Tribal Recovery
Service and Workforce Development Model

by NAZCARE, INC.
This Presentation will cover:

• The Model’s basic structure
• Workforce Components
• Recovery Service Components
• Justice Components
• Sustainability through billable OMB and AHCCCS service
• Hope and and Vision
Objective of this Presentation:

• To understand and to explore the Model of Recovery Services delivered by Peers
• To understand and to explore the Model as a Workforces Development Model
• To recognize and understand the Sustainability through billable services
• To understand the expansion of this model
Outcome

• To have further discussions and analysis on how the model can work in your system of care to increase providers and services

• To look at medical and justice systems that branch off this model
Common Language

Recovery

• *is a process of change through which an individual achieves and improves one’s health, wellness and quality of life.*

• *refers to the ways in which a person with a mental illness and/or addiction experiences and manages his or her disorder in the process of reclaiming his or her life in the community.*
The Model is based on:

*Recovery-oriented Care:*

A system of care in which psychiatric and addiction treatment and rehabilitation practitioners *offer* support of the person’s recovery.
The Model is Self-Help

- Self-help and self-advocacy are recovery strategies in both addictions and mental health.
- *It is what people who have these conditions do to manage their mental illness and/or addiction and to claim or reclaim their lives in the community.*
The Model is:

• Research-based set of practices in recovery proven to be effective.
• Research proven to be cost-effective.
• Proven to reduce the burden to treatment and the system of care.
• Proven to increase providers of care in rural and remote areas.
The Model Supports

• The process of recovery is a unique journey for each individual.

• Recovery support services are an integral role in an individual’s recovery process.
• These services are community-based and provided by peers that have been through a similar journey.
• Peers have the lived life-experience being someone in recovery from mental health and/or substance abuse issues.
The Model is Sustainable

- Peer delivered recovery services are billable services:
- OMB all inclusive for some services (CPT codes)
- AHCCCS for Peer delivered services (HCPT codes)
Questions – Input-Discussion
The Model is about Workforce Development

• The model trains **peers** to deliver recovery services in tribal communities through a system of care.

• It develops jobs as **Peer Support Specialist** &/or **Recovery Specialist** that are sustainable through billable services.

• Individuals will become trained, qualified and certified paraprofessionals with a career ladder to further career development.
Peer/Recovery Support Specialists

- Sometimes the terms and job description of Peer Support Specialist and Recovery Support Specialist are interchangeable sometimes they are not.
Peer Support Specialist

• a **Peer** - is trained, certified and employed to offer peer support to people with behavioral health conditions in any of a variety of **settings**.

• These **settings** may range from outreach, to being part of a multi-disciplinary inpatient team, intensive outpatient team, or ambulatory team, to roles within peer-run or peer-operated programs.
Recovery Support Specialist

• A **peer** who helps remove personal and environmental obstacles to recovery, links the newly recovering person to the recovery community, and, where not available in the natural community, serves as a personal guide and mentor in the management of personal and family recovery.
Career Development

• Peer Support Specialist
• Behavioral Health Technician
• Case Manager
• CNA
• Home Health Care Worker
• Community Health Representative/Worker
• Behavioral Health Professional
• Social Worker
How does the Model work?

• A recovery-oriented system of care identifies and builds upon each person’s assets, strengths, and areas of health and competence to support the person in achieving a sense of mastery over mental illness and/or addiction while regaining his or her life and a meaningful, constructive sense of membership in the broader community.
NAZCARE will Train

• NAZCARE will train people identified as peers to be trained as Peer Support Specialists.

• Training can be billable under psycho-social rehabilitation.

• NAZCARE will then mentor and coach trained Peer Support Specialists on the job.

• NAZCARE will provide Supportive Supervision Training for Peer Supports as required by the Federal Government for Medicaid/Medical and most states.
Workforce Development

• The Model will develop a workforce within the community based on Peer Support Specialist delivering services.
Peer-Run Programs

• A behavioral health program that is developed, staffed, and/or managed by people in recovery.

• Self-sustaining programs oriented to providing behavioral health services and supports, transportation to and from healthcare appointments, recovery education, and advocacy.
Questions and Discussion
Recovery-Oriented Care

Residential Support/Sober Living

Mutual Support Groups, AA, NA, SMART, etc.

Therapists (Cognitive Behavioral & Motivational Therapies)

Daily Drug & Alcohol Testing

Schools and Colleges

Faith-based Organizations

Relapse Plan

Cultural Groups Recovery Activism

Addiction Medicine Physicians (Pharmacotherapy)

Counselors & Aftercare Groups

Family Support Family Therapy

Social Support Sober Friends

Hedonic Rehabilitation

Workplace

Recovery Oriented System of Care (ROSC)
Conceptual Model for the Recovery Guide

Self Exploration → Resource Tools

Recovery Guide for Persons in recovery
Recovery Guide

**Resources Tools**
- hopeful attitude
- person’s life experiences & cultural background
- person’s hopes, dreams, aspirations & goals
- Family’s and others help and involvement

**Exploring**
- Peer support services
- symptom & relapse management
- self-help & peer support groups
- Opportunities to explore social, sexual and spiritual life

(next slide)
Resources Tools Cont’d
• Provider’s professional knowledge and experience
• Provider’s relevant personal experience
• Jobs

Exploring Cont’d
• Safe, affordable housing
• Exploration and acquisition of positive social roles and niches in broader community
• Jobs
The Model is an asset-based community development

• The model is one based on community and is truly a community approach - effective for developing a comprehensive understanding using local resources and supports.
The Model is Based on the Alaskan Model

• The Alaskan Behavioral Health Model was established to reach the extremely rural and remote tribal communities.
• The Alaskan Model was designed to keep the skilled workers in the community and advance their careers within the community.
• The Alaskan Model is research-based and proven.
• **please see the handout on the Alaskan Model
A Tribal Model

This model addresses the issues in tribal communities:

• Boundaries
• Dual Relationships
• Lack of Providers
• Services outside the “clinic”
Recovery Empowers

• **Peers** assist others to learn skills to self manage illness.
• **Peers** teach a person that one will recover as much or as little as one chooses.
• **Peers** empower other peers to find his or her strengths and take control over ones illness.
Empowerment

• The experience of acquiring power and control over one’s own life decisions and destiny.
• The transformative breakthrough of recovery is marked by a deep experience of surrender and an acceptance of powerlessness.
• In contrast, the culturally disempowered (those from whom value has been systematically withheld) are often attracted to psychoactive drugs in their desire for power, only to discover over time that their power has been further diminished.
• Under these conditions, the initiation of recovery is often marked by the assumption of power and control rather than an abdication or surrender of power.
Illness Self-Management

• The mastery of knowledge about one’s own illness and assumption of primary responsibility for alleviating or managing the symptoms and limitations that result from it.

• Such self-education and self-management shifts the focal point in disease management from the expert caregiver to the person with the illness.
Indigenous Healers and Institutions

• People in the natural environment of the recovering person who offer words, ideas, rituals, relationships, and other resources that help initiate and/or sustain the recovery process.

• They are distinguished from professional healers and institutions not only by training and purpose, but through relationships that are culturally grounded and enduring.
Natural Support

• Technical term used to refer to people in a variety of roles who are engaged in supportive relationships with people in recovery outside of behavioral health settings.

• Examples of natural supports include family, friends, and other loved ones, landlords, employers, neighbors, or any other person who plays a positive, but non-professional, role in someone’s recovery.
Types of Recovery Services

- Peer to Peer Support
- Recovery Support Groups
- Psycho-education
- Family Services
- Family Support Services
- Employment Training & Support
- Wellness Plans
- Substance Abstinence Support & Recovery Services
- Social Skills and Social Connection
Peer to Peer Support

• Providing one to one peer support to: listen, support, guide and advocate for another.
Recovery Support Groups

• Groups of individuals who share experiences, strengths, strategies for coping and hope about recovery. Often called “self-help” groups – these groups are based on relationships that are personal rather than professional, reciprocal rather than fiduciary, and enduring rather than transient.
Psycho-education

• Examples of these activities range from medication monitoring, recovery, to illness management, and recovery education by peers trained in providing this evidence-based psychosocial intervention.

• An underlying assumption is that there is “value added” to any service or support provided by someone who discloses his or her own recovery journey, as such disclosure serves to combat stigma and inspire hope.
Family Service & Support

• Providing Family Services and Education to families.
• Family psycho-education is an evidence-based practice that has been shown to reduce relapse rates and facilitate recovery of persons who have mental illness and substance use issues.
• A core set of characteristics of effective family psycho-education programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.
Employment Support

• Overcome barriers to employment.
• Advocating to employers and the community at large for workplace inclusion and opportunities.
Wellness Plans

- Wellness Action Recovery Plans
- Peer Whole Health Plans
- Prevention, Intervention, Relapse and Crisis Plans
Abstinence Programs

• 12 Steps
• AA
• NA
• SMART
Questions - Discussion
Sustainability

• Covered Service Codes in Tribal Behavioral Health
• Covered Service Codes in Arizona Dept. of Health Services
• The billing of these codes for services delivered make the model sustainable
OMB Rates

• NAZCARE will work with agencies to identify the OMB Codes that can be billed for services.
• NAZCARE’s training and supported employment will be delivered by Behavioral Health Technicians (BHTs).
Peer Support Billable Services

- AHCCCS codes are also billable as fee for service
- AHCCCS codes are at a lower rate
- AHCCCS rates can be billed in a “clinic” and outside in the community
AHCCCS Codes

• H0038 – H0030HQ – Self-Help Peer Support individual and group – 15 min. units
• H2016 – Self Help Peer Support 3 or more hours
• H2014 – H2014HQ Skills training and development individual and group – 15 min. units
• S5150 and S5151 – Unskilled respite (COS 26)
• T1019 and T1020 – Personal care services – 15 min. units
• H2017 – Psychosocial rehabilitation service – 15 min. units
• S5110 – Home care training, family – 15 min. units
Codes Cont’d

• H2027 – Psycho-educational Services - (Pre-Job Training and Development): Services which prepare a person to engage in meaningful work

• H2025 – Ongoing Support to Maintain Employment, includes support services that enable a person to complete job training or maintain employment. May include monitoring and supervision, assistance in performing job tasks, work-adjustment training, and supportive counseling – 15 min. units
How can the model work for you?

- Who can you consider employing?
- Where can you deliver recovery services?
- Can this work in your justice system?
Community Recovery Services

• What recovery services can your community use?

• Who are the people in your community that could provide these services?

• Who are the people in your community that can use these services?
Recovery is for Everyone!

- Available evidence suggests that mental illnesses impact approximately 20 percent of the total American Indian population. American Indians high lifetime risk rates of substance use disorders, anxiety disorders and low socioeconomic conditions combine to give context to the greater risk for the development of depression.
Correcting the Disparity

• American Indians are almost three times as likely to experience feelings of sadness or hopelessness as compared to non-natives.

• Less than 7% of the IHS budget is devoted to mental health and substance abuse treatment services.

• This model draws down more Federal Funding, allows for grants through a Best Practice Model for SAMSHA, ACF and SEDS grants along with many others.

• But – this model is self-sustaining through billable services!
Vision

• To see recovery work in tribal communities
Questions - Discussion
Thank You
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