

# Recovery Ready Ecosystems

Exploring Transitional Aged Youth and Young Adult Recovery

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## Florida Alcohol and Drug Abuse Association Presentation

Goal 1

**Characteristics of Young Adult Populations**

Most common traits and characteristics of TAY / YA

Goal 2

**Timeline/Continuum of Care**

Ideal timeline for the continuing care of TAY / YA

Goal 3

**Exploration of Current Trends**

Exploration of current trends and statistics in Florida and nationally

Goal 4

**Overview of Peer Based Services**

Exploration of current peer based recovery services in Florida

Goal 5

**Youth Peer Recovery Dynamics**

Sustaining and growth of long-term recovery

Goal 6

**Integrating Recovery to Practice Initiatives**

Including recovery services for long-term outcomes



# Exploring Transitional Aged Youth & Young Adult Recovery

## Florida Alcohol and Drug Abuse Association Presentation

Handout 1

### Phases of Recovery

Overview of the phases of the recovery process

Handout 2

### Core Competencies – Peer Workers

Overview of core competencies – BRSS – TACS (SAMHSA, 2015)

Handout 3

### 25 Pillars of Peer Support Service Programs

Pillars that serve to improve state's peer support service programs and certifications

Handout 4

### 2nd Edition - Compendium of Training and Study Resources

Florida Certification Board & Department of Children and Families Resource Guide



# Characteristics of Young Adult Populations

Presenting national trends amongst TAY / YA

- Age Range – 17-28 years of age
  - **632,959** total admission to TX (2011, SAMHSA)
  - Alcohol Misuse Only – most common
    - 21.7% overall, **20.8% 17-29 YOA** (2011, SAMHSA)
  - Alcohol misuse Primary w/ Secondary - 17.6% overall
    - **28.3% 17-29 YOA** (2011, SAMHSA)
  - Opiates misuse (including Rx) – 25.2% overall
    - **43.9% 17-29 YOA** (2011, SAMHSA)
  - Stimulants misuse - 13.8% overall
    - **27% 17-29 YOA** (2011, SAMHSA)
  - Marijuana misuse - 18.1% overall
    - **44.9% 17-29 YOA** (2011, SAMHSA)



# Comparison Snapshot – National versus Florida

Clients aged 18 years and older

- **Total Admission To Treatment**
- **1,175,462** (National, 2011) – **49,002** (Florida, 2011)
- Alcohol Misuse Only
  - **18.3% 18 & older** (National, 2011)
  - **17% 18 & older** (Florida, 2011)
- Alcohol misuse Primary w/ Secondary
  - **42.5% 18 & older** (National, 2011)
  - **39% 18 & older** (Florida, 2011)
- Illicit Substance Use Primary
  - **39.1% 18 & older** (National, 2011)
  - **44% 18 & older** (Florida, 2011)



# Social Characteristics and Traits

## Social Dynamics of TAY / YA



### DEMOGRAPHICS

- 66.9% Male
- 33.1% Female
- 60.9% White (NH)
- 20.0% Black (NH)
- 13.1% Hispanic Origin
- 6.0% Other
  - American Indian, Alaska Native, Asian/Pacific Islander
- 40.2% unemployed or underemployed
- 22.1% gainfully employed
- 37.7% not in labor force
  - 13.9% students
  - 74.2% high school graduates/GED or less
  - 25.8% varying degrees of higher education completed
- 31.1% co-occurring with mental health disorder

### PEER INFLUENCE – SOCIAL SUPPORTS

- Aggregate age of first use
  - 17.6 years of age
- Demographic reported that less than 2 of the following social supports were in place:
  - Family, peers, mentors, educators, coaches, professional services, digital social supports

# Does your organization serve TAY / YA?

Insert poll question with WebEx here:

“Does your facility or practice serve transitional aged youth and young adults?”

Yes / No

“Does your facility or practice specifically provide services to transitional aged youth and young adults only?”

Yes / No



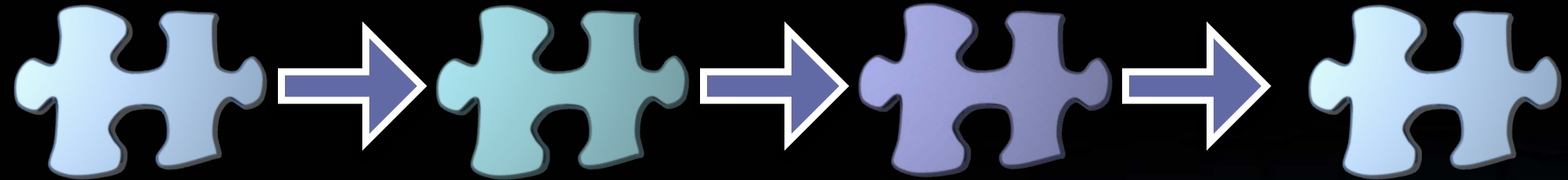
# Continuum of Care – Lifelong Approach

## PREVENTION

## INTERVENTION

## TREATMENT

## AFTERCARE



- Early screening
- Collaboration
- Stigma reduction

- Onset/intervention of TAY / YA consumer
- Pre-treatment
- Recovery support services
- Outreach & education services

- Menu of appropriate treatment services
- Recovery support services
- Alternative services and therapies
- Prevention & education for families

- Ongoing recovery protection support coupled with growth and exploration



# Stages of the Continuum of Care

Ideal action items for the continuing care of TAY / YA

- Identification, through various measures, of a clinically significant substance use disorder, or co-occurring disorder.
- Intervention – Outreach – Education
- Enters into treatment – Gender specific, age specific programming
- IOP or Residential
- Completion of TX
- Transitional Living (**NARR / FARR**)
- Aftercare Support
- Community Involvement
- Education – Employment
  - Recovery High Schools (**ARS**)
  - Collegiate Recovery Programs (**TYR – ARHE**)
  - Young People in Recovery (**YPR**)
- Pro-social activities
  - **Mutual Aid Fellowships**
  - **YPR**
- Ongoing community involvement
  - **RCOs/ROSC**
  - **YPR**



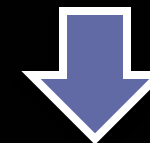
# Service Gaps in Florida

Extrapolated from 2010 N-SSATS Survey (SAMHSA, 2014)

- State Run facilities – Adult versus Young Adult Programs
  - Do these exist? Working knowledge would dictate there is differing programs for adolescents (12-17 years of age) but not differing programs for TAY / YA consumers (18-28 years of age)
  - We know that most programs are 12-step intensive, little experiential, group intensive, lack of “engaging, value-driven treatment methods”
- Privately owned facilities
  - Specific Young Adult Programs, including collegiate recovery tracks
  - 12-step focus, experiential and multi-systemic therapy that relies on engaging methods – making treatment “fun”

# State versus Private

Are state run facilities keeping up?



State	# of Programs	Adult	YAP	Adolescent
TX	72	69	1	16
Miss.	43	40	0	5
PA	30	30	3	7
LA	56	52	2	8
AZ	37	35	1	11

State	# of programs	Adult	YAP	Adolescent
TX	403	368	17	124
Miss.	55	44	5	13
PA	548	491	38	211
LA	87	80	11	33
AZ	182	141	22	82

*Private entities are leading the way in established young adult specific programming, but with a median of 41% of Young Adult Populations being consumers entering into treatment facilities and programs, the number of specific programming does not support them.*



# Service Gaps in Florida

Extrapolated from 2010 N-SSATS Survey (SAMHSA, 2014)

- Service Delivery Gaps that support long-term recovery outcomes
  - 61.2% of facilities offer no interim services when immediate admission is not possible
  - 27.5% of facilities do not offer aftercare or continuing care services
  - 24.6% offer no case management services
  - 29.3% offer no social skills development
  - **53% offer no mentoring or peer support services**
  - **56.8% offer no assistance in obtaining social services**
  - **67.6% offer no employment training or counseling services**
  - **56.3% offer no assistance in locating transitional housing**

# What about your facilities?

Insert poll question with WebEx here:

“Does your facility offer aftercare or continuing care for clients?”

Yes / No

“Does your facility offer peer support services for clients?”

Yes / No





## Time for a 10 minute break

Please take a 10 minute break, and be back at your computer for the remainder of the webinar



# Exploration of Current Trends and Stats

## Florida Specific – 2013-14 NSDUH Data Report

### Age Range – 18-25 years of age

- Alcohol Misuse past month – most common (lower)
  - **56.16 – 60.41%** overall, **33.58% binge use** (2015, SAMHSA)
  - Lower than national averages
- Alcohol Dependence Primary in past year – **10.8%**
  - Lower than national average of 12.64%
- Illicit drug use past month
  - **22.35 – 25.22%** overall; dependence **6.88%**
    - Lower than national average of 7.0%

# Exploration of Current Trends and Stats

## Florida Specific – 2013-14 NSDUH Data Report

### Age Range – 18-25 years of age

- Opiates misuse past year - **6.28 – 8.42%**
  - Lower than national average
- Stimulant misuse past year - **4.69 – 6.52%**
  - Higher than national average
- Marijuana use past year - **32.32 – 36.50%**
  - Higher than national average
- Needing but not receiving treatment – **17.18%**
  - Lower than national average (18.62%)





## Peer Recovery Support:

Leveraging Personal Experience  
in Helping Others

## Peer Based Recovery Support Services

Types of recovery Support, largely considered social supports that are delivered by peers with some instance of lived experience and formal training.



# Peer Based Recovery Supports

What types of support are peers providing?

- Emotional Supports
- Informational Supports
- Instrumental Supports
- Affiliational Supports



# Emotional Supports

Demonstrate empathy, caring, or concern to bolster person's self-esteem, confidence, and worth

- Peer Mentoring / Coaching
- Peer-led support groups
  - Mutual aid, process, discussion groups



# Informational Supports

Share knowledge, information , and provide life skills training.

- Employment and job readiness training
- Whole health education
- Secondary and higher education training
- Finance and budgeting training



# Instrumental Supports

Provide concrete assistance to help others accomplish tasks.

- Recovery planning and direct resource referral
- Transportation (if allowed)
- Resume building
- Application assistance



# Affiliational Supports

Facilitate connections with others and the community to promote learning of life skills, create community, and foster a sense of belonging.

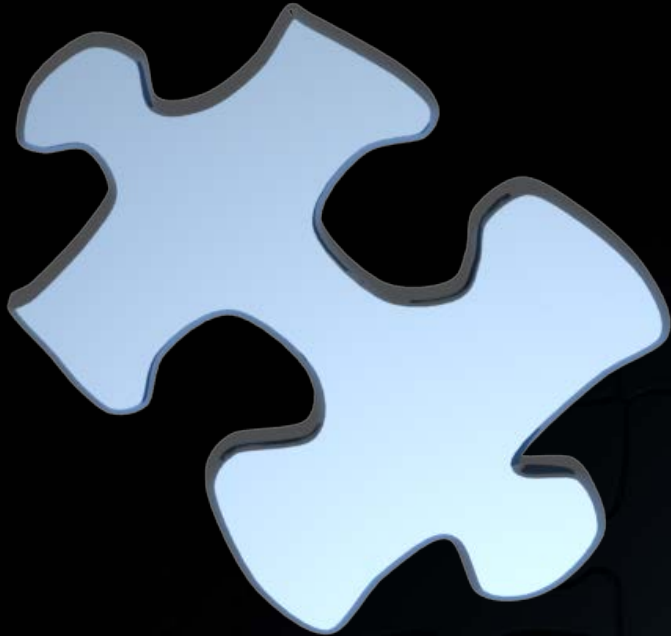
- Recovery Community Centers
- Pro-social recovery friendly activities
- Young People in Recovery Chapters
- Collegiate Recovery Programs
- Recovery High Schools



# Peer Based Recovery Services

Exploration of tangible peer services that promote long-term outcome improvement

- Recovery skills education
  - Recovery Planning
- Community-based aftercare
  - Affiliational supports and pro-social activities
- Basic life skills development and cultivation
- Advanced life skills development and cultivation

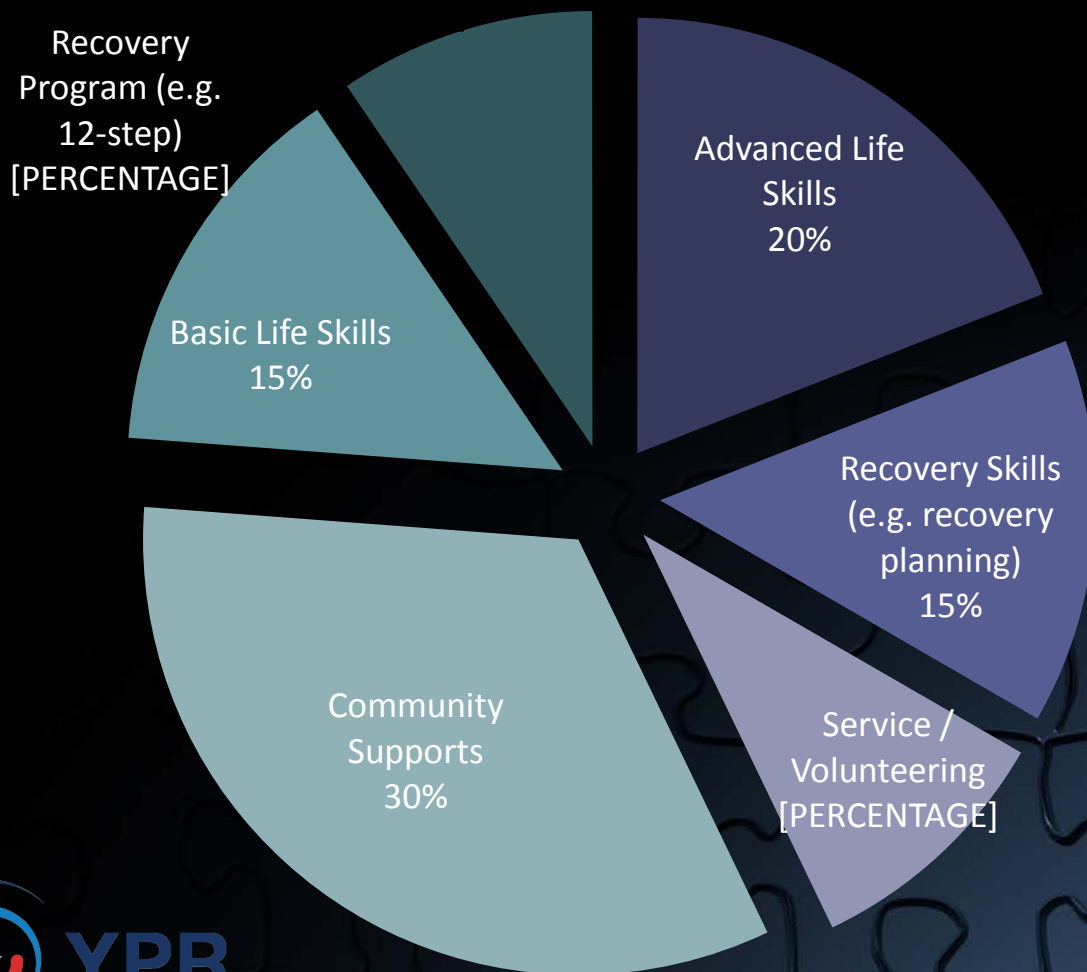


# Peer Recovery Support Services

Time spent in priority categories to support recovery

Based on support services priority, identified by participants in Young People in Recovery and My Recovery is E.P.I.C. program

1. **Community Supports**
2. **Advanced Life Skills**
3. **Basic Life Skills / Recovery Skills**
4. **Service or Volunteering / Recovery Program**

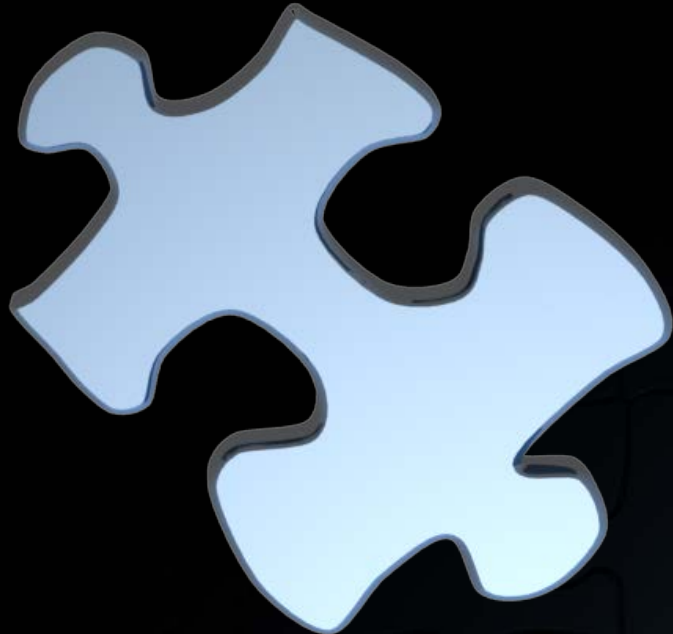




# Emerging promising practices and programs

Promising practices are emerging, evidenced-based practices coming

- My Recovery is E.P.I.C. (Young People in Recovery – submitted to NREPPS 2015)
- Faces and Voices of Recovery – CAPRSS Model
- Project AMP – adolescent mentoring
- Closest to an evidenced-based practice would be utilizing individual peer recovery coaching upon discharge for a minimum of 90 days



# Recovery Dynamics

How are we defining and measuring recovery?



# Recovery Dynamics

## Longevity and growth of recovery

### Transition

- Period from onset > intervention
- Occurs at any age in the continuum

### Stabilization – Early Recovery

- Entrance into first level of care, TX services provided (includes detox)
- Beginning of self awareness, self knowledge

### Early Recovery

- Transition back into community where community supports and recovery Protection resources occur

### Long-term Recovery

- Growth and exploration stage, supported by Recovery Protection Resources
- Self-identification preferred, ideal transition occurs within 1 year of tX episode with sustained recovery

## What is recovery?

“A process through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2014)



# Redefining success

Transcending the belief of self-report sobriety lengths

- Must begin to identify and quantify items as driven by the individual AND the program
  - Bio / Psyc / Social markers
    - Recovery Capital and Quality of Life
  - 3<sup>rd</sup> party verification
    - Employment, Student, and Housing
  - Interpersonal supports
- Sobriety lengths are an important outcome, but not the gold standard of success

## What is success?

Success is different for every individual depending on circumstance, context, and self-identified goals.



# How do you measure success?

Insert poll question with WebEx here:

“Does your facility track outcomes on a regularly basis for all successfully discharged clients?”

Yes / No / I don't know

“If yes, how are these outcomes tracked?”

Open-ended response box



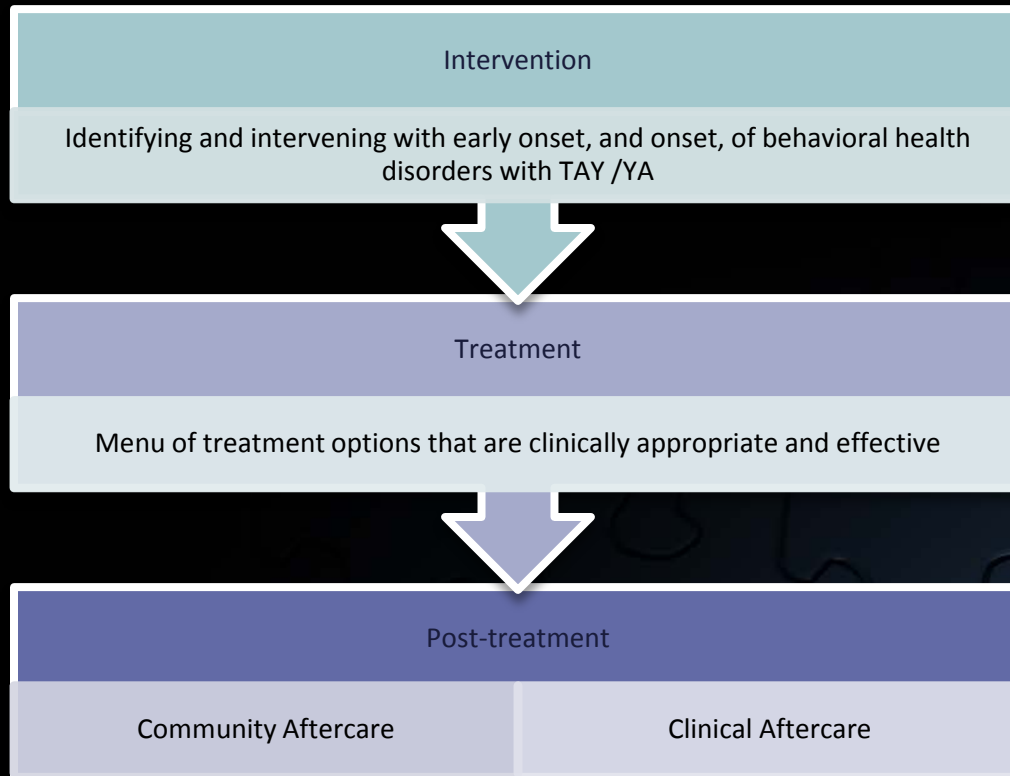


Integrating for success



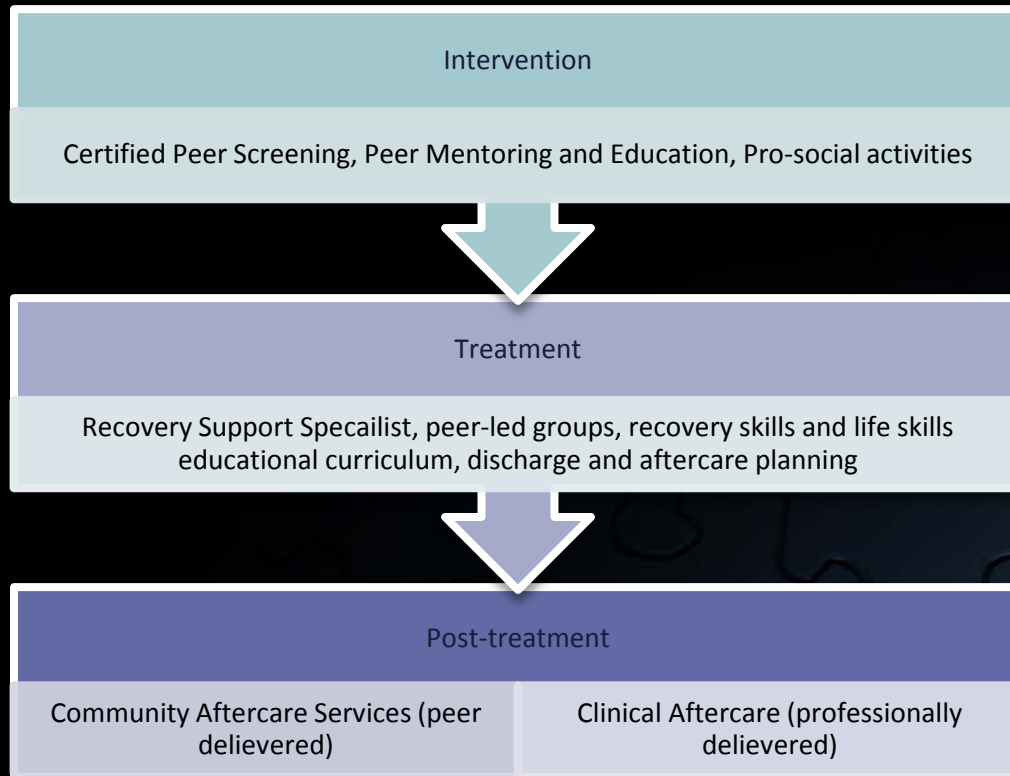
# Recovery to Practice

Integrating peer based recovery supports in your practice settings



# Recovery to Practice

So where do we use peers?





# But where do we find peers?

The Department of Children and Family Services has worked with the Florida Certification board to certify peers to work with clients, families, and veterans in the state.

There are currently 14 trainers in the 5 regions of Florida.

There are also approved online courses to facilitate training.

The best way however....



# Research and practical experience shows..

Partnering with recovery community organizations and recovery advocacy organizations best support integrating successful peer support services in your continuum of care.

External partnerships are best utilized to fill capacity and infrastructure gaps in your organization or practice.



# Literature Review and References

- Substance Abuse and Mental Health Services Administration (2009-14)
  - *Working Definition of Recovery*. 2014. <http://www.samhsa.gov/newsroom/advisories/1112223420.aspx>
  - *N-SSATS*. 2010. <http://samhsa.gov/data/DASIS/2k11nssats/NSSATS2011TOC.htm>
  - *TEDS*. 2001-11. <http://samhsa.gov/data/2k13/TEDS2011/TEDS2011NTOC.htm>
  - *NSDUH*. 2013-4. <http://www.samhsa.gov/data/sites/default/files/NSDUHsaMaps2014/NSDUHsaMaps2014.htm>
  - *NSDUH – MRB*. 2014. <http://samhsa.gov/data/2k14/NSDUH2014MRB/Index.aspx>
  - *What are peer recovery supports?2009*. <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>
- ROSC Resource Guide. 2010. [http://partnersforrecovery.samhsa.gov/docs/rosc\\_resource\\_guide\\_book.pdf](http://partnersforrecovery.samhsa.gov/docs/rosc_resource_guide_book.pdf)
- Center for Health Care Strategies, Inc. 2013. [http://www.chcs.org/media/FYPS\\_Literature\\_Review\\_FINAL.pdf](http://www.chcs.org/media/FYPS_Literature_Review_FINAL.pdf)
- DCF – 2<sup>nd</sup> Edition Compendium of Training and Study Resources. 2015. [http://www.dcf.state.fl.us/programs/samh/docs/2015%202nd%20Edition\\_Compndium%20of%20Training%20and%20Study%20Resources.pdf](http://www.dcf.state.fl.us/programs/samh/docs/2015%202nd%20Edition_Compndium%20of%20Training%20and%20Study%20Resources.pdf)
- *Gorski, Terence*. 2001. *Overview of the Recovery Process*. [http://www.tlctx.com/ar\\_pages/recovery\\_overview.htm](http://www.tlctx.com/ar_pages/recovery_overview.htm)
- Holtz, P., Ashford, R., Martinez-Kaigi, V., & Callahan, J. (2015, August 8). Collegiate recovery programs and social support as resources for university students in long-term recovery. American Psychological Association Convention, Toronto, CanadaEndFragment
- *Center for Mental Health in Schools at UCLA*. 2010. *Youth Substance Use Interventions: Where do they Fit into a School's Mission?*.
- *NIDA*. 2014. *Principles of Adolescent SUD Treatment: A RB Guide*. 14-7953.
- NCBI. 2011. *Advances in Adolescent Substance Abuse Treatment*. 10.1007/s11920-011-0214-2
- *NIH*. 2014. *New Substance Abuse Treatment Resources Focus on Teens*. <http://www.nih.gov/news/health/jan2014/nida-23.htm>
- Additional references available upon request

# Wrapup – Question & Answer

Questions? Concerns? Thoughts?

- Where do we find funding for peer support services?
- Evidenced-based practices or promising practices?

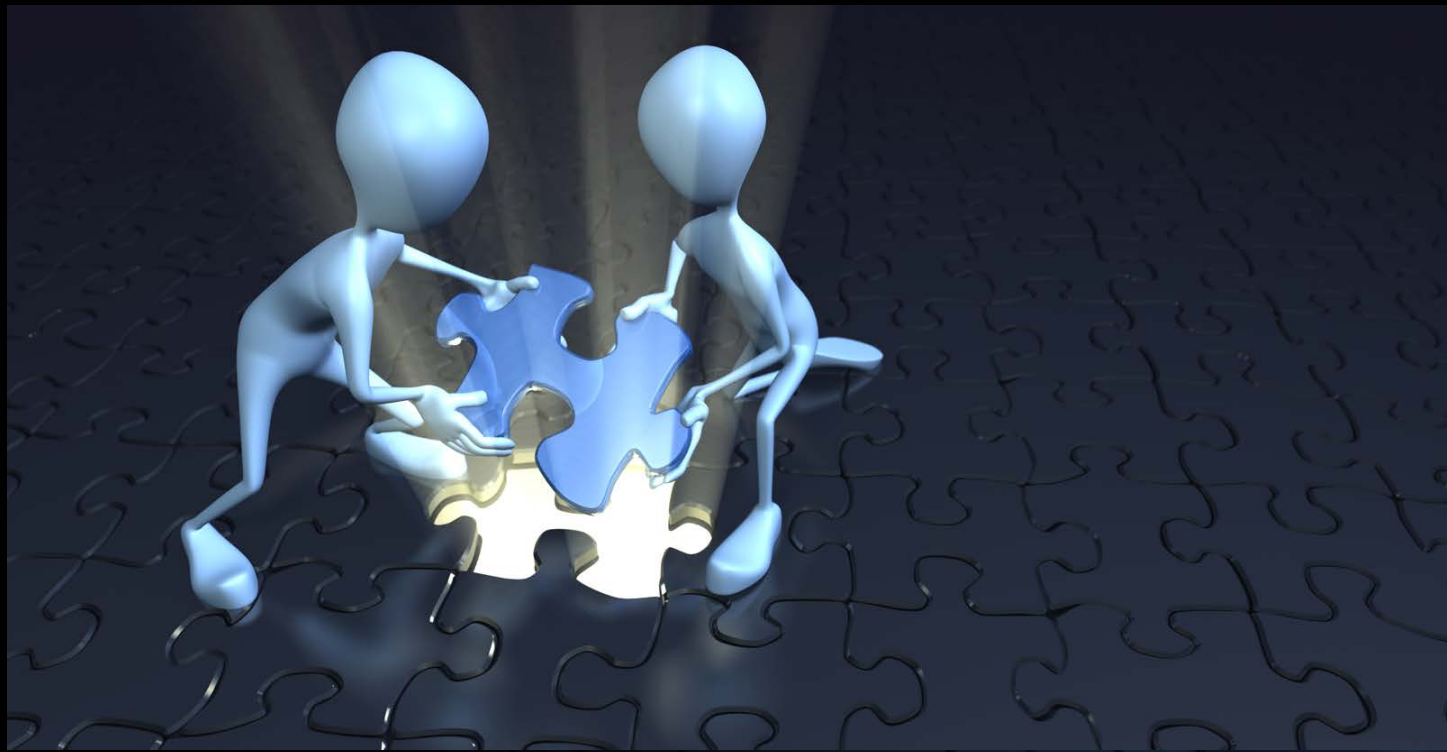
Questions?

- Sustainable resources that protect recovery...do you have them in your community?

Concerns?

- What do you think?

Thoughts?



**Thank you for joining us today!**

**For more information on this presentation, or Young People in Recovery, attendees can contact Robert Ashford at [Robert.Ashford@youngpeopleinrecovery.org](mailto:Robert.Ashford@youngpeopleinrecovery.org)**

