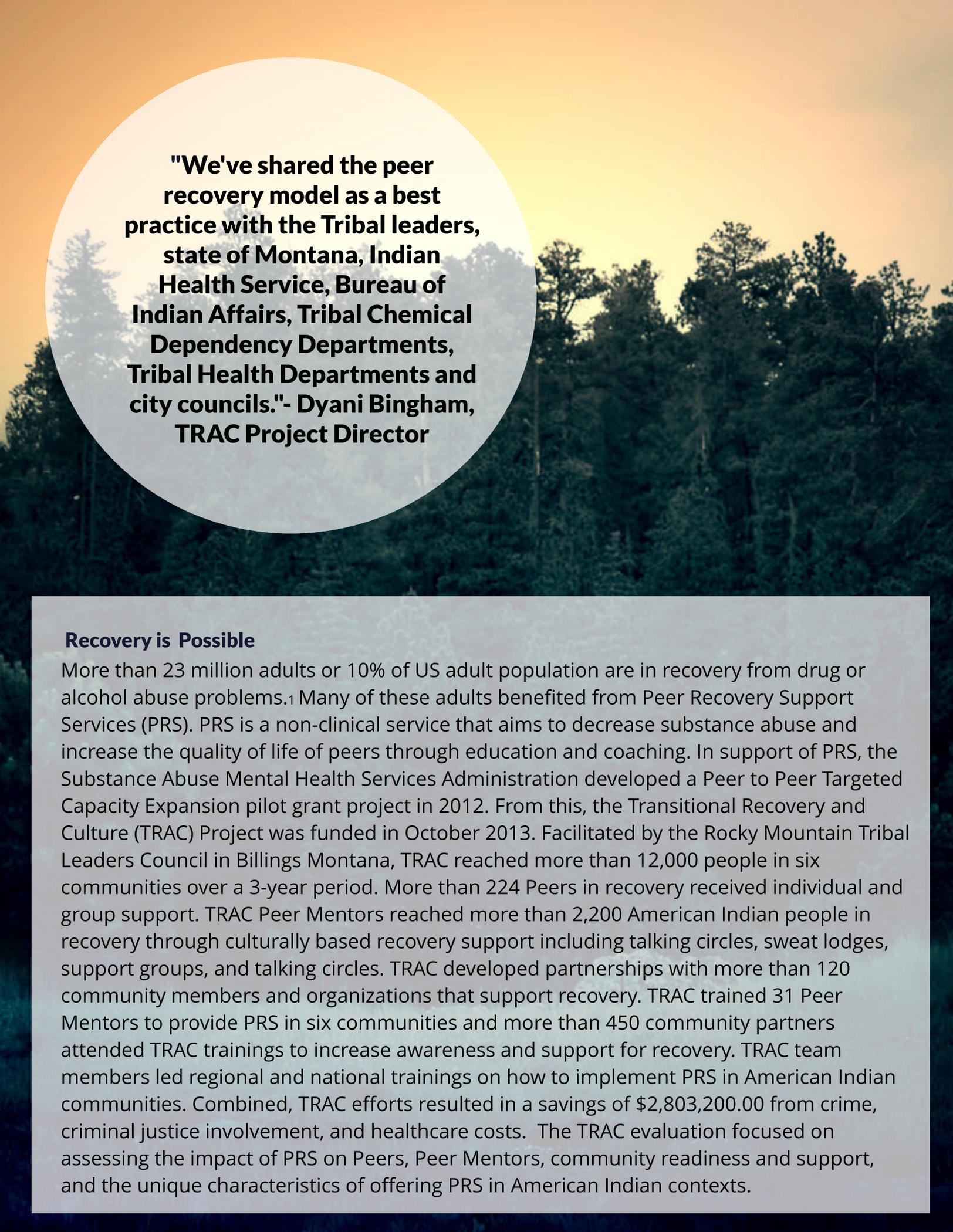


# Transitional Recovery and Culture Project

Recovery is about healing. In the last three years, TRAC Peer Mentors provided peer recovery support that made a lasting impact in the lives of others. TRAC reached more than 12,000 people through training, community outreach, community activities, websites, brochures, social media, and community coalition building. These efforts resulted in a cost savings of more than \$2,803,200.00. We appreciate the dedication of Eastern Shoshone Recovery staff, Kellie Webb, Ron Burta, and Michelle Crispin. RM-TLC, Dennis Adams, Lita Pepion, Nell Eby, and Julie Not Afraid supported PRS. Our leader, Dyani Bingham and many others along the way~Thank you

Rocky Mountain Tribal  
Leaders Council



**"We've shared the peer recovery model as a best practice with the Tribal leaders, state of Montana, Indian Health Service, Bureau of Indian Affairs, Tribal Chemical Dependency Departments, Tribal Health Departments and city councils."- Dyani Bingham, TRAC Project Director**

### **Recovery is Possible**

More than 23 million adults or 10% of US adult population are in recovery from drug or alcohol abuse problems.<sup>1</sup> Many of these adults benefited from Peer Recovery Support Services (PRS). PRS is a non-clinical service that aims to decrease substance abuse and increase the quality of life of peers through education and coaching. In support of PRS, the Substance Abuse Mental Health Services Administration developed a Peer to Peer Targeted Capacity Expansion pilot grant project in 2012. From this, the Transitional Recovery and Culture (TRAC) Project was funded in October 2013. Facilitated by the Rocky Mountain Tribal Leaders Council in Billings Montana, TRAC reached more than 12,000 people in six communities over a 3-year period. More than 224 Peers in recovery received individual and group support. TRAC Peer Mentors reached more than 2,200 American Indian people in recovery through culturally based recovery support including talking circles, sweat lodges, support groups, and talking circles. TRAC developed partnerships with more than 120 community members and organizations that support recovery. TRAC trained 31 Peer Mentors to provide PRS in six communities and more than 450 community partners attended TRAC trainings to increase awareness and support for recovery. TRAC team members led regional and national trainings on how to implement PRS in American Indian communities. Combined, TRAC efforts resulted in a savings of \$2,803,200.00 from crime, criminal justice involvement, and healthcare costs. The TRAC evaluation focused on assessing the impact of PRS on Peers, Peer Mentors, community readiness and support, and the unique characteristics of offering PRS in American Indian contexts.

## Main Findings

PRS has a significant and beneficial impact on Peers, Peer Mentors, and communities.

Peer Mentors provide PRS via weekly in-person meetings and facilitate talking circles and groups with other American Indian Peers in recovery. Peers have been able to access a variety of culturally-responsive support services that resulted in significant positive changes including increased abstinence from drugs and alcohol, stable housing, improved health, and stronger social connections.

Supervision of PRS is difficult because services occur beyond the office. Peer Mentors are often working in the field and on the streets to reach their Peers. This requires a high degree of flexibility and understanding about what is realistic in the way of administrative tasks and availability for meetings.

PRS must include a trauma-informed approach that raises awareness of trauma and the many pathways to healing from a traditional and spiritual perspective.

Facilitating community dialogue about addiction as a disease that affects the brain and behavior is needed to further understanding and empathy for individuals in recovery.

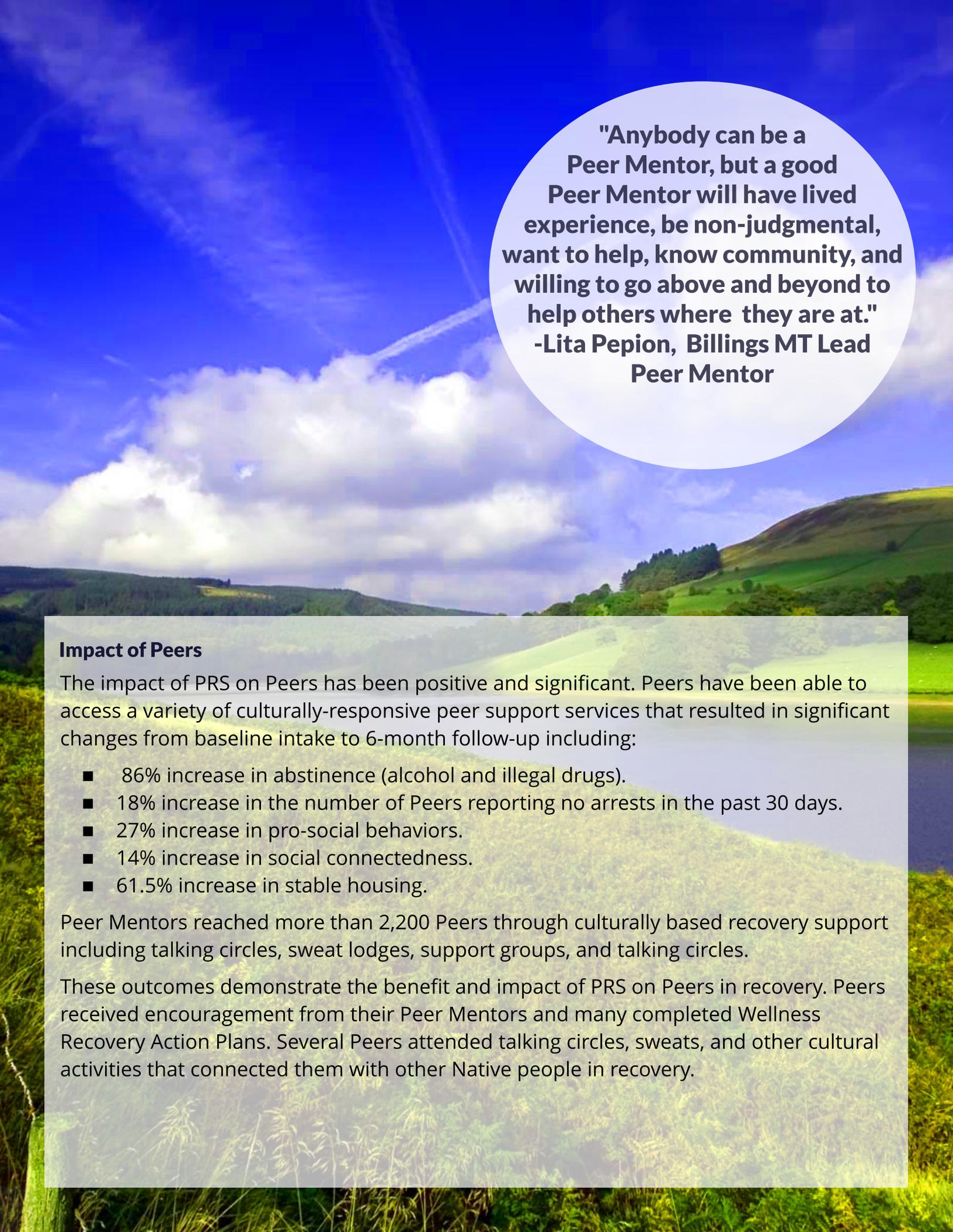
Immediate prevention, accessible treatment, and focused recovery support are needed. American Indian and Alaska Native persons' age 12 and older represent the largest percent of the US population that uses illicit drugs (18.3% of AIANs vs. 8.8% of Whites). However, American Indians and Alaska Natives represent the smallest percent of the US population that receives treatment.



**"I try to encourage them  
and I say this is the best  
way you can go..."  
-Fort Belknap Peer Mentor**

### **Evaluation Aims**

The aims of the TRAC evaluation were to assess the impact of PRS on Peers, Peer Mentors, and community readiness and support for recovery. The evaluation also assessed how TRAC was implemented and the kinds of training needed to support successful implementation of PRS. Finally, the evaluation reviewed how PRS can be sustained through policy changes and advocacy efforts. Interviews with TRAC team members were conducted over the 3-year TRAC project period to document the impact of PRS along with the challenges and successes. Substance use and mental health data were analyzed from SAMHSA's SAIS data system. Quarterly reports, meeting minutes, site visit reports, an online community readiness surveys, and training evaluations were used to document the impact of PRS sobriety and community readiness. A mixed-methods evaluation approach was used to analyze quantitative and qualitative data. Quantitative data were analyzed using descriptive statistics and qualitative data were analyzed using a thematic analysis approach. The results of the 3-year TRAC evaluation are highlighted in the following pages.



**"Anybody can be a Peer Mentor, but a good Peer Mentor will have lived experience, be non-judgmental, want to help, know community, and willing to go above and beyond to help others where they are at."  
-Lita Pepion, Billings MT Lead Peer Mentor**

### **Impact of Peers**

The impact of PRS on Peers has been positive and significant. Peers have been able to access a variety of culturally-responsive peer support services that resulted in significant changes from baseline intake to 6-month follow-up including:

- 86% increase in abstinence (alcohol and illegal drugs).
- 18% increase in the number of Peers reporting no arrests in the past 30 days.
- 27% increase in pro-social behaviors.
- 14% increase in social connectedness.
- 61.5% increase in stable housing.

Peer Mentors reached more than 2,200 Peers through culturally based recovery support including talking circles, sweat lodges, support groups, and talking circles.

These outcomes demonstrate the benefit and impact of PRS on Peers in recovery. Peers received encouragement from their Peer Mentors and many completed Wellness Recovery Action Plans. Several Peers attended talking circles, sweats, and other cultural activities that connected them with other Native people in recovery.

The impact of PRS on Peer Mentors was explored to determine the extent to which PRS helped Peer Mentors maintain their own recovery. Some of the benefits of PRS on Peer Mentors include:

Training opportunities to receive training and provide training on PRS.

Job flexibility and working in a recovery-directed program.

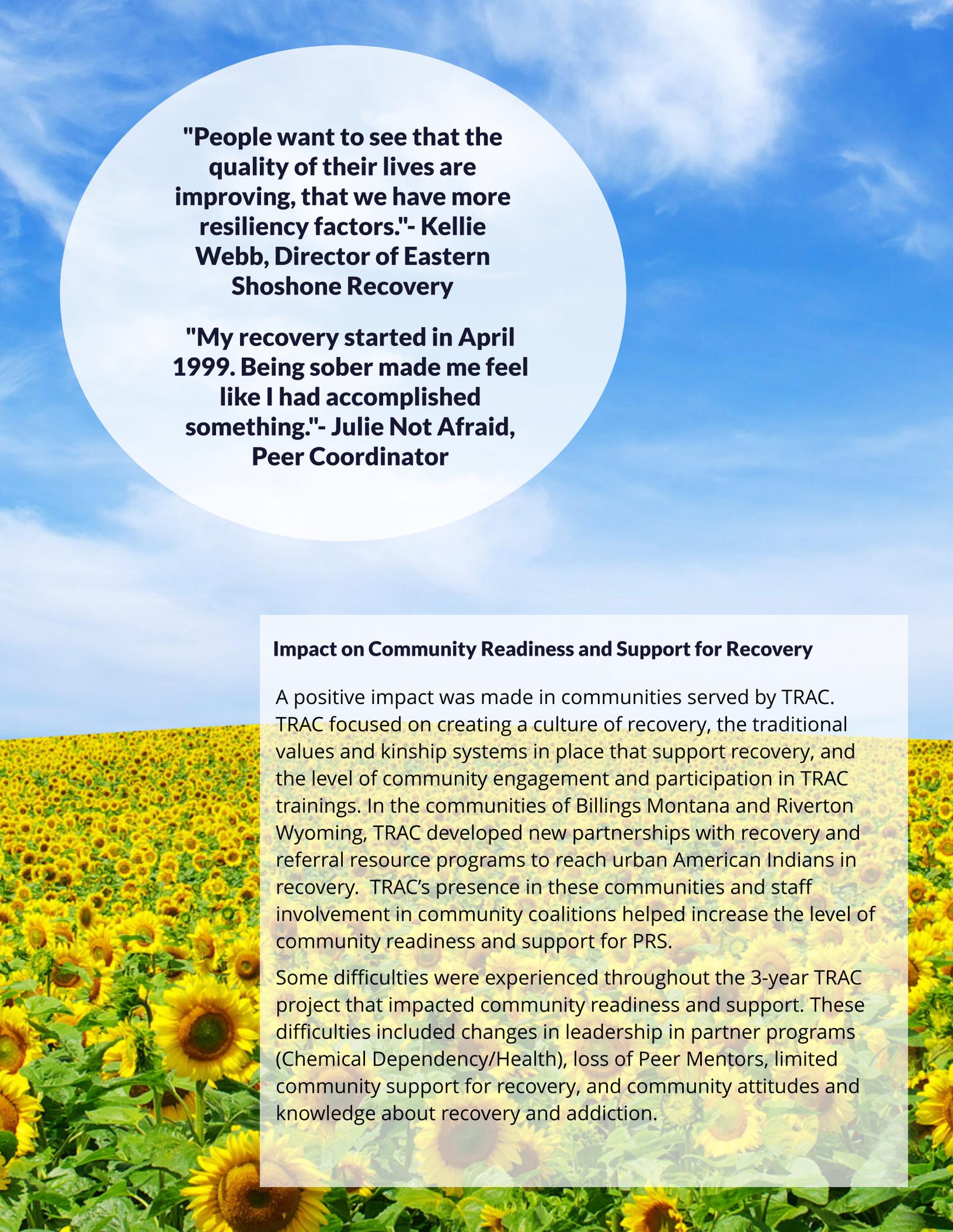
Access to other Peer Mentors to help sustain long-term recovery.

Family members benefit from a variety of recovery related resources.

Increased empathy and support for Peers as they navigate systems that are broken, underfunded, and biased.

Benefits were met with some challenges including limited funding to support the hours spent in the community and with Peers, limited travel and training opportunities (related to funding), limited office space, and difficulty maintaining recovery. In one case, a Peer completed the 6-month TRAC program and became a Peer Mentor. After six months as a Peer Mentor, she went back to using. In other instances, Peer Mentors received training and contracts from TRAC to initiate PRS in their communities, but never contacted any referrals. Additional follow-up is needed to determine the reasons why some Peer Mentors disengage in PRS.

**"I know we are making a difference in the community. The main factor here is trust."- Dennis Adams, Riverton WY Peer Mentor**



**"People want to see that the quality of their lives are improving, that we have more resiliency factors."- Kellie Webb, Director of Eastern Shoshone Recovery**

**"My recovery started in April 1999. Being sober made me feel like I had accomplished something."- Julie Not Afraid, Peer Coordinator**

### **Impact on Community Readiness and Support for Recovery**

A positive impact was made in communities served by TRAC. TRAC focused on creating a culture of recovery, the traditional values and kinship systems in place that support recovery, and the level of community engagement and participation in TRAC trainings. In the communities of Billings Montana and Riverton Wyoming, TRAC developed new partnerships with recovery and referral resource programs to reach urban American Indians in recovery. TRAC's presence in these communities and staff involvement in community coalitions helped increase the level of community readiness and support for PRS.

Some difficulties were experienced throughout the 3-year TRAC project that impacted community readiness and support. These difficulties included changes in leadership in partner programs (Chemical Dependency/Health), loss of Peer Mentors, limited community support for recovery, and community attitudes and knowledge about recovery and addiction.



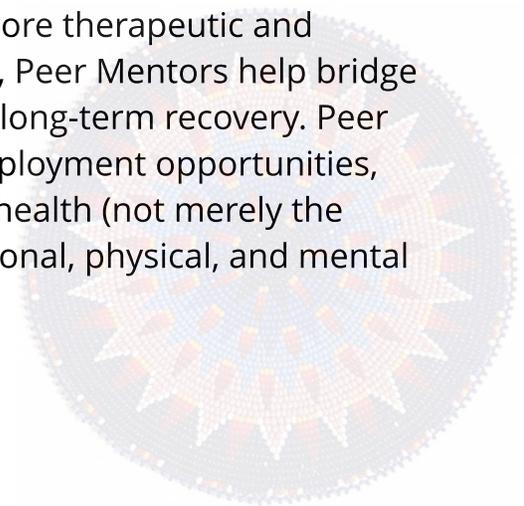
TRAC efforts resulted in a savings of **\$2,803,200.00** from crime, criminal justice involvement, and healthcare costs.

<b>Budget \$750,000.00 2013-2016</b>	<b>Percent</b>
Personnel and Fringe	41%
Support Services and Evaluation	37%
Indirect	16%
Travel	5%
Supplies	1%



## **Unique Characteristics of American Indian Peer**

There are several characteristics of PRS that make it a good fit for American Indian communities. First, the concept of PRS is not new. Tribes have been practicing PRS for thousands of years through kinship systems, traditional values, and individuals helping other individuals in need. Strengthening support for PRS through the TRAC project complements American Indian values and traditions that support resilience and health. Second, PRS is unique because American Indian people with the lived experience of recovery provide support to other American Indian people in recovery. When American Indian Peer Mentors provide access to talking circles, sweat lodges, and American Indian support groups, these culturally-based activities result in a more therapeutic and trusting relationship between Peers and Peer Mentors. Third, Peer Mentors help bridge the gap in service systems and resources needed to support long-term recovery. Peer Mentors advocate for housing, education, fair treatment, employment opportunities, and healthy relationships in a manner that supports holistic health (not merely the absence of substance use, but the balance of spiritual, emotional, physical, and mental attributes).





**"Be respectful.  
Don't label or judge  
others. There are  
many paths to  
recovery"- TRAC  
Team Member**

## **Recommendations**

The findings from the 3-year evaluation of TRAC indicate that across Montana and Wyoming, PRS has positively impacted Peers, Peer Mentors, and communities. In the future, it will be important to continue PRS and support the distinctive role of American Indian Peer Mentors along with developing guidelines for the effective implementation of PRS in tribal communities and urban Indian areas. The following factors will contribute to the effective implementation of PRS in the future: community readiness, training, implementation, advocacy, and sustainability.

### **Community Readiness Recommendations**

- Context matters. When communities have high rates of drug and alcohol use and limited treatment options, the readiness for PRS may be insufficient. Continually examining the level of community readiness and the kinds of support they need is critical.
- When community members attend PRS training, community readiness and support increases.
- Chemical Dependency (CD) programs must provide ongoing prevention, treatment, and recovery support. PRS is not intended to take the place of CD programming. Support from CD program leaders is needed to successfully implement PRS in communities.
- Tribal Leaders play a critical role in how communities implement PRS including advocacy, policy changes, resolutions in support of PRS, and becoming recovery allies.
- Community activities, sober events, and support for drug and alcohol free lifestyles are needed. Fortunately, many tribes have prevention programming through tribal health that supports a variety of outreach efforts.



## **Training Recommendations**

PRS training must be driven by the level of community readiness. If communities are not ready for PRS, trainings may not be well attended, or there may be limited application of the knowledge gained. PRS training is most successful when it is offered in the community and with community members, for example, at a local tribal or community college.

The most effective trainers are Peer Mentors with lived experience of recovery. Time and funding are needed to further develop their skills as trainers.

Training materials and the delivery of training must be developed with the audience in mind. Discussions and topics should consider the role of possible audience members including, clinicians, family members, youth, families, and other social service program staff.

Experiential activities like role playing and team building activities help reinforce the elements of PRS, the ethical dilemmas Peer Mentors may encounter, and how to best support Peers in recovery.

## **Implementation of Peer Recovery Support Recommendations**

- Strong local leadership for recovery and administrative capacity is needed when implementing PRS.
- Peer Mentors should not provide PRS to more than 10 Peers at a time. This is based on the local evaluation of TRAC and national guidelines and recommendations.
- Documentation for Peers must include referral information, contact information, recovery status, mental and physical health status, multiple contact numbers, and a wellness recovery plan.
- Administrative systems are needed to manage and report Peer related information.
- Opportunities for dialogue among Peer Mentors is needed, discussions could focus on challenges, solutions, successes, and other immediate needs.
- A confidential location is needed in each community where PRS is delivered. This location could store information about Peers in a locked file, include a computer with internet access, printer, and office supplies, along with a comfortable atmosphere for Peer Mentors to meet with Peers.

Peer Mentors facilitate community readiness, advocate for recovery, and support policy changes. These are key implementation components of successful PRS programs.



## **Recommendations for Sustaining Peer Recovery Support**

Training and skill building increases employability of Peer Mentors. For example, the State of Wyoming now reimburses for Peer Mentor hours through Medicaid. This sustains Peer Mentors beyond grant funding while building recovery-informed communities and systems.

Integrating PRS into existing community wellness programs is another way to sustain PRS. This might include weekly talking circles at faith based organizations or supporting recovery informed businesses and employers.

Continued efforts are needed to facilitate 3rd party billing through advocacy with State and National recovery organizations and policy makers.

## **Advocacy Recommendations**

TRAC advocated and documented how PRS can be implemented in both reservation and urban settings. TRAC reached more than 12,000 people in a 3-year period through training, community outreach, community activities, website, brochures, social media, and community coalition building. These efforts resulted in a cost savings of more than \$2,803,200.00. Tribes in Montana and Wyoming need local champions that advocate for the continued funding and integration of PRS into existing aftercare and recovery support systems. RM-TLC is uniquely positioned to provide guidance and raise awareness among clinicians, treatment centers, social service organizations, and communities about the benefits of PRS among American Indian people in recovery. RM-TLC should continue to provide training and resources for partners on culturally responsive services and support. TRAC reported that Peers experienced, bias, discrimination, and racism among many systems, governments, programs, and service providers. Advocacy for treatment dollars is needed. Tribes do not have funding to support the current level of need for in-patient treatment. Without treatment, many Peers have difficulty in sustaining long-term recovery.

## Future Considerations

Evidence from implementing TRAC over a 3-year period demonstrates that PRS works. Yet, there are a number of issues that challenge PRS implementation for American Indian people and communities.

**Funding and Sustainability.** RM-TLC needs to continue advocacy efforts related to policy changes, standardized Peer Mentor training, 3rd party billing, and support of PRS in every community, tribe, and state in the United States.

**Trauma.** Efforts to address historical and present day traumas are needed.

**Specialty Roles.** Other considerations may include developing specialty roles in PRS, for example individuals with the lived experience of recovery and being pregnant help other individuals who are pregnant and addicted.

**Addiction as a Curable Disease.** Education is needed at all levels, that dispels the myths of addiction. Addiction is a disease that affects the brain and behavior- by increasing dialogue about what addiction is and how it can be prevented and treated, communities will be better equipped to support programming and policies that promote healing.

**Continuity of Care.** Finally, focused efforts are needed that support continuity of care issues from prevention, treatment to recovery and healing.

The Native American Recovery Circle can be traced back to the 17th century with abstinence based healing and cultural revitalization. Native people were the first to implement support using recovery circles, kinship systems, and traditional values.

Culture Matters.

Tradition Heals.

TRAC 2016



## Rocky Mountain Tribal Leaders Council