

Working with People with Substance Use Disorders and Supporting Recovery

PPAL's 13 Annual Children's Mental Health Conference
Pathways to Social Justice

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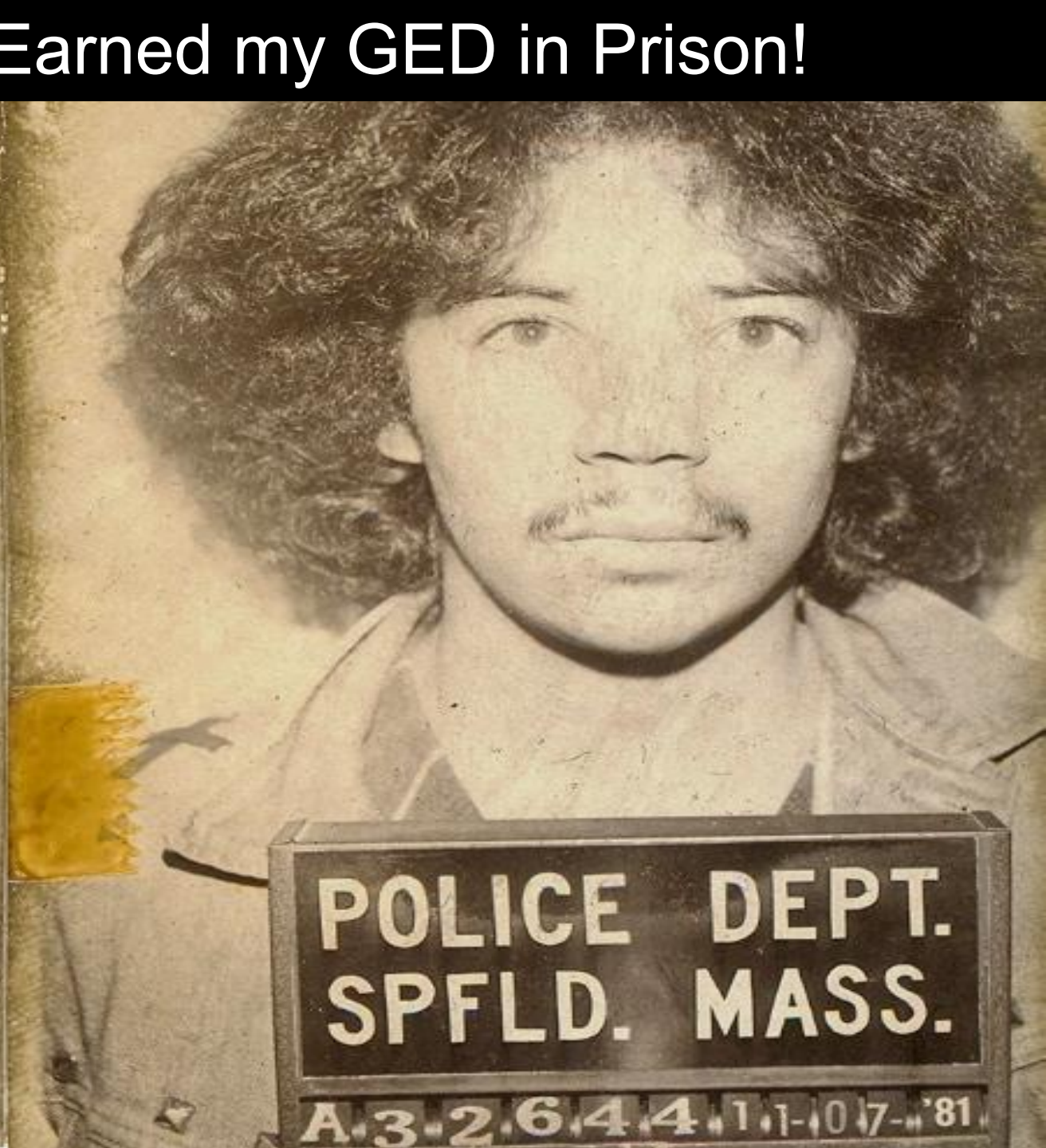


And, I Earned my GED in Prison!



POLICE DEPT.
SPFLD. MASS.

3-2-6-4-4-1-1-0-7-'81



POLICE DEPT.
SPFLD. MASS.

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VALIDATION

WARNING



**CHALLENGES
AHEAD**

**ARE YOU UP FOR
THE CHALLENGE?**

**FEELING UNCOMFORTABLE
IS A NECESSARY PART**



**OF UNLEARNING
OPPRESSIVE BEHAVIOURS**

History



Context

Matter!

Contributions by People In Recovery

- People Experiencing SUDs Founded the Field and 100% of People in the Field were People with Lived and Living experience.
- 23 Million People in Recovery from Substance Use Disorders.
- 44 Million People in Recovery from Mental Health Challenges.
- Largest Expansion in the Behavioral Health Workforce is due to the Inclusion of People with Lived and Living Experience.

Mantra: SUDs and Mental Health Conditions Don't Discriminate!!

(Individuals)



WHAM

systems





Deliberate Silos



Disparities



“Particular type of **health difference that is closely linked with social, economic, and/or environmental disadvantage**. Health disparities adversely affect groups of **people who have systematically experienced greater obstacles to health** based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” Healthy People 2030

Disparities - Examples

- Healthcare: Access and Quality of Care
- Access and Quality of the Continuum of Care
- Opioid Overdose Deaths
- HIV/AIDS
- HCV

- Housing
- Employment
- Education and Training
- Food: Access and Quality
- Covid-19
- Others



Yested For Success Case Study
A Study of the Yested For Success Case Study
YESTED FOR SUCCESS

Yested For Success Case Study
A Study of the Yested For Success Case Study
YESTED FOR SUCCESS

Mass Incarceration

1970

200,000

2024

2.3 M



**5.5 to 6 Million Individuals
on Probation, Parole, House Arrest!**

Policies that Drive Incarceration

- Deinstitutionalization
- War On Drugs
- Schools Zones
- 3 Strikes and You're Out

NOT Broken: Deliberate Policies!

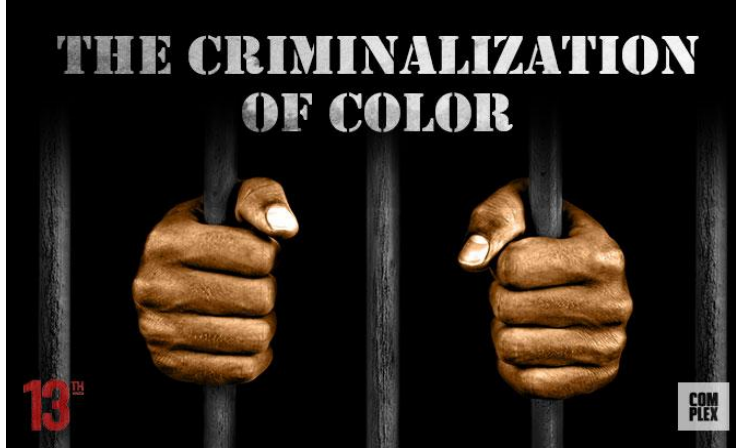
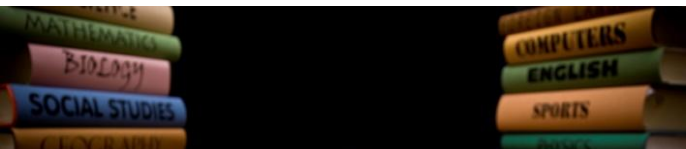
- No Voting Rights
- Others

Is this System Broken?

Doctors
abuse
Overdose
Political
Families
Epidemic
Usage
OPIOID
Drugs
Heroin
ence

After decades of racialized and poor people dying, why declare a crisis in recent history?

Addicts
Detox
Antidote
Health
Communities
Treatment
Depression
Withdrawal
Drugs
Adverse
La De



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Myopic View of what the Problems are;
Myopic Solutions that Sustain Inequities.



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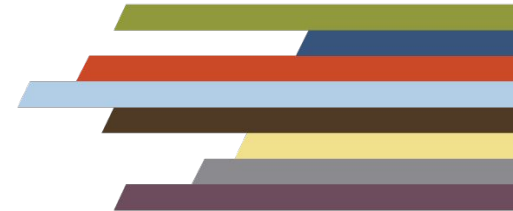


Strength Based Strategies, Techniques and Solutions



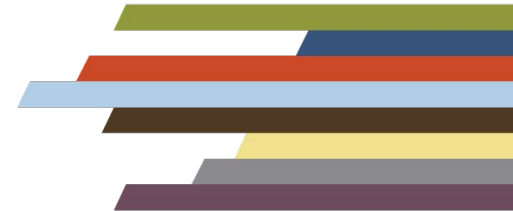
Organizational Responsibilities to the Peer Workforce

- Develop, Implement and Sustain Organizational Policies and Procedures that Center the Peer Role.
- Understand and Support the Non-clinical Role of Peers, including the Non-clinical Boundaries of the Peer Role.
- Provide Ongoing, Quality, and Non-Clinical Supervision: Individual and Group.
- Support the Professional Development of Peers through Training, Capacity Building, Career Ladders, and Mentoring.



Peer Workforce Role and Lane

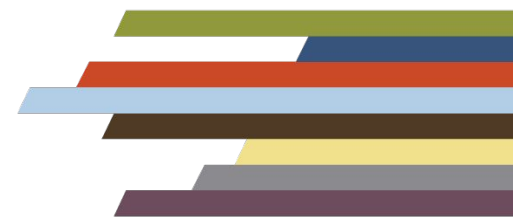
- Work with Individuals seeking or in Recovery and assist them in Developing a Recovery Wellness Plan, which delineates their goals and objectives.
- Strategically Utilize Lived and Living Experience in ways that Support Recovery.
- Work with Individuals to Identify Barriers to Recovery and Utilize Effective Strategies and Techniques to Eliminate them.
- Actively Support the Development of Recovery Capital.



Cultural Humility

“Cultural Humility incorporates a **lifelong commitment to self-evaluation and self critique** to **redressing the power imbalances** in the ~~patient-physician~~ dynamic and to developing **mutually beneficial and non-paternalistic** clinical and **advocacy partnerships with communities** on behalf of individuals and the defined population.”

(Tervalon and Murry-Garcia, 1998)

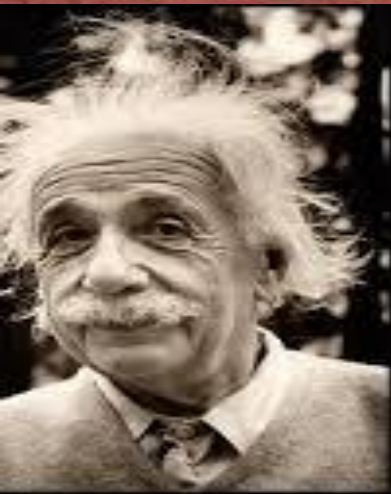


Our Language & Actions Matter



natural
Strengths
abilities
gifts
Qualities
Core talents

Strengths-Based
Engagement and Practice
CREATING EFFECTIVE HELPING RELATIONSHIPS



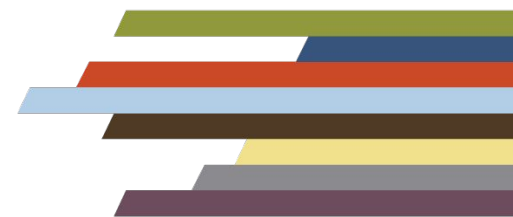
Everybody is a genius.
But if you judge a fish by its
ability to climb a tree, it will
live its whole life believing
that it is stupid.

—Albert Einstein



Health Equity.....

“Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders.” SAMHSA



Build Equity!!!



Building Sustainable Equity

- Simply Delivering Services with Peer Token Participation and Involvement that Sustain the Status Quo is **NOT Equity**.
- **Peers Working Actively to Dismantle Systems of Oppression and the Structural Determinants** is a Form of Community Driven Prevention and is Social Justice and Equity in Action.
- Our Movement Doesn't Need Allies! **We need Co-conspirators and Co-Defendants, people who lead with Cultural Humility.**

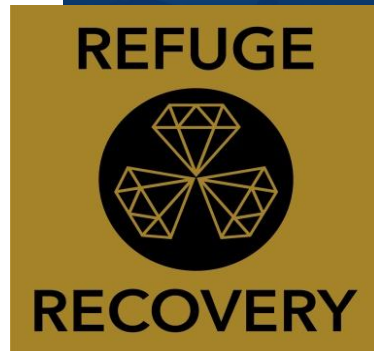
All Credible Evidence and
Outcomes Show That There are



Of Recovery and Wellness



Infinite Pathways of Recovery



Harm Reduction is Recovery.....

**HARM REDUCTION
SAVES LIVES**

.....Recovery is Harm Reduction!!

Not Just Trauma Informed...



..... Social Justice Informed!!



Restorative Justice

Current Behavioral Health Workforce



Population in Need is Diverse

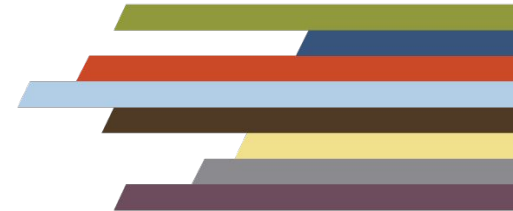


Diverse Workforce, which centers Peers



Recovery Movement and the Peer Workforce

- We have to continue to build our Recovery Movement with a clear vision, mission, goals and objectives.
- We have to make sure that our movement is not coopted and derailed.
- We have to be open to change our attitudes, beliefs and behaviors.
- We have to participate in continuous professional development through supervision, training and mentoring.
- We have to continue our Advocacy for changes at all levels.



Recovery Advocacy



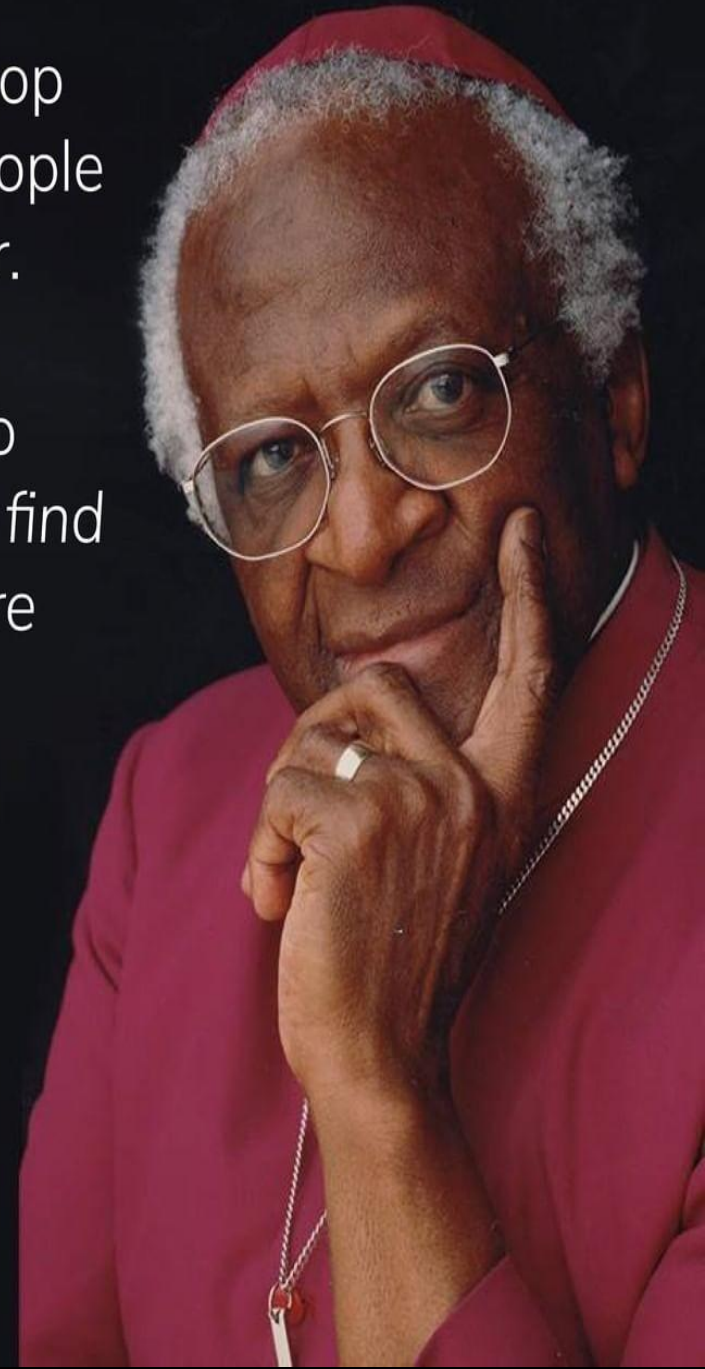
- **Definition:** “The act or process of supporting a cause or proposal : the act or process of advocating for something.” (Webster’s 2022)
- **Lower Case Advocacy** is the Advocacy that I do **WITH** the people that I work **WITH**. Peers in Recovery have been central in supporting recovery.
- **Upper Case Advocacy** is the Advocacy I do to **CHANGE Systems, Policies and Procedures**. The Recovery Community has led this charge.



We need to stop just pulling people out of the river.

We need to go upstream and find out why they're falling in.

- Desmond Tutu



iGracias! - Thank You!

