

Addendum to the 2015 Health and Human Services Mayoral Forum  
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Promoting Alcohol and Other Drug Treatment Service Delivery Systems  
that Reflect Long-Term Recovery Efforts and Community Continuum of Care

Diana R. Piperata, Ph.D.  
Self Help Movement, Inc.

Background

In 1794, prominent Philadelphia physician and “father of American Psychiatry”, Dr. Benjamin Rush launched his inquiry into the effects of alcohol (“spirits”) on the person’s body and mind. He recognized the effects as not only physical, but all-encompassing of the person’s humanity. In 1810, Dr. Rush argued for the “Sober House” in order to care for those persons who were “confirmed drunkards”. While the language, perception, and treatment of persons with substance use disorders (SUDs) have changed dramatically over the last two centuries, the commitment to care for those persons who suffer from the disease of addiction has not.

Philadelphia remains a leader in innovative and evidence-based treatments for addictions. This is readily recognized through the Recovery-Oriented Transformation System initiated by the City of Philadelphia’s behavioral health department ten years ago. Over the last decade, Philadelphia has witnessed the emergence of education, prevention, and intervention programs that have positively impacted the direct service delivery and long-term outcomes for those who seek out intervention assistance and for the larger community affected by addiction: families, educational institutions, places of business and of worship. Treatment planning for persons seeking assistance supports a holistic approach to treating the person (not just the addiction), including attending to family, educational, employment, legal, spiritual, and other psychosocial responsibilities and privileges afforded to all citizens.

Despite the recognition of these needs and inherent reality that assistance will be time sensitive, the expected length of care over time has not been consistently applied. Historically, we have witnessed the prescription for the treatment of persons with addictions to range from long-term (years) residential care to short-term (two weeks – 30 days) regardless of the severity of psychosocial impact and residual stressors. The duration of treatment seems to be related more so to the current affairs of society than to the research based data, both quantitative and qualitative, that clearly highlights the importance of long-term, step-down continuum of care. Transitioning from more intensive care in a controlled environment to less-restrictive and similarly supportive community care has been recommended as the ideal for success in the treatment of addictions.

## Current State

While much has changed since the late 1700's, Philadelphia continues to demonstrate an outstanding commitment to the treatment of persons affected by addiction. The direct service providers of Philadelphia organize regularly with the shared intention of enhancing the services provided to all citizens and community organizations (i.e., schools, businesses, places of worship) that are impacted by addiction. The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) supports a provider network system that offers a multitude of prevention, education, and intervention services to those at-risk for personal addiction, for those that are impacted by another's addiction, for those struggling with active addiction, and for those moving forward in their recovery process.

In a report by the Kaiser Family Foundation (2014), the rate of uninsured people (i.e., working age adults without insurance) decreased nationally to 17.7 percent, but in Pennsylvania the rate rose from previous reports to 13.8 percent. Philadelphians were among those who witnessed the rise in uninsured rates. Acknowledging the uninsured/underinsured, the DBHIDS supports Philadelphians with these prevention and intervention services through provision of county-based behavioral health funds. Through the formation of Community Behavioral Health (CBH – a not-for-profit health system) in 1997, substance abuse/addiction services were improved and expanded, thereby reaching more people in need who would likely have not been served otherwise. CBH recognizes that this has only been a successful venture due to the coordination of community resources and experts dedicated to compassionately assisting those seeking support.

The level (intensity) of service care offered to a person is determined via the Pennsylvania Client Placement Criteria (3<sup>rd</sup> edition, 2014), a *“set of guidelines designed to provide clinicians with a basis for determining the most appropriate care for individuals with substance use disorders (SUDs). These guidelines, which have been modified to fit Pennsylvania's specific needs and circumstances, include admission and continued stay criteria. The guidelines also give detailed guidance for special issues and populations that are important to ensuring that individuals receive optimal treatment placement. They have been formulated to promote a broad continuum of care, which places individuals in the most clinically appropriate setting, while providing the best opportunity to efficiently utilize SUD treatment, intervention, and other community resources. The PCPC plays a critical role in a Recovery Oriented System of Care (ROSC) by supporting two major ROSC elements: ensuring continuity of care and promoting access and engagement.”* The PCPC is recognized as a valid and reliable instrument for placement consideration and is utilized by all Pennsylvania licensed providers.

The levels of care are comprehensive and include early intervention, outpatient, intensive outpatient, partial hospitalization, halfway house, medically monitored inpatient detoxification, medically monitored short and long term residential, medically managed inpatient detoxification, and medically monitored inpatient residential treatment options. The placement determination is designed to optimally serve the person while promoting a step-down continuum of care.

Essential to the success of this model is the participation of case management services (internal and community based) and identification of community resources (e.g., GED programs, employers/local businesses, faith-based systems, 12 Step/Fellowship) at each level of care. Doing so requires sufficient time for referral and activation of adjunctive supports identified. When effectively incorporated and managed, the person in recovery is more likely to experience positive outcomes both in the short and long term.

Philadelphia service providers are dedicated to helping the person seeking assistance collaboratively identify and achieve specific goals over time. The identified time is not fixed, nor are the goals set. However, providers are often met with the “time-crunch” to “heal” a person. It must be understood that goal attainment and long-term recovery from addiction requires life-long commitment. It is expected that progress through any level of care is specific to the person’s unique circumstances and the specific needs of the person will dictate the progression of treatment. Additionally, there must be consideration for time in placing all the necessary recovery support services in place. Presently, the state of treatment is partly dictated by time which places burden on both the provider and the person receiving treatment to prematurely transition level of care, regrettably leaving the person vulnerable to setback and relapse.

Of equal importance to time is the participation of non-treatment entities. Community businesses, places of worship, and educational institutions are identified as essential components of a successful plan of recovery. The City of Brotherly Love has demonstrated its commitment to its citizens by partnering with many service providers to welcome those in recovery into the community through employment opportunities, affiliation with faith-based services, and enrollment in educational programs. However, there still remains a misunderstanding of addiction and recovery among many people that may prevent effective reintegration for many persons in recovery. We consider reintegration another component of continuum of care. The sense of esteem provided through employment and recognition for a job well done is considered critical in recovery. Yet, a history of substance use disorder has been an obstacle for many seeking employment and providers are working diligently through community outreach and education to remove this barrier.

Also identified as critical to the recovery process are the components of spirituality, faith and culture, features prominent in the establishment of the City of Philadelphia and its inclusive philosophy. In 2005, DBHIDs created the Faith and Spiritual Affairs unit (formerly known as Faith-based) to forge partnerships with community churches, mosques, and synagogues to facilitate and integrate the principle of faith in its behavioral health services. These successful coalitions continue to connect people with necessary recovery supports and services that are not readily available in the formal treatment milieus. The Faith and Spiritual Affairs unit will be hosting its 9<sup>th</sup> annual conference at the Philadelphia Convention Center in April 2015. This conference will highlight the aforementioned “Transformation” and the journey of the Faith and

Spiritual Affairs team over the last ten years - *"It will provide a perspective of how faith communities and behavioral health communities have created partnerships and shared resources to promote recovery, resilience and self-determination."* (DBHIDs, 2015). A critical component of this initiative is coordination with the Mayor's Office of Faith-based Initiatives, a partnership which has been productive and rewarding to all involved since its inception.

Continuing education is an essential goal for most persons in recovery. Some are seeking completion of high school and college education or job-skills training for trade. The problem lies in coordinating treatment services with standard education opportunities. Courses of study and training are not necessarily scheduled to accommodate a person in recovery's treatment schedule. Local college campuses do not offer specific sober living housing options and those that do have limited availability for placement. Yet, we have seen intentional efforts by local colleges to accommodate persons in recovery and this is hopeful for future planning.

Financially, the impact of addiction has rendered many with bad credit and little to no options for loans to support educational endeavors. Financing higher education may be exceptionally difficult for persons in recovery thereby leading to discouragement of further progress. Persons in recovery and their advocates have been vocal in making changes in this area, and we are hopeful that government will likewise advocate for change in opportunities for continued education.

A number of advocates have established job/skills training opportunities at no cost to persons in recovery. The Pennsylvania Office of Vocational Rehabilitation (OVR) provides vocational rehabilitation services to prepare for, obtain, or maintain employment. Vocational evaluations, training, placement assistance, and support services including provision of occupational tools, licenses, or equipment are also available for those who qualify. As indicated through feedback by those who have benefitted from their services, OVR has been essential to the quality of recovery by offering opportunities not otherwise available to a person "starting over" without income and presenting with limited confidence. OVR also offers financial support for treatment episodes when a person does not meet the criteria for funding through CBH. Without this financial support, many Philadelphians would not have the opportunity for intervention in a licensed, supportive treatment environment.

The City of Philadelphia is rich in the human resources essential to promote health and well-being among its citizens. For those persons who are affected by substance use disorders and the course of addiction, city-wide health and human services professionals are working toward a long-term continuum of care that will support the most positive outcomes. Through professional expertise guided by research-based practices and partnerships with community stakeholders, it is certain that Philadelphia substance use treatment providers will continue to reach the most vulnerable citizens with compassionate quality care and reignited hope. The leadership and support of the Mayor is recognized as critical in the success of this endeavor.

## Recommendations for the Future

The goal of achieving longer-term care for addiction recovery and community continuum of care will necessitate mayoral leadership that recognizes that recovery from addiction is specific to each individual's presenting needs. Recovery is not a point in time. Recovery is a life-long journey that requires holistic support across the lifespan from the professional and lay communities. The recommendations for consideration are as follows:

- **Support longer-term continuum of care episodes** for persons in recovery so that they may fully benefit from services available to them while in treatment. This includes realistic time frames for engaging case management, mental health professionals, and other community entities required to build a strong foundation of recovery and prevent relapse
- **Support outreach to community stakeholders** including educational institutions and businesses/potential employers to discuss and advance opportunities to engage persons in recovery with sound education and employment prospects
- **Strong City advocacy at the state level** within the General Assembly and Governor's office to a return to funding levels that are critical for the provision of ethical humane services to persons in recovery
- **Continued leadership and explicit support** of substance use prevention and intervention efforts proposed and provided by Philadelphia human service professionals

## References

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