



Track 2

Developing the Anishnaabek ROSC: 1

Pulling it all together: Looking at the Big Picture/
Using ATR dollars to fund the RC and RS activities/
Budgeting using ATR dollars/ How to stretch
dollars with the RC / Presenting the budget to your
administration

Recovery Coach Institute Anishnaabek Healing Circle ATR III



The Anishnaabek Healing Circle



Building a Recovery-Oriented System of Care:

Shifting the model of intervention from acute care of individuals to a sustained recovery management approach relies on partnerships with individuals, families and communities. (White & Sanders, 2004).

ATR II started the “process” of integrating services into a ROSC. ATR III continues that process by identifying key elements to integration.

Basic Premises:

- ***The ITC philosophy is to build the capacity of collaborating tribes.***
- ***12 tribes and one urban Indian center are the ATR Access & Care Coordination Centers – the gateway into ATR services.***
- ***Empowerment implies responsibility: every tribe builds on what resources already exist in their community to meet their own needs.***

Care Coordination:

- ***Care Coordination is the key to sustained recovery.***
- ***A Care Coordinator who is connected to the community can help the consumer connect.***
- ***The consumer and the Care Coordinator are partners who discover local recovery resources.***

The Tribal Umbrella:

- ***Every tribe has programs: every program and department is part of the circle of recovery for an individual.***
- ***Whatever (and whoever) the individual needs to support their recovery is whatever (and whoever) should be integrated into the circle of recovery.***
- ***Build on what already exists.***

Key elements to integrating services:

- ***Building relationships***
- ***Taking Time***
- ***Sharing stories and dreaming dreams***
- ***Including everybody***
- ***Forming a Learning Community***
- ***Building on community strengths and resiliency***
- ***A shared vision***
- ***Focusing on specific goals***

Recovery Coach Initiative is based on:

- ***Helping Healer-Concept developed through previous grants: to help bridge clinical therapy and cultural resources, and walk with consumer through the treatment process.***
- ***Works closely with consumers in a non-clinical way.***
- ***Increases engagement, access and retention.***

- *Can connect consumer to cultural & spiritual teachings; multiple paths to recovery.*
- *A recovery coach is NOT a clinician, case manager or sponsor – a recovery coach is a coach.*

Strategies for building our capacity to provide a full array of recovery support services include:

- *A Recovery Coach Curriculum and Recovery Coach Training process*
- *A Recovery Oriented System of Care within our tribal communities*
- *Outreach to previously under-served populations: veterans and military, chronic substance abusers, prisoner re-entry, elders and adolescents.*
- *Identify program qualities that will support a ROSC*
- *Identify program qualities that will support Recovery Coaching*
- *Develop a strategic plan to obtain “buy-in” from tribal behavioral health and health administrations to implement a ROSC in each of 12 tribes in Michigan*
- *Implement the strategic plan to parallel the timeline for certification of the first cohort of Recovery Coaches*

Outcomes:

- *Trained Recovery Coaches within each tribal community, who are from each tribal community, who can provide ATR billable recovery management services to the target population.*
- *A Recovery Oriented System of Care that includes programs, people and resources, with the consumer at the center of the circle.*

Whatever (and whoever) the individual needs to support their recovery is whatever (and whoever) should be integrated into the individual’s circle of recovery. This is the Anishnaabek Healing Circle.





Anishnaabek Healing Circle ATR, Inter-Tribal Council of Michigan

The Tribal Umbrella: Tribal organizations have multiple programs or departments that can provide recovery support services to ATR clients. These tribal programs and services, as well as activities provided by community resource people for whom the tribe bills ATR are considered to be under the “Tribal Umbrella.”

A tribe may have a substance abuse or behavioral health department that provides recovery support activities in addition to clinical treatment. For example, the behavioral health department may sponsor sobriety gatherings, retreats and recovery support groups. The tribe may have a recreational department, a cultural division, an education department, a social services division, a health division. The health division employees may offer health education in nutrition; heart, diabetes, smoking cessation, chronic disease management; access to a traditional healer; and alternative medical interventions for stress management. The social services division may offer parenting or domestic violence classes, family education activities and life skills. The cultural division could offer language, culture and traditional teachings; men’s and women’s circles, sweat lodges, fasting camps and teaching circles. Human resources could provide job readiness and employment activities. Recreation and Education departments offer a wealth of fitness, social and educational opportunities. Any and all of these services could be provided for recovery support under the tribe’s “umbrella.” The program may voucher for the service and be reimbursed through ATR if the service is an enhancement, or provide the service at no cost as part of an existing program or tribal department.

The resources from ATR cannot be used to supplant (replace) existing resources. The ATR dollars are intended to fill gaps in services, to expand or enhance existing resources and program activities. For example, a recreation program might already provide access to a gym and teacher; by including ATR clients, the class size could be expanded, an extra class could be scheduled, or materials supplemented.

Recovery Community and Peer Recovery Support under the Tribal Umbrella: In addition to tribal programs and departments providing activities through their paid employees, the Tribal Umbrella should include local recovery community resource people who provide a variety of recovery support services for ATR clients to choose from. These resource people can be contracted by a tribal program, or volunteer. The tribal Behavioral Health Program Care Coordinator case manages the type and amount of services; the program bills ITC monthly for voucher transactions; receives a check and pays the resource people for pre-approved, vouchered services. For example, the tribe may contract with a local massage therapist, a yoga teacher, an elder who teaches beadwork and regalia-making, a story-teller, a pastoral counselor and a traditional healer. The tribe may also contract a GPRA Tracker and several Peer Recovery Coaches to maintain ongoing contact with ATR clients. The tribe bills for services rendered and pays the resource people at a rate established by the tribe as established in the contract. Every person providing a vouchered ATR service must complete Part 5 of the Anishnaabek Healing Circle ATR Network provider application, regardless of their status as an employee, contractor or volunteer. The application includes passing a federal background check.

Every tribal program and department, every local agency, every friend, neighbor and relative is part of the Circle of Recovery for an ATR client. Choose Recovery!

**ATR Anishnaabek Healing Circle
and
A Recovery-Oriented System of Care**

- I. What is a Recovery-Oriented System of Care (ROSC)?**
 - A. Who needs to be involved in developing a ROSC?**

- II. Elements of a ROSC: What's needed to effectively manage recovery while optimizing ATR resources.**
 - A. Recovery Management Plan**

Who's involved in writing it/ who helps client manage it?
 - B. Care Coordination**

Case Management/ Recovery Coaches
 - C. Contingency Management**

How to tie direct service dollars to active engagement in recovery

- III. ATR Recovery Model: Developing goal-oriented, achievable objectives and identifying ATR activities and services to support each stage of recovery.**
 - A. Pre-Treatment**
 - B. Stabilization**
 - C. Early Recovery**
 - D. Middle Recovery**
 - E. Late Recovery**
 - F. Maintenance**

- IV. Questions to ponder:**
 - A. Does your program have enough case managers with enough time to adequately serve your current ATR client population?**
 - B. If so, how do you pay for it? If not, what are the options?**
 - C. Who does Recovery Management Planning now with your clients?**
 - D. Do you have a written format for recovery planning? Want to share it?**
 - E. Would you prefer a Case Manager who dedicates time solely to care coordination, or already assigned staff (ie primary counselor) who performs CM along with other duties?**
 - F. Would a "standardized" Recovery Management Planning tool for ATR clients be useful to you, or would that be too prescriptive?**
 - G. Could peer recovery coaches be trained and then contracted to provide care coordination with your clients once they enter the recovery support level of care for ATR? Pros/Cons?**
 - H. How is ATR already implementing a ROSC?**
 - I. How can ATR III do it better?**

ATR Phase I Community Services Plan

Describe your plan for providing culturally based motivational services to ATR clients in Phase I.

Purpose of Phase I: Phase I clients have positive screening scores but they are not ready to have a full clinical assessment or to consider treatment. These ATR III participants are screened, a GPRA intake is completed, and they are registered as clients for ATR Phase I services. The focus of Phase I is on developing readiness. (Note: Readiness can be addressed at all phases.) Motivational services and peer coaching can be provided along with limited transportation support for attending ATR Phase I activities.

- Intake Cost Per Client: \$100 (Screening \$10, GPRA Intake \$60, ATR Intake \$30)
- Motivational Development: Up to 8 hours (\$320)
- Peer Support and Relapse (\$240)
- Care Coordination (\$200)
- Transportation (\$40)

Describe Services that your Tribe will provide to community members in Phase I:

Activity: Weekly Substance Abuse Education Group for four weeks and then a two hour motivational session four months later.	Start (Just Examples)	End (Just Examples)
Every Phase I client will complete: Four sessions of Substance Abuse Education (Service Code 6010) @ \$40 per hour or \$160 per person. These sessions will focus on expanding the participant's understanding of addiction and the impact on individual and family. The sessions will build motivation to change.	Oct Jan April July	Nov Feb May Aug
Every Phase I client completing the four educational sessions will be eligible for a \$40 transportation voucher to help with the cost of gas to attend the sessions. \$40 per person		
Every Phase I client will complete: Two hour session of Motivational Development Activities 6038 staged at four to five months after the initial Educational Sessions @ \$40 per hour at a cost of \$80 per person. These sessions will focus on expanding the participant's motivation to change. Motivational speakers with an appropriate cultural emphasis will be used. (Follow-up GPRA could be completed at this session)	Jan April July Oct	Jan April July Oct

What is the Estimated Cost Per Person: Recommended average cost <\$500 to allow for greater expenditures for Phase II and Phase III

- Intake \$100
- Motivational Development=\$240
- Peer Support and Relapse Prevention=
- Care Coordination= \$20 for billing
- Transportation=\$40

Estimated Number of Phase I ATR Clients in Year I: Total =

Estimated Cost of Phase I = clients x \$ per client = Total Phase I Cost=\$
(Calculate estimated average cost per client x estimated number of clients)



ATR Phase I Community Services Plan

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- Care Coordination (\$200)
- Transportation (\$40)

Describe Services that your Tribe will provide to community members in Phase I:

Activity:	Start	End

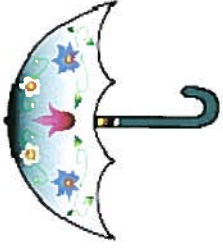
What is the Estimated Cost Per Person: Recommended average cost <\$500 to allow for greater expenditures for Phase II and Phase III

- Intake \$
- Motivational Development=\$
- Peer Support and Relapse Prevention=
- Care Coordination= \$
- Transportation=\$

Estimated Number of Phase I ATR Clients in Year I: Total =

Estimated Cost of Phase I = clients x \$ per client = Total Phase I Cost=\$
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Anishnaabek Healing Circle Phase I Worksheet



Purpose of Phase I: Phase I clients have positive screening scores but they are not ready to have a full clinical assessment or to consider treatment. These ATR III participants are screened, a GPRA intake is completed, and they are registered as clients for ATR Phase I services. The focus of Phase I is on developing readiness. (Note: Readiness can be addressed at all phases.) Motivational services and peer coaching can be provided along with limited transportation support for attending ATR Phase I activities.

Describe Services that your Tribe will provide to community members in Phase I:

Activity: Describe and include a timeline	What Resources are Needed? (People, Places, Money)	How will you bill?	Steps to get there.

ATR Phase III Community Services Plan

Describe your Tribal community plan for providing culturally based recovery support services to ATR clients in Phase III.

Purpose of Phase III: Phase III clients have positive retrospective screening scores or have positive scores at intake and then move from Phase II to Phase III. Phase III clients are in recovery but could relapse. This includes people in all stages of recovery from early to long term sustained recovery. Motivational services and peer coaching can be provided along with a full array of individualized recovery support services.

Describe Services that your Tribe will provide to community members in Phase III:

Activity: Example: Peer Recovery Support Group - Individualized Recovery Support Services –Cultural Groups-Spiritual Support-Housing Support-Employment Support Services	Start	End
Every Phase III client will complete 12 hours of education (code 6030) These services will be offered to persons in the recovery. (Early, middle or late-you might want to consider focusing on a particular group or having different groups for different stages??)		
Every Phase III client will receive a bi-weekly recovery coach call or face to face visit to provide support, encouragement and help with problem solving and resources identification.		

What is the Estimated Cost Per Person: Average Cost/person =

Recommended average cost <\$800

- Intake (Screening, GPRA, ATR Intake, and Recovery Support Assessment) @ \$140 to \$180 per person
- 12 hours of education (6030) @\$40/hr \$480 per client
-
-
-
-
- **Estimated Number of Phase III ATR Clients in Year I: Total = \$**

Estimated Cost of Phase III = clients x per client = Total Phase III Cost = \$
(Calculate estimated average cost per client x estimated number of clients)

ATR Phase III Community Services Plan

Describe your Tribal community plan for providing culturally based recovery support services to ATR clients in Phase III.

Purpose of Phase III: Phase III clients have positive retrospective screening scores or have positive scores at intake and then move from Phase II to Phase III. Phase III clients are in recovery but could relapse. This includes people in all stages of recovery from early to long term sustained recovery. Motivational services and peer coaching can be provided along with a full array of individualized recovery support services.

Describe Services that your Tribe will provide to community members in Phase III:

Activity:	Start	End

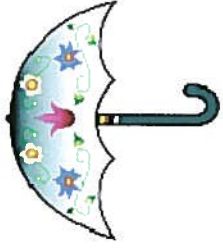
What is the Estimated Cost Per Person: Average Cost/person =

Recommended average cost <\$800

- Intake (Screening, GPRA, ATR Intake, and Recovery Support Assessment) @ \$140 to \$180 per person
-
-
-
-
- **Estimated Number of Phase III ATR Clients in Year I: Total =**

Estimated Cost of Phase III = clients x per client = Total Phase III Cost = \$
(Calculate estimated average cost per client x estimated number of clients)

Anishnaabek Healing Circle Phase III Worksheet



Purpose of Phase III: Phase III clients have positive retrospective screening scores or have positive scores at intake and then move from Phase II to Phase III. Phase III clients are in recovery but could relapse. This includes people in all stages of recovery from early to long term sustained recovery. Motivational services and peer coaching can be provided along with a full array of individualized recovery support services.

Describe Services that your Tribe will provide to community members in Phase III:

Activity: Describe and include a timeline	What Resources are Needed? (People, Places, Money)	How will you bill?	Steps to get there.

Sample Budget Phase I, Phase III ATR Program

Line Item	Cost Breakdown	Total Cost	Program Contribution	Inkind
BH Program	\$1000	\$3000		
Materials/Supplies	\$2000			
Client Incentives		\$2000		
GPRA Follow-up	40x \$25 = \$1000			
Contingency Management	40 x \$25 = \$1000			
Tribal Umbrella Support:		\$8180		
Materials:	\$3580			
Facilitators/Teachers/Presenters:	\$3550			
Travel:	\$600			
Tribal Program Enhancement:	\$450			
Total		\$13,180		
Other ATR III Expenses				
Background Checks	???			
Other	???			
Care Coordinator/Case Manager .5 FTE Salary/Fringe	\$21,750			
Staff Training/Certification	\$2000			

Access Center annual target number = 40 clients
Tribal Access Center Annual ATR III cap = \$34,525

The recovery support activities will focus on the following:

- 1 weekly on-going support group
- 4 quarterly community sobriety celebrations
- 1 seasonal gathering project
- 1 bi-weekly addictions education class
- 1 materials support for tribal umbrella classes/activities

Budget Justification

Supplies and Materials/ Behavioral Health Program: \$3000
Addictions Education classes: videos, workbooks, supplies = \$2000
BH Program supplies to support activities = \$1000

Incentives: \$2000

Client Incentive for 6 month GPRA follow-up completion:

40 x \$25 = \$1000

Contingency Management: prizes for drawings for participation in Phase I & III activities: 40 x \$25 = \$1000

Tribal Umbrella Program Support: \$8180

Materials: \$3580

Materials support for large group activities:

4 (activities) x \$250 = \$1000

Materials support for support groups:

52 (weeks) x \$20 = \$1040

Materials support for tribal umbrella classes:

52 (weeks) x \$20 = \$1040

Seasonal gathering activity: travel and misc. = \$500

Facilitators/Teachers/Presenters: \$3550

Presenters/Honorarium: 2 x \$100 = \$200

Presenter at quarterly celebration: 4 x \$400 = \$1600

Craft Teacher: 25 (weeks) x \$40 (per class) = \$1000

Cultural Resource Person: 10 (presentations) x \$75 = \$750

Travel: \$600

Seasonal Gathering Trip: \$300

Training/Misc. \$300

Tribal Program Enhancement: \$450

Support for capacity enhancement:

3 programs x \$150 = \$450

Workforce Development:

Recovery Coaches training: with ITC/SAMHSA. Train the trainers model. Expect a minimum of 2 community people to be trained in recovery coaching by attending a recovery coach institute at ITC expense. Inkind contribution from tribe will be time for people to be released from work or otherwise supported in order to travel for training, and to share what they learn once they return

Care Coordinator/Case Manager .5 FTE \$15,000.

Fringe @35% \$ 6,750.

Travel to Training \$ 1,500.

Training (Certification) \$2,000.

Other ATR Expenses:

Background Checks: Cost????

Personnel		
Case Manager	Tribal Clinical Treatment and Recovery Support Fund	\$159,750.
Counselor 2.5 FTE		\$15,000.
Fringe @35%		\$ 6,750.
Travel to Training		\$ 1,500.
Training (Certification)		\$2,000.
Detoxification Services not paid for by other sources		\$25,000.
		\$80,250.
Total revenue		\$240,000.
Balance after enhancements		\$159,750.