnership





What is a
Recovery
Hub?

Recovery Organizations

- ▶ Recovery Community Organizations (RCO)
- ▶ Recovery Engagement Centers
- ▶ Drop in Centers
- ▶ Recovery Café
- ▶ Recovery Community Centers
- ▶ Recovery Coalitions

Three Guiding Principles



Recovery Vision



Authentic Voice



Accountability to recovery
community

Purpose of Regional Recovery Hub Project:

- ▶ MOBILIZE PEER WORKFORCE
- ▶ HELP MOST MARGINALIZED POPULATION
- ▶ HUBS HAVE CRITICAL RELATIONSHIPS THROUGHOUT COMMUNITY
- ▶ CAN TRIAGE ALL 92 COUNTIES
- ▶ ACCESS POINT FOR COMMUNITY
- ▶ BOTH FOR MENTAL HEALTH AND/OR SUBSTANCE USE ISSUES.
- ▶ FULL CONTINUUM – NOT JUST TREATMENT
- ▶ HUBS CAN PROVIDE SUPPORT TO INDIVIDUALS PRE AND POST TREATMENT

Client Driven?

Meet people where they are at?

Community Based Model

- Operates in grey and fills system gaps

Individualized Recovery Plan

- Strength Based, utilizing recovery capital

Independent Broker of Resources

- Not tied to one treatment center/provider

Indiana Regional Recovery Hubs



Division of Mental
Health and Addiction



Regions Served:

Northwest

- The Artistic Recovery and Recovery Connections PACT
- Integrative Wellness
- Phoenix Paramedic QRT

Northeast

- Oaklawn
- Jay Co. Drug Prevention Coalition
- Turning Point SOC

Central

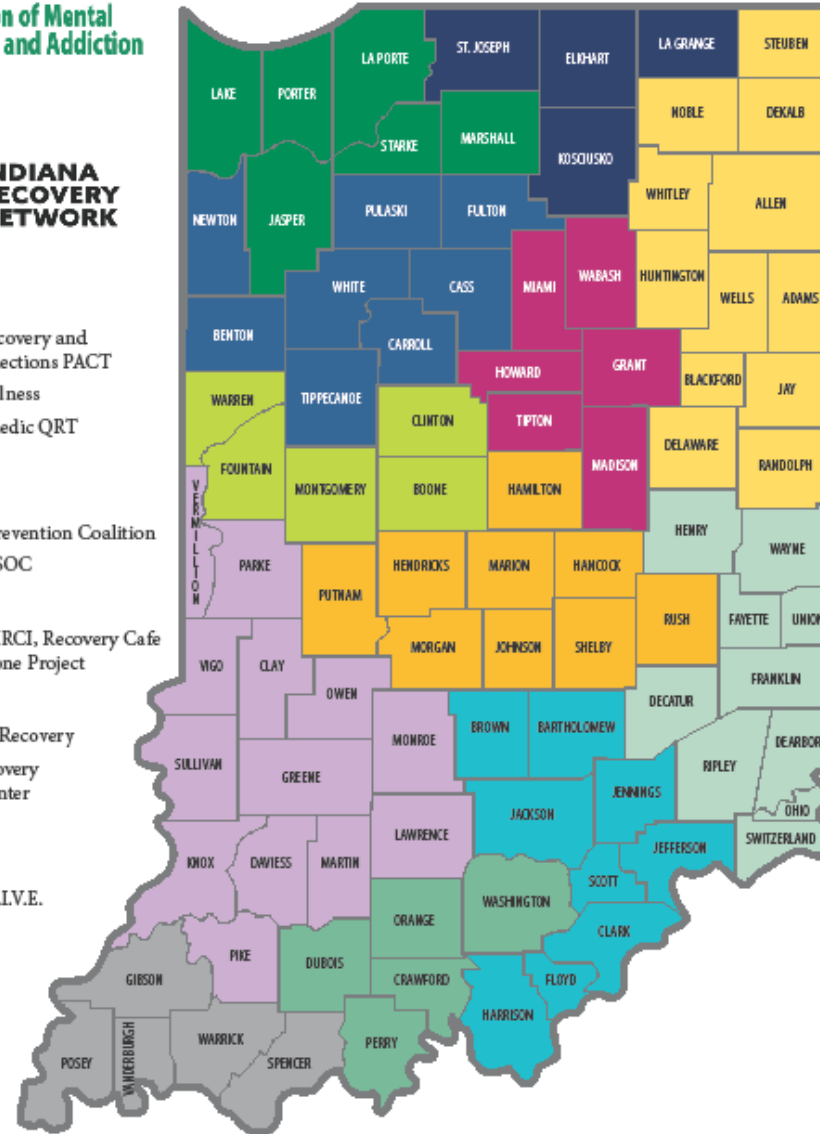
- IAIC, PACE, MRCI, Recovery Cafe
Indy, Never Alone Project

Southwest

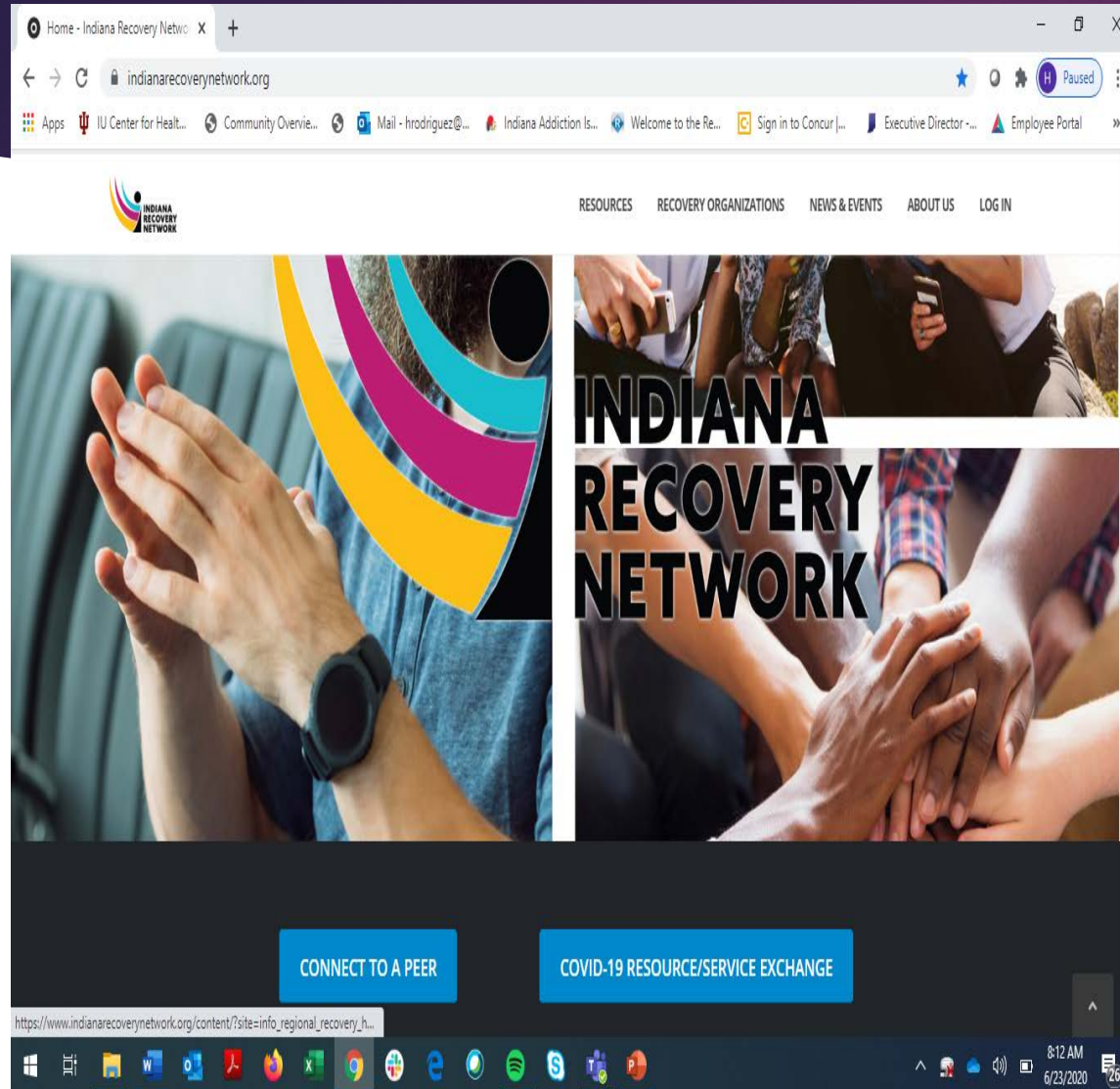
- Wabash Valley Recovery
- Safe Haven Recovery
Engagement Center
- Peace Zone

Southeast

- Scott Co. T.H.R.I.V.E.
- 1 Voice



Connect to the hubs:





IAIC
Indiana Addictions Issues Coalition
Advocacy. Education. Recovery Forward.



MHIA
Mental Health America
of Indiana



INDIANA RECOVERY NETWORK



NextLevel Recovery
INDIANA



Division of Mental Health and Addiction

REGIONAL RECOVERY HUBS

Indiana Recovery Network, a program of Mental Health America of Indiana (MHAI) has created Regional Recovery Hubs distributed geographically around the state. These Hubs will expand our ability to connect Hoosiers with mental health and substance use disorders to treatment and recovery supports through Certified Peer Recovery Coaches, Community Health Workers, and Certified Recovery Specialists. These Regional Recovery Hubs will be able to assist individuals with mental health and substance use disorders, regardless of where someone is in their recovery journey.



WHERE

- Northwest Indiana Organizations: Integrative Wellness, LLC (InWell), The Artistic Recovery, Phoenix Recovery Solutions QRT
- Northeast Indiana: Jay County Drug Prevention Coalition, Oaklawn, Turning Point SOC/ Pick Yourself Up
- Southwest Indiana: Wabash Valley Recovery Center, Next Step Foundation, Peace Zone
- Southeast Indiana: Scott County THRIVE, 1 Voice
- Central Indiana: Indiana Addictions Issues Coalition



HOW

- The RRH project is community based, meaning services are not tied to a specific provider. This ensures that individuals can continue to engage with peer supports without restraints.
- Peers can refer individuals to detox, treatment, transitional housing, recovery residences, RCOS, RECS, food pantries, etc.

CONTACT US: Danielle Burkett - 317-943-3331
www.indianarecoverynetwork.org
Download the IRN app in the App Store!

Peer 2 Peer recovery meeting's

- ▶ 15 meetings a week
- ▶ Strength-based approach
- ▶ Facilitated by certified peer supports
- ▶ Open to all pathways of recovery
- ▶ Individuals in or contemplating recovery
- ▶ Recovery from SUD, AUD, and/or mental health concerns



WHAT IS PEER 2 PEER?

P2P is a digital strengths based, judgement-free, gathering for anyone in recovery or thinking about recovery. The gathering is hosted by a trained peer support that can offer their personal experience and resources. Gatherings are available 5 days a week, 3 times a day.

WHAT IS A PEER SUPPORT?

A trained peer support is someone who has lived experience with substance use or mental health disorders, and can provide support and resources.



READY TO CONNECT?

JOIN US!

MONDAY - FRIDAY

- 10 AM (EST)
 - ZOOM MEETING ID: 408-405-356
 - PHONE: 1-301-715-8592, 408405356#
- 2 PM (EST)
 - ZOOM MEETING ID: 823-305-457
 - PHONE: 1-301-715-8592, 823305457#
- 7 PM (EST)
 - ZOOM MEETING ID: 574-544-947
 - PHONE: 1-301-715-8592, 574544947#

Regional Recovery Hubs and 211

Connection to RRH Peers through 211

Peers are available 7 days a week from 9 a.m. to 8 p.m.

Connection to 211 crisis counselors available during overnight hours

Peers are trained on how to access and route individuals to additional resources available in 211

THE IRN PEER APP IS NOW AVAILABLE FOR DOWNLOAD ON APPLE AND ANDROID DEVICES!

Connect with people across the state, or in your own neighborhood. Support is just a text away.



Contact the Indiana Recovery Network

Indianarecoverynetwork.org

Heather Rodriguez- Director of IRN hrodriguez@mhαι.net

Rebekah Gorrell- Manager of the IRN
rgorrell@mhαι.net

Questions and Discussion

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Contact Information

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sarahf@thenationalcouncil.org

Brandon George (MHAI) – bgeorge@mhαι.net

Heather Rodriguez (MHAI) –
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