



*Strategies for Developing Successful  
Partnerships with Grassroots,  
Community, and Faith-Based  
Organizations*



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# Conversation #1:

## *Background Information on CFBO Involvement in Recovery*



# Background of CFBO Involvement in Recovery

- 1872 - The Water Street Mission opened in New York
- 1891 - Salvation Army began street outreach to alcoholics
- 1900s - The Oxford Group
- 1935 - Alcoholics Anonymous



# SAMHSA & CFBO Involvement

- 1996 - Conferences including CFBO
- 1998 - Recovery Community Services Program (RCSP)
- 2001 - Regional Discussion Groups with CFBO
- 2002 - National training initiative for CFBO
- 2004 - Access to Recovery (ATR)
- 2007 - ATR II



# Overview of Access to Recovery

- Presidential initiative birthed in the 2003 State of the Union Address
- Seeks to *increase access* to recovery services for millions in need
- Involves *consumer choice* supporting multiple pathways
- Produces *positive outcomes* documenting increased abstinence



# ATR & Recovery Support Services (RSS)

- Employment coaching
- Support groups (12-step)
- Recovery Coaching
- Traditional healing
- Transportation
- Peer support
- Spiritual support
- Family services
- Sober Housing



# ATR I Outcomes

## Intake to Discharge Data

- ❑ Of substance using clients, 71.4% became abstinent
- ❑ 22.3% of those unstably housed became housed
- ❑ 29.3% of those unemployed became employed
- ❑ 59.5% of those not socially connected became socially connected
- ❑ 84.7% of those involved in the CJ system reported no involvement by discharge



# 2007 ATR Grantees

Arizona	Illinois	Ohio	Wisconsin
California	Indiana	Oklahoma	Alaska Southcentral Foundation
Colorado	Iowa	Rhode Island	CA Rural Indian Health Board
Connecticut	Louisiana	Tennessee	Cherokee Nation
District of Columbia	Missouri	Texas	Inter-Tribal Council of Michigan
Hawaii	New Mexico	Washington	MT-WY Tribal Leaders' Council



# Conversation #1

- What ATR states are represented here?
- How many states are currently engaging CFBO in some type of service delivery?
- What types of involvement with CFBO are present in the room?



# Conversation #2:

## *Challenges to CFBO Involvement in Recovery*



# Challenges of CFBO Involvement

- ❑ Identifying qualified CFBO
- ❑ Cultural (and language) differences between bureaucracies, clinicians and community
- ❑ Relational context
- ❑ Lack of trust
- ❑ Lean staffing (volunteers)
- ❑ Infrastructure challenges
- ❑ Regulations - i.e., Blaine Amendments



# Conversation #2

- What kinds of challenges have you found in attempting to engage CFBO in service delivery?
- What types of challenges do you anticipate, if this is new?
- What steps have you take to remediate those challenges?
- What's been your success?
- What kinds of challenges remain?



# Conversation #3:

## *Benefits of CFBO Involvement in Recovery*



# Benefits

- ❑ More robust continuum of care
- ❑ Increased social connectedness
- ❑ Longer periods of abstinence
- ❑ Bridge the treatment experience into the community
- ❑ Lower cost of care for high risk/high need populations
- ❑ Empowering people for their own recovery



# Research

- Individuals who participated in both treatment and recovery support groups had better long-term recovery outcomes than people who used either service alone (Fiorentine & Hillhouse, 2000)
- Social support in the recovery process suggests a need for greater linkage to sober housing resources and sober social communities (Jason, Davis, Ferrari & Bishop, 2001; Humphreys, Mankowski, Moos & Finney, 1999)
- Community-based treatment costs less to operate and results in higher levels of service satisfaction than those provided in acute settings (Hoult, 1986)

Source: *Recovery Oriented Research*, [www.ncsl.org](http://www.ncsl.org) - 7/18/08



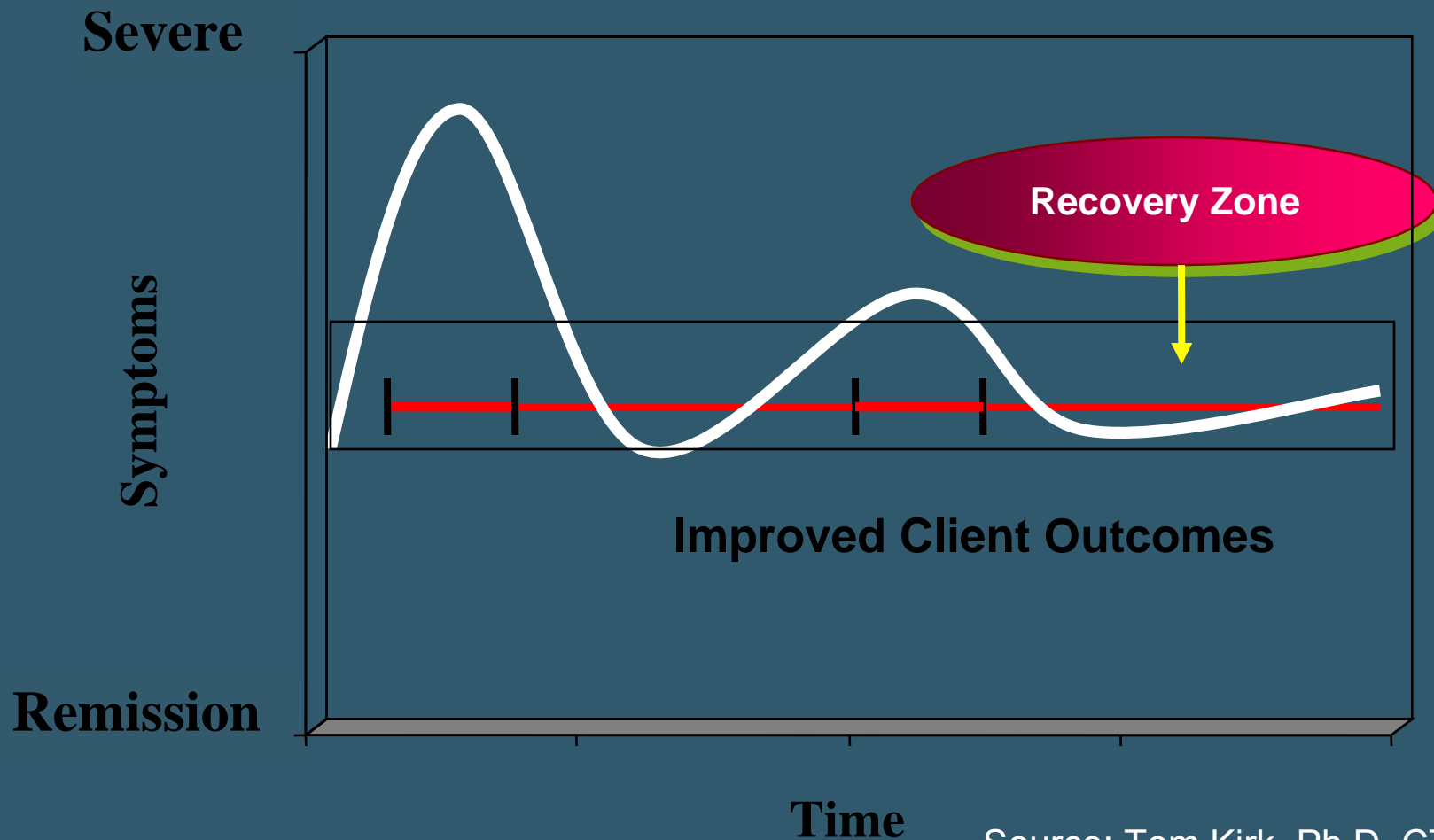
# Research (more)

- Individuals with co-occurring substance abuse/medical problems randomized to integrated care had significantly lower total medical costs than those in independent care (Parthasarathy, Mertens, Moore & Weisner, 2003)
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness (Smith, Meyers & Miller, 2001; Humphrey & Moos, 2001)
- By increasing a person's involvement in self-help groups, treatment programs decrease subsequent health care costs and offer a cost-effective approach to promoting recovery (Humphreys & Moos, 2001)

Source: *Recovery Oriented Research*, [www.ncsl.org](http://www.ncsl.org) - 7/18/08



# Stabilizing the Recovery Experience



Source: Tom Kirk, Ph.D, CT DMHAS



# TN-ATR

Notably, TN-ATR made extensive progress in reaching previously underserved populations. TN-ATR specifically targeted consumers abusing methamphetamine and cocaine, and provided 1,621 consumers with access to IOP treatment and recovery support services. TN-ATR succeeded in meeting the needs of a number of other underserved subgroups as well: females (4,421, or 34.7% of the 12,732 provided access to treatment or recovery support services); African Americans (2,982, or 23.4%); the homeless (2,218, or 17.4%); and the disabled (678, or 5.3%).

Source: *TN-ATR 2004 - 2007 Outcomes Evaluation Report, 2008*



# TX-ATR

ATR clients achieved better outcomes in the areas of treatment completion and past month abstinence at discharge relative to both non-ATR DSHS criminal justice and non-criminal justice clients.

In addition to enhanced outcomes, ATR clients had significantly longer lengths of stay in treatment relative to both non-ATR DSHS criminal justice and non-ATR DSHS criminal justice clients.

Source: *Final Evaluation Report*, Texas Department of State Health Services, June 2008



# Conversation #3

- What are the benefits of engaging CFBO into the continuum of care?
- What are the effects on the recovery/treatment experience when RSS are also included?
- What successes can you share from your state?



# Conversation #4:

## *Strategies for Engaging CFBO*



# Strategies

- Engage local champions within CFBO community
- Partner with other existing federal and state initiatives
  - Prisoner Reentry Initiatives (PRI) (DOJ & DOL)
  - Compassion Capital Fund (CCF)
  - State Offices or Liaisons for Faith-Based and Community Initiatives



# States with CFBO Offices/Liaisons

Alabama	Idaho	Missouri	Oklahoma
Alaska	Indiana	Mississippi	South Carolina
Arizona	Iowa	Montana	Texas
Arkansas	Kansas	New Hampshire	Utah
Connecticut	Kentucky	New Jersey	Virginia
District of Columbia	Louisiana	New Mexico	Washington
Florida	Maryland	North Carolina	Wisconsin
Georgia	Michigan	North Dakota	Wyoming
Hawaii	Minnesota	Ohio	<a href="http://www.fbc.gov">www.fbc.gov</a>



# States with DOL PRI Grants

Arizona	Iowa	Michigan	Oregon
California	Illinois	Missouri	Pennsylvania
Colorado	Louisiana	New Jersey	Texas
Connecticut	Massachusetts	New York	Washington
Florida	Maryland	Ohio	Wisconsin

Source: <http://www.dol.gov/cfbci/PRIcontacts.htm>



# States with Active CCF Grants

Alaska	Florida	New Mexico	Ohio
Arizona	Georgia	Nevada	Pennsylvania
California	Hawaii	Michigan	Rhode Island
Colorado	Kansas	Missouri	South Carolina
Connecticut	Massachusetts	Minnesota	Washington
District of Columbia	Nebraska	North Carolina	Wisconsin
Delaware	New Jersey	New York	

Source: [http://www.acf.hhs.gov/programs/ccf/existing\\_grantees/demo\\_map\\_ios.html](http://www.acf.hhs.gov/programs/ccf/existing_grantees/demo_map_ios.html)



# Conversation #4

- What strategies have you used to identify and engage CFBO?
- What existing providers or provider networks could you leverage to access CFBO?
- What other ways have/could you use to engage CFBO?



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