EQUIPPING BEHAVIORAL HEALTH SYSTEMS & AUTHORITIES TO PROMOTE FAMILY RECOVERY FROM MENTAL HEALTH CONDITIONS & ADDICTION

Expert Panel Meeting Report
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ABOUT BRSS TACS

In September 2011, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) contract to the Center for Social Innovation (C4). The funding award, through C4 and its partners, establishes the BRSS TACS Team, a consortium dedicated to promoting wide-scale adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental health conditions. The BRSS TACS Team includes:

- Abt Associates
- Advocates for Human Potential
- Boston University Center for Psychiatric Rehabilitation
- Faces and Voices of Recovery
- JBS International
- National Coalition for Mental Health Recovery
- National Federation of Families for Children's Mental Health
- National Association of State Alcohol and Drug Abuse Directors
- National Association of State Mental Health Program Directors
- New York Association of Psychiatric Rehabilitation Services
- Pat Deegan Associates

BRSS TACS encourages and supports the widespread adoption of recovery-oriented services and systems of care across the United States. BRSS TACS serves as a coordinated effort to bring recovery to scale, leveraging past and current accomplishments by SAMHSA and others in the behavioral health field. These efforts are an important mechanism for coordinating and implementing SAMHSA's Recovery Support Strategic Initiative. Through the Recovery Support Strategic Initiative and other efforts, SAMHSA supports a high quality, self-directed, and satisfying life in the community for all people in recovery, and includes health, home, purpose, and community.

BACKGROUND

Meaningful involvement of families as key partners in the recovery process is among the most important challenges facing the mental health and addictions fields. An Institute of Medicine (IOM) report (2001), *Crossing the Quality Chasm*, recognized families as being critical supports in recovery and necessary to enhance treatment of illness. More recently, the Substance Abuse and Mental Health Services Administration's (SAMHSA) principles of recovery include family members as "vital supports for people in recovery" (2012). In 2005, SAMHSA's Center for Substance Abuse Treatment's National Summit on Recovery identified family involvement as an essential element of recovery (Center for Substance Abuse Treatment [CSAT], 2007). One goal for transformation of the mental health system stated by the President's New Freedom Commission on Mental Health (2003) is ensuring that services are both person- and family-driven.. A hallmark report by the IOM (2006), *Improving the Quality of Health Care for Mental and Substance Use Conditions,* also recommended the participation of people in recovery and their families in all aspects of treatment and recovery.

Through the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) project, SAMHSA convened an expert panel on September 25 – 26, 2012. The goal was, to learn more about the needs of behavioral health systems and authorities as they strive to promote and support the role of the family in assisting a member to initiative, achieve, and maintain recovery. The meeting also intended to strategize innovative responses to identified needs.

At the outset of the meeting, panelists from both the mental health and addiction worlds agreed on the need to reframe the meeting focus by shifting the perspective away from the individual and toward the family. They recommended that the meeting focus on understanding how behavioral health systems and authorities can better support and promote *family recovery* from mental health and substance use disorders and, more broadly, *family health and wellness*. Panelist also discussed whether *family recovery* is the correct term because it may imply that the family is sick or dysfunctional and needs to recover. Several panelists worried that the term *recovery* may not reflect family's strengths or resilience. Panelists believed that the focus should be on family health and wellness and not on dysfunction. There was consensus that term *recovery* was acceptable as long as it did not suggest that families were the problem and could be blamed for their family member's addiction or mental illness and that it reflected the family's need for wholeness, wellness, and health.

There is some evidence that reframing the issue from *individual* to *family* recovery may be beneficial to the person with the mental health or addiction condition as well as other family members. A family member's struggles with mental health and substance use disorders often adversely affect family functioning (CSAT, 2004; Hornberger & Smith, 2011; Kennedy & Horton, 2011). Family-centered services and supports are paramount if the family is to be available as a recovery support and serve as an advocate for systems change (Spaniol, Zipple, & Lockwood, 1992). Family interventions that improve family outcomes have a strong positive effect on the outcomes of individual in recovery (Dixon et al., 2001; Kennedy & Horton, 2011).

During the September meeting, expert panel members worked to:

- Describe and understand the family recovery experience from mental disorders and substance use disorders
- Determine common as well as dissimilar aspects of family recovery and support needs across the mental health and addiction systems of care
- Identify strategies, including policies and programs, that promote family recovery
- Develop recommendations for language, products, tools, and other resources that support family health and wellness.

FRAMING THE ISSUES

Families of people in recovery from mental and substance use disorders face many challenges. Family functioning, stability, and well-being are often disrupted when an individual within the family unit is living with mental illness and/or addiction. Families experience significant and sometimes chronic psychological and emotional distress that often goes unrecognized and untreated by systems of care (Hasson-Ohayon, Levy, Kravetz, Vollanski-Narkis, & Roe, 2011). When a family member is living with

mental illness and/or addiction, families experience practical adversities in their social, occupational, and financial lives as well as in their overall quality of family life.

These burdens—both objective and subjective—can result in enormous family stress, guilt, shame, anger, fear, anxiety, loss, grief, and isolation. Family violence, separations, disrupted family routines, and involvement with the legal system often result (CSAT, 2004; Hasson-Ohayon et. al., 2011). Another family member's substance use and mental health problems can shatter the family's sense of resiliency and empowerment. Families are often unable to surmount difficulties, function well, establish healthy relationships with one another, and meet their family member's recovery needs for support. Consequently, the possibility of individual recovery is diminished without intentional support for family recovery. There is a need to acknowledge that the lived experience of mental illness and addiction challenges families and that they, too, are in recovery. Support can increase families' empowerment, build shared hope, mobilize social and economic resources, and develop skills to promote both personal and family healing and transformation (Walsh, 2002).

Family Definitions & the Language of Recovery

Families are interdependent groups of people who have enduring emotional, social, and financial connection and commitment to one another (CSAT, 2004). Families can be families of origin or families of choice, and regardless of origin, they play a critical role in their own recovery and in the recovery of their family member (Clark, 2001).

The words used to describe family recovery are important. As White (2004) states, "Words, and the meanings with which they are imbued, can achieve accuracy and relevance or they can transmit dangerous stereotypes and half-truths. They can empower or disempower, humanize or objectify, engender compassion or elicit malignant fear and hatred. Words can inspire us or deflate us, comfort us or wound us. They can bring us together or render us enemies" (p. 2). Historically, providers and systems of care used terminology that may have contributed to a culture of blame, shame, and stigma for those in recovery and their families. Although individual preferences for definitions and terms are very personal and unique, many believe that connotations of terms such as "abuse," "illness," "enabling," "co-dependent," and others can have a negative effort on individual and family recovery. Language is powerful and the language of family recovery must focus on empowerment, hope, mutual aid, recovery supports, stories, and culturally respectful terms. This positive language provides relevant and respectful opportunities for empowering families to take their rightful role as partners in a recovery-oriented behavioral health system.

Family Recovery & Culture

Family recovery services and supports must be culturally congruent and responsive. Family beliefs and customs are diverse and so is the process of recovery for both individuals and families (CSAT, 2007). Family recovery is also steeped in the family's culture. Family background, identity, ethnicity, cultural affiliation, socioeconomic status, and family acculturation are relevant to how the family experiences recovery (Finley, 1998). The value of interconnectedness between a family and its community often shapes the family's recovery experience. Cross-cultural

differences in family structures and help-seeking attitudes and behavior may influence family experiences of programs and systems of care (Finley, 1998; Hasnain et al., 2009). Western, white, middle-class values and behaviors surrounding illness, disability, rehabilitation, and recovery are not relevant to all families in recovery (Hasnain et al., 2009). Multidimensional and individualized approaches that seek to understand the family context, kinship networks, values, beliefs, and culture will be more effective in supporting family recovery (Finley, 1998).

Impediments to Family Recovery

Families in recovery must often contend with multiple psychosocial forces including homelessness, racism, discrimination, poverty, domestic violence, trauma, foster care, and the legal system. These issues create enormous stress for families and can generate a sense of hopelessness in the family that can deplete their sense of empowerment and wellness. These are significant impediments to family recovery that are compounded when families do not know where to get support, what supports are available, and how to access those supports (CSAT, 2004; Hasson-Ohayon et al., 2011). Neglecting family recovery has a negative influence on individual recovery and on the whole community for generations to come.

Lack of knowledge and understanding, prejudice, and discrimination exist within families, communities, and systems of care for both mental illnesses and addictions (Gagne, White, & Anthony, 2007). Pervasive attitudes of blame, fear, and shame limit opportunities for family recovery. These attitudes affect societal empathy as well as policies around coercion and family stability. Family separation due to individual members who are struggling with mental illness and addictions also can pose serious challenges to family recovery. Children in separated families experience higher rates of mental health problems, behavioral, academic and social difficulties (Devlin & O'Brien, 1999; Jones-Harden, 2004). Family reunification has significant benefits for family recovery including improved family resiliency and family quality of life (D'Andrade, 2005). Perception of the family as being the cause of or a contributor to mental illness or addiction is an important impediment to family recovery (Hornberger & Smith, 2011; Walsh, 2002). Inadequate communication and education for families creates a rift of trust in programs and systems of care that further impedes family recovery (CSAT, 2004; Hasson-Ohayon et al., 2011). The lack of a family recovery agenda in research, services, and systems has also created barriers to family recovery (Kennedy & Horton, 2011).

Contrasting Views on Family Recovery

Families in recovery want more engagement and investment from the behavioral health system and authorities (Hornberger & Smith, 2011; Kennedy & Horton, 2011). Families want outreach and education about mental illnesses and addictions and how people recover from these conditions. They want family peer support and resources to increase their capacity to heal and function as a healthy family (Cleek, Wofsy, Boyd-Franklin, Mundy, & Howell, 2012; Davis, Scheer, Gavazzi, & Uppal, 2010). They want advocacy on local, state, and national levels that supports family recovery using fiscal and legislative strategies (Hoagwood et al., 2010; Hornberger & Smith, 2011).

Many providers, programs, and policymakers have contrasting views on family recovery. The singular focus on individual disease management in behavioral programs and systems with supporting fiscal reimbursement strategies underlines this contrast. Family struggles and challenges are sometimes viewed as impediments to an individual's recovery, rather than being recognized as a need for family recovery. Programs have limited services and resources to address whole family health (Freeman, 2001; Hornberger & Smith, 2011). Professional training programs for behavioral health practitioners rarely include training on how to engage, support, and collaborate with families, which further limits family recovery (Spaniol & Zipple, 1988).

Models & Approaches to Family Recovery

Families often undergo profound crisis when a member lives with mental illness or substance use disorders. The family's health and functioning are challenged and stressed in multiple ways. Research has shown that when the family's recovery needs are met, everyone benefits, including the individual member in recovery (Cleek et al., 2012; Dixon et al., 2001;). Programs and services that tap into a family's inherent strengths, competencies, and healing capacity can empower the family recovery process (Cleek et al., 2012; Walsh, 2002).

Family therapy and family education are interventions that assist families not only to support individual recovery, but also to support family recovery (Dixon et al., 2001; Kennedy & Horton, 2011). Family therapy seeks to enhance the family's strengths and resources to improve family functioning and to improve both the individual and family recovery from the consequences of behavioral health conditions (CSAT, 2004). Improved family functioning and reduced relapse rates for individual member are outcomes of family therapy (Dixon et.al., 2001). There are four predominant models of family therapy used in addictions treatment: the family disease model, the family systems model, the cognitive-behavioral approach, and multidimensional family therapy. These modalities increase family and individual recovery, but often they are not offered to families (CSAT, 2004; Kennedy & Horton, 2011).

Family education interventions, also known as psychoeducation, are evidenced-based practices in mental health services that are usually diagnosis-specific and focused primarily on the individual family member in recovery, although the family's well-being is also an important element. Professionals or peers lead these programs, which can be tailored to respond to the cultural context, and may vary in format and duration. Components include emotional support, education, resource development, and problem-solving skills (Dixon et al., 2001).

Families recognize that traditional systems of care may not meet their recovery needs. In response, they mobilized to activate family recovery using mutual support and educational interventions. Family recovery and family-driven associations and interventions that were mentioned and discussed during the meeting of the panel include:

Mutual support groups, such as Al-Anon and Alateen, which provide support and education to families who have a family member living with a substance use disorder. Al-Anon Family Groups provide spiritual fellowship and use the Twelve Steps to facilitate family recovery.

National Family Dialogue is an annual meeting of families with youth experiencing substance use disorders. The group's mission is to strengthen, improve, and sustain the treatment and recovery support systems by enabling the family's experience-based knowledge to create true change that makes their vision a reality.

Family-to-family education and support interventions, such as the National Alliance on Mental Illness's (NAMI) Family-to-Family Program, teaches caregivers about mental illnesses, medication, recent research, problem-solving and communication skills, coping strategies, and more. Families teach these courses for families, and recent cultural adaptations have been extremely successful. Family-to-family programs improve family functioning, empowerment, and coping that result in sustained benefits (Dixon, 2012).

National Federation of Families for Children's Mental Health is an association focused on the issues of children and youth with emotional, behavioral, substance use or mental health problems and their families. The vision of this family-run organization is to see that children, youth, and their families obtain needed supports and services so that children grow up healthy and able to maximize their potential. The organization advocates for a family-driven system and operates the Certification Commission for Family Support, a program offering national certification for Certified Parent Support Providers.

MOMSTELL is an organization founded by mothers who have lost children to addiction. Its mission is to promote awareness and reduce the stigma of substance use disorders through improved prevention and treatment, education, advocacy, and policy. It offers concerned parents and families education, emotional support, hope, and understanding.

The Family Empowerment Program is a promising multidisciplinary approach to helping families that are coping with mental illness in a family member. The program uses multisystem family therapy combined with critical psychosocial interventions to support family recovery. Emphasis is placed on building family competencies and harnessing inherent strengths. This program involves engaging the entire family in treatment and recovery, implementing strength-based family therapy, and providing a multidisciplinary resource team to support the family in achieving its goals. The family is empowered to address a broad range of family recovery issues (Cleek et al., 2012).

Celebrating Families! is an evidenced-based 16-week educational program for children and parents in families that have problems with substance use disorders. This community-based intervention uses interactive teaching methodologies and integrates addiction recovery concepts. Participants are taught about the disease of chemical dependency and are empowered by learning healthy living skills that help break the cycle of addiction. Developed by the National Association for Children of Alcoholics, the manualized curriculum contains both information and skills training that result in increased family recovery, reunification, and family resiliency (Hornberger, 2012).

Active Minds is the nation's only organization dedicated to using the student voice to raise mental health awareness among college students. The organization develops and supports student-run chapters on colleges and university campuses that promote a dialogue around issues of mental health and educate the entire student body about available resources in and around the campus community. Because there are generational differences in the ways in

which people approach mental health, Active Minds has become a support for many students who have experienced mental illness themselves or with family members. Younger people are often not as afraid to talk about mental illness as older individuals are, and they are often willing to share their experiences on social media.

Adolescent Community Reinforcement Approach (A-CRA) is an evidence-base practice that is used with adolescents who have substance use problems (Godley, 2007). Many adolescent treatment programs use this approach because it has a strong family component and extends services into the community.

EXPERT PANEL MEETING

SAMHSA's Expert Panel on Equipping Behavioral Health Systems and Authorities to Promote Family Recovery met in Rockville, Maryland, on September 25 – 26, 2012. The 14 panelists represented a range of expertise and perspectives, including diverse geographical areas (urban and rural), various roles (family member, provider, systems, research, and workforce development), and different systems and settings (mental health, addictions, or both). Several panelists fulfilled multiple roles (*see* Appendix A for a list of panel participants and discussion facilitators).

The panel's original goal was to ensure that the role of the family is recognized as being a critical component of recovery at all levels—systems, program, community, and individual. At the onset of the meeting, the panel revised the goal in order to ensure that SAMHSA and BRSS TACS understand how *behavioral health systems and authorities can better support and promote family recovery from mental illness and addictions*. Specifically, panelists worked on these objectives:

- To describe and understand the family recovery experience from mental illness and addictions
- To determine common as well as dissimilar aspects of family recovery and support needs across the mental health and addictions systems of care
- To identify strategies, including policies and programs, which promote family recovery
- To develop recommendations for language, products, tools, and other resources that support family recovery

Questions Considered by the Expert Panel

- What recovery supports do families need for addiction and mental health recovery?
- What role has addiction and mental health challenges had on the family in positive and negative ways?
- What are the differences between families with mental health and addiction issues?
- What can BRSS TACS do to move family recovery forward in a meaningful way?
- What vital policy and system recommendations are needed for family recovery?
- What are the consensus points for supporting family recovery?

Before the meeting, each panelist received a background paper on the family's role in supporting their family member's recovery from mental illness and addiction. This contextual information helped the group arrive at the decision to shift the meeting goal to increase understanding of how

behavioral health systems and authorities can strive to promote and support family recovery from the consequence of having a family member with mental health and addiction challenges.

The meeting agenda was reorganized around the four objectives outlined above; it included presentations, large group discussions, and small workgroups (*see* Appendix B for the meeting agenda). This format allowed each panelist to take an active role and ensured the integration of mental health and addiction perspectives as they relate to family recovery. Four main themes, presented below, emerged from the presentations and discussions conducted over the 1.5 day meeting.

THEME ONE: Family Empowerment for Health & Wellness

There is growing awareness that families possess recovery expertise and experience that can support both family and individual recovery. Families can and do recover from their mental health and addiction challenges. They emerge strong, resilient, knowledgeable, and able to meet their family goals. As one panelist stated, *"impacted isn't always impaired."* This belief was affirmed by the sentiment that the term *family recovery* is not intended to imply that there is or was something "wrong" with the family.

Instead, family recovery is a significant journey that can support individuals in recovery. Families represent recovery capital, and the behavioral health system and authorities need to engage families as collaborators and partners. Systems of care and authorities can meaningfully engage families in these ways:

- Asking what families need
- Valuing the family's expertise
- Respecting experience-based knowledge
- Capitalizing on family strengths
- Recognizing the family's cultural perspectives and practices as being protective supports

Families want myths about the family's role in mental illness and addiction debunked, skills cultivated, and guidance about accessing supports and resources that will assist in their recovery. Empowering family health and wellness requires myriad resources and diverse ways of accessing these recovery resources. According to the panel, often these resources are unavailable, or if available, culturally irrelevant. Information is not a one-size-fits-all solution; families require different levels of information to take action for themselves and their individual family member. Developing a repository of resources will ensure that there is no wrong door or no wrong path to family recovery. Families lack a clear road map to finding available options.

There was strong agreement that one issue inhibiting choice and the availability of family resources is the limited amount of research on family recovery and interventions that are family-oriented and culturally relevant. As one panelist stated, "mental health and addiction issues do not discriminate, but current resources and services are not culturally and linguistically appropriate." Families often need information presented in nontraditional ways if they are to become educated about these issues; printed brochures are often insufficient to engage families in learning about helpful resources. Families need information to make informed choices and play an equal role in

shared decision making. With funding tied to evidenced-based practices, there is a need for research that can build an evidence base for family recovery interventions and resources across the fields of behavioral health and primary care. Without sufficient data, it will be difficult to bring services that support family recovery to scale.

Another complicating factor is that mental illness and addiction are often multigenerational and thus about family reclamation. Untreated mental health and substance use disorders have devastated countless families over the course of multiple generations. For many of these families, illness, addiction, and their social and financial consequences, have become the norm and so there is no expectation for recovery.

The panelists made these recommendations to increase family empowerment and wellness:

- Gather the perspective of the children in the family and what they need; include children in family treatment and supports
- Start by asking the family what it needs; stop telling families what they need
- Implement the SBIRT model (Screening, Brief Intervention, and Referral to Treatment) in health care settings for all family members
- Develop an integrated research agenda on families and behavioral health care
- Take advantage of families who are healthy and well and use their voices to inspire families in distress
- Use employee assistance programs for outreach and engagement to educate and empower families on behavioral health care issues
- Develop and promote electronic resources that link families to recovery tools that can help meet their needs
- Foster and provide family peer support. This is a low or no cost strategy to help families access recovery supports
- Develop a national registry of family recovery strategies to help families understand what works and what does not
- Focus on the developmental aspects of children in family recovery to promote resiliency
- Utilize parent skill training to improve family resiliency
- Develop toolkits—both low tech and high tech—for families and professionals
- Inform and educate professionals and families on FERPA and HIPPA as they relate to family recovery
- Recognize that each family with addiction and mental health challenges may approach recovery differently
- Empower various family members with age and culturally appropriate resources; employ a family lifespan approach
- Use wellness- and recovery-oriented language with families instead of illness-oriented language
- Use technology more effectively to reach out, connect, and educate families about the menu of services available in their communities

THEME TWO: Community Empowerment

Panelists discussed the role of the community in supporting family recovery. Communities have both informal and formal systems of support that families use to recover. There was consensus that formal systems of care are insufficient to support family recovery and that families will need to access community supports. Thus, there exists a strong need to help families use community resources to support family recovery. There was discussion that often families need basic supports, such as safe housing, and many times systems and programs lose sight of these essential interventions.

Grassroots efforts can make a difference. Engaging diverse communities is a necessary step in developing these communities into family recovery resources. Communities—in particular schools, cultural communities, and faith communities—need education about behavioral health and recovery if they are to provide essential support to families in recovery. Panelists discussed how special education advocates have strategized to make use of schools as a place for the whole family. These advocates successfully implemented a strengths-based approach to educate families about resources that benefit both child and family. This paradigm emphasizes family problem-solving abilities, health, and wellness. Community empowerment can be an important support for family recovery and holds potential for unifying the mental health and addiction fields as one recovery community.

Panelists made several recommendations:

- Develop a public health or media campaign, such as Denver's Family is Recovery campaign, to educate communities about family recovery
- Implement family education curricula, such as the Celebrating Families! Model
- Raise awareness in communities about essential community resources
- Educate systems, programs, and providers to improve their capacity to support families to live well in their communities
- Reach out to community organizations to provide information on how to help, as is done in in reducing domestic-violence campaigns
- Study CDC's Healthy Communities Program as a model for changing and improving family recovery
- Modify and implement successful community action models for family recovery, such as the Family Independence Initiative and the Harlem Children's Zone
- Involve educational institutions from pre-school to high school—particularly those in diverse and minority communities—in supporting family recovery
- Reach out to and educate faith communities, helping them provide effective family recovery supports
- Educate and involve diverse cultural communities in family mental health and addictions recovery

THEME THREE: Workforce Development

The need for improvements in the workforce to support family recovery stimulated much discussion. The panel was unanimous in its viewpoint that workforce development needs to be a priority in transforming the system to support family recovery. Families—especially those from

diverse groups that historically have not been engaged in culturally relevant ways—may distrust systems of care. This distrust is the genesis of the family peer support workforce as families help each other recover through their expertise and experiences. The panel discussed the powerful role that families and peers play in bridging and unifying these two systems in order to support family recovery.

There is a need to identify core competencies for both the professional and paraprofessional workforce that will support family recovery. Peer-to-peer support as a workforce development model is increasing in terms of opportunities and funding streams. The panel presentations highlighted different types of peer support provided by representatives from different generations that support family recovery. Active Minds, for example, is an association that empowers students to have a voice and advocate for mental health and resiliency. Other promising initiatives include work being done by the National Federation of Families for Children's Mental Health (core competencies available at http://certification.ffcmh.org/resources) and PRO-ACT, the Pennsylvania Recovery Organization – Achieving Community Together.

Despite these initiatives, there are few standard models of training for family peer specialists and there is no national consensus on the provision of family peer specialist trainings. The panel discussed health reform and the importance of leveraging the Affordable Care Act (ACA) to support workforce development capable of supporting family recovery. Core competencies that support family recovery need to be defined for professionals and paraprofessionals, and best practice guidelines that shift the focus from individual to the entire family need to be developed for professionals working in behavioral health care.

The panel generated these recommendations specific to workforce development:

- Integrate and collaborate on approaches for mental health and addictions; align standards and accreditation to eliminate silos and create synergy
- Train health care professionals to use simple interventions to successfully engage families (e.g., the Three Question Intervention: Tell me your story; what can I do for your family; and what does your family need?)
- Employ peers as health navigators for families in their communities
- Consider bringing back family development specialists to increase family self-sufficiency and independence
- Encourage the behavioral health care workforce to collaborate with and use peer support programs to promote family recovery
- Implement the QPR Gatekeeper Training, an hour-long suicide prevention training conducted by skilled trainers in community to support family recovery and increase the number of community members who are knowledgeable about behavioral health services.
- Train professionals and paraprofessionals in using a common language that bridges the dual cultures of mental health and addictions and supports family recovery

THEME FOUR: Including Family Recovery in the Transformation of Health Care

Throughout the meeting, panel members challenged each another to define what it would take to create an active collaboration between the dual systems of mental health and addictions care.

Creating a synergy of efforts and a unified voice for family recovery is especially important. This effort will require strong leadership, outreach and engagement, coordinated programmatic and fiscal reform, and creative solutions. Recovery partnerships and advocacy for family recovery, by both mental health and addictions fields, were outlined as critical strategies. These partnerships and advocacy activities must include entities, such as SAMHSA and the Centers for Medicare and Medicaid Services (CMS), which hold power to shift paradigms of operation that result in practice and fiscal transformation.

Panelists were strident that one outcome of these BRSS TACS expert panel meetings be the creation of taskforce groups charged with ensuring that transformation occurs. The panel defined these action steps:

- Develop quality indicators of family recovery and family involvement in systems
- Increase infrastructure and systems capacity to meet family recovery needs
- Integrate paying streams to support dissemination and implementation of family recovery strategies and programs
- Reach out to, engage, and educate local and State authorities that are charged with transformation to ensure inclusion of family recovery

FUTURE DIRECTIONS & RECOMMENDATIONS

At the meeting's conclusion, panelists were charged with making concrete suggestions to guide SAMHSA and BRSS TACS in meaningful ways to ensure that behavioral health systems and authorities promote family recovery. Three taskforce groups worked to:

1) Develop BRSS TACS recommendations
2) Develop a policy framework for federal, State, and local levels
3) Develop consensus statements that integrate mental health and addictions in family recovery

GROUP ONE: BRSS TACS Recommendations

- Apply the framework of *what is it, what to do about it, and where to find resources* for family recovery
- Develop a national menu or repository of information about mental health and addictions for families; include family health and wellness, screening tools, asset maps, and community-specific resources
- Develop and disseminate a family recovery toolkit
- Develop workforce standards and curricula
- Develop media campaigns targeting diverse communities about family recovery
- Develop clinical tools that help providers engage and empower families
- Facilitate collaboration among associations and guilds to integrate efforts and pool resources
- Create an advocacy strategy that integrates mental health and substance use disorders in family recovery
- Create diverse tools, such as workbooks, electronic, groups, and posters, for family members of all ages and disseminate to relevant communities
- Create a family recovery taskforce charged with assisting in the transformation at the community, State, and federal levels

GROUP TWO: Policy Framework for Local, State & Federal Levels

- Require the development of family and cultural competencies for all grants and advanced degrees. The long-term goal is the inclusion of these competencies in professional credentialing. Target primary care, social work, mental health providers, certified psychiatric rehabilitation providers—all behavioral health care professionals and peers, including parent support providers.
- Have SAMHSA grants require components that engage the planning and development of age-appropriate individual and family services
- Leverage money in the ACA into workforce development programs in mental health and addictions to incorporate the full range of paraprofessional and professionals, including peers and parent support providers
- Develop an action plan to present this report to each Mental Health Planning and Advisory Council and other regional, State, and federal staff
- Ask CMS to remove the need for a waiver for Medicaid reimbursement of peer and family peer provided services
- Advocate that private health plans reimburse family recovery services

- Ask that CSAT/NIDA provide a minimum of 25 percent of their request for proposals for preventive interventions for at-risk children, youth, and family health and wellness to develop an evidence base for these interventions
- Create a NIH research institute addressing family recovery that includes community participatory action research and research evaluation of the effectiveness of family interventions in mental health and addictions
- Ensure that stakeholder presentations are made to SAMHSA leadership and Joint Council Leadership about family health and wellness with the intent of including recommendations into 2014 RFAs

GROUP THREE: Consensus Statements Integrating Mental Health & Substance Use Disorder Services & Supports

- All families and their members should receive the opportunity for appropriate support for family recovery. Families have a right to define and choose what is culturally appropriate.
- There must be equitable policies and financing for family support services in both the mental health and substance use disorder systems.
- Family-to-family and peer-to-peer support is necessary for family health and wellness.
- Family support should be available before, during, and after the continuum of treatment, rehabilitation, and recovery of the family and family member.
- Menu of services should be comprehensive, coordinated, and community-based.
- Disseminate public education and messaging about family recovery in all communities.
- Menu of services should be effective, equitable, and efficient. It should include evidence-based practices, promising practices, and emerging practices that support family recovery.
- All family members have a right to have their health and wellness needs met in the treatment and recovery from mental health and addiction challenges.
- Families can be valuable partners in addressing the unmet needs that can be barriers to achieving the health and wellness for the entire family.
- Families can be valued and collaborative partners with providers and programs in the two systems of care.

CONCLUSION

As behavioral health systems and authorities strive to transform our health care systems, they will need to promote services and supports that assist family recovery from mental health and substance use disorders. This will require a paradigm shift for many, as traditionally the focus has been limited to how families can support the individual family member living with these disorders. While this is an important and desired role for the family, attention to whole family recovery, with the compliment of research, services and supports that will promote the health and wellness of families in our communities, is long overdue. This expert panel meeting demonstrated that the fields of mental health and substance use disorders are committed to creating a full partnership in advocacy, research, and practice to ensure family recovery. This is the panel's charge to SAMHSA and the BRSS TACS project. ◆

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APPENDIX B: MEETING AGENDA

September 25, 2012 – Day One

9:00 – 9:15 Welcome & Opening Remarks

Catherine D. Nugent, L.C.S.W., *Senior Public Health Analyst*, Center for Mental Health Services/SAMHSA

Marsha Baker, L.C.S.W., *Public Health Advisor*, Center for Substance Abuse Treatment Services/SAMHSA

9:15 – 9:30 Introductions

Cheryl Gagne, Sc.D., Center for Social Innovation

Chacku Mathai, New York Association for Psychiatric Rehabilitation Services

9:30 – 9:45 Goals & Expectations

Cheryl Gagne and Chacku Mathai

9:45 – 10:30 Personal Presentations & Discussion

Facilitated by Cheryl Gagne and Chacku Mathai

10:30 – 10:45 Break

10:45 – 10:45 Plenary Discussion: How family members support the recovery process

The panel will consider the following questions:

- What supports can family members provide in addiction and mental health recovery?
- How do family members experience a parallel recovery process?
- What helps the whole family recover?
- What hinders recovery for family members?

11:45 – 12:30 Lunch

12:30 – 12:45 Next Steps for Afternoon Session

Cheryl Gagne and Chacku Mathai

12:45 – 1:30 Plenary Presentations: Current State of Family Roles in Recovery Support

Henry Acosta, M.S.W., National Resource Center for Hispanic Mental Health, National Alliance for Mental Illness

Lisa Dixon, M.D., M.P.H., Center for Practice Innovations

Beverly Haberle, M.H.S., L.P.C., C.A.A.D.C., The Council of Southeast Pennsylvania

1:30 – 2:30 Breakout Groups: Strategies for Promoting Family

- What are communities, programs, and states doing to involve and support families in mental health recovery? What more could be done to involve and support families in mental health recovery?
- What are communities, programs, and states doing to involve and support families in addiction recovery? What more could be done to involve and support families in addiction recovery?
- What are the differences between family roles in addictions recovery and mental health recovery and what can the two fields learn from one another about positive family roles?

2:30 – 2:45 Break

2:45 – 3:15 Report from Breakout Groups
Cheryl Gagne and Chacku Mathai

3:15 – 4:15 Plenary Discussion
The panel will consider the following questions:

- In addition to immediate family members, what other support people can fill similar roles for people who may be estranged from members of their immediate family (e.g., members of the LGBTQ community, veterans, or others who have had similar experiences)?
- If the person has experienced trauma within the family unit (e.g., childhood physical or sexual abuse), how peers, programs, and communities can work with the person to decide if family support is helpful or harmful to recovery?
- What other ways can we define "family" that would be helpful in the recovery process?
- Are these broad definitions of family the same or different across mental health and addictions recovery?

4:15 – 4:30 Summary of the Day
Cheryl Gagne and Chacku Mathai

4:30 – 4:45 Closing Remarks & Plan for Tomorrow
Cheryl Gagne and Chacku Mathai

September 26, 2012 – Day Two

9:00 – 9:30 Welcome, Review, & Goals for Day Two
Cheryl Gagne and Chacku Mathai

9:30 – 10:15 Plenary Presentation
Pockets of Excellence: Positive Roles for Family Members in Recovery Support

Alison Malmon, Active Minds

Sandra Spencer, National Federation of Families for Children's Mental Health

Steven Hornberger, M.S.W., Celebrating Families

10:15 – 10:30 Break

10:30 – 11:15 Breakout Groups:
Recommendations for products, tools, & other resources that promote positive roles for family members in recovery support. The panel will consider the following questions:

- What written products could be developed to support the role of family members in substance abuse recovery? Mental health recovery?
- What online tools could be developed to promote the role of family members?
- What additional activities could BRSS TACS lead that would promote the role of family in the recovery process?

11:15 – 11:45 Report from Breakout Groups

11:45 – 12:30 Next Steps
Cheryl Gagne and Chacku Mathai

12:30 – 12:45 Acknowledgements & Adjournment
Deepa Avula, M.P.H., Chief, Quality Improvement and Workforce Development Branch, Center for Substance Abuse Treatment/ SAMHSA