Access to Recovery

What it means for you
What it means for providers

What is ATR?
Indiana Access to Recovery (ATR) is a SAMHSA grant aimed at expanding consumer access to treatment and sustaining long-term recovery in consumers. Additional and/or new resources for help will be available with the inclusion of both faith-based and community organizations that have traditionally not been involved in chemical dependency recovery. The grant will also pilot the establishment of client choice at the center of chemical dependency efforts throughout the state.

Who is Eligible for the Program?
Indiana ATR funds will be available for adults at or below 200% of the federal poverty level, residing in Allen, Elkhart, Lake, Marion, St. Joseph, Vanderburgh, and Vigo counties. The program is designed to eliminate barriers to treatment and recovery services for adults dealing with substance abuse and addiction issues.

The three target populations are: adults transitioning into the community after incarceration, women who are pregnant or who have dependent children and adults with a history of Methamphetamine use.

How does ATR Work?
Each client enrolled in ATR will work with a Care Coordinator who will help them assess their recovery needs and guide them in the (continued on page 2)
development of their own Individualized Recovery Plan. Providers of recovery services will be both secular and faith-based, giving the client the option of selecting the provider they are most comfortable with. When a client accesses services at an ATR provider organization, that organization will then be reimbursed by the state. Adults enrolled in ATR must be residents of one of the seven designated counties. However, ATR clients may access services at any certified ATR Provider, which could be located in a non-ATR county.

What Services do ATR Vouchers Cover? ATR vouchers will cover Care Coordination, Clinical Services and Recovery services.

**Care Coordination:** Clinical evaluation/assessment, Intensive Outpatient Treatment, Integrated Treatment of Co-occurring Disorders, Detoxification

**Recovery Services:** Transportation, Employment, Faith-based or Community Support, Substance Abuse Prevention and Education, Parenting Support (childcare), Parenting Educational Services, Housing Assistance, GED and Supportive Education, Peer to Peer Services, Family and Marital Counseling, Alcohol and Other Drug Screen

**How do I access services?** ATR began its pilot phase in Vigo County on February 1, 2008. Individuals interested in accessing services in Vigo County can contact one of the certified ATR Care Coordination agencies, Friends of Families, Inc. (812-234-4701) or Mental Health America of Vigo County (812-234-2863) to become enrolled in the program. Care Coordinator contact information for all other counties will be available on the Indiana Access to Recovery website (http://www.in.gov/fssa/dmha/6942.htm) close to the county-specific rollout date.

**How do I sign up to be a provider?** The Division of Mental Health and Addiction (DMHA) and the Office of Faith Based and Community Initiatives (OFBCI) are currently recruiting organizations to provide Care Coordination and all other ATR recovery and clinical services. With the exception of agencies that provide Care Coordination, Indiana ATR Service Providers who meet certification criteria may provide any or all of the Clinical and Recovery Support Services. Provider Service Organizations will be asked to complete a brief application, giving information about their organization and outlining their services. Those applications will be reviewed and providers will be certified by the Office of Faith-Based and Community Initiatives. ATR Provider Applications will be available statewide on or after April 1, 2008 on the Indiana ATR website. DMHA and OFBCI will also be hosting Informational Forums and Provider Recruitment meetings in each of the ATR counties throughout 2008. If you are interested in learning more, please contact ATR Provider Services Manager, Charlotte Shoul- ders at (317)234-4292 or cshoulders@ofbci.IN.gov
Addiction Licensure comes up and quickly dies in the 2008 Indiana General Assembly

In the 2008 legislative session, a comprehensive bill was proposed to clean up a number of past issues regarding the Professional Licensing board. Added into this legislative package was another ill-advised attempt to move the Licensure of Addiction Counselors. IAIC, Mental Health America of Indiana (MHAI) and the Indiana Association of Substance Abuse Providers (Indiana ASAP) all have agreed on the same position statement with regard to Licensure for Addiction Counselors. Indiana Assoc. of Substance Abuse Providers has agreed to make this issue a priority for the 2009 legislative session.

In the initial hearing on the introduced bill, the Indiana Association of Addiction Professionals (IAAP) testified in support and the Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA) testified against the bill as presented. The result of the initial hearing was to cause the licensure issue to be completely stripped from consideration.

The language that was presented in the bill would not have met the position of IAIC, Indiana ASAP and MHAI. Significant changes to the language would have needed to occur for the Indiana ASAP lead coalition to support the proposal. Once again, the leadership of IAAP and ICAADA has conspired to strike another blow to the addiction field and the overall public policy agenda's of IAIC, MHAI, and Indiana Association of Substance Abuse Providers.

Neither ICAADA nor IAAP have recently had a significant presence in the addiction public policy efforts of IAIC, MHAI or Indiana ASAP, except issues related with Licensure of Addiction Counselors. The leadership of IAIC, MHAI, and Indiana ASAP all believe the myopic view of single self-interest public policy on addiction by the IAAP and ICAADA organizational leadership continues to stigmatize the addiction field from within. Furthermore, it thwarts other public policy agendas such as parity of insurance coverage, reduction of stigma and discrimination, increasing access to service for persons with an addictive disease and enhancement of diversion programming from moving forward.

Since the public policy position of IAAP and ICAADA appear to be the single self-interest view of assuring that Indiana never achieves Licensure for Addiction Counselors. (IAAP has their position on Licensure on the front web page but no other positions). It is clear that IAIC, MHAI and Indiana ASAP must take an affirmative stand on the Licensure of addiction counselors that meets the approved public policy statement of the Indiana Association of Substance Abuse Providers coalition with IAIC and MHAI. (Continued on page 5)
Addiction through a family member’s eyes: Michelle T.

When I married my husband 12 years ago I knew he was an alcoholic, but with over 10 years of sobriety I thought he was cured. He also had a degree in addiction counseling, so I assumed alcohol would never be a problem in our home. Little did I know there is no cure for alcoholism. The first time I found a hidden bottle of vodka in the basement I was devastated. When I asked my husband about it he explained it as a "one time thing" and that it would never happen again. Being a naive person at the time about this disease, I believed him. That was the beginning of the life of lies, devastation and anguish I was living with my alcoholic husband.

My best friend who happens to be a recovering alcoholic herself, once told me alcoholism is a family disease. At first I did not understand what she meant by a "family disease". I was fine. I didn't have any problems other than my drunken husband. My son who at the time was in Jr High, was fine, he didn't have issues with alcohol. But as time went by I found out how alcoholism affects the whole family. When I realized how bad my husband's drinking was, I was determined I was going to fix him. I would be a good wife and help him to stay sober. Some of the things I did that I believed would help him, were to stop and search his car at work for hidden bottles and dump them out. I would call his employer and make excuses when he wasn't able to go to work due to drinking the night before. I would follow him around the house making sure he wasn't hiding any bottles and sneaking drinks when I wasn't looking. I would cancel invitations to various social events and parties or anything else that would take me away from our house and leave him alone. I felt I had to be home when he was to make sure he didn't drink. These are just a few of the crazy things I did that I believed would help him to not drink. As it turned out, it made him drink more and caused me unbelievable stress. I was the perfect enabling wife.

Everything changed when my son was a senior in High School. I was yelling and arguing with him about every little thing he did or didn't do because I was so stressed with dealing with my husband's addiction. My son decided he did not want to live in our home anymore. He moved out and in with his father. That’s when it hit me, alcoholism is a family disease and it does effect the whole family. After my son moved out I started to seek out help for myself and my family. I started by going to AA meetings with my husband and was advised that Alanon would be a good place for me to start my recovery. I went to Alanon and learned that my husband was not the only one in our family that needed help. I was as sick as he was just in a different way. I continued to go to Alanon and AA meetings and spoke with many different doctors, counselors, clergy, psychiatrists and anyone else I could find who was in the field of addictions. I educated myself on everything and anything that pertained to addiction issues. The very best advice I received on living with an alcoholic was from my husband's sponsor in AA. He told me to prepare my life as if I were living without my husband, whether it be if we divorced, he were incarcerated or even if he died. At the time I though it was a very (Continued next page)
Licensure.....

If we are to have continued success in public policy and advocacy for Hoosiers struggling with an addictive disorder, we must work to discourage the continuation of this useless stalemate between the two organizations that represent only addiction counselors in the state. IAIC represents all interested persons and organizations, consumers, prevention, and a wide range of interested stakeholders. Indiana ASAP represents Substance Abuse Provider organizations, and MHAI represents a wide range of consumers and organizations with the common goal of improving the lives of the consumers and their families.

The self interests of the addiction counselor organizations are no longer a concern that we can attend to while representing the bigger picture of addiction consumer, family, the societal costs, health costs and forensic issues. Our public policy agendas have a much larger degree of importance (than which addiction counselor association wins the battle of egos over what soon will be a mute point) if the other public policy issues are not advanced.

Any group, individual, agency or association that would like to join the coalition of IAIC, Indiana ASAP and MHAI are welcome to join us to move forward.

Michelle T. (continued from page 4)

harsh thing to say since I came to him asking for help, but it was what I needed to hear and to do.

I started taking care of myself and my business and let my husband handle the consequences of his actions. Things got much better for me and much worse for him. Without me interfering and handling his problems for him, he hit rock bottom. My husband was arrested for DUI after I called the police, and went to jail. He lost his job not once but twice. After a drinking binge he fell hit his head and was life lined to a hospital and in ICU for a week. Once his blood alcohol level was so high he was placed on a ventilator while detoxing. He went through short term detox seven times unsuccessfully. He went to a long term treatment center and was dismissed from the program after relapsing three times. Today my husband lives in a halfway house and has over seven months of sobriety.

It has been a very traumatic experience living with an alcoholic, but with the help of many resources including family, friends and especially our higher power, we are surviving. I used to think of alcoholics as a low class of people who just don't care and won't help themselves, but I have learned differently. My husband is a smart, interesting and well educated man who even with his degree in addiction counseling could not overcome this disease for a long time. I hope he will continue to do well and eventually return home.
Greetings! I would like to welcome you to the Indiana Addictions Issues Coalition. As a statewide service organization for persons interested in recovery from addictions, IAIC exists to support individuals, families, and professionals in their efforts to seek and maintain recovery or help others recover from addictions. We educate the public about addiction and recovery; encourage legislative support of our needs and services, and work to reduce the stigma associated with alcohol and drug addictions.

If you are new to us, I hope that you will find the information in this issue of The Advocate engaging and useful. I would also encourage you to become a member of our organization. As you know, we continue to face many challenges in our service to people and families affected by addictions. Public understanding of addiction and recovery is increasing; however, recovering people still face many difficult challenges. Finding affordable treatment is often extremely difficult as is dealing with problems caused by addictions such as health issues, employment, housing and the legal system. We need your support in order to make a difference in the lives of people seeking recovery in Indiana.

Whether your support is financial, as a volunteer, or as a board member, we need you to join us in this work. Three-fourths of the people needing treatment for addictions in the state of Indiana do not receive it. Let’s work together to create communities where people seeking recovery have access to care, and where supportive environments for maintaining recovery are the norm, not the exception. I look forward to your membership, and to serving you for the next two years.

WELCOME TO THE IAIC BOARD OF DIRECTORS:

Diana Williams * Bruce Jones
Leesa Smith * Jeff Tabacchi
Mark Ellison * Jendayi Mayibuye

Save the date for MHAI’s annual Symposium May 16, 2008
at Union Station
Scholarships will be available
Mark your calendars

IAIC, Amethyst house & the Center for Behavioral health Present:
Grassroots Citizen Advocacy Training

When: Saturday April 19, 2008 11:00 AM—4pm
Where: St. Marks UMC, 100 North S.R. 46 in Bloomington
Seating is Limited as lunch will be provided
Registration required!
for more info
Call the IAIC 800-555-mhai x231
Or contact Amethyst house 812-336-3570

Additional Details will be posted on our web site
www.recoveryindiana.org

NAMI INDIANA’S 5TH ANNUAL
Mental Health and Criminal Justice Summit
Friday March 14, 2008
Register online at www.namiindiana.org

National Mental Health Conference
Hosted by the Indiana Department of Correction
“Unlock the Mystery”
June 23 - 25, 2008 Indianapolis, Indiana
Details and registration information available at www.idoc.in.gov
The Indiana Addictions Issues Coalition is a broad-based, diverse, not-for-profit organization focused on creating and taking advantage of opportunities to bring all interested individuals and entities together, projecting a unified voice educating, influencing and advocating for addictions issues with the goal of changing attitudes, beliefs and confusion about addiction and improving the lives of those affected by addiction.

Indiana Addictions Issues Coalition

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....helping Hoosiers in recovery....

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