

Recovery Support Services: Enhancing Recovery in Connecticut

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Connecticut Department of Mental Health and Addiction Services
Healthy People, Healthy Communities



What are Recovery Support Services?

- Short term housing assistance
- Case management
- Peer-based services
- Faith-based services
- Transportation
- Utility Assistance
- Basic Needs (food, clothing, personal care items)
- Vocational/Educational Services

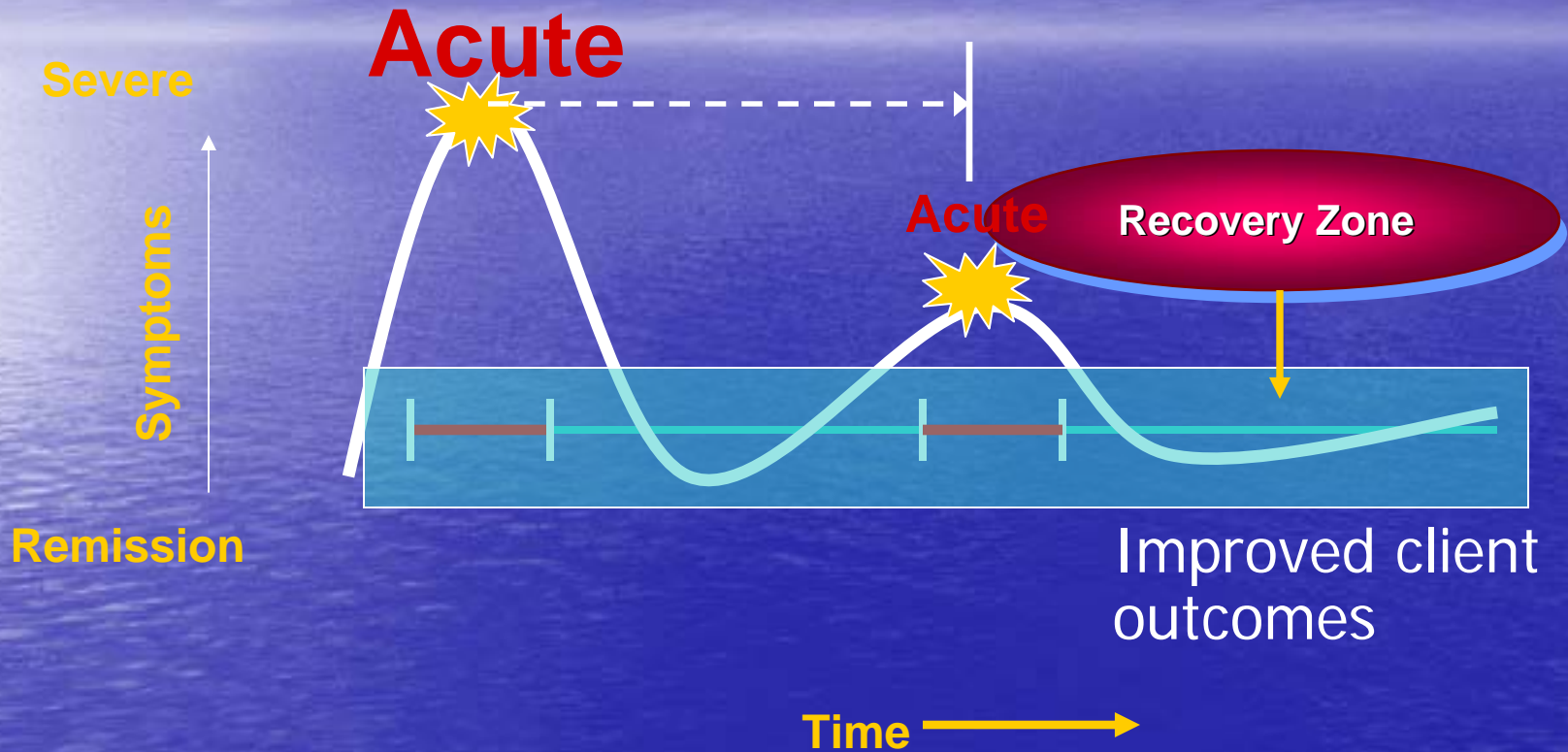
Why Bother with Recovery Support Services?

- Better Outcomes for Individuals
- Cost Savings to the Service System

What do Recovery Support Service Providers Offer?

- Community and faith-based providers have always interacted with individuals that have behavioral health disorders, but may not access treatment
- These providers can be excellent initiators of recovery. Individuals trust them and know them.
- These same agencies provide support services concurrent with treatment and after treatment in order help people sustain their recovery

Goal: Helping People Move Into and Stay in the Recovery Zone



State Funded Recovery Support Services

- State Administered General Assistance- Recovery Support Services Program (RSP)
 - Sober Housing
 - Independent Housing
 - Transportation
 - Basic Needs
- State Administered General Assistance Intensive Case Management Program
- Road to Recovery- Statewide transportation program and peer mentoring program
- Peer-based Telephone Recovery Support

State Funded Intensive Case Management Outcomes

- Increase in Connect to Care
- Increase use of outpatient services
- Decrease in treatment drop out rates
- Decrease in acute care readmissions
- More appropriate care, better care
- Savings are reinvested into new services

Federal Funding: Access to Recovery

- ATR builds upon a combination of previously undertaken steps, funding, and programs.
- Provided DMHAS an opportunity to invest significant dollars into Recovery Support Services
- 80% of ATR 1 dollars went toward Recovery Support Services
- 75% of our ATR 2 budget is dedicated to Recovery Support Services

ATR 1

Continued

- ATR provided DMHAS an opportunity to initiate new services
- Telephone Recovery Support was one such service
- After ATR 1, DMHAS contracted with an agency to do statewide Telephone Recovery Support
 - CCAR uses volunteers to make calls to individuals in recovery
 - “Out of all of the commitments I’ve had —TRIS is my favorite way of giving back. Honestly —it’s a toss up as to who gets more out of it.....me or them.” *Caroline, TRIS Volunteer*



ATR 1

Continued

- Sober Housing was another service in which DMHAS invested dollars
- Research supports the notion that safe & sober housing is a significant contributor to recovery, ideally with treatment, but even without treatment
- DMHAS implemented a comprehensive housing certification process to ensure quality and reduce risk

ATR 1

Continued

- Over 16,000 served
- 7,000 selected at least one faith-based service
- 40% had no history in the DMHAS service system
- 40% of ATR service recipients identify themselves as Black or African. This is significantly higher than the general DMHAS population (18%).
- 38 providers had no previous history with DMHAS
 - 32 were faith-based organizations

ATR 1 Summary and Outcomes

- Short term housing assistance played an important role to individuals' success in recovery
- The combination of clinical and recovery support services produced the best outcomes

ATR 2

- Recovery Support Services include many of the same services as ATR 1
- DMHAS is using ATR to introduce and support innovative clinical services
 - Buprenorphine Treatment Services
 - Co-occurring Intensive Outpatient Treatment
 - Recovery Management Check-ups

ATR 2

- ATR Recovery Support Services are designed to encourage providers to seek out individuals in need of services
- DMHAS hopes to achieve many goals through ATR, two of which are:
 - Treatment providers refer to RSS providers
 - RSS providers refer to treatment providers

ATR 2 Provider data through 7/21/08

- 73 total certified providers
- 17 have no prior history with DMHAS
- 57 are Recovery Support Service providers
- 60% are secular providers
- 40% are faith-based providers

ATR 2 Client data through 7/21/08

- Year 1 client target number: 1,514
- Over 2,050 unduplicated individuals served to date
- 90% received at least one recovery support service
- 75% received at least one faith-based service

ATR 2 Expenditure data through 7/21/08

- \$ 2,517,984 in expenditures and obligations
- 87% of total expenditures paid to recovery support services
- 48% of total expenditures paid to faith-based providers

Summary

- ATR Recovery Support Services compliment existing treatment services
- In Connecticut, the combination of clinical and recovery support services had better outcomes than treatment alone
- Treatment is episodic, Recovery Support Services are longer lasting, keeping people in the "Recovery Zone"

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