

PEER RECOVERY COACH UPDATE

The Peer Recovery Coach (PRC) Workforce is steadily increasing with Certified Addiction Peer Recovery Coach's currently employed at:

- Eskenazi Emergency Department
- Methodist Emergency Department
- Reuben Engagement Center
- Life Recovery Center
- Centerstone(s)
- Fairbanks, Community North
- Anthem Insurance Company
- Community Outreach
- Austin, Indiana Health Department/HIV Clinic.

If you are interested in Peer Recovery Coaching please contact bgeorge@mhai.net or kmiller@mhai.net

Collaboration in Process

- IU Health - 7 Peer Recovery Coaches to place regionally, with possibilities of telehealth care
- Marion Superior Court Veteran's Probation Department
- Parkview Hospital - Fort Wayne, Indiana
- Memorial Hospital - South Bend, Indiana
- ECHO Healthcare - Evansville Indiana &
- 65 Peer Recovery Coaches to be implemented in Hospitals throughout the state of Indiana

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What is Recovery Advocacy?

Recovery advocacy is a process of exerting influence to advance public policies and programs that help initiate and sustain recovery from addiction. By speaking out, members of the recovery community can make a profound difference in public understanding of addiction and recovery, breaking down the wall of shame and stigma that creates discrimination against people in recovery.

Your Voice Counts

By Being Silent, We Allow Others to Define Us!

Recovery Community Organization - (RCO)

WHAT IS AN RCO?

Recovery community organization is an Independent, non-profit organization led and governed by representatives of local communities of recovery.

WHAT DOES AN RCO DO?

The sole mission of an RCO is to mobilize resources within & outside the recovery community to increase the prevalence & quality of long-term recovery.

CORE PRINCIPLES

Recovery Vision - The RCO, singular goal: enhancing the quantity & quality of support available to people seeking & experiencing long-term recovery.

Authenticity of Voice– Authenticity of voice mean representing the interest of communities of recovery. A guiding principle is self-governance, mutual aid and support.

Accountability to recovery community– credibility & effectiveness depends on their ability to be accountable & responsive to the community they work in & with. In most cases this means being a stand-alone nonprofit organization.

CORE STRATEGIES

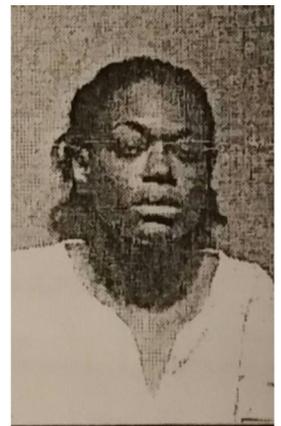
Public Education & Awareness– Putting a face & voice on recovery to educate the public, policy makers, service providers, & the media.

Policy Advocacy– Advocacy is aimed at ending the punishment & incarceration of people for their status as people with histories of addiction.

Peer Recovery Support Services & Activities– RCO's are innovating & delivering a variety of PRSS such as recovery coaching, telephone recovery support services, all-recovery meetings and other services.

A Personal Story of Recovery

My name is Gloria Haynes. I am person committed to long term recovery. I was born in August of 1967, the oldest of 3 children. Growing up was structured with sit down meals, Church, family vacation and frequent trips to Chicago to visit family. I attended a private school, studied piano and flute. Drugs and domestic violence, in the home, were not experiences for me growing up. I experimented with alcohol and gateway drugs during high school years. In the early 90's I moved to Chicago and began working downtown for a prominent insurance company. My life seemed to be prospering. At the age of 26 I began experimenting with cocaine socially. My life started to spiral downward. Being late and not showing up for work soon became a norm. My position was downsized and I received a handsome severance package. Instead of paying my bills and looking for other employment, I spent money on my drug habit and soon was evicted from my apartment. I moved in with extended family and my circle of friends were no longer working class people who occasional had a drink after work. They became people who did drugs all day, every day. A life of crime soon came into play. I wasn't big on stealing out of stores or breaking in homes. Being a woman, it became easy to get drugs by using my body. Once that happened, I had my own hustle and did not have to run with a group of people to get money. I ventured out to the west and south side of Chicago buying drugs and seeking men who wanted to pay me for sex. I began using heroin at the age of 32. I would stay away from home up to 3 weeks at a time. I began getting arrested for various offences, visiting Cook County Jail a total of fourteen times. I took up residency in the hallways of the projects on the Southside of Chicago. This was my new address, and was just a hop, skip and a jump from where I worked the streets prostituting for money to buy drugs. I witnessed, personally experienced and took part in things that I thought only could happen on television. I had two near death experiences out on the streets. But none of it was enough to make me want to stop using drugs. I had many moments of clarity during this time of my life. These moments would occur as I rode the "EL" train all night because of the choices I made in my life. Waking up during rush hour and seeing the women on the train well rested, dressed in their suits, reading the paper and on their way to work. I had once been this woman. The guilt and shame of what I had turned my life into only pushed me deeper into my addiction. I knew that there was help out there and I'd even talked to people who had done it. During my many visits at Cook County Jail, meetings were brought in by twelve step programs. I would listen to the women share similar stories and feeling they had while they were in their active addiction. Although the seed of recovery was planted, the problem was, I was afraid to try, afraid of letting go of the drugs, not knowing what would be on the other side. I did not think it was possible for me. All of my life I was told that I was so smart. I did not understand how a person like me, from a home like I came from could end up living on the streets, prostituting and putting poison in my body on a daily basis for years.



Continued on next page with a person in long-term recovery picture.

**Would You Like
To Tell Your
Personal
Story of Long
Term
Recovery? Do
you have a
recovery
poem?
Send
Submissions to
Kmillier@mhαι.net
Your Story
Could Save A
Life!**

**DO you have an
event to share?
If you have an
event you
would like to
advertise on
Indiana
Addiction
Issues Coalition
"Recovery In
Action"
Newsletter
Please contact
Kimberly Miller
kmiller@mhαι.net**

Finally, on May 29, 2008, my days of drug use and prostitution came to an end. I was on the Westside of Chicago. I had just awakened, in an abandoned building from a three day sleep because I had been on a four day binge. I was going through extreme heroin withdraws and need to score quickly! As soon as starting to walk on Madison Street, I noticed a car turn the corner; he then approached and asked if I need a ride. I knew what this meant. I got into the car and he made a proposition for sex in exchange for money and I agreed. When he asked me to put on my seatbelt is when he handcuffed me to the seatbelt and told me that he was the Police. I remember having such an overwhelming feeling of relief. The next four days where spent being very sick from withdraws. Mr. David Will, the Public Defender assigned to my case. David worked with me once before, in another case. That day his exact words were, "When are you going to get your head out of your ass and realize that you need help?" Those words cut me so deep, because they were true. David told me that he would fight for me, but I had to begin fighting for my own life. That was the day my life changed forever, for the best.

I went to court on October 14, 2008. My family traveled from Indianapolis for show support in the courtroom. Something miraculous happened that day. Judge Jorge Alonso saw that I had two Parents and other family members supporting me in the gallery. He called a recess and had us all in his chambers. He then proceeded to inform my Parents just what I had been up to in Chicago. He then reinstated my probation with stipulations. I was ordered to complete 90days of inpatient treatment, return to court with the certificate of completion and a one way ticket back to Indianapolis.

February 22, 2009 I returned to court with what the Judge had instructed me to have. I returned to Indianapolis that day and began working in our family business, ABC Barber & Beauty School and became a member of a 12 step program. I decided that I wanted to help others and went on to hold a positon as a residential treatment technician at the Salvation Army Harbor Light Center from 2013-2015. I then joined a pilot project with



the Marion County Health Department testing sex workers for STD's in the field. I am currently employed by Indianapolis Emergency Medical Services as a Peer Recovery Coach in the Emergency Department (ED) at Eskenazi Hospital, with Project POINT. I work a 12 step program, to the best of my ability and I am dedicated to supporting those who seek recovery, whatever path that they chose.

WELCOME THE NEW DIRECTORS OF IAIC & INARR

Subsidiaries of MHAI

- ◆ Depression and Bipolar Support Alliance Indiana Inc.
- ◆ Emberwood Inc.
- ◆ IN-ASAP Inc.
- ◆ ICAADA Inc.
- ◆ INARR Inc.
- ◆ IAIC Inc.
- ◆ INOFAS Inc.
- ◆ Indiana Association for Infant & Toddler Mental Health
- ◆ Indiana Coalition to Reduce Underage Drinking
- ◆ Indiana Center for Children & Families
- ◆ Indiana Mental Health & Aging Coalition
- ◆ Junior Mental Health America Indiana Inc.
- ◆ Indiana Mental Health Memorial Foundation

Brandon George is the Director of Indiana Addiction Issues Coalition.

As a person in long-term recovery, Brandon has dedicated his time, both personally and professionally, to fighting addiction and promoting recovery. His personal experience, education, and professional accomplishments give him a unique perspective and outlook on both addiction and recovery.



Professionally, he comes from a treatment background and most recently served as the Chief Executive Officer of Pro-Active Resources. Brandon sits on Attorney General Curtis Hill's Drug Task Force, as well as boards for multiple organizations in the community. He has presented throughout the state at multiple events on a wide range of topics.

Brandon has a Bachelor of Science degree in Addiction Counseling from Indiana Wesleyan University and is an active member in the recovery community.

Larry Blue's long-term successful recovery date is September 21st, 2001. Larry has authored fifteen newspaper articles regarding spirituality and recovery. He is in recovery from the alphabet of addiction including gambling. Larry currently works as the Director for the Indiana Affiliation of Recovery Residences (INARR) and also all over the state as a Chaplain, Licensed Addictions Counselor, Minister and recovery group leader trainer.



Larry is divorced and his hobbies include spending quality time with his son, attending and serving our local church, hunting and fishing the woods and waters of the beautiful state of Indiana.

The 2018 Legislative Session

As the 2018 Legislative Session adjourns Sine Die, advocates for mental health and addiction celebrate success in moving priority legislation, including **HEA 1006** and **HEA 1007** in particular.

HEA 1007, *Expanding Mental Health Access (Kirchhofer)*, makes a number of changes that would expand access to treatment and respond to workforce shortage issues. HEA 1007 responds to the workforce shortage impacted by substance use. Of course it is well documented that Indiana faces an opioid crisis and the response must include prevention, treatment and enforcement-as well as employment. The opioid epidemic is impacting the available labor force and thus the Gross State Product (GSP). According to national data, approximately 25% of job applicants nationwide test positive on drug tests and most are dismissed as a result. According to an analysis by Ryan Brewer, Ph.D, MBA, Associate Professor of Finance at Indiana University-Purdue University Columbus, the direct loss to the Indiana economy arising from opiate misuse is estimated at \$1.5Billion per year.

HEA 1007 includes language offered by Rep Steve Davisson that would create a voluntary program for employers who wish to assist new hires and tenured employees with addiction treatment as a condition of continued employment. The Division of Mental Health and Addiction (DMHA) will provide guidelines for the treatment programs to insure comprehensive and evidenced based treatment. DMHA will also develop and provide resources and training for employers regarding substance use disorder. Further, data will be collected to monitor the effectiveness of the program. Employers are provided immunity protections to assertions of negligent hiring.

HEA 1007 creates an important tool to address both the opioid epidemic and workforce shortage with a public private partnership that includes employers and employees.

In addition, HEA 1007 permits the Division of Mental Health and Addiction to approve 9 additional opioid treatment programs through hospitals or community mental health centers to assure comprehensive treatment. The goal will be to have an OTP within an hour's drive of anyone in the state.

Further, the bill would make a number of changes in the area of behavioral health licensing and credentialing to respond to workforce needs. Specifically, HEA 1007 will require accident and sickness insurance policies regulated by Indiana law to provide coverage for SUD treatment by licensed addiction counselors. In addition, temporary permits will be available while clinicians pursue the supervisory hours required for licensure. The process for credentialing providers will also be streamlined and made more centralized. Finally, the provider pool for Recovery Works will be expanded to include individuals licensed by IPLA who provide behavioral health services.

HEA 1006, *Broadening Criminal Justice Treatment Options (Steuerwald)*, continues the effort to provide treatment to those who interface with the criminal justice system. HEA 1006 was recommended by the Judicial Reinvestment Advisory Council (JRAC) and will add probation departments, pretrial diversion programs, and jail treatment programs to programs that are eligible for state grants for Community Corrections.

In addition, HEA 1006 will allow the Division of Mental Health and Addiction (DMHA) to establish a pilot program, subject to available funding and upon the recommendation of JRAC, to provide mental health and addiction forensic treatment services to individuals charged with a misdemeanor. This is the Recovery Works program that is limited to serving individuals either charged with a felony or with a felony in their criminal history. This pilot would allow DMHA to create a program that would provide earlier intervention, presumably more effective treatment at a lower cost, and potentially preventing further advancement in the criminal justice system.

Mental health America of Indiana continues to follow other bills related to mental health and addiction issues. MHA's bill track is available at:

http://www.hannah-in.com/Report_Custom.aspx?sid=CCbVVObRQ3Y=&rid=T2apAVfA7pc=