White House National Faith-Based and Community Initiatives Conference
"Innovations in Effective Compassion"

Great Human Needs: Substance Abuse and Recovery

"Opportunity for True System Change"
Thomas A. Kirk, Jr., Ph.D.
June 26, 2008
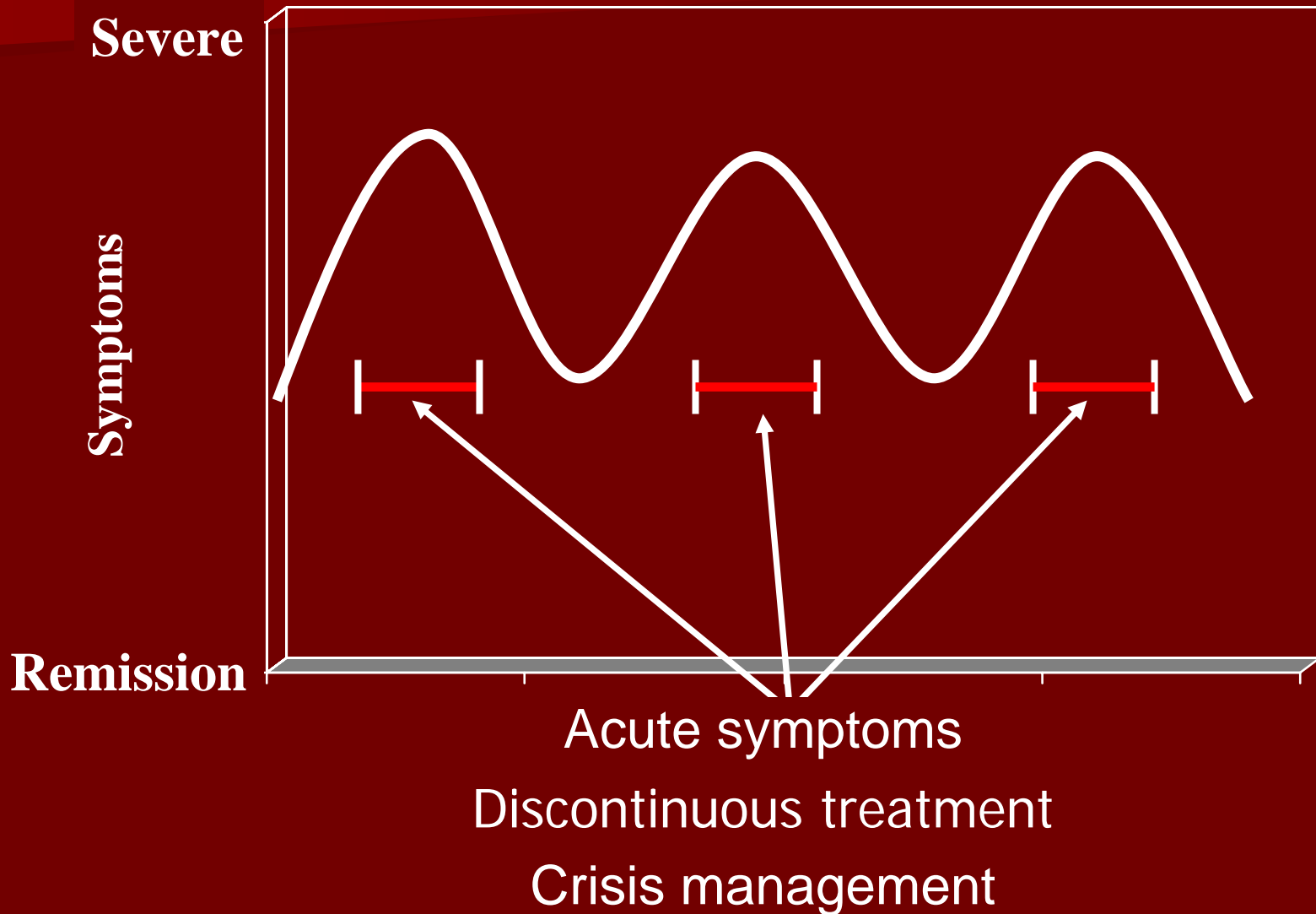
We are a healthcare service agency.

Promote health	through prevention and early intervention services.
Recover and sustain health	through treatment and recovery support services.

Service Response

Severe

Symptoms

Remission

Acute symptoms

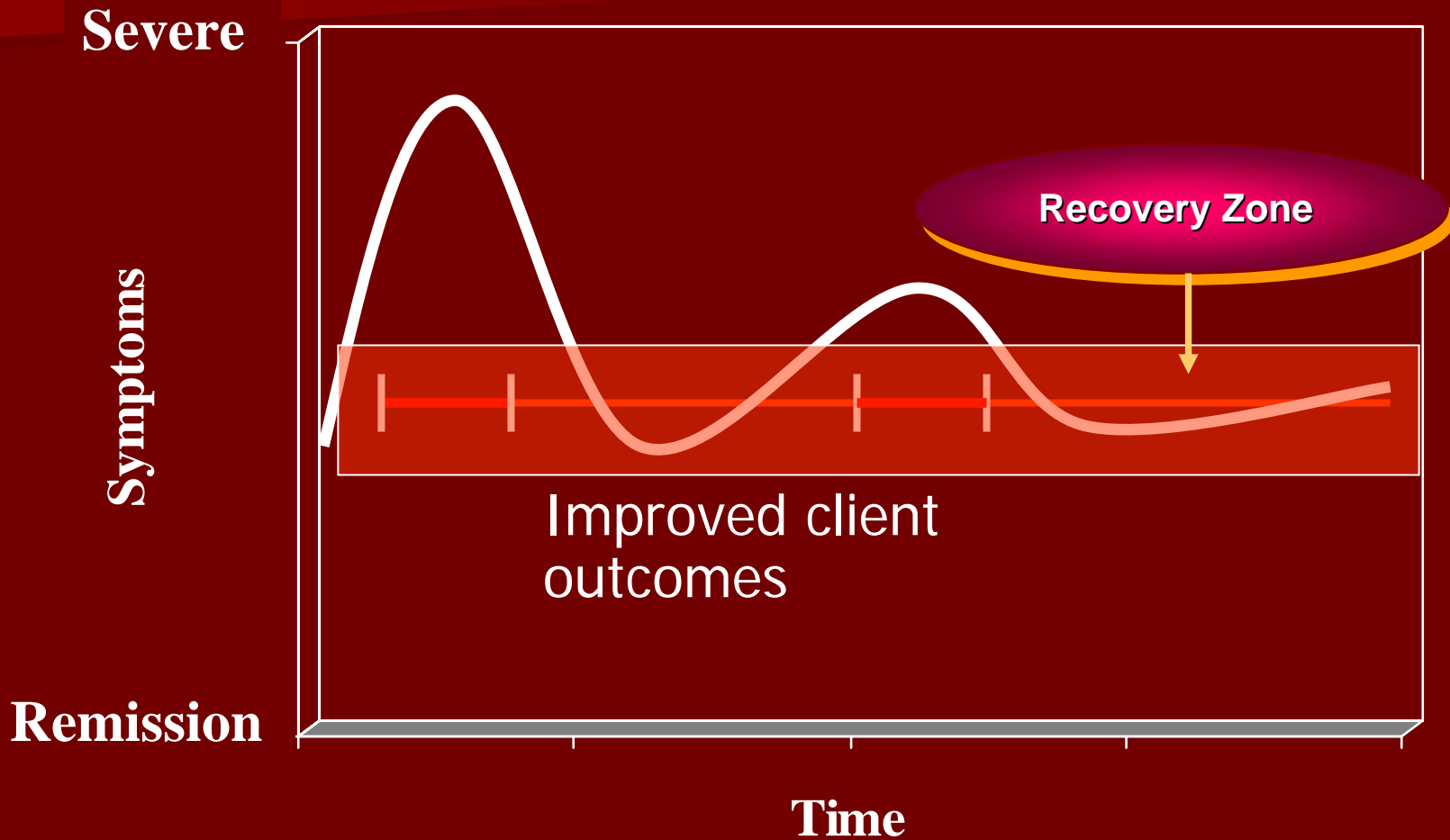Discontinuous treatment

Crisis management

Heard Along The Way

- "WHEN I BEGIN TO GET REALLY FUNCTIONAL, I LOSE THE SERVICES THAT I WAS GETTING THAT HELPED ME TO GET THERE"

(From conversation with consumer in Waterbury, Ct.)

Helping People Move into Recovery Zone

What People Want from Healthcare System

- A welcoming healthcare setting, prompt access
- An expectation of "getting better," not necessarily "cured"
- Hopeful, respectful atmosphere
- Tx and tools for the person to manage/own their recovery ("you can do it; we can help")
- Show me somebody it worked for
- Have a life again…be renewed

Commissioner's Policy #83:
Promoting a Recovery-Oriented Service System   (2002)

- Recovery – Guiding principle and operational framework

- Recovery – a process not an event

- Address needs over time and across levels of disability

- Identify and build on one's strengths and areas of health

- Encourage hope and emphasize respect

How Does ATR I and II Fit Into Ct's Larger Picture?

- ATR is not just another program. It represents a significant investment and tool for 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, funding and programs.

CCAR, a nationally respected Recovery Community Organization…

Recovery Community

Treatment Community

bridges the gap

ATR I - 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
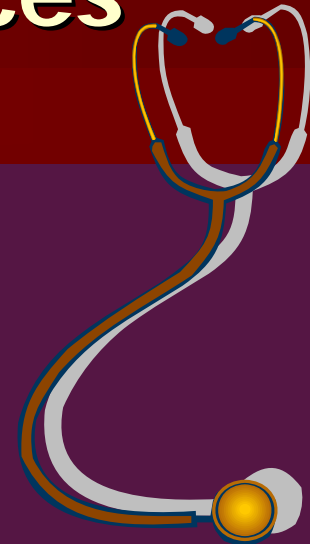
ATR I: Recovery Support Services

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

85% of CT's ATR I service budget was invested in Recovery Support Services, not clinical services.

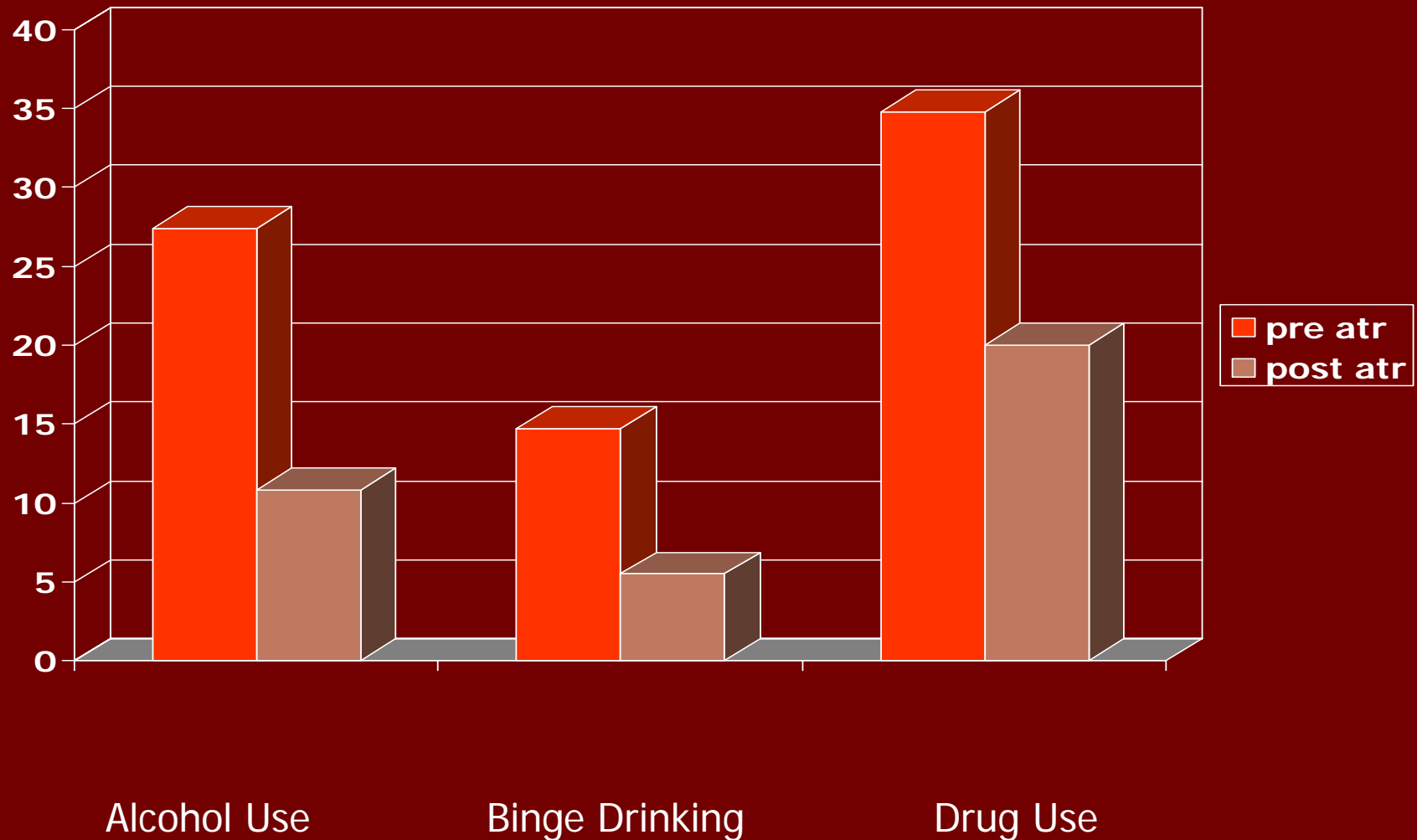# Summary of Top Predictors of Positive Outcomes

Recovery-Based:

- Short-Term Housing Support
- Case Management, 15 min
- Recovery House
- Alternative Living Recovery Center

Clinically-Based:

- Brief Treatment
- Methadone Maintenance
- Community-Based Intensive Outpatient Treatment

Pre and Post ATR: Drug and Alcohol Use within the Previous Month

Conclusions

- ATR services proved to be significant predictors of outcome variables even when statistically controlling for variable baseline levels.

- As a group, recovery support services, particularly in the form of supportive housing arrangements, were more predictive than clinical services of positive outcome.

ATR II – Services

Clinical

- Buprenorphine Treatment Services
- Co-Occurring Intensive Outpatient Treatment
- Clinical Recovery Check-Ups

Recovery Support (75% of Funds)

- Sober Housing
- Recovery Specialist (Case management)
- Transportation
- Basic Needs
- Vocational/Educational

Recovery, Recovery-Oriented System = Continuing Care Model

MAJOR IMPLICATIONS FOR:

- SERVICE CONTENT

- SERVICE DELIVERY, OVERSIGHT AND ORGANIZATIONAL STRUCTURE

- PERFORMANCE MEASURES AND OUTCOMES

- FINANCING STRATEGIES

THE FISCAL REALITIES OF

2008

2009?

2010?

Financing Strategies

- "Bundled Service Rates" – Currently under study based on analyses of years of service data and outcomes for overall system and individuals in care.

- New state funding capitalizing on "brand recognition," needs data, and "Business Plan"

- Funding Partnerships – criminal justice and child welfare systems, academic communities

- Rate of Growth Controls - Capitalize on success in controlling growth of expenditures yet with more services, people served, lower overall costs/person, and more persons in "Recovery Zone."

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Ultimate Goal of Transformation

A system that—

- **Is consumer and family driven**— each adult and child will have access to the full spectrum of services needed to support recovery

- **Focuses on recovery**— a process, sometimes lifelong, through which a consumer achieves independence, self-esteem, and a meaningful life in the community

- **Builds resilience**— the ability to face life's challenges

Key Policy Issues/Questions

- Do you want bricks and mortar or people living communities with natural supports?

- Should we focus on healthcare costs or on the cost of disability and disease?

- How do we widen and reinforce the Recovery Zone for people with disabilities?

- Should Behavioral Health be "The Agenda" or part of "Every Agenda?"

- Are we talking about spending more or less, or spending differently?

Thank You!

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