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# Hope for underserved populations

Integration of recovery management principles assists homeless individuals

The faces of Addiction Recovery Management. West W., Kathy L., Joey L., Anna A., Betsy J., William D. and Raeford W. enjoy long-term recovery after completion of the peer-led program at the Healing Place of Wake County. Leigh Walther Photography

BY DAVID C. FITZPATRICK, PHD, LCAS, LPCA, CRC

Addiction in underserved populations is a major issue in the United States. One of these underserved populations is the episodically or chronically homeless. There is no agreement as to whether substance use disorders cause homelessness or vice versa, but no one disagrees that each exacerbates the other. While 235,823 homeless individuals were admitted to U.S. treatment programs in 2009, research findings suggest that services are still lacking for homeless populations.<sup>1,2</sup>

Some may consider the homeless population to be beyond hope and believe the solution involves occasionally making a small donation to a homeless person with a sign, but this is not true. Extensive research has pointed to hope of recovery for homeless individuals with addictions, and these citizens can be rehabilitated and go on to live productive lives.<sup>3,4</sup>

However, traditional professionally led recovery programs may not be best suited for the homeless population. Social model rehabilitation programs may better match the needs of these clients, because these individuals tend to be less trusting of traditional recovery systems and may require more extensive services. Also,

research indicates that social model rehabilitation programs can be provided more cost-effectively than traditional programs, resulting in a net fiscal gain while increasing the quality of life for individuals with substance use disorders, their families and society as a whole.<sup>4</sup>

The development of effective interventions for homeless populations is especially important because of the prevalence of alcohol and drug problems in various subpopulations.<sup>4</sup> These rates considerably exceed those of the general population, and substance use disorders (along with mental illness) are considered to be among the leading reasons why homeless populations are unable to break out of this destructive cycle.

In recent years, much attention has been focused on recovery using an Addiction Recovery Management (ARM) framework. The underpinning of this framework is that addiction is a chronic disorder, which requires recovery priming, recovery intervention, recovery maintenance, recovery re-intervention and continuity of care.<sup>5,6</sup> ARM is more comprehensive in its delivery paradigm than traditional systems. While shorter-term residential or outpatient treatments essentially graduate participants

with a simple suggestion of engaging in “aftercare,” those employing ARM actively engage with other service providers and indigenous sources of support to facilitate continuing care and recovery management.

Despite challenges inherent to the treatment of homeless populations, an ARM framework can be successfully integrated into social recovery programs for homeless individuals. In fact, principles of ARM integrated to a social recovery model seem to be especially effective for homeless individuals, as these programs seek to initiate “networks of indigenous and professional supports designed to initiate, sustain and enhance the quality of long-term addiction recovery for individuals and families and to create value and policies in the larger cultural and policy environment that are supportive of these recovery processes.”<sup>5</sup>

### Program example

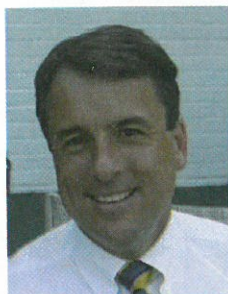
Replicated from the federally recognized Healing Place in Louisville, Ky., The Healing Place of Wake County in Raleigh, N.C., a nonprofit program for homeless people with substance use disorders, provides a model for integrating ARM principles into a comprehensive social model recovery and rehabilitation delivery system.

The Healing Place operates separate men's and women's facilities in Raleigh, providing overnight shelter, social detoxification, a long-term recovery program (12 to 18 months) and a supported living apartment complex for those who complete the program. The program implements all elements that Scott and Dennis<sup>7</sup> describe as essential to a comprehensive ARM program in their acronym "TALER": tracking, assessing, linking, engaging, and retaining. Using an ARM framework and offering unlimited, on-demand services, The Healing Place of Wake County shepherds clients who are likely to have high-severity addiction issues and low recovery capital from a life on the streets to a productive life of sustained, full recovery.

The Healing Place maintains multiple touch points and extensive community relationships to increase engagement in the recovery program and to facilitate post-recovery program support. Among The Healing Place's support functions are an overnight shelter, a clinic, daily addiction recovery mutual aid meetings, assertive linkage to addiction recovery mutual aid communities, a family program, and extensive relationships with providers. These services promote inspirational interaction between individuals who may be in the precontemplation or contemplation stage of change and program alumni, staff, current clients and others who may provide motivation to engage in recovery activities.

The Healing Place has carefully built symbiotic engagement/linkage relationships with community organizations, including local police departments, emergency medical services, hospitals, communities of faith, and other providers (i.e. mental health, addiction and homeless providers), as well as with addiction recovery mutual aid groups. These relationships provide linkages to professional and community support entities that are essential for clients before, during and after treatment. For example, it is not unusual for one of the local police departments to drop off someone in need of help, a sponsor to bring in a sponsee, or the judicial system to provide a recommendation to engage in the recovery program.

The Healing Place's most powerful retention tool is the provision of housing, which is viewed as one of the most important factors leading to successful recovery in homeless populations.<sup>3,8</sup> Housing coupled with a heavy dose of hope instilled from those who have "been there and done that" provides a strong basis for engagement and recovery.



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The recovery program involves a four-stage process providing clients with increasing privileges as they progress in the program and assume more responsibility. A stay at The Healing Place begins with clients living in the community overnight shelter, and culminates with clients residing in

a two-bed room with a private bathroom while taking a life skills course, completing a 30-day giveback commitment, and searching for employment. Clients are offered a safe environment where they can focus solely on recovery and can enjoy a reprieve from outside issues.

Clients participate in the patented Recovery Dynamics, an intensive 12-Step based recovery educational program. Until the final phase of the program, clients do not engage in outside employment but are assigned to work positions in the facility such as those on the kitchen crew, laundry or grounds crew, and are expected to mentor clients who are new to the program. Many clients return to The Healing Place as employees. Having former clients as employees and peer counselors is particularly appealing to homeless populations, as these employees tend to share common experiences of addiction and recovery, mental illness, oppression, and/or discrimination.

The Healing Place offers services on demand with no limit. No matter the outcome of any previous visit, a client can always earn his/her way back into the program by participating in recovery activities.

Post-completion tracking and monitoring is performed through follow-up telephone contact, expected continued engagement in addiction recovery mutual aid groups, and the operation of a post-completion supported living apartment complex. An initiative is being instituted to offer telephone recovery support both for

clients who have successfully completed the program and for those who have left the program prior to completion.

Case management is provided throughout the program, with an emphasis on this during the transition to outside housing and employment. As with most social recovery programs, assessment and issues of progress and compliance are addressed by a body of peers. In the spirit of "I am my brother's keeper," a community governance body exists; it provides participative guidance for its members and it helps celebrate successes.

### Program results

The program is by no means easy to complete, and the non-completion rate is high. However, one-year follow up indicates that 70% of those completing the program remain in full recovery.

The Healing Place program is very cost-effective, with an average cost of \$30 per client night—considerably less than the cost of a night in a jail, a hospital or a traditional recovery program. Data indicate that The Healing Place's alumni contribute extensively to the Wake County tax base, and that they are transformed from net consumers of tax dollars to net contributors after successful treatment.

A good example of taxpayer savings generated by The Healing Place can be demonstrated by the case of "Dennis." The number of times Dennis was transported to the emergency department by Wake County emergency medical personnel was directly related to his engagement level at The Healing Place. In 2009, he was transported to the emergency department by Wake County EMS on 70 occasions, at an approximate cost of \$75,000; that year he stayed only 52 nights at The Healing Place. By 2012, his transports to the emergency department had been reduced to 18 (at a cost of \$19,440), and he stayed at The Healing Place for 225 days.

### Conclusion

Research findings indicate that there is hope for those with substance use disorders and co-occurring disorders who happen to be homeless.<sup>4</sup> However, it is extremely important to be cognizant of and to modify delivery systems in order to address the needs of these citizens. The

integration of ARM principles to programs serving underserved populations has shown great success in a variety of interventions and programs.<sup>6</sup>

The Healing Place of Wake County successfully implements an ARM framework in a long-term, social recovery program for homeless individuals. The program takes individuals with some of the most severe drug and alcohol problems and facilitates their return to productive lives.

Replication of this delivery model would benefit the homeless population, their families and society as a whole because this model is not only effective but is fiscally responsible. Policy-makers, insurance companies and the professional and lay recovery communities must remain open to the funding and development of alternative substance abuse interventions and programs to address the unique needs and preferences of homeless and other underserved populations. ■

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### References

1. Substance Abuse and Mental Health Services Administration. The DASIS Report: Homeless Admissions to Substance Abuse Treatment, 2004. Retrieved from [www.samhsa.gov](http://www.samhsa.gov).
2. Tucker JS, Wenzel SL, Golinelli D, et al. Predictors of substance abuse treatment need and receipt among homeless women. *J Subst Abuse Treat* 2011;40:287-94.
3. Stahler G, Stimmel B (eds.). Editorial: Social interventions for homeless substance abusers: evaluating treatment outcomes. In *The Effectiveness of Social Interventions for Homeless Substance Abusers*. Binghamton, N.Y.: The Haworth Medical Press; 1995.
4. Zerger S. Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature [Research Report]. Nashville, Tenn.: National HCH Council and HCH Clinicians Network; 2002.
5. Kelly, JF, White WL (eds.). *Addiction Recovery Management: Theory, Research and Practice*. New York City: Springer; 2011.
6. White WL. *Recovery Management and Recovery Oriented Systems of Care: Scientific Rationale and Promising Practices*. Rockville, Md.: Center for Substance Abuse Treatment; 2008.
7. Scott C, Dennis M. *Recovery Management Checkups With Adult Chronic Substance Users*. In Kelly JF, White WL (eds.), *Addiction Recovery Management: Theory, Research and Practice*. New York City; Springer; 2011.
8. Kaskutas L. *The Social Model Approach to Substance Abuse Recovery: A Program of Research and Evaluation, 1999*. Retrieved from <http://numerons.files.wordpress.com>.



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