

***Building a Dialogue and Vision for Prevention, Recovery, and Resilient Communities, by Michael T. Flaherty, Ph.D.***

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Understanding how an illness originates, advances, and damages a healthy person or community is one way of defining how to intervene and treat the illness. However, using that knowledge to strengthen the science behind preventing the illness or successfully sustaining its remission and wellness over time makes science even more practical while strengthening everything else. These are not the same kinds of knowledge. One type explains and addresses an illness while the other further empowers people to build resiliency, wellness, and recovery from it.

Last September, SAMHSA and the Center for Substance Abuse Prevention (CSAP) supported a National Prevention Network (NPN) conference in Pittsburgh, Pennsylvania (<http://www.ireta.org/>). Those in attendance focused on the shared strengths of prevention and recovery—the cornerstones of health reform—and their powerful transformative potential when joined with treatment to build individual and community wellness and resiliency. With addiction becoming increasingly viewed as a chronic illness, our approaches to addressing it are transforming into more dynamic continua of care and integrated models of individual and community health and wellness. A diverse national panel of field experts saw an early framework for this common vision in addictions in their 2006 consensus paper, "Special Report: A Unified Vision for the Prevention and Management of Substance Use Disorders: Building Resiliency, Wellness and Recovery—A Shift from an Acute Care to a Sustained Care Recovery Management Model," published by the Institute for Research, Education and Training in Addictions (download the paper at <http://www.ireta.org/>). The NPN conference and subsequent SAMHSA/Great Lakes Addiction Technology Transfer Center (GLATTC) Webinars ([http://www.attcnetwork.org/regcenters/index\\_greatlakes.asp](http://www.attcnetwork.org/regcenters/index_greatlakes.asp)) that followed have begun to set the stage for further discussions and emerging examples of science and practice that includes this practical and more informed use of prevention and recovery. This person- and community-centered dialogue grounded in lived experience applied with best practices, makes science more relevant, adoptable, evidence-based, accountable, and effective as an evolving medical model. De facto, science sticks and knowledge is adopted.

In April of this year, SAMHSA and the Center for Mental Health Services (CMHS) began what will be a series of dialogues to further define a common ground and vision for prevention, recovery, and resilience today. The overall aim of these grass-root and service dialogues is to promote a united behavioral health field including substance use prevention, mental health promotion, mental health services, substance use disorders treatment, mental health recovery, and substance use disorders recovery. Other partners are developing measures and outcomes.

This "unified field" would be actively involved in the development, implementation, and

evaluation of efforts to improve community health and well-being in the context of health reform. The dialogue is co-chaired by leaders from SAMHSA, the Centers for Medicare & Medicaid Services, CSAP, and the Center for Substance Abuse Treatment, and led by Cathy Nugent, LCPC, CMHS Senior Public Health Analyst ([Cathy.Nugent@samhsa.hhs.gov](mailto:Cathy.Nugent@samhsa.hhs.gov)). In their April meeting, initial progress was made in sketching a collective vision from broad and diverse perspectives. They are now calling for a conceptual alignment group to further refine that collective vision and its relevance for

- Individual, family, and community wellness
- Recovery-Oriented Systems of Care (ROSC)
- Resilience- and recovery-oriented systems and communities
- Public health

Along the way, providers have been self-identifying as using this more unified and integrated approach in their work. An example was featured in the **April 13 RTP eNewsletter**: the Philadelphia Department of Behavioral Health and Intellectual disAbility Services Partnership for Community Wellness. GLATTC Webinars have been sharing extensive data from the Council on Prevention Education: Substances (<http://www.copes.org/>) in Louisville, Kentucky, where entire communities have formed partnerships with providers and people in recovery to identify community "risk factors" with criminal justice, youth, families, and men, reporting on and measuring prevention and recovery. At the current SAMHSA–CMHS dialogue meetings, emerging programs in Vermont ([Marcia.LaPlante@state.vt.us](mailto:Marcia.LaPlante@state.vt.us)) and Detroit ([tjohn@mlkcsi.org](mailto:tjohn@mlkcsi.org)) presented models on similar community initiatives, while budding initiatives in New Jersey (<http://www.welltacc.org/>), Pennsylvania, and Ohio were noted.

At the national level, guiding documents have been published, e.g., ***Recovery-Oriented Systems of Care Resource Guide Book*** (September 2010), ***Operationalizing Recovery-Oriented Systems of Care***, and ***Approaches to Recovery-Oriented Systems of Care at State and Local Levels***, to name a few. To facilitate further implementation of state and local ROSCs, SAMHSA is funding 33 discretionary grant programs (mostly access to recovery) in this area, including major grants such as the RTP initiative and Bringing Recovery Supports to Scale–Technical Assistance Center Strategy, while also supporting a national family dialogue for youth with substance abuse disorders ([sharon@momstell.org](mailto:sharon@momstell.org)). The intended dialogue of integrating lived experience with applied science is evident as the common denominator for all.

If one were to make a cursory study of these founding initiatives, certain "common ground" themes begin to emerge:

1. By assertively building healthy environments at work, school, and in the community at large, prevention and recovery can improve the quality of life in communities, neighborhoods, and families free of alcohol, tobacco, and other drug use and crime.

2. Effective prevention of mental illness and substance use requires consistent action from multiple stakeholders, particularly those in recovery.
3. Prevention and recovery bring power to the community and its families and members by working from *within* their institutions and with the supports needed to build resiliency and sustain recovery over time.
4. Prevention, informed by individual, family and community recovery, creates a comprehensive plan in which everyone can have a stake and own at indicated, selected, or universal levels of application.
5. Systems will change as the community experiences the outcomes of its learning and investments.
6. Applied prevention and recovery hold community institutions responsible for reflecting best practices and community values.
7. Prevention and treatment access community "subsystems" that can support attaining and sustaining recovery, e.g., recovery supports and peers.
8. Prevention becomes a set of steps along a continuum that promotes individual, family, and community health; reduces mental health and substance use disorders; and builds resilience, wellness, and recovery.
9. Good prevention focuses on reducing individual and community risk factors while building protective factors, i.e., resilience, wellness, and recovery.
10. Prevention is grounded in evidence-based research and real-world experience informed by qualitative and quantitative adoption and outcome data.
11. Prevention and recovery provide outcomes at the community level, not just at the program level.
12. Rather than addressing a single problem or condition, prevention and recovery simultaneously consider a potential wide-ranging set of problems that may be related to the disorder, i.e., *anticipatory practice*.
13. Rather than focusing only on the individual at risk, prevention uses all risk and protective factors learned from individual interventions to then alter the social, cultural, economic, and physical environment of a community to promote continual shifts away from what's causing the illness in the first place, i.e., *builds individual and community recovery capital*.

More will become visible as this evolution and dialogue proceed. The Affordable Care Act has established the Patient-Centered Outcomes Research Institute and major funding to broadly document our understanding of how people get well and remain well within emerging models of care. One can only hope mental health and substance use will be included early on for their potentially substantial role in health reform and understanding and improving health care as a whole. In this way, prevention, recovery, and fortified resilience based on applications of best science with lived experience make our work more relevant, adoptable, scientific, accountable, and effective.

With a clearer unified vision and transformational science of recovery and prevention in all we do, we are better armed to successfully address the problems we seek to eliminate among people, families, and communities. There is no one or universal path to wellness and recovery. People and communities must use best science, practice, and

what works for them, and determine how they wish to apply their shared resources, values, and will. That is informed evolution. Defining our common ground with a shared vision around measures of attained and progressing individual, family, and community wellness is a great compass and our greatest strength. It is our evolution.

*Dr. Flaherty is a Clinical/Consulting Psychologist and Founder of the Institute for Research, Education and Training in Addictions in Pittsburgh, Pennsylvania. He serves in an advisory capacity for many agencies and projects, including RTP, and has been a provider for more than 30 years. Dr. Flaherty can be reached at **flahertymt@gmail.com**.*