

Indiana Access to Recovery

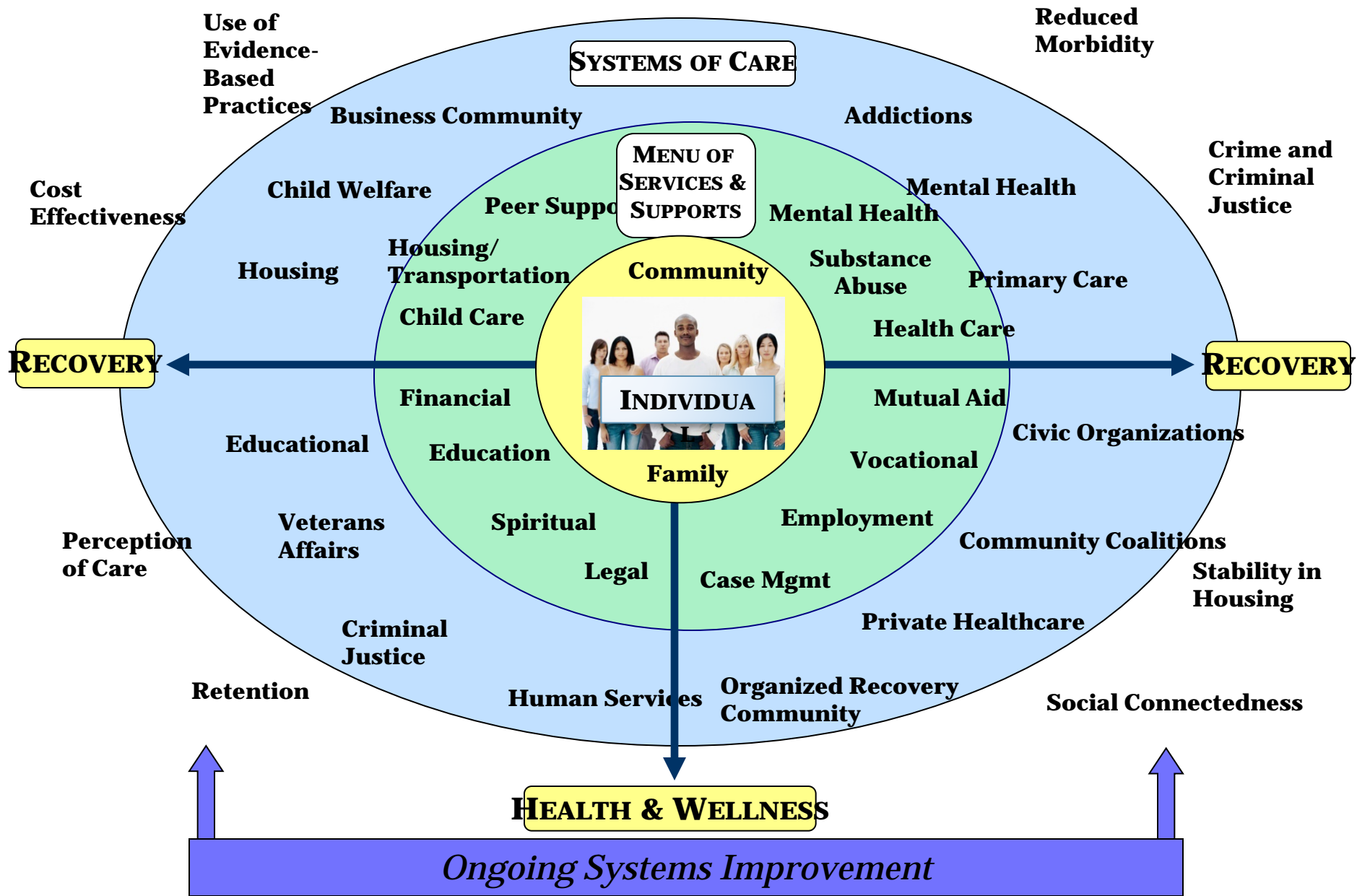


Today's Topics

- **What is recovery-oriented care?**
- **What are the attributes of a recovery-oriented system?**
- **Available services**
- **Eligibility**
- **Referrals**

RECOVERY-ORIENTED CARE

What it looks like



What is recovery-oriented system?

- **A Recovery-oriented system is:**
 - Person-centered
 - Inclusive of family and other allies
 - Anchored in the community
 - Strengths-based
 - Responsive to personal belief systems
 - Offers integrated services
 - Incorporates ongoing monitoring and outreach
 - Culturally responsive
 - Offers peer recovery support services
 - Provides individualized comprehensive services across the lifespan

ATR Services

Recovery Consultant Services

A Recovery Consultant (RC) operates as the client's case manager. Through an initial assessment, he/she helps the clients choose the best services for their immediate and longer term needs. Once a client and the RC determine the client's choice, the RC connects the client with ATR service providers.

Clinical/Recovery Support Services

- Transportation
- Transitional Housing
- Peer coaching
- Family and marital counseling
- Faith and/or community support
- Parenting education
- Parenting support/respite care
- Substance abuse intervention/prevention and education
- Community based continuing care
- Supportive education
- AOD Screening
- Individual addictions treatment
- Individual and group outpatient
- Continuing care counseling
- Integrated treatment for co-occurring disorders
- Medication assisted therapy

Eligibility

INATR client must meet ALL of the following:

- **Must live in one of the 11 counties ATR serves**
- **Must have a substance abuse problem or disorder AND be motivated to work towards recovery**
- **Must be a legal adult**
- **Household income must be at or below 200% of the federal poverty line (500% below if military)**

Eligibility


Additionally INATR client must meet one of the following populations:

- Military service persons (past or present)
- Women who are pregnant or have dependant children
- Individuals who have recently used methamphetamine
- Individuals who are currently involved in the criminal justice system (post conviction and sentencing)
- Individuals who have recently signed an agreement with a diversion court


Referrals

- Any agency may keep Client Choice forms on hand
- Client contacts RC of their choice
- Client and RC meet
- Client receives services
- www.atr.fssa.in.gov

Reset Form



**CLIENT CHOICE - INDIANA ACCESS TO RECOVERY (ATR) –
MARION COUNTY**
State Form 54524 (RS 7-13)



I (Enter name of client), IDOC number (if applicable) understand that Indiana Access to Recovery is a voluntary program and that my participation in the program is because I want to recover from my addictions. I understand that there are a number of providers qualified to provide many services that I may require during my participation in the ATR program. I also understand that I may choose the providers that provide services to me while I participate in the program. I understand that the following providers are ready to provide Indiana ATR clients with Recovery Consultation.

Name and Address of Recovery Consultant Agency	Telephone number	Fax number/E-mail address
Community Outreach Network Services 2105 North Meridian Street, Suite 102, Indianapolis, IN 46202	317-926-5463	317-926-5498
Public Advocates in Community re-Entry (PACE) Inc. 2855 North Keystone Avenue, Indianapolis, IN 46218	317-612-8800, ext.21	317-612-8811
Libertad Counseling 2840 North High School Road, Indianapolis, IN 46224	317-240-2801	317-240-2807
The Way to Recovery 40 South Alabama Street, Indianapolis, IN 46204	317-952-4992	hdwatkins22@yahoo.com
Bethlehem House 130 East 30 th Street, Indianapolis, IN 46205	317-920-1519	317-920-1515

From the above list I have selected (Enter name of recovery consultant agency) to provide this service.

No one has exerted pressure on me to select this particular provider and I am confident that this provider is best suited to meet my needs for recovery consultation. I understand that if I find that this provider does not meet my needs, I may select another provider to replace this provider at any time. I understand that (Enter name of recovery consultant agency) may not be willing or have the ability to provide recovery consultation to me at this time, in which case I will need to select a different provider.

I authorize the referral agency to release my information to help the Recovery Consultant contact me:

Name of referral agency

Name of referral agent Telephone number

I understand that the Recovery Consultant will need to contact me.
I authorize my chosen Recovery Consultant to contact me by contacting me at the following:

Address (number and street, city, state and ZIP code)

Home telephone number Cellular or Mobile telephone number Work telephone number

Signature of client Date (month, day, year)

Contact information

- **Website:**
 - www.atr.fssa.in.gov
- **Staff:**
 - Robin Eutz – Robin.Eutz@fssa.IN.gov or 317.234.0902
 - Angie Boarman – Angela.Boarman@fssa.IN.gov or 317.232.7896