

# Technical Information

# ***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order.

For training use only.

*Funding for this presentation was made possible by SAMHSA grant no.1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

**LIVE**

This webinar is now live.



It is being recorded  
and archived.



Please remain muted.



Central East (HHS Region 3)

PTTC

# Welcome

## Central East PTTC Webinar

### Bridging the Gap Between Prevention and Recovery

*The Central East PTTC is housed at the Danya Institute in Silver Spring, MD*

Renata Henry  
Executive Director

Deborah Nixon Hughes  
Project Director



Central East (HHS Region 3)

PTTC

Each TTC Network includes 13 centers.\*



Network Coordinating Office

National American Indian and Alaska Native Center

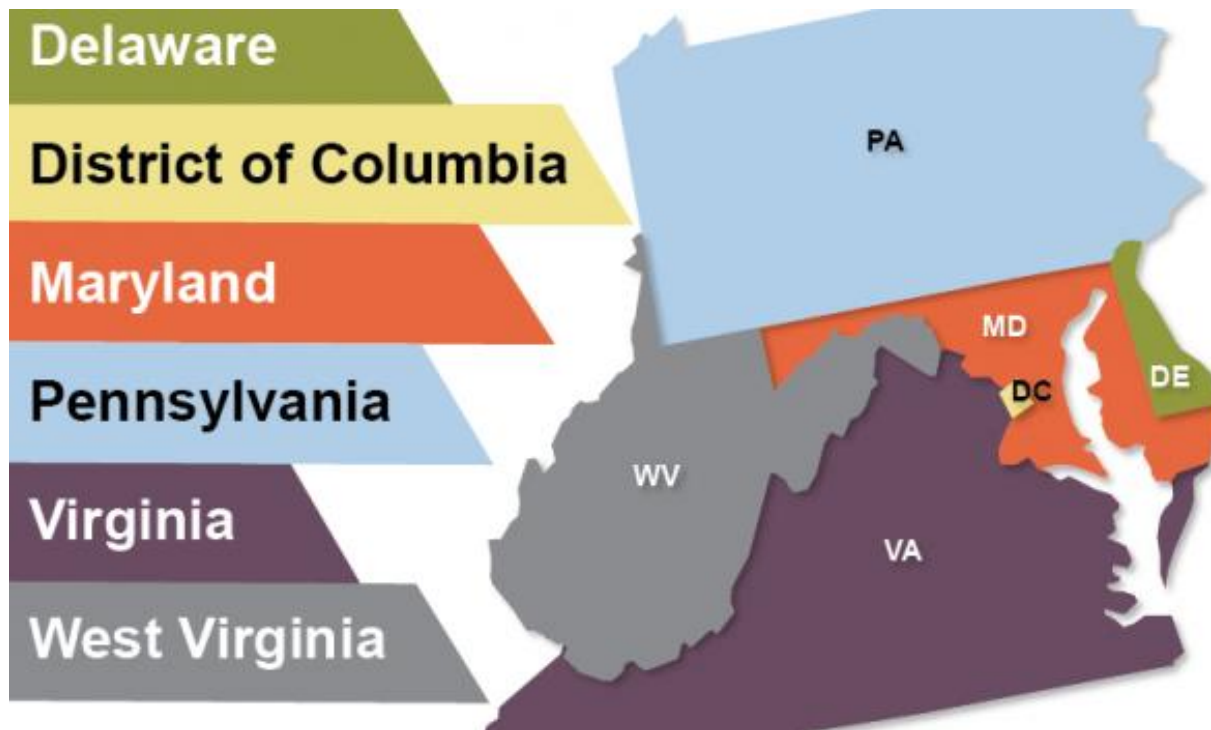
National Hispanic and Latino Center

10 Regional Centers (aligned with HHS regions)

*\*The ATTC Network also includes 4 international HIV centers funded by the President's Emergency Plan for AIDS Relief.*

# Central East Region

## HHS REGION 3



# Eligibility

Behavioral health and health care providers, consumers, families, state and local public health systems and other stakeholders

Consistent with  
Regional, State  
and Local  
Needs

No cost

Data Driven

EBPs provided  
by Subject  
Matter Experts



The use of affirming language inspires hope.

**LANGUAGE MATTERS.**

**Words have power.**

**PEOPLE FIRST.**

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

# What We Do

- **Accelerate** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services
- **Strengthen** the behavioral health awareness, knowledge, and skills of the health care and prevention workforce that address the needs of people with behavioral health disorders
- **Foster regional** and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community
- **Ensure** the availability and delivery of publicly available, free of charge, behavioral health training and technical assistance to health care and prevention professionals



# PTTC Mission



To Strengthen **the Capacity of the Workforce to Deliver Evidence-Based Prevention Strategies and Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances**





# Central East PTTC Specialty Area

Engaging and Collaborating with Primary Care Providers for Substance Use Prevention



# PTTC Focus Areas

- Opioid/harm reduction strategies
- Suicide prevention and substance use overdoses
- Youth vaping/tobacco
- Youth alcohol and suicide
- Health equity and the elimination of disparities
- Trauma
- Workforce leadership development series-  
strategic planning/SPF; data-informed decision-  
making; environmental strategies



# Other Resources in Region 3



Central East (HHS Region 3)

---

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

---

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

---

PTTC



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Bridging the Gap Between Prevention and Recovery

January 20, 2021

Josh Esrick

PTTC Prevention Specialist

Senior Policy Analyst

Carnevale Associates, LLC

Emily Patton

Research Associate

Carnevale Associates, LLC

# Presenters



Josh Esrick  
*Presenter*



Emily Patton  
*Presenter*



# Key Objectives

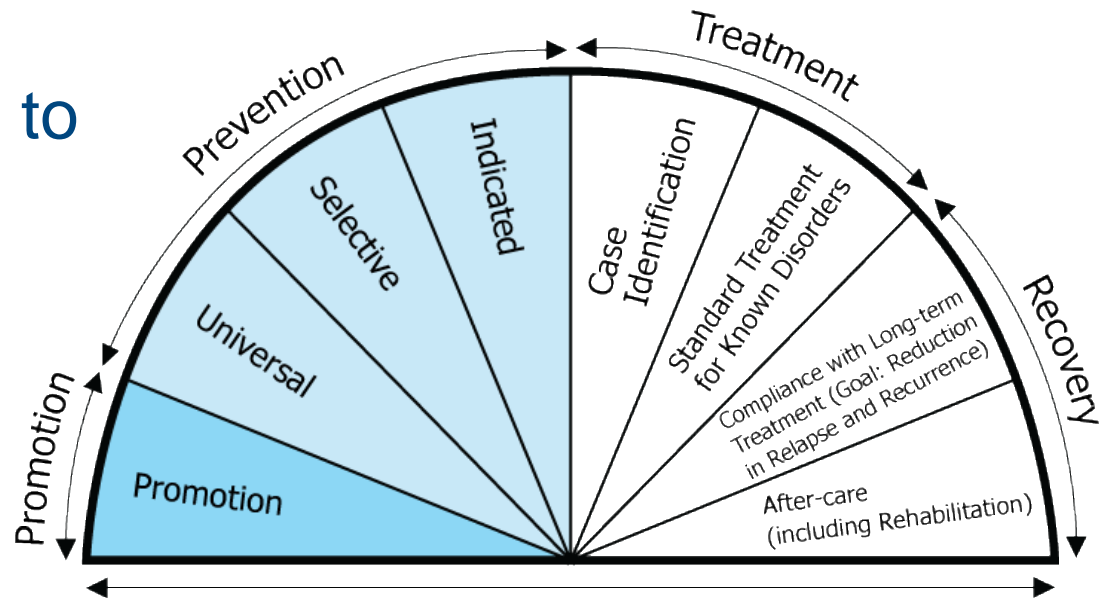
- Describe the behavioral health continuum of care
- Discuss the principles of recovery support services
- Identify the similarities and differences between prevention and recovery
- Explore potential opportunities for collaboration



# Behavioral Health Continuum

- All aspects of behavioral health are part of a larger continuum of care
- This means there are multiple opportunities to address and treat behavioral health issues

- It also reminds us of the relationships between promotion, prevention, treatment, and recovery



# Promotion

- Environments and conditions that support behavioral health and the ability of a person to withstand challenges
- Interventions under Promotion address resilience factors such as strengths-based strategies designed to promote positive functioning





# Prevention

- Services that are delivered prior to the development or onset of a disorder
- Preventive interventions are most effective when they are appropriately matched to their target population's level of risk
  - Universal
    - The broadest approach, targeting the general public or a whole population
  - Selective
    - individuals or a population sub-group whose risk of developing disorders is significantly higher than average
  - Indicated
    - High-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing a disorder prior to the actual diagnosis of a disorder



# Treatment

- Services for individuals diagnosed with a substance use disorder (SUD) or other behavioral health disorder
  - Case identification
  - Standard treatments for known disorders
- Treatment is designed to identify individuals experiencing or exhibiting the central problem (mental, substance, etc.)
- Under Treatment, services should be those with the strongest evidence supporting their use for the given circumstance



# Recovery

- Also referred to as “Maintenance”
- These are services that support individuals’ compliance with long-term treatment and aftercare
- Recovery provides a network and support structure for people to be able to live productive lives as a part of the larger community



# Definition of Recovery (SAMHSA)

- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”
- Four Dimensions
  - Health
  - Home
  - Purpose
  - Community



# The 10 Principles of Recovery (APA)

- Self-Directed
- Individualized
- Empowered
- Holistic
- Non-Linear
- Strengths-Based
- Peer-Support
- Respect
- Responsibility
- Hope



# Defining Recovery Support Services

- Recovery support services (RSS) seek to promote recovery by supporting protective factors against relapse and addressing risk factors for relapse
- There are a huge number of different RSS, and most evidence is still preliminary. Some programs have been found effective, particularly for youth (NIDA):
  - Assertive Continuing Care, Mutual Help Groups, Peer Recovery Support Services, Recovery High Schools



# What RSS Seeks to Accomplish

- Prevent relapse, and provide a path forward if relapse does occur (Melemis, 2015)
  - Emotional
  - Mental
  - Physical
- Provide support across the stages of recovery
  - Abstinence
  - Repair
  - Growth



# Similarities and Differences to Prevention

- There are important similarities and differences between RSS and Prevention
- By understanding the similarities, we can better understand where there might be opportunities to improve collaboration across the behavioral health continuum
- By understanding the differences, we can better explain to others how prevention and relapse prevention are different (as we have with overdose prevention)





# Similarities and Differences

- Funding streams
- Risk and protective factors
- Populations being served
- Strategies and Programs



# Funding Streams

- Single sources can fund across the behavioral health continuum
  - E.g., State Targeted Response (STR) and State Opioid Response (SOR) grants (HHS)
- The more this happens, the more important it is for stakeholders to know what is occurring across the continuum
  - Better understanding of funding priorities and what is a reasonable funding request
  - Identifying opportunities to synergize efforts and stretch dollars further



# Funding Streams, 2

- Opportunity for shared learning on obtaining new funding streams
- For instance, in some states in recent years, both prevention and recovery have been seeking Medicaid funding for the first time
- The funding may be desired for different activities, but the process will likely be similar
  - E.g. How to work with state Medicaid agency to create a State Plan Amendment



# Risk and Protective Factors

- Both seek to address risk and protective factors and social determinants of health
- Often not the same factors, and when they are the same the factors do not always manifest in the same ways
  - However, this shared conceptualization can make understanding across fields easier
- Some factors, especially environmental ones, can significantly overlap
  - e.g., Substance availability in the community; peer attitudes towards substance use (Guenzel & McChargue)



# Populations Being Served

- By definition, prevention and RSS are serving different people
  - People who have not initiated substance use/not yet developed a disorder vs. people who are in recovery from SUD
- However, these different people can often know each other
  - e.g., A family with a parent in recovery and a child receiving/in need of selective or indicated prevention services



# Strategies and Programs

- Since prevention and RSS are serving different populations and often different risk factors, in many cases the strategies and programs being implemented will look very different from each other
  - Even similar-seeming programs, like a skills training program, are likely to be very different in RSS versus prevention
- However, opportunities for collaboration can exist



# Opportunities for Collaboration

- Behavioral health integration
- Child welfare
- Recovery-Oriented Systems of Care (ROSC)
- Reducing Stigma
- Funding



# Integrating Behavioral Health

- Health care reform's vision of prevention, screening and early intervention, treatment, and recovery, integrated with primary health care
  - Mental and physical health is connected
- Affordable Care Act
  - Expansion of coverage for those with substance use and mental health disorders
  - Required parity
  - Medicaid expansion
- Helps identify opportunities to address health in a more comprehensive way





# Recovery-Oriented Systems of Care

- The ROSC approach supports the integration of mental health, substance use disorder, and somatic health care
- The aim is to provide a coordinated network of acute and chronic care services that help sustain recovery and improve the health and well-being for people with or at risk of alcohol and drug problems
- When RSS are provided across the continuum of care, they support resiliency, open doors to service access and engagement, and support long-term recovery



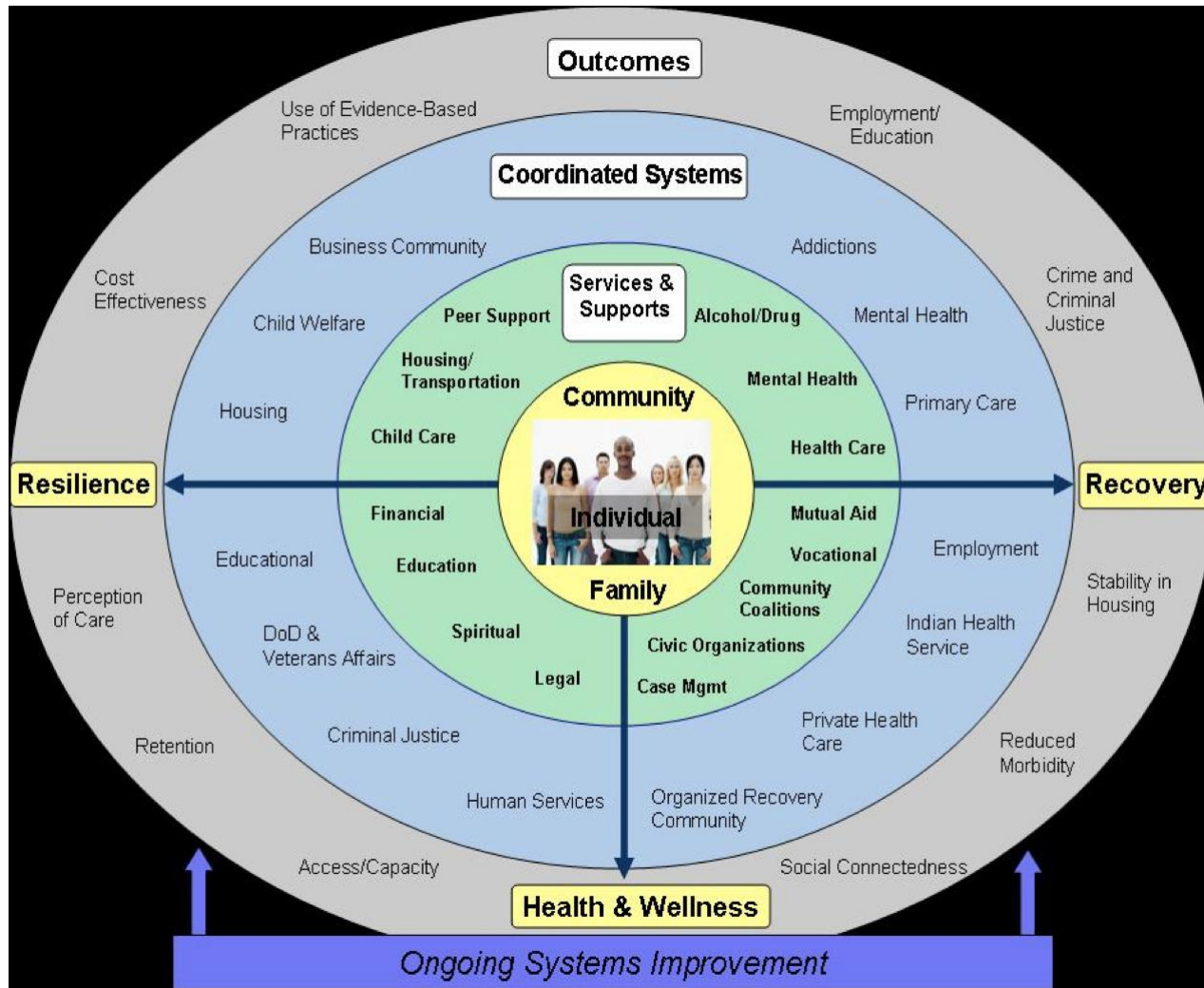
# ROSC continued (SAMHSA)

- The central focus of a ROSC is to create an infrastructure or system of care with the resources to effectively address the full range of substance use problems within communities

	Prevention	Intervention	Treatment	Post-Treatment
Examples of Recovery-Oriented Activities	<ul style="list-style-type: none"> <li>• Early screening before onset</li> <li>• Collaborate with other systems, e.g., Child welfare, VA.</li> <li>• Stigma reduction activities</li> <li>• Refer to intervention treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• Screening</li> <li>• Early intervention</li> <li>• Pre-treatment</li> <li>• Recovery support services</li> <li>• Outreach services</li> </ul>	<ul style="list-style-type: none"> <li>• Menu of treatment services</li> <li>• Recovery Support services</li> <li>• Alternative services and therapies</li> <li>• Prevention for families and siblings of individuals in treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing care</li> <li>• Recovery support services</li> <li>• Check-ups</li> <li>• Self-monitoring</li> </ul>



# ROSC continued (SAMHSA)



# Child Welfare

- The impact of substance abuse is wide-reaching and effects not only the individual but the people around them
- Affected family members of individuals with SUDs are at high risk for developing chronic medical and psychiatric health conditions, are high utilizers of the health care system, and have high health care expenditures
- Evidence-based interventions that also target family members can
  - Improve health outcomes for everyone
  - Result in better addiction treatment outcomes
  - Prevent adolescent substance use
- Drug endangered children (DEC)



# Reducing Stigma

- Many continue to view addiction as a result of moral weakness and flawed character
- When people with addiction are stigmatized and rejected it further contributes to the cycle of substance abuse/misuse
- Three distinct types of stigma
  - Structural
  - Public
  - Self
- Reducing stigma across the behavioral health continuum is critical



# Funding

## Opioid epidemic funding

- HHS
  - HHS issued over \$800 million in grants to support access to opioid-related treatment, prevention, and recovery in 2017
- NIH
  - Helping to End Addiction Long-term<sup>SM</sup> Initiative (HEAL)



# Bridging the Gap

- If you are potentially interested in bridging the gap with RSS, there's some prep work to do:
- What is your goal in reaching out to RSS?
- Do you have a specific objective?
- How does these relate to your organization's vision, mission, goals, and objectives?
- Do you have a plan for accomplishing your RSS goal and objective?



# Strategic Planning

- Through a strategic planning process, organizations can determine and formalize:
  - Core Values; Vision; Mission; Goals; Performance Targets; and “Stretch” Targets;
    - Plus the Performance Measures; Actions; Resources; and Feedback for your current activities
- Your organization likely has these already. The need now is to determine how a new activity, like working with an RSS provider, could support the strategic plan





# Determining Goals and Objectives

- What existing goal could be advanced by reaching out to RSS?
  - Improving child welfare
  - Expanding the availability of prevention
  - Something else?
- And what is your objective in support of this goal? (Could be existing or new)
  - Implement a family-support program
  - Launch a new anti-stigma campaign
  - Cross-agency education to learn more about potential collaboration opportunities



# Using the Strategic Prevention Framework

- We can slightly modify the SPF to map out how to connect to RSS
  - Needs Assessment: Figuring out that there is a goal that could be advanced through this connection
  - Capacity Building: Likely minimal.
  - Planning: Creating a logic model that explains what will be done and how it produces outcomes that support our objective and goal
  - Implementation: Creating an action plan and following it through
  - Evaluation: Defining success and how to measure it



# Reaching Out To RSS

- When all the prep work is done, likely somewhere in the action plan is ‘reach out to RSS providers’
- That process can follow the principles of Capacity Building from the SPF
  - Identify which providers to contact (this might already be done)
  - Identify which people to contact at those providers
  - Learn more about the needs of the providers
  - Create an elevator pitch
  - Be ready to follow-up
  - Collaborate!



# Conclusion

- Prevention and recovery are part of the behavioral health continuum
- There are important similarities and differences between recovery and prevention
- We need to understand these so that we can learn how best to work together to advance shared goals
- We can use strategic planning to determine and define what sort of outreach and collaboration is appropriate, and map out our specific efforts



# Contact Us



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

*a program managed by*



Central East PTTC website:

[www.pttcnetwork.org/centraleast](http://www.pttcnetwork.org/centraleast)

Danya Institute website:

[www.danyainstitute.org](http://www.danyainstitute.org)

Deborah Nixon-Hughes, Director:

[dhughes@danyainstitute.org](mailto:dhughes@danyainstitute.org)

Danya Institute email and phone:

[info@danyainstitute.org](mailto:info@danyainstitute.org)

(240) 645-1145

*Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*



Central East (HHS Region 3)

PTTC