The Role of Recovery Community Organizations in Illinois

Past, Present and Future

Rex E Alexander, Access to Recovery Project Director
Division of Alcoholism and Substance Abuse
A key element of the successes of the Illinois Access to Recovery (ATR) program has been efforts to work with partners, stakeholders, communities, and other interested parties in a collaborative approach. Choice and a Voucher Management System.

With the Illinois ATR sun setting and funding ending, grantees are focused on building on the successes of their projects and ensuring continuation of the services most needed in their communities.

With ATR we knew our program participants needed treatment and recovery services that were unique to each individual. As ATR funding comes to a close, we need to find ways to continue providing these important services within their communities.

<table>
<thead>
<tr>
<th>Program</th>
<th>Clients</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATR I</td>
<td>8,633</td>
<td>$22m</td>
</tr>
<tr>
<td>ATR II</td>
<td>6,371</td>
<td>$12m</td>
</tr>
<tr>
<td>ATR III</td>
<td>8,722</td>
<td>$11m</td>
</tr>
<tr>
<td>ATR IV</td>
<td>5,496</td>
<td>$7.8m</td>
</tr>
<tr>
<td>RSS Sustainability</td>
<td>1,232</td>
<td>$1.2m</td>
</tr>
</tbody>
</table>
Employment Training Services Through ATR

- Ford Heights:
  - Construction, FLAGGERS and OHSA Certification
- EDDR:
  - Landscaping, Culinary Arts
- Transitional Training Services, Inc:
  - Computer Networking and Repair
- TEECH:
  - Green Cleaning and Landscaping
  - KATES
    - Security, Fork Lift
Abstinence From Drugs/Alcohol

<table>
<thead>
<tr>
<th>Program</th>
<th>Intake</th>
<th>6-month Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends(n=413)</td>
<td>90.3%</td>
<td>93.5%</td>
</tr>
<tr>
<td>RET(n=212)</td>
<td>95.3%</td>
<td>94.3%</td>
</tr>
<tr>
<td>TEACH(n=268)</td>
<td>92.9%</td>
<td>94%</td>
</tr>
<tr>
<td>TSL(n=453)</td>
<td>93.6%</td>
<td>95.1%</td>
</tr>
</tbody>
</table>
Employment

% Clients employed full time (35+ hours per week) or part time during the past 30 days.

% at Intake
% of clients housed: own/rent apartment, room, or house (past 30 days)

- Friends (n=413): 18.6% at Intake, 26.9% at 6-month follow-up
- RET (n=212): 13.2% at Intake, 21.7% at 6-month follow-up
- TEECH (n=267): 11.6% at Intake, 27.3% at 6-month follow-up
- TTSI (n=452): 11.1% at Intake, 18.6% at 6-month follow-up
The Present: ATR Sustainability

- Investing the time and effort to establish partnerships and collaborations that sustain and maintain these essential services and resources is key to ensuring the holistic health of the individuals who have received consistent services through ATR for a number of years.
- Through coalitions and collaborations, ATR grantees will not only solidify ATR’s imprint on health care but—most importantly—will sustain ATR’s legacy by continuing to provide the treatment and recovery support services to those who will benefit from them most.
- Implement, develop and maintain RCO’s, Recovery Community Centers (RCC’s) and Recovery Community Café’s (RCC’S)
The Present: Recovery Support Services

- **Current ATR Recovery Support Providers:** Brighter Behavioral, Education Design Development Research, Kates Detective and Security Academy, Ford Heights Community Service Organization, Lights of Zion Ministries, N The Spirit Transformational Living, The TEECH Foundation, Transitional, Training Services, Refuge Recovery Corporation

- **ATR Recovery Support Services:** Transportation, Employment Training, Employment Coaching, Recovery Skills, Recovery Coaching, Vocational Training, Life Skills, Peer Mentoring, Peer Coaching, Spiritual Support, Pastoral Counseling

- **Recovery Coaching Programs:** Governor’s State (Certification/Interns), UIC COIP, Campaign for a Drug Free Westside, Kalimba House (for Oxford Houses), Triumph Seminars, STR and MAT-PDOA (Federal Projects/Opioid)

- **Recovery Homes and Oxford Houses:** https://tinyurl.com/ROSC-IL
The Role of Recovery Community Organizations in Illinois

Goals and Progress
3-19-2018

Dani Kirby, Director
Division of Alcoholism and Substance Abuse

Jessica Hayes, Executive Director
Illinois Certification Board
BRSS-TACS Policy Academy

Representatives → Steering Committee

- Illinois Department of Human Services (IDHS) Division of Alcoholism and Substance Abuse (DASA)
- IDHS Division of Mental Health (DMH)
- Gift of Voice
- Illinois Certification Board (ICB)
- Governors State University
- Illinois Family Resource Center
- Recovery Education for Families
- The Illinois Association of Extended Care
- Several persons with lived experience
- Consultants who have helped design ROSCs in other states
What is Recovery?

- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA working definition of recovery, https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF

- Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life. ATR definition, https://tinyurl.com/ROSC-IL
Illinois Vision Statement

- People can and do recover
- Individuals and families determine the supports and services they need.
- Services and supports are continuous, cohesive across different phases of care and are coordinated across the various agencies involved in their delivery.
- Support of recovery is a community responsibility and value.
- There is inherent flexibility in the system so it can be responsive to different pathways to recovery.
- Measuring quality and outcomes is a system priority.
Illinois Recovery Values

- Recognize the right of a person to direct their own recovery and that there are many models of, and paths to, recovery
- Operate with integrity and a sense of personal responsibility
- Include the “voice” of peers, family members, and the community in planning and decision-making
- Implement programs with competency and good stewardship
- Empower individuals and families
- Embrace cultural diversity
Objectives

1. Building a **culture** that builds and nurtures recovery
2. Building **capacity** and infrastructure to support a recovery-oriented system of care
3. Developing **commitment** to implement and sustain a recovery-oriented system of care

- **Policy Academy Objectives** (August 2017 – March 2018)
- **State Fiscal Year 2019** (July 2018 – June 2019)
Objective 1: Culture

In order to develop a recovery-oriented system of care, efforts must be made to develop statewide infrastructure to effectively and efficiently integrate ROSC principles, practices, and services into the existing prevention and treatment service system in Illinois.
Objective 1: Culture - Action Steps

1.1 Identify agencies that are doing good work in relation to recovery
1.4 Readiness survey
1.2 Develop a working document describing the vision for a ROSC in Illinois to guide this work
1.3 Develop the message, including mechanisms for engagement
1.5 Summit
1.1 & 1.4: Landscape of RSS

1.1 Identify agencies that are doing good work in relation to recovery, and 1.4 Readiness survey

- Who we fund
  - ATR
  - Non-clinical service providers

- Survey
  - Respondents
  - Readiness
Survey Results

62 Responses from 59 organizations (3 gave 2 responses)

- Response rate: 33 responses of 56 sent (59%)
- Additional 26 surveys (not sent/forwarded)

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed treatment provider</td>
<td>46</td>
<td>74%</td>
</tr>
<tr>
<td>Licensed recovery home</td>
<td>24</td>
<td>39%</td>
</tr>
<tr>
<td>Other sober living environment</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Recovery Community Organization</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Other RSS provider</td>
<td>9</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>6%</td>
</tr>
</tbody>
</table>
## Readiness

<table>
<thead>
<tr>
<th>Readiness Question</th>
<th>RCO (n=5)</th>
<th>All (n=53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are an independent, non-profit organization.</td>
<td>5 (100%)</td>
<td>43 (81%)</td>
</tr>
<tr>
<td>We provide peer-based recovery support services.</td>
<td>4 (80%)</td>
<td>20 (38%)</td>
</tr>
<tr>
<td>We carry out recovery-focused community education and outreach programs.</td>
<td>4 (80%)</td>
<td>19 (36%)</td>
</tr>
<tr>
<td>We organize recovery-focused policy advocacy activities.</td>
<td>3 (60%)</td>
<td>15 (28%)</td>
</tr>
<tr>
<td>Our organization's Board of Directors is comprised of more than 51% of Persons with Lived Experience (PLE).</td>
<td>3 (60%)</td>
<td>6 (11%)</td>
</tr>
<tr>
<td>We are led and governed by representatives of local communities of recovery.</td>
<td>1 (20%)</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>
1.2 & 1.3: Concept Paper

1.2 Develop a working document describing the vision for a ROSC in Illinois to guide this work, and
1.3 Develop the message, including mechanisms for engagement

Mechanisms for engagement to include listening sessions, surveys, site visits and key informant interviews, peer leader groups and additional summits

Posted at: https://tinyurl.com/ROSC-IL
1. Increase participants’ understanding of a Recovery Oriented System of Care (ROSC) and of the role of the Recovery community organizations (RCOs) in the ROSC.
2. Engage stakeholders to work together to generate a shared vision for their local mental health and substance use disorders (SUD) ROSC.
3. Gather input on the development of community mapping for statewide recovery supports, including resources for youth and families and for services for persons with mental health challenges.
Objective 1: Outcomes

By March 8, 2018 information on our commitment to establish a Recovery Oriented System of Care will be disseminated and discussed with stakeholder groups including prevention, treatment and recovery support providers, individuals, family members, and key state agencies through a Summit to be held as part of the annual Illinois Certification Board Conference. Mechanisms for engagement will be developed for ongoing stakeholder participation after the Summit.

Measures:
- Attendance at summit
- Survey for messaging
- Readiness pre/post survey
Objective 2: Capacity

As part of the effort to build a recovery-oriented system of care, Illinois intends to create a training and certification program that will help to develop and support a trained credentialed peer and recovery support workforce in Illinois, including a parent peer support component. Utilization of this trained workforce will greatly enhance our chances for success as we expand and incorporate recovery support services into our continuum of care.
Objective 2: Capacity – Action

Steps

2.1 Develop a roster of peer leaders
2.2 Inventory (mapping) and develop the list of agencies and partners we want to engage in the work (collaboration)
2.3 Develop an online clearing house/resource center
   https://tinyurl.com/ROSC-IL
2.5 Develop Recovery Community Organization (RCO) options
2.4 Launch/Roll out CPRS Credential
Peer Credentials:

CERTIFIED PEER RECOVERY SPECIALIST (CPRS)

CERTIFIED RECOVERY SUPPORT SPECIALIST (CRSS)

CERTIFIED VETERANS SUPPORT SPECIALIST (CVSS)

CERTIFIED FAMILY PARTNERSHIP PROFESSIONAL (CFPP)
Certification

- Peer recovery is experiencing rapid growth
- Peer support services are becoming an important component in recovery-oriented systems of care.
- Inclusion of peers with practical experience on teams with degreed clinicians is increasingly being emphasized by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) - in both addiction and mental health settings.
- Outcomes include decreases in morbidity and mortality, as well as empowerment of service recipients.
Certification

- Credentialing provides much-needed standardization to the rapidly growing profession of peer recovery support.
- Becoming credentialed demonstrates competency.
- It recognizes achievement of a standard of ethics, education, and experience necessary to provide quality recovery support services.
- The Certified Peer Recovery Support (CPRS) credential is designed for individuals with lived experience in recovery from addiction, mental illness, or co-occurring substance and mental disorders.
- For more information about the CPRS credential, visit the ICB Website at www.iaodapca.org and look for CPRS under the credentialing tab.
Governors State University, in collaboration with DASA and ICB, is working on a program that would offer all of the training and education components necessary for the CPRS credential, along with an internship to get volunteer hours.
Objective 2: Capacity – Outcome

By March, Illinois will have a credential in place that meets our goals of incorporating peers and families, and have made a start toward developing Recovery Community Organizations (RCOs) within the state. Training is currently available, but may be expanded if a need is identified in order to support the credentialed workforce. Most importantly, employers and other partners will be identified in order to support the workforce.

Measures:
- Number of credentialed persons
- Number of RCOs
- Training capacity
- Number of employers and other partners
Objective 3: Commitment

Moving toward a recovery oriented system of care requires that state fiscal and administrative policies are consistent with recovery principles and practices. Illinois needs standard definitions and rates for Recovery Support Services.
Objective 3: Commitment – Action Steps

3.1 Develop definitions/standards for Recovery Support Services (RSS)
3.2 Research and establish rates for RSS
3.3 Workforce placement opportunities → Funding
3.4 Prepare the database for accepting RSS data
3.5 Orientation to and engagement in the ROSC model among funding agencies (MCO, DOI, Medicaid, and other stakeholders)
Objective 3: Commitment- Outcomes

The state has identified funds for recovery support services and will issue several Notice of Funding Opportunities (NOFO) in State Fiscal Year 2019 (which begins July 2018). The state’s infrastructure will need to be prepared for these changes.

Measures:
- Development of standards documentation for Recovery Support Services with rates and definitions
- Number of funded entities
- Engagement of funding agencies
1. What is resonating – which actions will best meet our collective vision for peer support in Illinois?

2. What is missing/other recommendations – which actions have not been identified that could also help us meet our collection vision?

3. What sends up a “red flag” – which actions concern you, and why?
Small Group Discussion Questions
1. Why move toward a ROSC? What is recovery and how does it look in your community? Do you agree with the definitions in the ROSC concept paper that the Policy Academy generated? If so, what resonates with you? If not, what would you change?

2. At what point would you consider a person to be in recovery? Who would you consider to be a peer? What support would you want a peer to provide? Similar/different than Colorado?
Discussion Questions

3. What will the CPRS role be in your organization? What is the role of the peer in an RCO? in a treatment provider setting? How can your organization prepare peers to work in your organization? What is needed for workforce development? What is needed to prepare peers to serve in this role?

4. What can we do, as the state and within our communities, to support the development of RCOs in Illinois and prepare them to fulfil the roles of advocacy, education and service? What ideas do you have to bring the voice of people in recovery into the decisions about recovery policy? How do you connect people to recovery community organizations? What recovery supports are available in the community and what other recovery supports do you want or need?