Tested and Proven

Utilization of Recovery Support Specialists as a Key Engagement and Retention Strategy in FDC (and beyond)

Presenters:
Nancy K. Young, PhD
Sacramento, CA
Pima, AZ
Baltimore, MD

NADCP | May 28, 2014
Rethinking Treatment Readiness

Re-thinking “rock bottom”

Addiction as an elevator

“Raising the bottom”
Re-thinking “Rock Bottom”

- “Tough love” - in the hopes that they will hit rock bottom and wanting to change their life.
- Collective knowledge in the community is to “cut them off, kick them out, or stop talking to them.”
- Addiction as a disease of isolation

“Raising the bottom”

- Getting off on an earlier floor
- Has realistic expectations and understands both the neuro-chemical effects on people with substance related and addiction disorders and difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships
Rethinking Engagement

Will they come?

Effective FDCs focus on effective engagement
Functions of RSS

LIASON
- Links participants to ancillary supports; identifies service gaps

TREATMENT BROKER
- Facilitates access to treatment by addressing barriers and identify local resources
- Monitors participant progress and compliance
- Enters case data

ADVISOR
- Educates community; garners local support
- Communicates with FDC team, staff and service providers
Titles and Models

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner

- Recovery Support Specialist
- Substance Abuse Specialist
- Recovery Coach
- Recovery Specialist
- Parent Recovery Specialist

What does our program and community need?

YOUR FDC NEEDS TO ASK:

What does our program and community need?
THE PURPOSE OF RECOVERY SPECIALISTS

- Decrease time to assess and enter treatment
- Improve outreach and engagement
- Increase 12-month permanent placements
- Increase family reunification rates
- Decrease time in foster care
<table>
<thead>
<tr>
<th>Purpose of the Program</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>Building linkages and improving communication and collaboration between systems</td>
<td><strong>Formal liason</strong> responsible for building and enhancing relationships</td>
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<tr>
<td>Improve parents’ access to assessment and treatment</td>
<td><strong>Treatment broker</strong>; front-line service provider</td>
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<tr>
<td>Improve ability of CWS and Court staff to manage caseloads in which substance abuse is a factor</td>
<td><strong>Advisor</strong> about the nature of substance use disorders</td>
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</tbody>
</table>
THREE STANDARD COURT ORDERS

Treatment

Drug and Alcohol Testing

Recovery Support Groups

Specialists Contacts
KEY CONSIDERATIONS

- Collaborative relationship and constant communication
- Location of specialist
- Specialists’ background and expertise
The effect of implementing particular program strategies (Parental Support and Family Drug Courts) on adult and child indicators

Accounting for families
<table>
<thead>
<tr>
<th>Parent Support Strategy</th>
<th>Median in Days</th>
<th>n</th>
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<tbody>
<tr>
<td>No Parent Support Strategy</td>
<td>102.0</td>
<td>768</td>
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<tr>
<td>Intensive Case Management Only</td>
<td>130.0</td>
<td>3,710</td>
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<tr>
<td>Intensive Case Management and Peer/Parent Mentors</td>
<td>151.0</td>
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<tr>
<td>Intensive Case Management and Recovery Coaches</td>
<td>200.0</td>
<td>563</td>
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</table>
## Last Discharge from Substance Abuse Treatment after RPG Program Entry by Parent Support Strategies

<table>
<thead>
<tr>
<th>Parental Support Strategy Combination</th>
<th>Completed or Transferred Percent (n)</th>
<th>Drop Out Percent (n)</th>
<th>Other Percent (n)</th>
<th>Total Percent (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Parent Support Strategy (2 + 1 site)</td>
<td>45.5% (207)</td>
<td>47.7% (217)</td>
<td>6.8% (31)</td>
<td>100.0% (455)</td>
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<tr>
<td>Intensive Case Management Only (27)</td>
<td>45.6% (1,807)</td>
<td>35.6% (1,412)</td>
<td>18.8% (744)</td>
<td>100.0% (3,963)</td>
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<tr>
<td>Intensive Case Management and Peer/Parent Mentors (9)</td>
<td>56.0% (548)</td>
<td>36.7% (359)</td>
<td>7.3% (71)</td>
<td>100.0% (978)</td>
</tr>
<tr>
<td>Intensive Case Management and Recovery Coaches (7)</td>
<td>63.3% (366)</td>
<td>23.0% (133)</td>
<td>13.7% (79)</td>
<td>100.0% (578)</td>
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<tr>
<td>Total Discharge Category Percent and (n)</td>
<td>49.0% (2,928)</td>
<td>35.5% (2,121)</td>
<td>(15.5%) (925)</td>
<td>100.0% (5,974)</td>
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</table>
Who Can Fund This?

1. What is the job description?
2. What are the funding sources?
3. What is the best match—who has the money to fund it?
Take a Good Look Outside Current Resources and Future Funding

• Inventory - current resources, potential resources, including redirected funding
• Targets for negotiation about future funding based on outcomes
• Choice of priority targets
Resource: Funding Family-Centered Treatment for Women with Substance Use Disorders

By:
Kimberly Dennis
Nancy K. Young
Sidney L. Gardner
Children and Family Futures
May 2008

To download a copy, visit:
http://womenandchildren.treatment.org/documents/FINAL_Funding_Paper_508V.pdf
# Funding Sources & Allowable Services

## Table 1. Primary Federal Funding Sources and Potential Allowable Substance Abuse Treatment and Related Support Services for Adults

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<th>Trauma Violence Services</th>
<th>Crisis Management/ Care Coordination</th>
<th>Continuing Care</th>
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<td>Project for Assistance in Transition from Homelessness</td>
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<td>Residential Substance Abuse Treatment for State Prisoners</td>
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</table>
Take stock of all options, then target a few best bets based on:

• Where resources are most significant
• Where new flexibility may be available
• Where champions of an integrated funding approach may already exist
Recovery Specialists: Sacramento Experience

Tianna Roye
Deputy Director, Bridges Inc.
Specialized Treatment and Recovery Services (STARS) Program
Sacramento County

- STARS was created in June, 2001 to improve reunification rates in Sacramento County

- We provide AOD case management to clients involved with Child Protective Services
Pre-2001

- Reunification rate about 18%
- Parents unable to access substance abuse treatment
- Social workers, attorneys, courts often uninformed on parent progress
- Drug testing not uniform and results often delayed
After STARS/DDC

- Reunification rates at 47%
- 71% for those parents graduating DDC
- Reunification is occurring faster
- Parents truly have “treatment on demand”
- All parties involved in the case are informed at every stage of treatment
- All parents receive random observed “instant” drug testing
Assist parents in the process of recovery from substance abuse by removing barriers to treatment and providing support, encouragement and accountability.

Accurately report each client’s progress to the child welfare system and court with a commitment to compassion, integrity and excellence.
Recovery Specialists

- Recovery Specialists are in recovery – role models
- Professional
- Certified Addiction Specialists
- Trained to utilize limited self-disclosure
- Minimum 2 years sobriety
- Teachable
- Provide help “no matter what” – breaking down “old school” treatment ideals
Recovery Specialists Duties

- Recovery Specialists will provide services in locations that meet the needs of the client including locations such as residences, correctional settings, shelters, community resource sites, hospitals, schools, consumer operated services, peer support programs, or medical and behavioral health service sites.

- Recovery Specialists are responsible for maintaining client records in accordance with established policies and procedures.

- Recovery Specialists are required to treat all clients with respect and dignity and to refrain from any conflict.

- Recovery Specialists are required to perform supervised alcohol and drug screenings as outlined in the client’s Support Service Plan.

- Recovery Specialists are required to perform an AOD Assessment if a change in treatment is needed.
RS Duties Cont.

- Recovery Specialists are required to provide support and encouragement for client’s progress and motivation for those who are struggling to achieve compliance.
- Recovery Specialists are required to collect any and all documentation provided by the client regarding AOD treatment, drug testing and support group attendance.
- Recovery Specialists are required to arrange, facilitate and attend a case conference with the client, AOD Treatment Provider and CPS Social Worker within 90 days of intake.
- Recovery Specialist is required to provide documented reports of client progress two times per month to all parties addressing the four areas of STARS compliance.
Hiring

- Passion – are they motivated to motivate change?
- Professional experience – work history, internships, volunteer, etc.
- Professionalism – separation from a “client mentality” – speech, presentation, attitude
- Referral system works best
- Utilize the probationary period
Attitudes and Beliefs

- Alternative to theory that denial and resistance must be smashed or that a client has to be totally “ready” to change.

- Effectively “dancing” not “wrestling”.

- Truly believes in client change and transformation – non-judgmental- ability to meet a client where they are – not to be confused with co-dependency.
Ongoing Employee Monitoring

- Yes – employees can/do relapse
- Yes – employees can/do make ethical mistakes
- Yes – it is worth the risk
Overcoming Employee Issues

- Random and suspected drug testing – follow up on all accusations (testing and ethical)
- Document resolution
- Be on alert for “other” behaviors (missing work, “health” issues, regular mistakes)
- Trainings, trainings, and more trainings
  - make them the experts in the field
- Do not compromise your agency’s integrity – separate employment
Take Home

- Recovery Specialists break down trust barriers
- Recovery Specialists can spot deception/manipulation and confront it from a non-threatening angle
- Recovery Specialists can motivate change
- We began with 3 – now at 32 – proven to work
More About STARS and Sacramento

Please visit the FDC Blog for links to a local news feature and video about STARS and Sacramento Early Intervention Family Drug Court.

www.familydrugcourts.blogspot.com
Contact Information

Tianna Roye
Deputy Director, Bridges Inc.
Specialized Treatment and Recovery Services
www.bridgesinc.net
(916) 453-2704, Ext. 13
Recovery Support Specialist: Pima County Experience

Presenters:
Anne Chamberlin
Andy Mendoza
Yesenia Campos
Overview of Family Drug Court

- Received SAMHSA implementation grant
- Conducted pilot
- Parallel Model
- Both parents eligible (some exceptions)
- Voluntary program
- Eligible for graduation after 8 months
Three Phases

- **Phase One:** Weekly attendance for two months
- **Phase Two:** Bi-Weekly attendance for two months
- **Phase Three:** Monthly attendance for four months
Process to Phase

- Phasing/Graduation Packet
  - Recovery Plan
  - Reflections Questions
  - Letters to addiction, children and self
  - Attend FDC Alumni Meeting
  - Complete urinalysis/hair test
  - Obtain approval signatures
Services Provided

- Certified Recovery Support Specialists
- Trauma-Specific individual therapy
- Celebrating Families™!
- Monthly Alumni Meetings
- Peer Mentor Support
Recovery Plan

- Motivation
- Relapse Prevention
- Substance Abuse Treatment and Support
- Legal Issues
- Mental/Emotional Health
- Physical Health
- Relationships
- Parenting Skills
- Values and Spiritual Well-Being
- Housing
- Financial Stability/Education/Job Training
- Fun/Relaxation/Interests
- Sharing My Experiences
FDC Supervisor and our fabulous Certified Recovery Support Specialists!
Who Are We?

We are individuals who have had personal experience with substance/alcohol use, mental health, CPS involvement, and/or the legal system.
Andy Mendoza Before
Andy’s Story

- Brief history
- Education and training
- Legal baggage
- Certified Recovery Support Specialist now working for Family Drug Court
Andy Mendoza Today!
Yesenia Campos Before
Yesenia’s Story

- Brief history
- CPS involvement
- FDC graduate
- Education & training
- Certified Recovery Support Specialist now working for Family Drug Court as Senior RSS
Yesenia Campos Today!
**Case Specialist**
- Intakes (psycho-social & trauma history)
- Referrals for trauma therapy & Celebrating Families!
- Collaborate w/ substance abuse & mental health tx
- Collaborate w/ CPS
- Attend CFTs/ARTs
- Attend FCRBs
- Attend dependency court hearings
- Updates to the FDC judge

**Recovery Support Specialist**
- Intakes (substance abuse history)
- Recovery plans
- Concrete services (housing, clothing, job assistance, food boxes)
- Legal issues (warrants, Homeless Court, etc.)
- Assist in developing outside support (including taking them to meetings for the 1st time)
- Help them deal w/ cravings and relapses
Essential Functions

Support and advocate for participants at hearings:

› City Court
› Criminal Court
› Homeless Court
› Mental Health Court
› Foster Care Review Board
Essential Functions (cont.)

- Participate in weekly staffings
- Assist participants to develop and complete Recovery Plans
- Reach out to participants who are MIA
- Provide transportation when needed
Necessary Knowledge, Skills and Experience

- Sustained recovery from addiction
- Knowledge of signs and symptoms of relapse
- Empathy
- Motivational Interviewing
- Crisis Intervention
- Cultural awareness and competence
- Multiple community contacts
Necessary Knowledge, Skills and Experience (cont.)

- Timing is everything
- Share on a need to know basis
- Our path is not the only path to recovery
- Coaching and practice may be required
Boundaries

- May know a participant from "previous life"
  - Do not glorify use or "old times"
- Pros and cons to spending too much time with one participant
- We are not a friend
  - We do not keep secrets
  - All is reported to the team
RSS Certification Training

- Recovery Support Specialist Institute
- Collaborative Effort: CPSA & University of Arizona Family & Community Medicine
- For more information, visit: http://www.fcm.arizona.edu/workforce-development-program
Ongoing Training

- Trauma
- Vicarious Trauma
- Motivational Interviewing
- Drug and alcohol screening
- What’s new? (Bath salts, K2, synthetics, spice)
- Mental Illness
Opportunities for FDC Graduates

- Participate in the FDC Alumni group
- Become an FDC peer mentor
- Recovery Support Specialist Institute
- Senior RSS
Impact of Hiring Recovery Support Specialists

- Began hiring RSSs in 2010
- Graduation rate through 2011 went from 37% to 53% *
- Reunification rate through 2011 went from 52% to 82% *

* During this time, we also implemented the Celebrating Families Program™ although only a small portion of our families used this service, while all families received RSS support.
More about Yesenia & Andy

Please visit the FDC Blog for links to media stories and video of Yesenia and Andy’s stories.
www.familydrugcourts.blogspot.com
Contact Information

Anne Chamberlin, FDC Program Manager
Andy Mendoza, Recovery Support Specialist
Yesenia Campos, Recovery Support Specialist

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2225 E Ajo Way
Tucson, AZ. 85713

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andrew.mendoza@pcjcc.pima.gov
yesenia.campos@pcjcc.pima.gov
PEER RECOVERY ADVOCATE RE-ENGAGEMENT SPECIALIST:

THE BALTIMORE (MD) EXPERIENCE

Jocelyn Gainers, Executive Director
Deborah Geiger, Program Supervisor

The Family Recovery Program, Inc.
Baltimore, Md.
Our History

- Established in 2005
- Employees/Peer Recovery Advocates (PRA)
- Culture of Baltimore City
- Worked with over 1059 individuals
- Successful Completions - 374
- Effective Partnerships
- Recidivism 4%
- Permanency Rate 84%
- Holistic Services
Peer Recovery Advocate (PRA) vs. Recovery Support Specialist (RSS)

PRA
- Liaison
- Resource Guide
- Advisor

RSS
- Liaison
- Treatment Broker
- Advisor
Re-engagement Statistics

Day 14 of Missing in Action (MIA)

- In any given month, we have 10 out of 75 clients who are MIA

Re-engagement percentage – 81%

- Re-engagement Peer Recovery Advocate - Tiffinee Scott
Re-engagement Techniques

Re-engagement begins upon the first introduction to the program.

Peer Recovery Advocates and Motivational Interviewing

Trauma Informed Culture
Re-engagement Strategies

- Calls Daily
- Letters and calls at 7 and 14 days MIA
- Re-engagement PRA visits homes, treatment centers, creative locations
What is a “Trauma Informed” Culture?

1. Being Sensitive to the reality of traumatic experience.

2. Being sensitive to the ways in which trauma has affected individuals, families, and entire groups.
Creating a Trauma Informed Culture

1. Staff Development
2. Creating a safe and supportive environment
3. Cultural Competence
4. Privacy and Confidentiality
5. Open and Respectful Communication
6. Consistency and Predictability
7. Offering Trauma Specific Interventions
8. Involving Current and Former Clients
Trauma Informed Culture in Action

Greeting clients and responding to their needs

Welcoming Environment

Available Resources and Transportation

Immediacy of Response

Follow-Up and Team Consistency
Motivational Interviewing

First Steps
- Asking Permission
- Eliciting/Evoking Change Talk

Second Steps
- Open-Ended Questions
- Reflective Listening
- Summarizing

Third Steps
- Normalizing
- Statements Supporting Self-Efficacy
- Affirmations
Community of Care

Program Staff, Security Guards, and Neighbors

Treatment and Housing Providers

Team Members (Judge, lawyers, clerks, etc.)

Community of Care
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REFERENCES

Motivational Interviewing Strategies and Techniques: Rationales and Examples; Sobell and Sobell, ©2008

Trauma-Informed Organizational Toolkit; http://homeless.samhsa.gov/resource/trauma-informed-organizational-toolkit-for-homeless-services-49573.aspx-
Questions & Discussion

Please type and send your questions through the Question and Answer box located on the bottom half on your panel/dashboard.
NEXT STEPS AND RESOURCES

All these resources have been linked on the FDC Blog:
www.familydrugcourts.blogspot.com
Resource: Substance Abuse Specialist in Child Welfare Agencies and Dependency Courts

6 State Case Studies

To download a copy, visit:

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<td>Tested and Proven – Utilization of Recovery Support Specialists as a Key Engagement and Retention Strategy in FDC (and Beyond)</td>
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Highlighting effective practice

FAMILY DRUG COURT
PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: PeerLearningCourts@cffutures.org
Recommended Reading

clean

Overcoming Addiction and Ending America's Greatest Tragedy

DAVID SHEFF
author of Beautiful Boy
Improving outcomes for children and families affected by substance use disorders

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