Issue Brief

Important Considerations in Recovery

Substance use disorders (SUDs) are highly prevalent but remain largely under-detected and undertreated by healthcare and behavioral healthcare professionals. Compounding this is the fact that many individuals with SUDs experience substantial difficulties accessing, engaging in, and remaining in treatment and recovery services. States and Single State Agencies (SSAs) are well-positioned to spearhead SUD recovery efforts by implementing funding and policy decisions that facilitate access to and participation in a wide range of effective, safe, and supportive SUD recovery services.

This Issue Brief discusses recent trends and challenges in the field of recovery, with a focus on providing guidance on issues relevant to states, SSAs, and behavioral health systems. The goal is to inform and better prepare states and SSAs to implement policy, funding, and workforce development initiatives to build robust recovery-oriented systems of care. This issue brief provides insights on how to allocate Substance Abuse and Mental Health Services Administration (SAMHSA) grant funds to best support recovery efforts and maximize the benefits of SUD recovery services in their state.

About the Issue – The Need for Effective Recovery-Oriented Systems of Care

In 2021, 46 million people in the United States aged 12 and older had an SUD, including nearly 30 million with alcohol use disorder and 24 million with another SUD.[1] Unfortunately, only 2.7 million (6 percent) individuals with an SUD in 2021 received any substance use treatment in the previous year.[1] This is especially concerning given that 106,699 drug overdose deaths occurred in 2021, marking a 5-fold increase from 2001 to 2021.[2,3] Further, an estimated 140,000 people die from alcohol-related deaths each year, and alcohol plays a role in nearly 19 percent of emergency department (ED) visits and 22 percent of fatal opioid overdoses.[3]

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Untreated SUDs have significant adverse effects on individuals, their families, communities, and the country as a whole. SUDs are associated with increased mortality and morbidity, reduced work productivity, increased healthcare utilization and spending, greater risk of justice system involvement, increased justice system costs, higher odds of homelessness, and impaired quality of life.[4,5,6,7,8,9]

SUDs are complex conditions that affect individuals uniquely and in multiple ways throughout their lives. Accordingly, recovery services and systems need to address the full range of effects SUDs can have on a person's stability, health, functioning, wellness, and sense of purpose. To do this, recovery goals and supports need to be incorporated throughout the continuum of SUD care, such as through behavioral healthcare services (e.g., counseling), general and specialty medical care (particularly for persons with chronic illnesses), housing assistance, employment and education support, childcare and child welfare services, legal system support, and more. People with SUDs can and do recover; however, they need access to recovery-oriented systems of care, including services that support the whole person and the SAMHSA-identified four major dimensions of recovery: health, home, purpose, and community.[10]

What Is Recovery?

SAMHSA's Working Definition of Recovery views recovery as ***"a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."***[11] Using this definition, recovery includes the following concepts:

- There are many pathways to recovery and no "wrong door" through which a person engages in recovery.
- The recovery process is individually determined; thus, recovery will not look the same way for all persons with SUDs.
- Hope is a driving force in recovery and is essential for helping people in recovery stay motivated.
- Recovery is holistic and addresses a person's mind, body, spirit, and community.
- Peers and allies play a critical role in supporting a person's recovery journey and sharing insights from lived experiences.
- Recovery is affected by a person's cultural background as well as experiences with trauma, and both should be incorporated into recovery services.
- People with SUDs are deserving of dignity and need to feel accepted, appreciated, and respected on their recovery journey.

What Makes an Effective Recovery System?

Despite facing substantial challenges, people seeking or in recovery are highly resilient. However, to maximize the chances of individuals sustaining long-term health and wellness, recovery-oriented systems of care need to acknowledge the barriers experienced by persons with SUD and implement evidence-based features and practices to help them overcome those barriers. Thus, an effective recovery system is one that:

- **Offers support across the continuum of care:** Because SUDs are lifelong conditions, effective recovery-oriented systems of care recognize the value of connecting individuals with recovery support services even after formal treatment has ended and the person is stabilized. Unlike formal treatment, recovery support services are non-clinical but can help individuals in recovery stabilize, maintain health and wellness, and live self-directed lives. Recovery support services can include, but are not limited to, individual or group counseling, housing support, work or school assistance, help with transportation, and childcare services. Recovery support services are separate from formal treatment and may be needed post-treatment or concurrently while formal treatment is ongoing. Continuous recovery support services help people maintain treatment gains, keep people connected to providers in case symptoms worsen or they experience a return to substance use, and give individuals an opportunity to focus on areas of wellness, such as repairing interpersonal relationships or finding stable employment.[12]
- **Is compassionate, collaborative, and person centered:** These recovery-oriented systems of care actively incorporate the individual's lived and living experience into the treatment and recovery continuum of service delivery. Although there is no universal definition of person-centered care, this usually involves providing care that is comprehensive and collaborative; incorporates the person's goals and preferences into decision making; partners and shares information with the person to help them feel informed and empowered; and includes family and caregivers into services, where appropriate.[13]

Collaborative and coordinated care is one aspect of person centeredness that is increasingly recognized as a vital feature of effective SUD programming. Access to SUD treatments and recovery supports is hindered by a shrinking workforce; the inequitable distribution of treatment facilities across the United States, especially in rural areas; and provider and individual stigma surrounding SUDs and its treatment (i.e., medications for opioid use disorder [MOUD]).[14] Research consistently demonstrates the value of incorporating SUD treatment and recovery services into non-specialty settings, such as primary care practices and federally qualified health centers, for overcoming access barriers and

improving outcomes. Such outcomes include increased treatment access, initiation, and engagement; reduced substance use and increased abstinence; and expanded treatment capacity.[15,16,17,18,19] Further, including individuals in treatment decision making is associated with increased utilization of behavioral healthcare services, routine medical care, testing for human immunodeficiency virus (HIV), and suicide prevention counseling.[20]

- **Addresses the whole person and their community:** Whole-person care recognizes that people in recovery often have needs beyond reducing or stopping their substance use. Individuals with SUD might require help with housing, employment, education, family and interpersonal relationships, physical and mental health, transportation, childcare, and more. Whole-person recovery-oriented systems of care address a person's body, mind, spirit, and living environment (e.g., home, community). This requires gathering a wide range of healthcare and behavioral healthcare clinicians and non-clinicians, such as case managers, social workers, peer recovery workers, and those providing recovery support services, into the recovery system to work collaboratively.
- **Has low thresholds for entry and high thresholds for dismissal:** Recovery-oriented systems of care are often difficult for people to access due in part to logistical and regulatory hurdles, such as long waitlists, requirements for pre-authorizations and in-person intake assessments, abstinence mandates, and a limited number of specialty programs and providers, especially in rural and other remote areas.[21] Effective recovery-oriented systems of care work toward eliminating these barriers by providing low-threshold, easy-to-access recovery support services. Low-barrier programs typically offer walk-in appointments, same-day medication initiation, flexible scheduling, harm reduction approaches (rather than requiring abstinence only), and no counselling requirements.[22,23,24] Effective recovery support services also prioritize recovery support by not discharging individuals for taking MOUD or for continued substance use and not making abstinence a requirement for participation. Low-barrier SUD and MOUD programs are effective in helping people access, engage in, and stay in treatment.[25,26,27,28,29] Importantly, positive outcomes have been observed in high-risk populations who are traditionally difficult to engage or retain in care, such as individuals experiencing homelessness and Black, Indigenous, and people of color (BIPOC).[22,23,24]
- **Ensures recovery support is accessible:** For recovery services and systems to be successful, individuals must first be able to access them. Effective recovery-oriented systems of care take actionable steps to make themselves more reachable to the full range of individuals in need of SUD care. This can be achieved by training staff on the full range of supports needed; integrating recovery support services into

mainstream healthcare settings (e.g., primary care practices) as well as nontraditional settings (e.g., jails/prisons); and providing flexible access points, including via telemedicine and mobile services.[9,30,31,32]

- **Incorporates peers and persons with a lived and living experience in recovery:** Peer support is a fundamental feature of recovery services. Peer recovery workers help engage, educate, and support people throughout the entire recovery process and serve as role models of successful recovery to individuals with SUD and staff.[33,34] Peer recovery support services are evidence based and associated with numerous positive outcomes. These include reduced rates of return to substance use, reduced substance craving, increased treatment retention, improved treatment satisfaction, reduced risk behavior for hepatitis C and HIV, and increased satisfaction with one's relationships with treatment providers.[30,35,36,37]

  Employing peer recovery workers and other persons with a lived experience in recovery benefits more than just individuals seeking or in recovery. Peer recovery workers serve as advocates for and champions of recovery out in the community, which can help reduce stigma among the general public. Incorporating peer recovery workers into recovery-oriented systems of care also helps reduce stigma among providers and staff.[38,39,40,41]

- **Specifies treatments and services to the needs of underserved and marginalized populations:** Vulnerable and underserved populations—such as pregnant persons, BIPOC, and individuals involved in the justice system—have historically experienced disparities in access to SUD treatment and recovery services. To help improve access, retention, and outcomes, recovery-oriented systems of care can adapt their services to the unique needs of these populations. Strategies include bringing services to where underserved populations can easily access them (e.g., incorporating SUD care into jails, prisons, and drug courts), integrating recovery services into mainstream healthcare settings, and using culturally responsive engagement techniques, services, and materials.

- **Demonstrates sustainability:** Sustainability is critical for ensuring recovery-oriented systems of care can continue providing treatment and services long term. Recovery systems can extend the viability of their services by ensuring adequate workforce capacity, utilizing funding models that have long-term capability (e.g., value-based payment rather than fee-for-service models), and using data effectively (e.g., using performance measures to leverage funding from insurers).

  Conversations about sustainability also should address return on investment between the value of access to SUD treatments and recovery services to an individual or community versus their costs. This information can help justify to states and other payers the need for continuation. The return on investment of substance use treatment in general, including through public treatment facilities and drug courts, has been estimated at $4–$7 per dollar spent.[42] The ratio of SUD treatment benefits to costs averages out to 7:1 ($11,487 in average cost benefits to society [e.g., reduced costs related to justice system involvement, increased earnings from workers] vs $1,583 in average treatment costs).41 Further, MOUD, contingency management, and psychotherapy for SUD are each associated with increases in per-person quality-adjusted life years and decreases in mortality, demonstrating their high value.[43]

  Data on individual SUD treatments and recovery services also shows positive economic outcomes. For instance, Washington State performs ongoing cost-benefit analyses of SUD

and other evidence-based programs to inform allocation of funding. In 2019, they found several recovery services had net benefits (benefits minus costs), including motivational interviewing to address treatment engagement (a cost-benefit ratio of $23.05 per person), sober living houses ($6.40), holistic harm reduction ($6.39), methadone treatment ($2.30), buprenorphine treatment ($1.78), and peer recovery workers ($1.20).[44]

Supporting Effective Recovery-Oriented Systems of Care: Policy Strategies

One way in which states and SSAs enhance or expand evidence-based treatments and services and shape practice behaviors is through policymaking. Effective policy strategies include the following:

1. **Incentivizing the provision of integrated, coordinated services and other innovative delivery systems of care across the continuum.** For instance, the hub-and-spoke model of SUD care was developed to expand access to MOUD in rural and other remote areas. This approach provides centralized MOUD treatment until individuals are stable and then connects them to a network of lower-intensity treatment and recovery services long term. Hub-and-spoke models are effective at increasing access to MOUD as well as reducing opioid use and overdose.[45,46]

   SSAs can use federal-to-state funding to leverage other forms of evidence-based, integrated recovery services in their state. For instance, Missouri used funds from State Opioid Response (SOR) grants and Opioid State Targeted Response (STR) grants to implement multidisciplinary, integrated OUD care in EDs and primary care clinics.[47] SAMHSA Substance Use Prevention, Treatment, & Recovery Services (SUPTRS) and SOR grants also can support implementation of recovery community centers, recovery housing/recovery residences, high school and collegiate recovery programs, and other integrated wraparound services and programs.

2. **Eliminating regulations that create high barriers to treatment entry and retention.** States can help alleviate these barriers by enacting policies that are less restrictive and more flexible to the needs of people seeking or in recovery.[48] For example, Missouri reduced and streamlined its preauthorization requirements for buprenorphine by granting providers a 30-day grace period to conduct an intake assessment rather than requiring assessments prior to MOUD referral and initiation.[42]

3. **Providing coverage for telemedicine/digital recovery services.** Telemedicine as well as digital health interventions (e.g., mobile healthcare apps, wearable health monitors, virtual reality programs) have demonstrated effectiveness in supplementing in-person services for SUDs.[49,50] States can enhance the use of remote SUD care by enacting telemedicine-friendly regulations, like removing geographic licensure restrictions for providers, requiring telemedicine coverage by insurers, and improving reimbursement for remote services.[44] Relatedly, states can extend or make permanent the telehealth regulations that were relaxed during the COVID-19 pandemic that allowed people greater access to SUD services, including take-home MOUD.[51]

4. **Adopting policies that support peer integration.** States and SSAs can facilitate the integration of peer recovery workers into SUD treatment and recovery-oriented systems of care

by adopting policies that streamline peer credentialing processes, making it easier for peer recovery workers to gain certification and employment. Regulations allowing peer recovery services to be reimbursed under state Medicaid and private insurance are also critically important. For instance, New Jersey worked with its largest commercial insurer, Horizon Blue Cross Blue Shield of New Jersey, to launch a new benefit that provides free telemedicine-based peer recovery services for people in treatment for SUDs.[52]

5. **Expanding state Medicaid if states have not already done so.** Medicaid expansion has been linked to increased SUD treatment capacity, insurance coverage for SUDs, and access to care.[53,54,55] For instance, Virginia saw in their first year of Medicaid expansion a 62 percent increase in Medicaid enrollees given an SUD diagnosis, a 79 percent increase in enrollees using their Addiction and Recovery Treatment Services benefit, a doubling in the number of enrollees receiving MOUD, and more than 3 times the number of Medicaid recipients accessing residential SUD treatment.[56] Medicaid expansion can subsume some but not all costs of treatments and services covered under SUPTRS block grants, highlighting the importance of leveraging federal funds even in states that did adopt Medicaid expansion.[57] This is especially crucial for financing much-needed SUD ancillary services not covered by all state Medicaid plans, such as housing support and peer recovery services.

Understanding Allowable Recovery Support Services Expenditures Under SUPTRS Block Grants

Recovery support services help individuals engage in recovery, remove barriers to care, remain in treatment and services, and develop healthy, fulfilling lives within their community. SUPTRS block grant funding helps states support a wide range of recovery support services, which can be implemented in diverse settings. States and SSAs are probably aware that these grants can support the provision of SUD treatment, including MOUD. But they also can be used to fund ancillary services that are critical to recovery and long-term wellness. Examples include but are not limited to the following:

- **Recovery and supportive housing assistance,** including temporary housing assistance, housing deposits, assistance with establishing utilities, and outreach programs for people experiencing homelessness
- **Health and wellness activities,** including testing for infectious diseases (e.g., hepatitis C, sexually transmitted infections), fitness activities (e.g., gym memberships), smoking cessation classes, and overdose prevention efforts (e.g., naloxone distribution)
- **Social activities,** including culturally based recovery practices or expressive arts recovery activities, such as pow wows, traditional healing ceremonies, talking circles, and sweat lodge activities
- **Recovery Friendly Workplace initiatives or supportive employment services,** such as resume building, on-the-job training, employment coaching, assistance completing job applications, computer skills training, and GED coaching
- **Recovery support services in educational settings,** including recovery high schools and collegiate recovery programs
- **Childcare and adult care services**
- **Transportation vouchers or passes and ridesharing charges**

Supporting Effective Recovery-Oriented Systems of Care: Funding Strategies

In addition to state general funds, states have several funding approaches to support evidence-based SUD treatment and recovery services. One of the primary federal sources of support is SAMHSA's noncompetitive grants. These can be used to support all aspects of SUD planning, prevention, and treatment, including wraparound services, community recovery programs, and programs for people in transition (e.g., persons reentering the community from carceral settings). Funds can also help expand treatment capacity, such as through the hiring of peer recovery workers and nurse case managers, and support pilot programs for launching new and innovative services, such as mobile medication units and ED bridge programs.

Other state and federal agencies with a direct stake in preventing and treating SUDs also offer funding opportunities. The Department of Justice provides grant funding for recovery initiatives for individuals with SUDs who are involved in the justice system or reentering the community and under parole supervision, such as the Residential Substance Abuse Treatment for State Prisoners (RSAT) Program and the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP). The Families First Prevention Services Act finances treatment programs for parents with SUDs via Title IV-E funding administered by state child protection/child welfare agencies.

Funds from opioid litigation (e.g., pharmaceutical companies and other entities involved in the distribution and sale of opioids) are another avenue of support. The National Academy for State Health Policy maintains a tracker showing how states are distributing National Opioid Settlement funds and other monies from opioid-related lawsuits. As of June 2023, 17 states have publicly shared their spending plans and priorities.[58] For instance, Indiana's plan includes $10 million allocated to workforce spending; $3.5 million to treatment, including support for adolescent residential infrastructure and jail-based SUD treatment and recovery services; and $1.5 million to harm reduction services, including their Street Outreach Team that provides healthcare and behavioral health services to persons experiencing homelessness and their mobile/in-home integrated health program.[53,59]

Finally, states and SSAs can explore innovative payment models that could help improve reimbursement, are cost-effective, and promote program sustainability. Despite their popularity, fee-for-service models do not support integrated care and are not tied to quality outcomes, highlighting a role for alternate payment models. For instance, bundled payments (e.g., for MOUD and wraparound services) could help incentivize the provision of integrated, comprehensive, high-value SUD care and recovery services, including MOUD.[60]

SAMHSA NONCOMPETITIVE GRANTS THAT SUPPORT RECOVERY SERVICES

Substance Use Prevention, Treatment, & Recovery Services (SUPTRS) block grants

State Opioid Response (SOR) grants

State Targeted Response (STR) grants

EXAMPLES OF HOW STATES CAN USE FINANCIAL INCENTIVES TO SUPPORT HIGH-QUALITY SUD CARE

Some states are already implementing innovative value-based payment approaches to motivate publicly funded systems, organizations, and programs to provide effective, evidence-based SUD care.[61] [62]Arizona's Targeted Investments Program is using state-directed payments to fund 13 integrated care clinics, which are located in or near probation/parole offices and receive financial incentives for providing coordinated SUD care to justice system–involved individuals reentering the community.[56,63]

In 2019, Pennsylvania launched a hospital-based quality improvement program that offers payments to hospitals that provide pathways to outpatient OUD care within 7 days for Medicaid recipients discharged from the ED following opioid overdose.[64,58] Pathways include ED-initiated buprenorphine, warm handoff to community MOUD, and hospital admission for buprenorphine induction. An analysis of more than 17,000 Medicaid recipients who reported to the ED with an opioid overdose between 2016 and 2020 found the program was associated with a 50 percent increase in the rate of buprenorphine prescription fills within 30 days of ED discharge.[57]

Supporting Effective Recovery-Oriented Systems of Care: Workforce Development Strategies

The increased recruitment and retention of professionals in the healthcare and behavioral health workforce is critical for closing gaps in unmet needs for SUDs. States and SSAs can help address these shortages by developing efforts designed specifically to overcome workforce challenges and improve treatment capacity and training. Because a large proportion of individuals with SUDs are Medicaid enrollees, state Medicaid programs can play a prominent role in workforce development strategies. For example:[65,66,67]

1. States can partner with academic institutions to create early career pathways, such as high school programming, apprenticeships, and on-the-job training programs. States can also increase the number of graduate trainee opportunities (e.g., residencies, internships), with focused efforts on underserved areas (e.g., rural residencies, community-based healthcare internships). More flexible licensure requirements (e.g., allowing interstate licensure compacts for social workers and counselors) could also help attract potential recruits.
2. States can consider offering financial incentives, such as scholarships, career support grants, student loan repayment programs, signing bonuses, and wage increases.
3. To expand the number of providers with the capacity to offer SUD specialty care, states can help healthcare and behavioral health providers become cross-trained in addiction medicine through mandatory graduate-level coursework. Relatedly, states can require publicly funded healthcare and behavioral health providers to undergo training in harm reduction and MOUD.

4. Through policy reform and reimbursement strategies, states can expand the types of providers who can be paid for SUD treatment and recovery services, such as allowing alcohol and drug counselors to enroll in Medicaid as billing providers (as of 2019, only 11 states allowed this).
5. States can modify managed care organization contracts and increase fee-for-service reimbursement rates of behavioral health providers to achieve parity with primary care and other healthcare providers. Payments can be increased across the board or aimed at specific providers or services (e.g., a state choosing to increase rates only for residential care).
6. State Medicaid programs have wide latitude in covering telemedicine-based services, which can increase the population of providers available.
7. States can work toward reducing administrative burdens through actions such as removing prior authorizations, streamlining documentation processes (e.g., using standardized treatment plans), using centralized Medicaid provider enrollment and qualification verification processes, and gathering feedback from providers on administrative obstacles and how best to overcome them.

Conclusion

The wide-ranging effects and magnitude of SUDs may seem insurmountable, but that does not diminish the ability of states and SSAs to ensure all persons with SUDs can benefit from effective treatment and recovery support services. Understanding what makes recovery-oriented systems of care successful is crucial for state efforts in coordinating and delivering effective programs and services—and thus optimizing outcomes. SUDs are complex and generally lifelong conditions; consequently, a person's treatment and service needs will fluctuate throughout the recovery process, underscoring the importance of developing recovery-oriented systems of care that are comprehensive, flexible, and person centered. States can influence the creation and sustainability of effective recovery systems, and the workforce that supports them, through policy reform, implementation of regulations that support low barriers to care, and funding incentives. Although no single strategy can close existing recovery access and outcome gaps, collectively they represent a viable path forward to ensuring the health and well-being of all populations.

Resources

Funding Resources

State Approaches for Distribution of National Opioid Settlement Funding *National Academy for State Health Policy*	This tracker monitors states' progress on disbursing funds from opioid-related lawsuits. The tracker is updated periodically.
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) Resources *SAMHSA*	This website provides a listing of SUPTRS (formerly called SABG) block grant resources, including applications and fact sheets.
Medicaid Is Key to Building a System of Comprehensive Substance Use Care for Low-Income People *Center on Budget and Policy Priorities*	This report summarizes the pivotal role of Medicaid in helping states expand recovery services and how states can leverage Medicaid to provide comprehensive SUD care. The report also includes links to other resources on this topic.
Examining the Use of Braided Funding for Substance Use Disorder Services *SAMHSA*	This report looks at state and federal laws and policies that encourage braided funding to provide substance use disorder services, best practices for braiding funds, and pathways to sustainability for substance use disorder programs.
Exploring Value-Based Payment for Substance Use Disorder Services in the United States *SAMHSA*	This report explores the use of Value-Based Payment model and the potential to improve delivery of integrated and coordinated SUD treatment services.

Evidence-Based Recovery Services

Evidence-Based Practices Resource Center *SAMHSA*	This listing includes links to advisories, toolkits, and guide-books on implementing evidence-based treatments and recovery services.
Recovery Resources *National Association for Alcoholism and Drug Abuse Counselors (NAADAC)*	This listing provides links to resources addressing varied aspects of effective recovery-oriented systems of care, including collaborative care, incorporating of peer recovery workers, and understanding recovery-oriented systems of care.
NASADAD Reports *National Association of State Alcohol and Drug Abuse Directors*	This is a summary of reports prepared by NASADAD staff, many of which can aid states and SSAs in developing effective recovery-oriented systems of care. Topics include state legislation to increase access to treatment for opioid use disorder and a state recovery practice guide for adolescents.

Integrated Health Solutions Featured Resources *National Council for Mental Wellbeing*	This website offers a listing of resources to assist with implementing integrated care services, including a resource on financial integrated care and state models of integrated care to address opioid use disorder.
Peer Integration Toolkit *New York State Office of Addiction Services and Supports*	This detailed toolkit offers in-depth information on incorporating peer services into recovery-oriented systems of care using the Stages of Change model.
SAMHSA's National Model Standards for Peer Support Certification *SAMHSA*	This is SAMHSA's National Model Standards for Peer Support Certification which is designed to accelerate the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system.

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Issue Brief: Important Considerations in Recovery

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