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Terminal Objective:

This presentation will inform treatment providers of the change that results from creating a *culture of person-centered care*. The emphasis is on the power of the certified peer specialist to *develop rapport*, to advocate for **best practice**, and to connect clients with *clinical*, *community*, and natural supports that enrich the recovery process and improve treatment outcomes.

Why We Serve

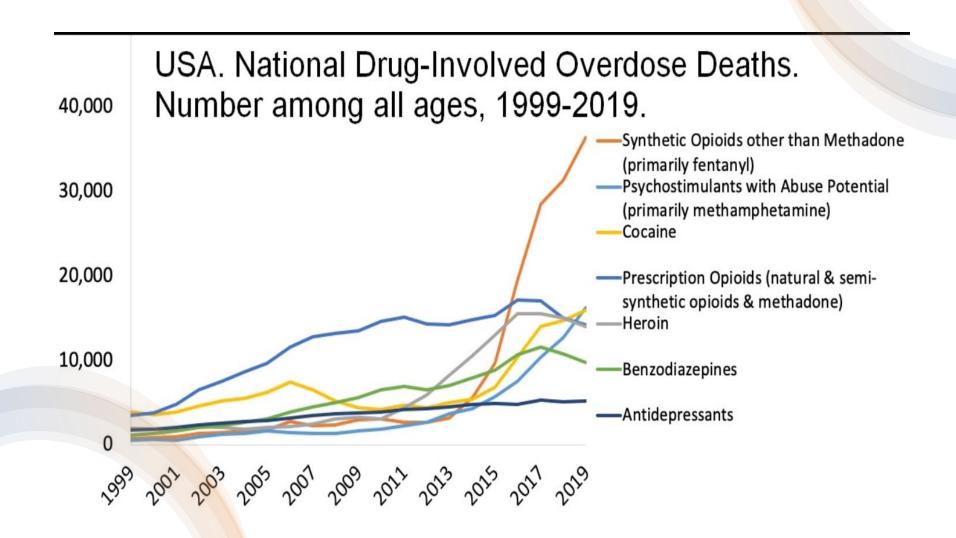
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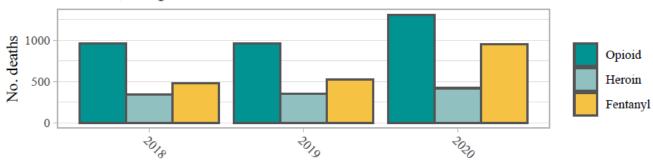




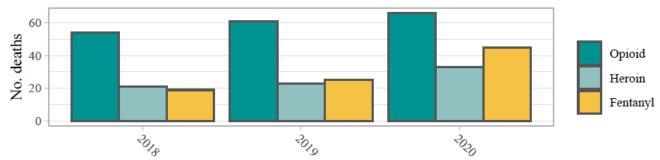
Opioid-Involved Overdose Deaths (Mortality)

The following data include opioid-involved overdose deaths occurring among Northeast Health District (10-0), Georgia residents, and may have occurred in or outside of Georgia. See the table at the end of this of this report for a detailed explanation of the data and case definitions used to identify these deaths.

Overdose Deaths, by Drug Type Statewide, Georgia Residents 2018–2020



Overdose Deaths, by Drug Type Northeast Health District (10-0), Georgia Residents, 2018-2020



Sex	No. Deaths	District rate (per 100,000)	State rate (per 100,000)
Male	40	15.5	16.4
Female	26	9.5	8.3
Missing	0	NA	NA
TOTAL	66	12.4	12.2

Race	No. Deaths	District rate (per 100,000)	State rate (per 100,000)
White	58	14.3	15.7
African American	8	8.3	7.7
Other	0	NA	3.6
Missing	0	NA	NA
TOTAL	66	12.4	12.2

Age	No. Deaths	District rate (per 100,000)	State rate (per 100,000)
<1 year	0	NA	NA
1 - 4 years	0	NA	NA
5 -14 years	0	NA	NA
15-24 years	3	NA	7.5
25-34 years	14	19.6	22.4
35-44 years	21	31.5	27.7
45-54 years	15	23.1	16.7
55-64 years	8	12.7	13.7
65-74 years	5	10.1	5.5
75-84 years	0	NA	1.3
85+ years	0	NA	NA
TOTAL	66	12.4	12.4







New PROUD Participants

- Still in Active Addiction or Withdrawing
- Unmanaged Mental Health
- Unaddressed Co-Morbidity
- Trauma History
- Extensive Losses
- Family Estrangement
- Poor ADLs
- Financially Unstable
- Historically Homeless
- Ongoing Legal Issues
- Open DFACs

New
PROUD
Participants



"The opposite of addiction isn't sobriety-it is human connection"

-Johann Hari





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How We Serve

21st Century Cures Act

In 2017, HHS and SAMHSA created the STR grant program to expand access to evidence-based prevention, treatment, and recovery support services, to reduce unmet treatment needs, and to help prevent opioid overdose deaths.

- \$485 Million Nationally
 - \$10.3 Million to the State of Georgia



Develop Rapport Quickly **Advocate** for Resources and Best Practice **Connect** Clients with Clinical Staff **Link** to Community and Natural Supports MAT *with* dynamic support

Peers in Recovery from Opioid Use & Dependency

Medication **Assisted** Treatment

in a Comprehensive System of Care

Transcending all ASAM Levels of Care

- Crisis Stabilization
- Intensive Residential Programs
- TANF Residential (Women and Children) Programs
- THOR and GARR / Long Term
 Residential Programs
- Sober Living Houses
- Accountability Courts
- Intensive/Non-Intensive Outpatient
- Mental Health Providers
- Recovery Community Organizations
- Medical Providers

To be successful:

- Coalition Building
- Community Partnerships
- Clinical Supports
- Recovery Community Inclusion

Coalition Building

- Host Networking Events
- Invite Diverse Interdisciplinary Group
- Define Strategic Goals
- Encourage Ongoing Collaboration

Community Partnerships

- Acknowledge Stigma
- Provide Education
- Advocate for Resources
- Collaborate
- Foster and Enrich Relationships

Clinical Supports

- Assess for Services Needed
- Connect Peers with Clinical Components
- Bridge Rapport between Providers
- Advocate for Best Practices
- Reinforce Therapeutic Relationships

Recovery Community Inclusion

- Build Relationships
- Respect Guidelines
- Combat Stigma
- Elevate Success and Positive Outcomes
- Empower Peers to Live Recovery Out Loud

Components of Successful Recovery

Working as a Certified Peer Specialist in a treatment facility

Self Direction

Individualized / Person-Centered

Empowering

Holistic

Non-Linear

Strengths-Based

Peer Supports

Respect

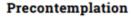
Responsibility

Hope

Motivational Interviewing

- Hope is the Catalyst for Change
- Moves Peers Through the Change Process
- Enriches
 Intrinsic
 Motivation
- Recovery
 Becomes a
 Social
 Phenomenon

Stages of Change



(1)

The costs of the problem behavior (such as drug use) are not yet recognized. The individual is in denial and is not seriously considering changing their behavior. They may have made previous attempts to change, but have since given up.

Contemplation

2

The individual is experiencing ambivalence about change. They can see reasons to change their behavior, but they are still hesitant. The problem behavior continues.

Preparation

(3)

The individual has decided to change their behavior, and they begin to think about how to do so. During this stage they will begin to make minor changes to support their goal, but they might not have completely ended the unwanted behavior.

Action



Significant steps are taken to end the problem behavior. The individual might be avoiding triggers, reaching out for help, or taking other steps to avoid temptation.

Maintenance

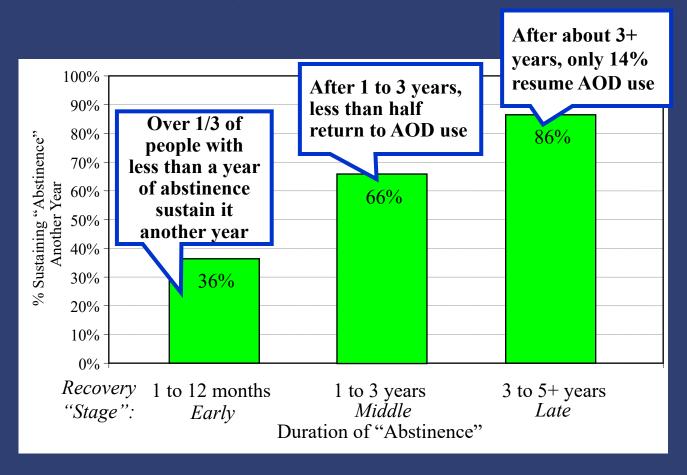


The changes made during the action stage are maintained. The individual may continue to face challenges, but at this point they have successfully changed their behavior for a significant period of time.

Relapse

After making changes, some individuals will return to their previous problem behavior. This can happen at any time during the previous stages. Not everyone will experience relapse, but it is always a risk.

The Likelihood of Sustaining Abstinence Increases Over Time with 1,100 Treatment Seekers in 1998



Dennis, Foss & Scott (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612.



 Advantage Behavioral Health Systems <u>https://advantagebhs.org</u> 1 (706) 389-6789

Georgia Crisis and Access Line

1 (800) 715-4225

 Georgia Council on Substance Abuse https://gasubstanceabuse.org/ 1 (844) 326-5400

CARES Warm Line
 https://gasubstanceabuse.org/

1 (888) 945-1414

- Georgia Mental Health Consumer Network (404) 687-9487 https://www.gmhcn.org/
- Georgia Overdose Prevention www.georgiaoverdoseprevention.org
- GA Association of Recovery Residences https://www.thegarrnetwork.org/

1 (470) 296-3435

Citations

- Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020
- Georgia Department of Public Health, Drug Surveillance Unit. Epidemiology Section. Opioid Overdose Surveillance Preliminary County Report Georgia, 2020. (pp. 70-71)
- Kelly, Bergman, Hoeppner, Vilsaint & White. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162–169.
- Dennis, Foss & Scott (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612.
- Prochaska, J. O., Johnson, S., & Lee, P. (2009). The Transtheoretical Model of Behavior Change. In S. A. Shumaker, J. K. Ockene, & K. A. Riekert (Eds.), *The Handbook of Health Behavior Change* (pp. 59–83). Springer Publishing Company.

