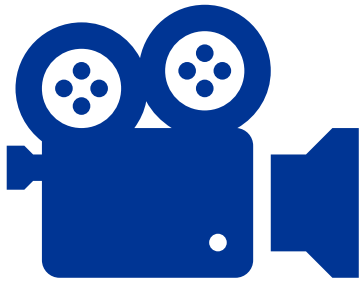
Housekeeping



This session is being recorded to **Tomorrow's Healthcare**.

If you used a forwarded link, we need your **email address**.

Pose questions in the chat to "**Everyone**".

Please complete the post-session **evaluation**.

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Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course**.

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.25 continuing education credits.**

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Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.

- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

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MOBILIZE
EDUCATE
ADVOCATE

Together we can!

The Peer Discipline as a Vital Element of the COE Interdisciplinary Team Structure

William Stauffer, LSW, PMAC, PECS
Executive Director
The Pennsylvania Recovery Organizations Alliance

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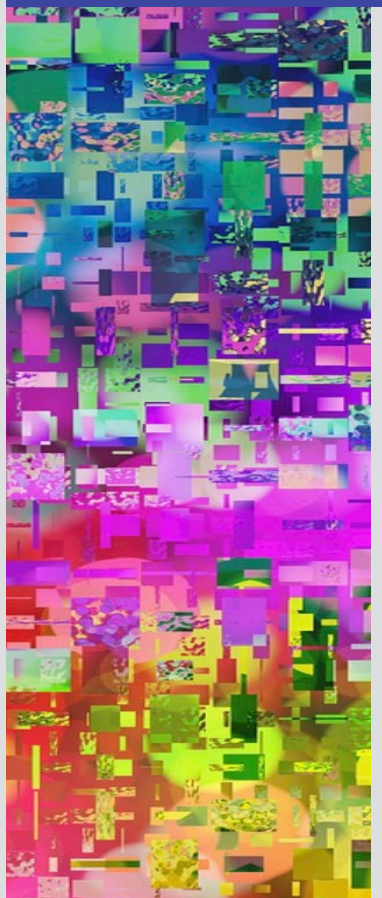
How We Fit In

The Statewide Recovery Community Organization

networking and strengthening recovery statewide



- **PRO-A** is the only statewide non-profit, 501(c)(3) grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery.

- We have led the way on the development of peer service training, educating the public about recovery and strengthening recovery community enagagement across the state.

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Peer Discipline as a Vital Element

This training will explore the historic development of the peer orientation, envisioned to move us beyond acute care orientation and to develop effective models of recovery management within recovery-oriented systems of care. Attendees will explore how to consider peers from the perspective of an orientation, not an isolated service and how this supports the COE Interdisciplinary team structure.

Objectives:

- **Attendees will consider the innovation of peers as part of the COE model in Pa to support recovery through community-based care management teams.**
- **Attendees will learn about how recovery management strategies use both clinical oriented and community-oriented strategies to augment the development of recovery capital across the three spheres of individual, family and community.**
- **Attendees will explore methods to support the peer orientation as part of the COE interdisciplinary teams.**

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Historical Overview: Moving Care Beyond Acute Care Strategies

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Historic SUD Treatment

Moving Beyond Acute Care Design and Funding Mechanisms

- Most SUD care in the US has historically been set up in an acute fragmented care design.
- A generation ago, efforts emerged to develop recovery management models that supported integrated café focused on long term recovery.
- The opioid epidemic and the need for more comprehensive care models led to the innovative hub and spoke model that incorporates recovery management strategies.

Challenges of Acute Care

Opportunities for Improvement

- In acute care systems fewer people end up sustaining care beyond the initial stages.
- As opioid use increased, the challenges of acute care models became more evident, particularly in respect to the need to expand access to medication assisted treatment supported as part of a comprehensive array of treatment and support strategies.
- Recovery Management and Recovery Oriented Systems of Care models began to be embraced because they address these challenges.

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Moving Beyond an Acute Care Model

"Although characterized as a chronic disease for more than 200 years, severe and persistent alcohol and other drug (AOD) problems have been treated primarily in self-contained, acute episodes of care. Recent calls for a shift from this acute treatment model to a sustained recovery management model will require rethinking the natural history of AOD disorders; pioneering new treatment and recovery support technologies; restructuring the funding of treatment services; redefining the service relationship; and altering methods of service evaluation. Recovery-oriented systems of care could offer many advantages over the current model of serial episodes of acute care, but such systems will bring with them new pitfalls in the personal and cultural management of alcohol and other drug problems."

White, W., Boyle, M. And Loveland, D. (2002). Addiction as chronic disease: From rhetoric to clinical application. Alcoholism Treatment Quarterly, 3/4:107-130.

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Recovery Management: a comprehensive, long-term approach

Recovery management provides ongoing support, monitoring, and intervention to help individuals maintain recovery after initial acute treatment. It shifts from an acute, episodic model to a chronic care approach, much like managing diabetes or hypertension, by focusing on proactive engagement through services like coaching, counseling, relapse prevention, and connection to recovery support services to sustain remission and improve overall well-being. Key facets of Recovery Management include:

- **Long-Term Monitoring and Support:** Involves regular, structured checkups to monitor progress, identify barriers, and detect early signs of relapse.
- **Recovery Coaching:** Provides personalized, practical support from trained professionals or peers to help individuals overcome challenges, develop healthy habits, and build self-confidence.
- **Case Management:** Connects individuals with community resources and additional care management services, including assistance with scheduling and re-engagement in treatment if necessary.
- **Re-intervention:** Offers timely and appropriate re-engagement in treatment when a relapse or escalating risk is identified, helping to prevent longer and more severe periods of substance use.
- **Focus on the Whole Person:** Addresses medical, mental, social, family, and occupational needs to support overall health and recovery.

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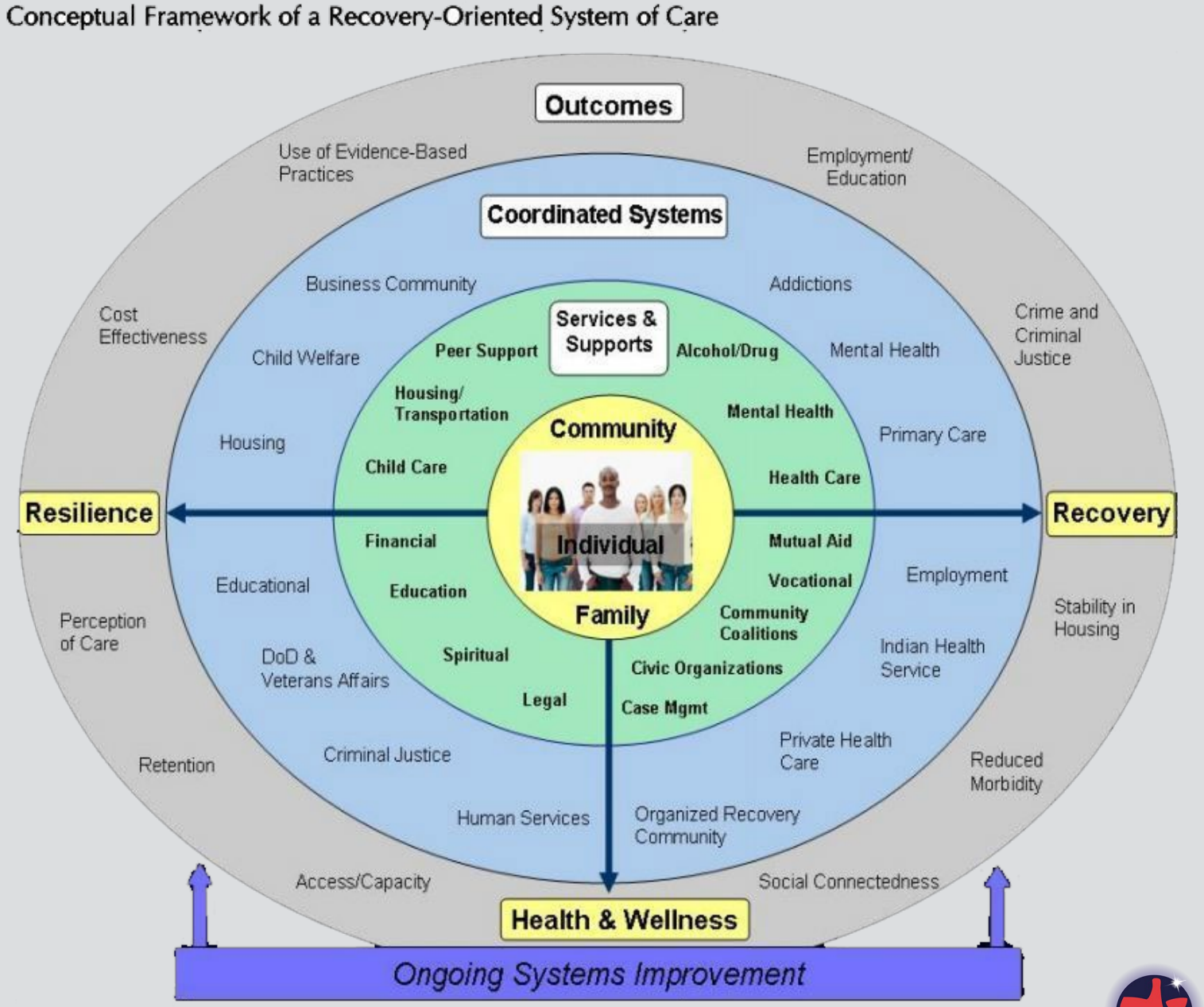
What is ROSC?

Recovery Oriented System of Care

"A ROSC supports the premise that there are many pathways to recovery. Recovery-oriented activities include providing a menu of traditional treatment services and alternative therapies, including peer recovery coaching, acupuncture, meditation, and music and art therapy." – SAMHSA

ROSC

What would it look like?



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COE as a Novel Public / Private Approach

- The hub-and-spoke model is designed with the patient at the middle of the hub, and a team with carefully tailored care management resources to meet the individual's needs is built around the patient through the spokes.
- The COEs address patients' full array of clinical and non-clinical needs. It is a team-based / whole person–focused, integrating behavioral health / primary care.
- COEs meet patients where they present — whether that is in a hospital emergency department, a homeless shelter, a courtroom, a restaurant, or a home. They take health care to where the patient is.

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Peers in the COE Model

The Keystone of the Support Model

- The keystone of these care management teams has been the certified peer worker.
- Certified peer workers are uniquely positioned to understand the cultures of SUD and recovery and to address a client's needs with respect to social determinants of health and span support into the community.
- They support integrated MAT, physical / behavioral health care, and provide a full range of recovery support services through community-based care management teams to bring health care (and in many cases, social services) directly to their patients.

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The COE Model is….

A. Treatment with a focus on short term care.
B. Isolated from other services and supports in our communities.
C. Innovative in design and concept to support long term wellness collaboratively.

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Intersection between The COEs and Recovery Management

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Opioid Use Disorder Centers of Excellence (COE) program

Launched in 2016 its primary goal has been to increase access to SUD treatment and help ensure that people with Opioid-related Substance Use Disorders stay in treatment to receive follow-up care and are supported within their communities.

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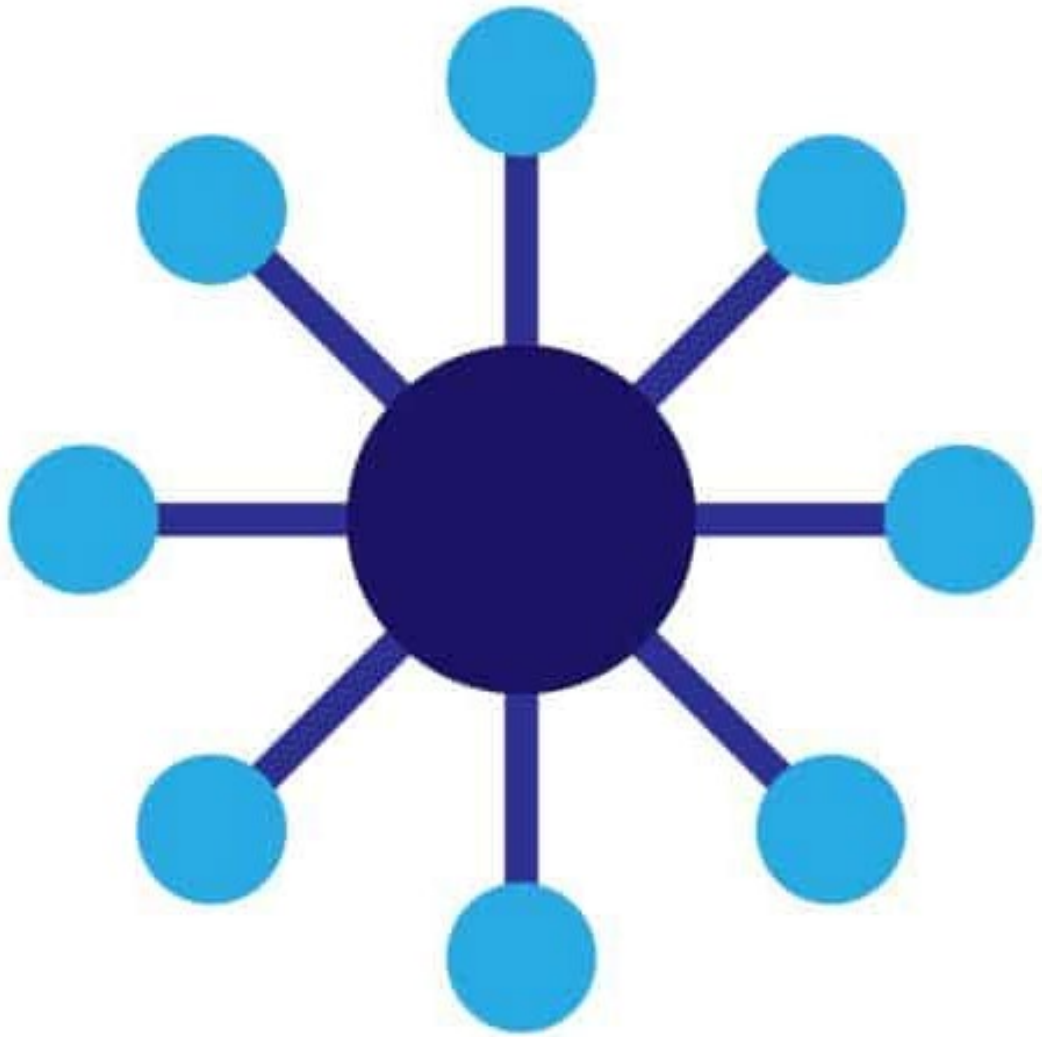

Structure of the Model

Hub and Spoke

Hub: The COE acts as the central hub, managing patient care and coordination.

Spokes: The spokes are the various community partners that provide additional services. These can include: Primary care practices, Hospitals, Mental health service providers, Federally Qualified Health Centers (FQHCs), Social service agencies for housing, employment, and transportation

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Key Features of the COE Model

Whole-Person Care

- Integration of physical health, behavioral health, and social support services
- Addresses complex and co-occurring conditions that often exist with OUD

Team-Based Approach

- Delivered by a multidisciplinary team
- Includes the use of Certified Peer workers.

Peer Support

- Credentialed individuals in long-term recovery
- Help navigate the healthcare system, reduce stigma, and maintain engagement

Medications for OUD (MOUD)

- **P**rioritizes and facilitates access
- Reduces overdose deaths and increases treatment retention

Care Management

- Community-based care management teams
- Includes individualized engagement, follow-up, and connections

Flexible and Mobile Engagement:

- Offer mobile and off-site engagement

Focus on High-Need Patients

- Aimed at individuals with a risk of return to use or disengagement from care

Performance-Based Funding

- Shifted toward outcome-based, value-driven payments
- Focuses on retention and improved patient outcomes

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Clinical Continuity & Care Navigation

From Point of Contact through to Community

Long-term recovery planning from intake through post-treatment into community.

- Ongoing monitoring (checkups, recovery management check-ins, digital health supports).
- Recovery coaches and peers embedded to bridge transitions of care.
- Active linkage to community supports after discharge.

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Peer Recovery Support Services

Walking Alongside Through the Process

What do the peers do?

- Peer specialists provide mentorship, hope, and role modeling.
- Recovery community centers, mutual aid, and peer-run groups connected to the CoE.
- Inclusion of lived experience in treatment planning and policy design.

Family & Social Network Engagement

Strengthening Natural Support

Supportive family and social network as defined by the person in care.

- Family education and skill building.
- Involvement of supportive kinship and chosen family networks.
- Programming for reducing stigma and strengthening recovery capital at home.

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Integrated Health & Wellness

Supporting Determinants of Health

Addressing health and wellness as a routine focus of effort

- Coordinated treatment for co-occurring mental and physical health conditions.
- Overdose reversal medication, detection tools and recovery-oriented medication management.
- Attention to nutrition, exercise, sleep, stress, and preventive health care.

Recovery Capital Development

Recovery Capital - *The internal (human) and external (social, physical, cultural) resources individuals possess to start and maintain recovery from substance use or mental health conditions.*

- Vocational, educational, and financial coaching.
- Housing supports and safe recovery environments.
- Legal/justice system navigation and advocacy.
- Building social, cultural, and community capital.

Recovery Capital includes a focus on all levels of its development:

- Individual Recovery Capital
- Family or Social Network Recovery Capital
- Community Level Recovery Capital

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Measurement & Outcomes

We Measure What We Value

Measurement & Outcomes Across the Care Continuum:

- Tracking recovery trajectories, not just treatment episodes (abstinence, functioning, quality of life, social connection).
- Use of recovery capital indices and patient-reported outcome measures.
- Feedback loops to continuously improve services.

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Community Partnership & Systems Integration

Developing Whole Person Care Models

Supporting Growth in the Short and Long Term through policies and practices that intergrade services.

- Collaborations with housing, employment, justice, healthcare, and education sectors.
- Building recovery-ready communities beyond the CoE walls.
- Serving as a hub for local recovery ecosystems.

Policy, Training, & Workforce Development

Recovery Management Includes More than the Person Served

Engaged and trained workers improve our effectiveness

- Training clinicians and peers in recovery management principles.
- Strengthening regional recovery-oriented systems of care.
- Advancing research and policy translation around long-term recovery

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A. Both recovery and the COE model have set expectations that do not change.
B. Both recovery and the COE model evolve and adapt to meet the challenges faced with the strengths and opportunities present.
C. Both recovery and the COE model are pathology oriented.

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The Peer Orientation & COE Interdisciplinary Teams

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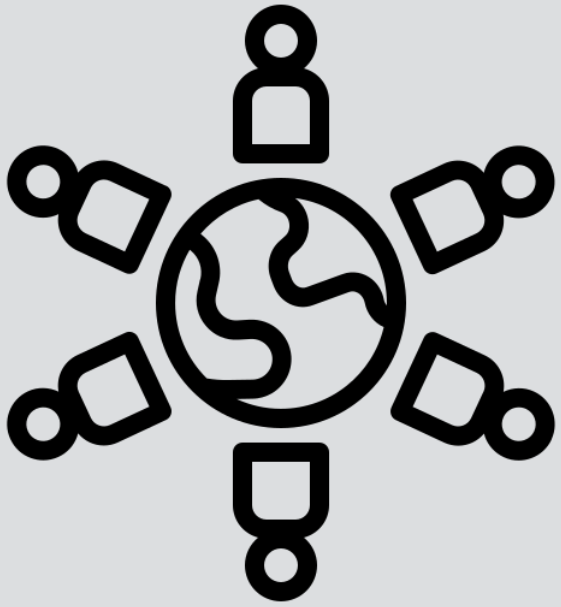
Culture of Addiction - The culture of addiction refers to the shared values, beliefs, rituals, language, and social norms that develop among people with active substance use disorders. It functions like a subculture with its own rules and worldview.



- **Values & Beliefs**: Fatalism, instant gratification, denial of harm, distrust of conventional institutions.
- **Language**: Slang terms for drugs, users, dealers, and rituals of use.
- **Social Roles**: Status systems based on drug knowledge, access, or “using style.”
- **Norms & Rituals**: Rules of sharing, using together, hustling, secrecy, loyalty to the group.
- **Identity**: "Addiction" or “User" identity becomes central, replacing other social roles.
- **Survival Orientation**: Focused on the short-term obtaining and using substances, often reinforcing criminalized or marginalized lifestyles.

The culture of addiction can be both functional (cohesion, belonging, survival skills) and destructive (reinforcing continued use, social isolation, stigma).

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Culture of Recovery - The culture of recovery represents the alternative social world that individuals can enter when moving out of addiction and into sustained recovery. The culture of recovery provides protective factors: hope, community, purpose, and structure—all of which help sustain long-term recovery.

Values & Beliefs: Hope, honesty, responsibility, service to others, belief in the possibility of change.
Language: Recovery-positive identity language (“person in recovery,” “clean and sober,” “one day at a time”).
Social Roles: New role models (sponsors, peer mentors, recovery leaders).
Norms & Rituals: Meetings, storytelling/testimony, anniversaries, rituals of giving back.
Identity: "Person in recovery" identity replaces “addict” identity, integrating recovery into personal and social identity.
Community Orientation: Belonging through fellowship, mutual aid, service, advocacy, and pro-social reconnection.

Transition Between the Two Cultures - Recovery is often framed as a migration from the culture of addiction to the culture of recovery. This process involves identity transformation, social network change, and adoption of new values and rituals

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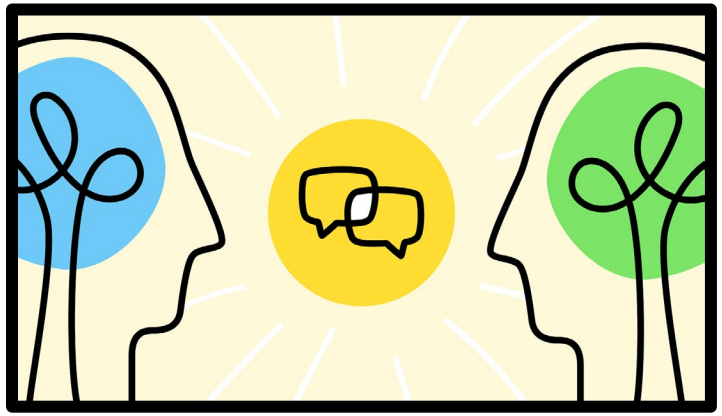
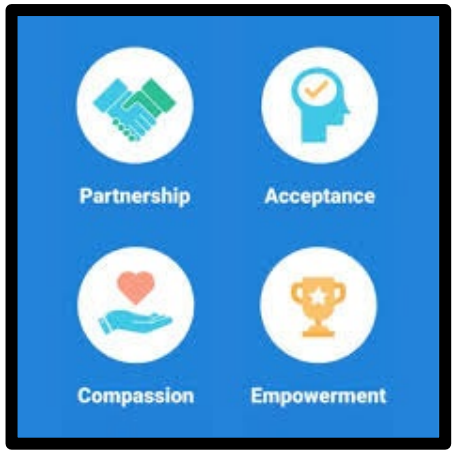
Meeting People Where They Are At

Connection points in alliance:

- Compassion
- Collaboration
- Acceptance
- Empowerment





"I'd like to help you (compassion) and work on this together with you (collaboration). You matter and I am not here to judge you (acceptance). Instead, I'd like to listen and find out what you think will work well for you to change (empowerment) and build on that with you to meet the goals you have for recovery."

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Establishing and Sustaining Compassion

*Compassion is about much more than **sympathy for a person**.*

It is about **feeling** what they are going through with them and seeking ways **collaboratively** to **support** the alleviation of the painful conditions that are part of the human condition.

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Support Multiple Pathways of Recovery

- Every journey into recovery is an individualized path developed with the resources, strengths and goals of the person being served supported across the care team.
- Everyone is aware that individualizing pathways of recovery means not pushing particular paths due to personal experience or preference on the part of the care provider team.

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Recovery-Oriented Values

Grounding Services in what is important

- Hope-inspiring growth potential
- Person-centered-based on individual aspirations
- Strength-based-focused on talents
- Personal responsibility-holding people accountable for their commitments
- Interdependence-a balance between teamwork, autonomy, and mutual support
- Supervisors model these values in their work
- Agencies operationalize values in their policies, procedures, and practices

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Collaborative

Services are coordinated and collaborative with the person served in the center of the process with meaningful inclusion in developing sercice plans that are consistent with their goals.

All entities including SUD peer professionals need to understand how to:

- Support the person served
- share information
- consider ideas for improvement
- coordinate hand-offs
- review progress on goals
- challenge prevailing thought
- Prioritize needs of person served
- resolve conflict

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Supporting Collaborative Care

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Understanding Peer Roles and Practices

Key Considerations for Interdisciplinary Teams

All team members:

- Understand the role and function of the peer discipline
- Have a deep understanding of the core competencies of peer work as a vital element of the team.
- Understand the peer role and function in the program.
- Are dedicated to learning more about the fundamentals of peer support and peer roles by:
  - Understanding what peers do.
  - Staying abreast of the emerging evidence base ror peer services.
  - Routinely considering how to most effectively use peers to support the COE mission.

Best Practices for Integrating Peer Support Services

- Utilize strength-based needs assessments collaboratively across the service team.
- Full integration into teams, eg., attend all staff meetings, inclusion in decision making, staff consultation time as equal partners on the team.
- Clearly defined roles and responsibilities distinct from other team members disciplines.
- All team members understand and support the work of the peer workers.
- Support multiple pathways to recovery with a community orientation.

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Inclusion

ACROSS THE ORGANIZATION

- Shared decision making is key to integrating all staff, including Peer Professionals into the care process.
- While this may seem time consuming and “messy” from a management perspective, the payoff is an integrated staff in which everyone feels like what they contribute matters. People want this at work.
- Persons served feel this as deep engagement and that the agency cares about them. This results in improved staff and client retention.

People are more invested in systems in which they have “voice and choice” from persons served to all agency staff.

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Mutual Staff Support and Accountability

Team meetings across the organization increases cohesion and accountability to the agency mission and each other.

This is modeling recovery values

- There is a systematic support for self-care across the entire service team, with an emphasis of work and self-care as a part of supervision.
- This is particularly true in respect to less experienced staff or staff who are operating in more intensive / high stress environments such as the SUD Peer Professional.

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Recovery Orientation

Modeling Recovery-Oriented Practices Across the Team

- All team members endorse and value recovery-oriented practices and concepts.
- All team members believe in the capacity of peer workers to augment what other disciplines contribute.
- The professional growth of the peer workers are nurtured as our all team members professional development.

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Development of Knowledge and Skills

Every Worker is Unique

Supervisors:

- Teach workers the knowledge and skills they need to perform work tasks
- Evaluate work performance through direct observation, co-working, assessments, and reflection, in collaboration with the peer worker
- Structure learning opportunities to help workers grow
- Advocate for worker's participation in on-going training

Trauma, Health Disparities, and Social Inequity

Team Orientation

- Take a holistic view of a person, that they are more than their diagnosis or addiction.
- Recognize that recovery involves more than symptom reduction or abstinence
- Recognize the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage
- Support collaborative efforts to address issues of poverty, trauma and discrimination

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Growth Focused

Reframing Challenges as Opportunities

- Focusing on strengths does not mean ignoring problems
- Interdisciplinary team frames problems as learning opportunities
- Feedback and self-assessment are tools in strengths-based orientaions

Looking forward

A recovery and resiliency mindset is….

A. What we ask of our clients
B. What we ask of our selves and our teams
C. Both A and B

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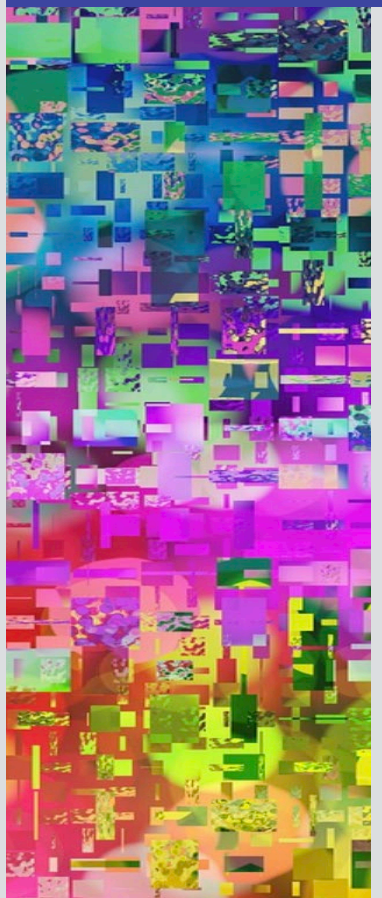
Creativity is a Key to Mission Success

Every person involved in the care process has something to contribute, from the person served to the Chief Executive Officer.



- People are resilient, and this resiliency is best supported by processes in which everyone can and does contribute to intervention strategies.
- Often, it is those who are working most closely to the person served who have the deepest insight into how to tap into creative interventional strategies that are cultivated within a culture where every member of the care team knows that their contributions matter, because ultimately, this is why we all do the work we do.

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Follow Up

What points did we miss?

What additional points or perspectives would you like to add?

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Sources

Slide 13 - White, W. L., & Kelly, J. F. (2011). Recovery management: What if we really believed that addiction was a chronic disorder? In J. F. Kelly & W. L. White (Eds.), Addiction recovery management: Theory, research and practice (pp. 67–84). Humana Press/Springer Nature.

Slide 15 - White, W., Boyle, M. And Loveland, D. (2002). Addiction as chronic disease: From rhetoric to clinical application. Alcoholism Treatment Quarterly, 3/4:107-130. https://psycnet.apa.org/record/2003-03735-010

Slide 16 - Scott C, White W, Dennis ML. Chronic Addiction and Recovery Management: Implications for Clinical Practice. Counselor (Deerfield Beach). 2007 Apr;8(2):22-27. PMID: 30686937; PMCID: PMC6345257. https://pmc.ncbi.nlm.nih.gov/articles/PMC6345257/#

Slide 17 & 18 - SAMHSA. (2010). Rosc resource guide book. https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf

Slide 19 thru 25 - Poonman, A., Gwendolyn, Z., & Pringle, J. (2020). Pennsylvania's Novel Public-Private Approach to Combatting the Opioid Crisis Poonam Alaigh,. NEJM Catalyst, 10. https://doi.org/10.1056

Slide 26 - Scott C, White W, Dennis ML. Chronic Addiction and Recovery Management: Implications for Clinical Practice. Counselor (Deerfield Beach). 2007 Apr;8(2):22-27. PMID: 30686937; PMCID: PMC6345257. https://pmc.ncbi.nlm.nih.gov/articles/PMC6345257/#

Slide 27 - McLellan, A. T., McKay, J. R., Forman, R., Cacciola, J., & Kemp, J. (2005). Reconsidering the evaluation of addiction treatment: From retrospective follow-up to concurrent recovery monitoring. Addiction, 100(4), 447–458. https://doi.org/10.1111/j.1360-0443.2005.01012.x

Slide 28 - Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. Journal of Substance Abuse Treatment, 63, 1–9. https://doi.org/10.1016/j.jsat.2016.01.003

Slide 29 - Kelly, J. F., & Hoeppner, B. (2015). A biaxial formulation of the recovery construct. Addiction Research & Theory, 23(1), 5–9. https://doi.org/10.3109/16066359.2014.930132

Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. Substance Abuse and Rehabilitation, 7, 143–154. https://doi.org/10.2147/SAR.S81535

Slide 30 - Sterling, S., Chi, F., & Hinman, A. (2011). Integrating care for people with co-occurring alcohol and other drug, medical, and mental health conditions. Alcohol Research & Health, 33(4), 338–349.

Institute of Medicine. (2006). Improving the quality of health care for mental and substance-use conditions. Washington, DC: National Academies Press.

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Slide 31 - Sterling, S., Chi, F., & Hinman, A. (2011). Integrating care for people with co-occurring alcohol and other drug, medical, and mental health conditions. Alcohol Research & Health, 33(4), 338–349.

Institute of Medicine. (2006). Improving the quality of health care for mental and substance-use conditions. Washington, DC: National Academies Press.

Slide 32 - Kelly, J. F., Hoeppner, B., White, W. L. (2014). Recovery that lasts: Integrating clinical treatment and continuing care for substance use disorders. Annual Review of Clinical Psychology, 10, 507–533. https://doi.org/10.1146/annurev-clinpsy-032813-153714

Kelly, J. F., Bergman, B., Hoeppner, B., Vilsaint, C., & White, W. L. (2020). 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, 217, 108330. https://doi.org/10.1016/j.drugalcdep.2020.108330

Slide 31 & 33- White, W. L. (2008). Recovery management and recovery-oriented systems of care: Scientific rationale and promising practices. Chicago, IL: Great Lakes Addiction Technology Transfer Center.

Humphreys, K., & Lembke, A. (2014). Recovery-oriented policy and care systems in the UK and USA. Drug and Alcohol Review, 33(1), 13–18. https://doi.org/10.1111/dar.12092

Slide 34 - Kaplan, L. (2008). The role of recovery support services in recovery-oriented systems of care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

White, W. L., & Kelly, J. F. (2011). Recovery management: What if we really believed that addiction was a chronic disorder? Alcoholism Treatment Quarterly, 29(4), 353–366. https://doi.org/10.1080/07347324.2011.599198

Slide 37 & 38 - White, W. L. (1996). Pathways: From the culture of addiction to the culture of recovery. Center City, MN: Hazelden.

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