

September 2012

## SEPTEMBER IS RECOVERY MONTH

In December of 2011 SAMHSA released a working definition of Recovery, and indicated that they would continue dialogue with the field to refine the definition and principles. Based on the additional stakeholder input, SAMHSA is now issuing a slightly revised working definition and principles.

The revised working definition and principles give more emphasis to the role of abstinence in recovery from addictions, and indicate that an individual may be in recovery from a mental disorder, a substance use disorder, or both.

The revised definition and principles are to be a resource to policy-makers, systems administrators, providers, practitioners, consumers, peers, family members, advocates, and others. The definition and principles are intended to help with the design, measurement, and reimbursement of services and supports to meet the individualized needs of those with mental disorders and substance use disorders.

The Recovery definition and principles are discussed in the adjacent article. ■



### Pathways to Recovery are Individual

There are many different pathways to recovery and each individual determines his or her own way. The urgency of health reform compelled SAMHSA to define recovery and promote the availability, quality, and financing of vital services and supports that facilitate recovery for individuals. In addition, the integration mandate in title II of the Americans with Disabilities Act and the Supreme Court's decision in the Olmstead case provide legal requirements that are consistent with SAMHSA's mission to promote a high-quality and satisfying life in the community for all Americans.

#### Recovery from Mental Disorders and/or Substance Use Disorders:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

## Pathways to Recovery are Individual

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Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

**Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

**Home:** a stable and safe place to live;

**Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

**Community:** relationships and social networks that provide support, friendship, love, and hope.



Mr. William "Bill" Shumaker 2012 Advocate Honoree

## Shumaker Honored with 2012 ABHPAC Advocacy Award

William (Bill) Shumaker was an advocate for mental health long before he became a member of ABHPAC, more than ten years ago. This year he was chosen to receive the ABHPAC Advocacy Award for his passion and outstanding work devoted to the history of the treatment of the mentally ill in Arkansas.

Bill was among ABHPAC members in DC at the SAMHSA office in 2007 when they visited the 'Willard Suitcase Exhibit'. With the new Arkansas State Hospital in construction and the years of history available similar to New York's Willard Hospital, the members wanted to do something similar for Arkansas. Upon discussing the *Suit Case Exhibit* and the opportunity to capture the Arkansas history, Bill volunteered to take this project on. He began by transcribing the interviews collected by Flossie McMurry, another volunteer and former employee of the Arkansas State Hospital. Bill preserved these interviews Ms. McMurry had taped in the Arkansas Studies Institute collection and cataloged the documents and artifacts that had been stored at the old Hendrix Hall building.

In 2008, Bill registered in the UALR Graduate School of Public History seminar "Making Oral History" led by Dr. David Stricklin. Dr. Stricklin was also the head of the Butler Center For Arkansas Studies at that time. Since completing the seminar series, Bill has continued to understudy in the Butler Center office. To date, Bill has captured 90 oral interviews from consumers, families and professionals. Bill continues to collect the personal histories of Arkansans' experiences with mental health.

On August 6, 2012, at the annual mental health institute, the Arkansas Behavioral Health Planning and Advisory Council along with the Mental Health Council of Arkansas recognized Bill's contribution to the history of Arkansas by presenting him with the 2012 ABHPAC Advocacy Award.

For more information on the Willard Suitcase Exhibit see:

<http://psychcentral.com/blog/archives/2008/03/24/the-willard-suitcase-exhibit-online/>

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. World Health Organization, 1948

# Five of SAMHSA's Guiding Principles of Recovery

**Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

**Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

**Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds – including trauma experiences – that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

**Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

**Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

The remaining five principles will be published in the next ABHPAC Newsletter.

## Contact Information

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# SAMHSA Block Grant Here We Come!

That is right, it is time to get out the red pens and go to work. Joyce has already checked out meeting room dates, counted chairs and set the thermostat. This is the first year of the “co-occurring” block grant, to borrow a phrase. Some basic information about the block grant changes, combining mental health and alcohol and drug abuse into one application, from SAMHSA is printed for you below. Be sure to contact Joyce if you can assist with the Block Grant Committee.

SAMHSA has changed the way it administers the State Mental Health and Substance Abuse and Prevention and Treatment Block Grants. In an effort to streamline the application and reporting procedures for these block grant programs, SAMHSA has developed a uniform application and reporting process to promote consistent planning, application, assurance and reporting dates across both block grants. Among the changes to the block grant application is the expectation that States will:

- Take a broader approach in reaching beyond the populations they have historically served through block grants
- Conduct a needs assessment and develop a plan that will identify and analyze the strengths, needs and priorities of the State’s behavioral health system – painting a fuller picture of the states behavioral health system that we previously did not have.
- Design and develop collaborative plans for health information systems grants and other funding.
- Form strategic partnerships to provide individuals better access to good and modern health services
- Focus more on services in support of recovery from a mental health and substance use problems.
- Focus their block programs on improving accountability for quality and performance of services they provide.

## **What are the Block Grants?**

The Block Grants are grants given to States to allow States to address their unique behavioral health issues. There are two block grants, the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG).

## **What is the purpose of the Block Grants?**

States will use the Block Grant program for prevention, treatment, recovery supports and other services that will supplement services covered by Medicaid, Medicare and private insurance. Specifically the Block Grant funds are directed toward four purposes:

Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.

Fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery.

Fund primary prevention - universal, selective and indicated prevention activities and services for persons not identified as needing treatment.

Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis.

## **Why did the Block Grant Change?**

- In light of changing health care systems, laws and knowledge and conditions in States, the Block Grants have followed suit.
- SAMHSA’s changed FY 2012/2013 Block Grants to help get States behavioral health systems ready for 2014 when more people will be insured through Medicaid or 3<sup>rd</sup> party insurance. Under this new approach States and territories have the opportunity to use block grant dollars for prevention, treatment, recovery supports and other services that supplement services covered by Medicaid, Medicare and private insurance.

To see the block grant application or for more information see: <http://www.samhsa.gov/grants/blockgrant/>