Peer Supports in African American Communities

March 25, 2020
Welcome and Introductions
Welcome

• Timothy Jeffries, Senior Policy Advisor, BJA
• Elizabeth Burden, Technical Assistance Director, Altarum
• Erin Etwaroo, LPC, Analyst, Altarum
• Carl Highshaw, MSW
• Andre Johnson, MA
• Reginald (Reggie) Smith, MHPS, MSSW
Guest Presenter – Carl Highshaw

- **Carl Highshaw** is the Founder and CEO / Executive Social Worker of the AMAAD (Arming Minorities Against Addiction & Disease) Institute, a South Los Angeles-based Recovery Community Organization that provides grassroots peer-led recovery support in a manner that is purposefully and intentionally inclusive of African American lesbian, gay, bisexual, and transgender (LGBT) people.

- Under Carl’s leadership, the AMAAD Institute manages a SAMHSA CSAT Targeted Capacity Expansion for Peer-to-Peer effort, as well as the SAMHSA CSAP Substance Abuse and HIV Prevention Navigator effort. The organization also provides peer-based behavioral health counseling and housing support services for individuals who are actively on parole and/or probation and who have a history of substance abuse and/or mental illness.

- Carl holds a Master of Social Work (MSW) degree from Washington University in St. Louis and a Bachelor of Psychology degree from Western Illinois University. He is currently pursing a Doctorate of Social Work degree from the University of Southern California.
Guest Presenter – Andre Johnson

• **Andre L. Johnson**, a native Detroiter, is currently the President/CEO of the Detroit Recovery Project — a multi-service agency that provides a wide spectrum of support services to the city’s recovery community. Such services include: GED preparation; twelve-step support groups; housing assistance; job readiness and employment assistance; and HIV prevention, testing, and counseling services. The agency also oversees an ex-offender program that helps returning citizens reintegrate successfully into the Detroit community, with an aim of reducing recidivism and/or relapse among this population.

• Mr. Johnson has over 31 years of professional work experience, exemplifying a long-standing commitment and dedication to the field of substance abuse. In 2013, Mr. Johnson was appointed by U.S. Secretary of Health of Human Services Kathleen Sebelius to the SAMHSA Center for Substance Abuse Treatment (CSAT) National Advisory Council. Mr. Johnson holds a Bachelor of Arts degree in Psychology from Morehouse College (Atlanta, Georgia), a Master of Arts degree in Organizational Management from the University of Phoenix. He is currently pursing a PhD in Psychology at the University of Michigan.

• Mr. Johnson is a trained certified recovery coach and is considered an expert in the field; he is invited frequently to present at seminars, workshops, and as a keynote or motivational speaker, not only to those in recovery, but youth, adults, families, and substance abuse professionals. In 2013, Mr. Johnson received the prestigious Vernon Johnson award from Faces and Voices of Recovery. In 2016, President Barack Obama named Mr. Johnson a Champion of Change and honored him at the White House.
Guest Presenter – Reggie Smith

- **Reggie Smith** is a person in long-term recovery from a substance use disorder and in long-term wellness from a mental health condition. He is formerly incarcerated having served time in county jails, the Texas Department of Criminal Justice (TDCJ), and the Federal Bureau of Prisons (BOP). Reggie has come full circle, ending an almost 20-year odyssey of substance use, mental health challenges, and justice-involvement. He became a Certified Peer Specialist in 2016 and has also earned Bachelor’s and Master’s degrees in Social Work from the Steve Hicks School of Social Work at The University of Texas at Austin. Reggie was the Communities for Recovery Hogg Peer Policy Fellow from 2016–2018 and a Policy Analyst for the Texas Criminal Justice Coalition from 2018–2019. As a policy analyst, he worked jointly with other stakeholders to expand peer support services and training in jails and prisons across the state of Texas.

- In 2018, Reggie founded Building Promise USA (BPUSA) a peer-led, peer-run, and peer-driven 501(c)3 non-profit organization. BPUSA’s mission is to dismantle the cycle of incarceration, unemployment, and homelessness among people with justice involvement and behavioral health challenges. At BPUSA, Reggie volunteers to train advocates to utilize their stories to impact policy and does in-reach into local jails and prisons to assist those currently incarcerated to develop a Personal Reentry Exit Plan (PREP) before they are released.

- Reggie is currently the Team Lead for the Peer Service Unit, IDD & BHS Division of the Texas Health and Human Services Commission in Austin, where he is at the forefront of building out the recovery and reentry infrastructure in the state of Texas. He is recognized as a national expert at utilizing peer support and peer specialists in correctional environments implementing peer support for justice-involved populations in community-based settings.
Cultural Responsiveness
Grassroots Peer Recovery Community

- **AMAAD** *(Arming Minorities Against Addiction & Disease)* Institute – South Los Angeles: www.amaad.org
- AMAAD founded and conceptualized strategies for working on issues at the nexus of SUD & HIV
- Grown out of a local network of African American LGBTQ Recovery Community members
Many Pathways Approach

• While seeking to keep “traditional 12-step” community members engaged, AMAAD incorporates a harm reduction approach

• Peer Linkage & Navigation Specialists or Recovery Coaches provide non-clinical community support
Prioritizing Young Adults

- Nontraditional on purpose
- Leadership development through AMAAD’s Ambassadors Program
- Transitional age youth & young adults
- Engagement of “peers” as staff
- Personal & professional relationship cloud
- Resiliency planning & support
- Recovery management
- Reentry counseling (Project imPACT & Reclaiming Innocence Project)
- House of Resiliency Transitional Living
Responding to Your Community
The Evolution of Detroit Recovery Project, Inc.

- After 1½ years of success providing recovery services, DRP received its first federal funding from the Substance Abuse Mental Health Service Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) to be an official Recovery Community Support Program (RCSP) under the auspices of the Partnership for a Drug-Free Detroit when it received a four-year grant for $1.2 million

- In July 2005, DRP received its nonprofit 501© 3 status and became an independent, nonprofit organization in Detroit, Michigan
The Evolution of Detroit Recovery Project, Inc.

• In 2002, the Bureau of Substance Abuse Prevention, Treatment & Recovery funded the Partnership for a Drug Free Detroit

• $100,000 to begin a special project, entitled the Detroit Recovery Project, Inc. as a response to the Community Needs Assessment
Community Needs Assessment

In order to better understand the specific strengths and needs of the Recovery Community in Detroit, a survey was administered and focus groups were conducted with members of the Recovery Community (Trent and Smith, 2002).
Findings from the Needs Assessment Study

Participant Demographics

• Three hundred seventy-one (371) recovering persons completed the needs assessment.

• 72.1% are male and 27.9% are female.

• Respondents ranged in age from 18 to over 50 years old.
Findings from the Needs Assessment Study

- The modal age group is 36 to 50 years old.
- The vast majority are African American — 84.8%.
Findings from the Needs Assessment Study

Survey participants participated in the following treatment modalities:

• Residential treatment
• Outpatient treatment
• Methadone treatment
• Aftercare treatment
Survey and Focus Group Findings

• Treatment programs include a system of support, including spiritual support, that is often not available once the treatment experience is over.

• With short episodes of treatment, the principles of recovery are not fully integrated into the person’s value, belief, and behavior systems.
Survey and Focus Group Findings

• Recovering persons often lack access to life skills training, educational opportunities, and work skills training.

• Recovering persons often lack financial support, health insurance, and employment.
What is the Recovery Ecosystem?

The Recovery Ecosystem is an individualized internal/external systemic process that one creates for him or herself to sustain long-term recovery from substance use disorders.
Recovery Ecosystem

Five Approaches

• **Health & Wellness** (yoga, gym, bikes, walks, bowling, basketball, physical health, dental, optical, etc.)

• **Spirituality** (meditation, spiritual principles, consciousness, humanity, etc.)

• **Employment/Education/Training** (community college, skills trade, workforce, resumes, etc.)

• **Family** (friends of court, family sessions, family outings, etc.)

• **Recovery Support** (12-step meetings, coaches, sober activities, accountability, etc.)
Recovery Consciousness

Recovery consciousness and self-awareness is critical; thus, employing recovery to all aspects of life. For example, a recovery support ecosystem embraces the following: exercise, spirituality, pleasure, family, work, and education.
Recovery Ecosystem

Recovery Ecosystem (RES) is a self-awareness approach focusing on improving the quality of life while simultaneously abstaining from alcohol, heroin, opioids, cocaine, etc.
Recovery process is nonlinear

It’s a circular process consisting of interconnected, interacting elements. There are many components necessary for recovery that together, as a whole, are more than simply the sum of the parts.
Partnerships/Collaborations

- Drug Court/Juvenile/Family
- Wayne County Jails
- Certified Peer Recovery Coach collects urine samples
- Michigan Department of Corrections
  - Recovery Coach Training
  - Transportation

Challenges:
- Access
- Tolerant Policy
- Peer Support
Partnerships/Collaborations

- Michigan Regional Council of Carpenters and Millwrights
- Wayne County Community College
- Detroit Employment Solutions Corporations
- Wayne County (HUD) 21-one bedroom
- City of Detroit (HUD) Section 7
- Local, County, & State governments
Organizational Responsiveness
How Culturally Responsive Organizations Illustrate the Ability to Serve Clients and Communities of Color

Assessment for Culturally Responsive Change:
Conducting an evaluation is integral to the change process for four reasons:

• It ensures that the organization is thoroughly assessed – gathering insights on needs and strengths, and providing an evidence base on existing problems.

• It sustains a focus on the organization itself, while also assessing the practices of individual staff members.

• It creates organization accountability to determine needs, to build interventions, and to allocate resources.

• It raises internal and external expectations of the organization on improvement efforts, and in this way, creates momentum for change.
The Nine Assessment Domains for Determining Your Organization’s Cultural Footprint

- Commitment, governance, and leadership
- Racial Equity Policies and Implementation Practices
- Organizational Climate, Culture, and Communication
- Service-Based Equity
- Service User Voice and Influence
- Workforce Composition and Quality
- Community Collaboration
- Resource Allocation and Contracting Practices
- Data, Metrics, and Quality Improvement
Racial Equity Policies and Implementation Practices

The goals of racial equity policies are threefold:
• To ensure that progress in not lost when leadership changes.
• To make a clear and direct commitment of intention to advance racial equity.
• To establish lines of accountability for the effectiveness of the policy.

Actions Items:
• Develop a policy that clearly identifies the rationale for cultural responsiveness and for racial equity, allowing all staff and volunteers to understand the benefits to service users, the community, the organization and to wider society that can emerge from the initiative.
• Appoint lead staff with responsibilities added to their job description, to ensure that progress on cultural responsiveness and racial equity is monitored.
Community-Based Participatory Partnerships

**Key Principles**

- Has member who shares common vision, mission, goals, and values
- Has a genuine interest in and commitment to the community
- Recognizes strengths and contributions of all partners
- Ensures that each member of the partnership is treated equally
- Values the knowledge and expertise of the partners
- Is community driven

**Key Benefits**

- Ensures greater success by involving people most affected by the problem
- Creates a collaborative environment and a chance to get to know and network with new partners
- Provides credibility that may come from working with other partners
- Reduces the amount of competing and fragmented services
- Builds community capacity through training and professional development
South Southwest Mental Health Technology Transfer Center (MHTTC) Evaluation

We appreciate your honest, anonymous feedback about this event, which will provide valuable information to SAMHSA and assist the South Southwest MHTTC with planning future meetings and programs.

Questions? Contact Alycia Welch, Program Administrator, Alycia.Welch@austin.utexas.edu

Click here:
https://ttc-gpra.org/P?s=634980
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Questions?
BJA’s Comprehensive Opioid, Stimulant, and Substance Abuse Program