

Recovery Community Organizations (RCOs)

Minnesota House of Representatives
Behavioral Health Policy Division Committee
March 2, 2022



Wendy Jones, Executive Director
wendy@minnesotarecovery.org

Why do we need Recovery Community Organizations?



Treatment is like . . .



Emergency
Room

Recovery is like . . .



Primary
Care

A System Based on Acute Interventions:

Nationally and in Minnesota only **1 out of every 10 people** who qualify as having a Substance Use Disorder is admitted to treatment.

[SAMHSA \(2015\)](#)

[MN Department of Human Services \(2020\)](#)

Minnesota ranks at the bottom nationally for treatment completion rates. Of the 1 in 10 admitted, **only about 50% will complete treatment.**

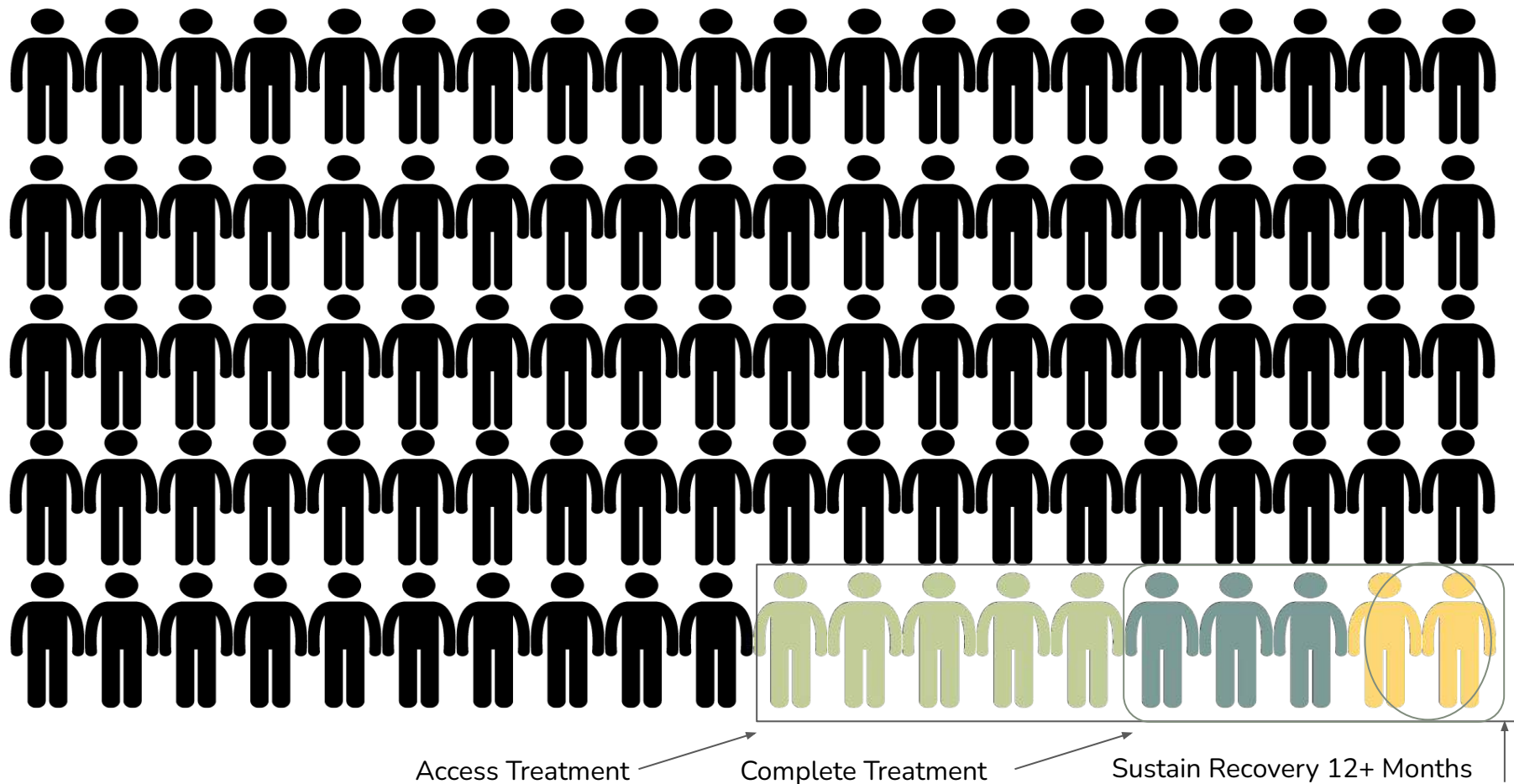
[Arndt, S., Acion, L., & White, K. \(2013\).](#)

[MN Department of Human Services \(2020\)](#)

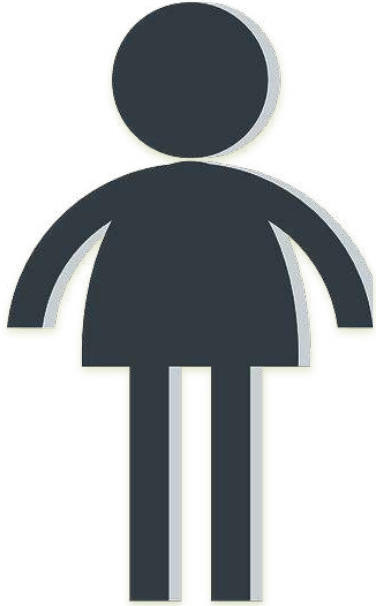
65% of people who complete treatment return to use within 12 months.

[Dennis, M. Scott, M. & Foss, C. \(2007\)](#)

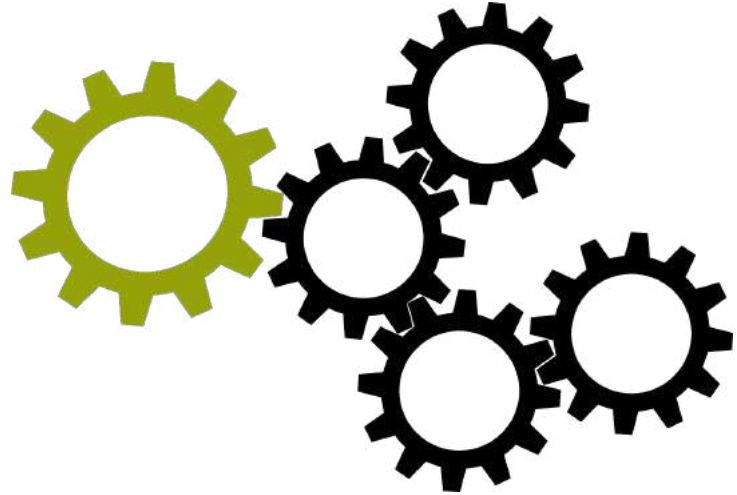
People with Substance Use Disorders



Why?



Is it the person's fault?



Or the system?



Stable alcohol use disorder recovery is not reached until 4 - 5 years of sustained remission, longer for other drugs.

[Kelly and White. \(2011\)](#)

“Substance abuse disorders are **treatable chronic medical conditions**, like diabetes and hypertension, that should be addressed through expansion of evidence-based public and individual health initiatives to prevent, treat, and promote recovery.” [American College of Physicians \(2017\)](#)

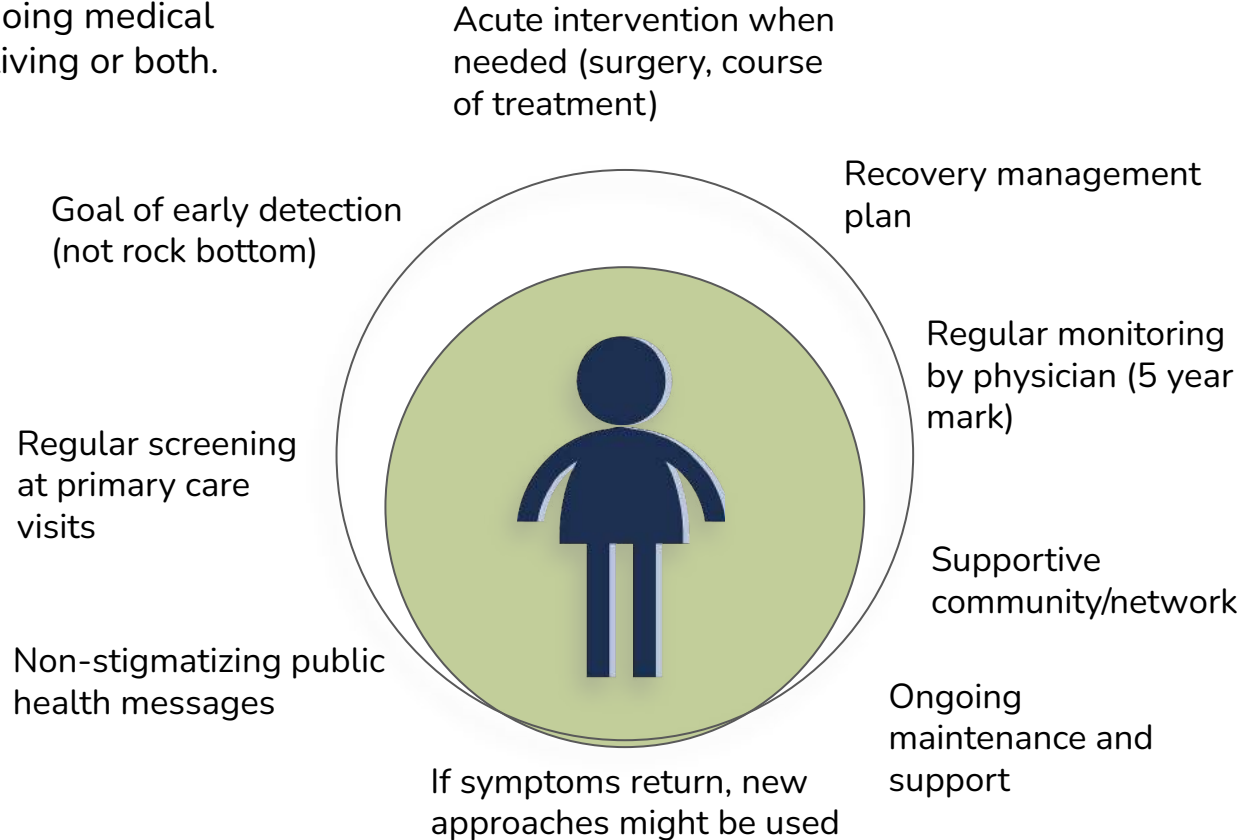
Other chronic illnesses . . .

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

- Centers for Disease Control and Prevention

Diabetes
Heart Disease
Alzheimer's
Disease/Dementia
Cancer
Asthma
Arthritis
and others

*Why isn't SUD
approached the
same way?*



Stigma

Acute
care
model

Social
isolation

Siloed
systems

One size
fits all
mentality

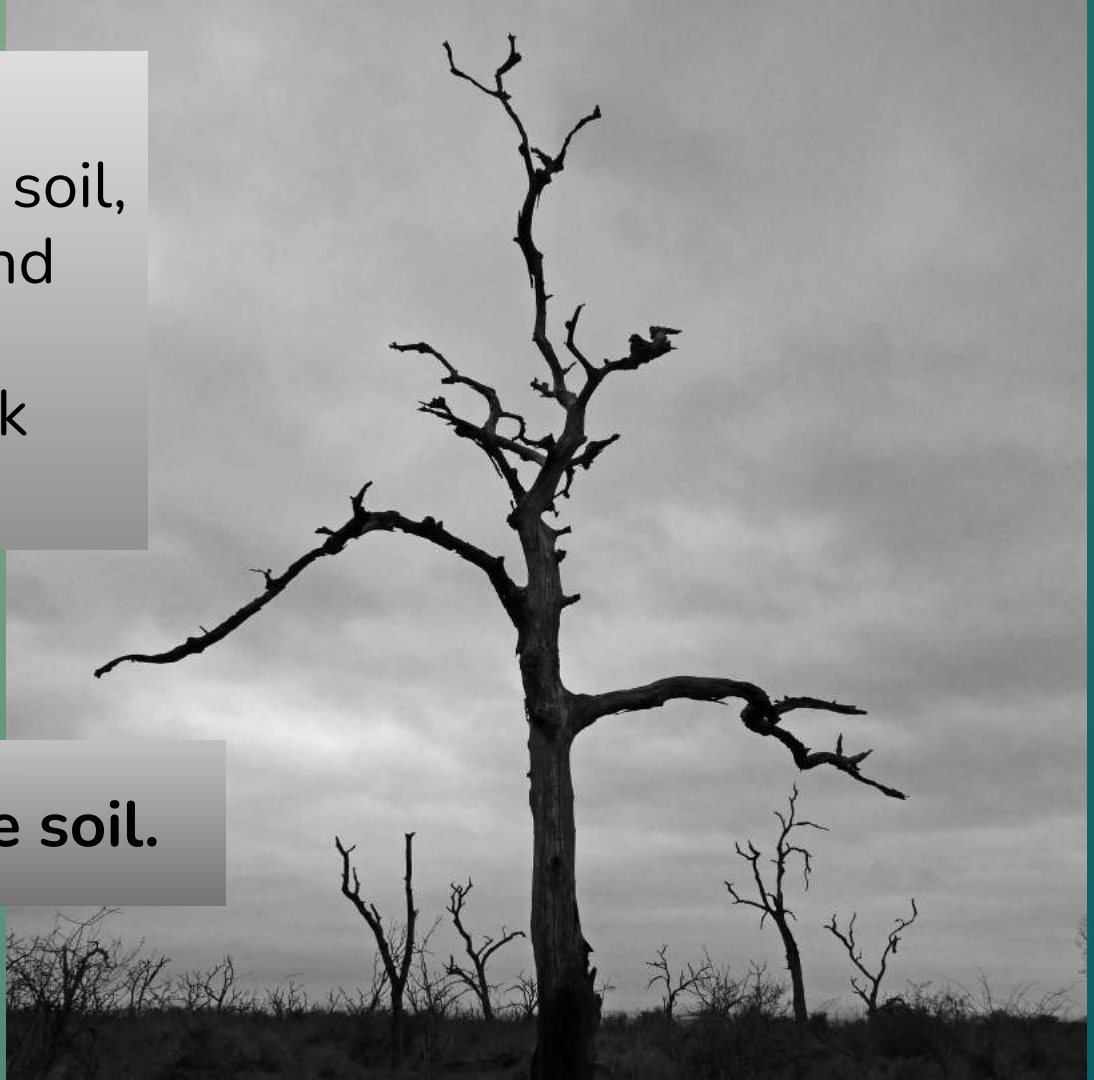


The Path to Long-Term Recovery

“When a sick tree is removed from diseased soil, treated, and returned and replanted in the same diseased soil, it gets sick again.”

We need to treat the soil.

- *Coyhis & White, 2002*



Paradigm Shift

“How do we get a person into treatment?”



“How do we support a person in *their* recovery process over a lifetime?”

Recovery Community Organizations:

- Grow out of communities of recovery
- Are nestled among systems
- Serve as a bridge between local communities of recovery and professional service providers



What are **Recovery Community Organizations?**



RCOs connect to
Social Determinants of Health
and improve
outcomes.

[Reif, S., et al \(2014\)](#)



RCO Characteristics

1. Nonprofit
2. Nonclinical
3. Primary focus is recovery from substance use disorders
4. Led and governed by recovery community members
5. Grassroots
6. Participatory processes
7. Honor all pathways to recovery, including harm reduction strategies
8. No threshold to access free services
9. Use recovery friendly language
10. Leverage strengths within community/culture

RCOs do this primarily through:



Peer-to-peer
support



Public
education



Advocacy

Peer-to-peer recovery support



Peer Recovery Support Services are...

- Can be used before, during, after or in lieu of treatment
- Evidence-based
- Voluntary
- Mutual and reciprocal
- Equally shared power
- Strengths-focused
- Transparent
- Person-driven/Self-directed
- Adaptable
- Honor all pathways



Fills Gaps in the Recovery Process



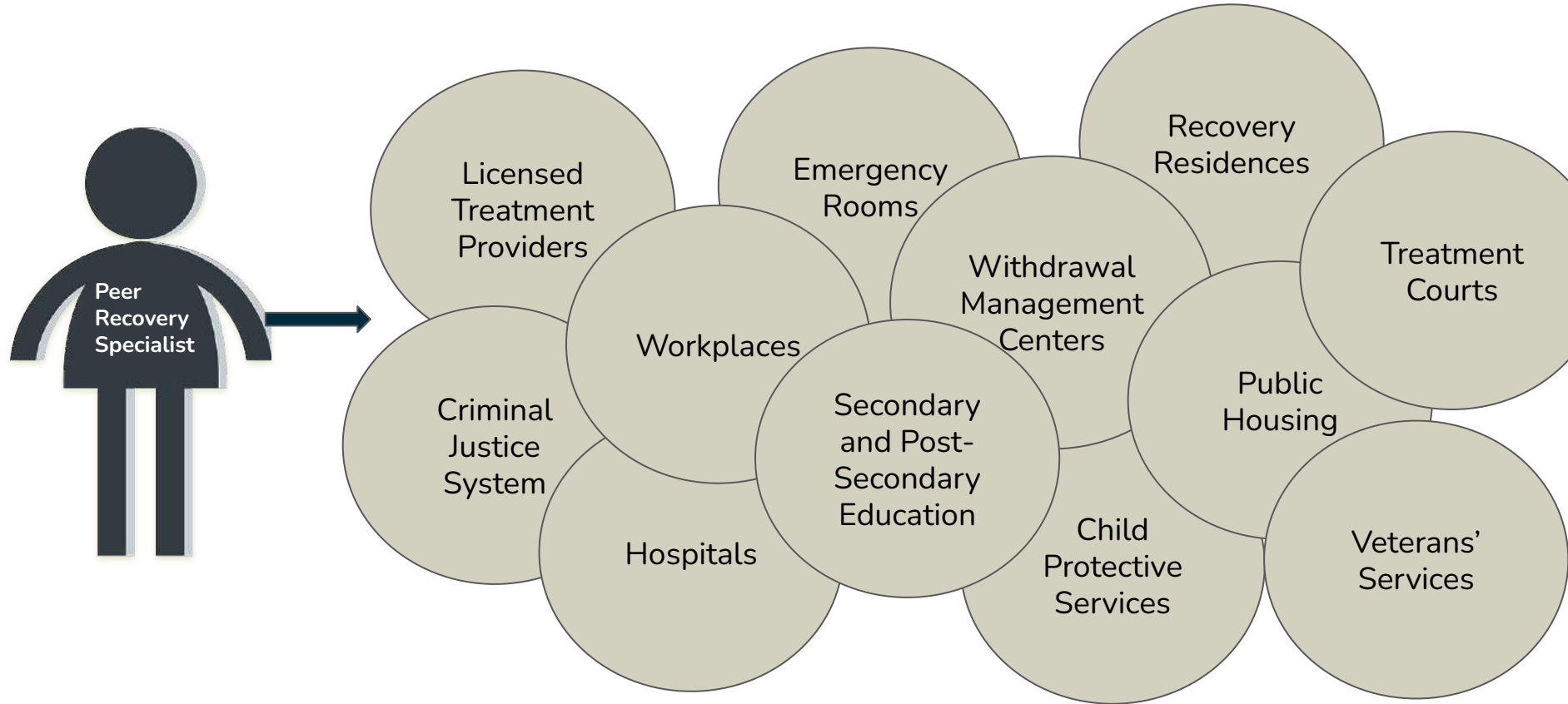


Peer Recovery Coaches

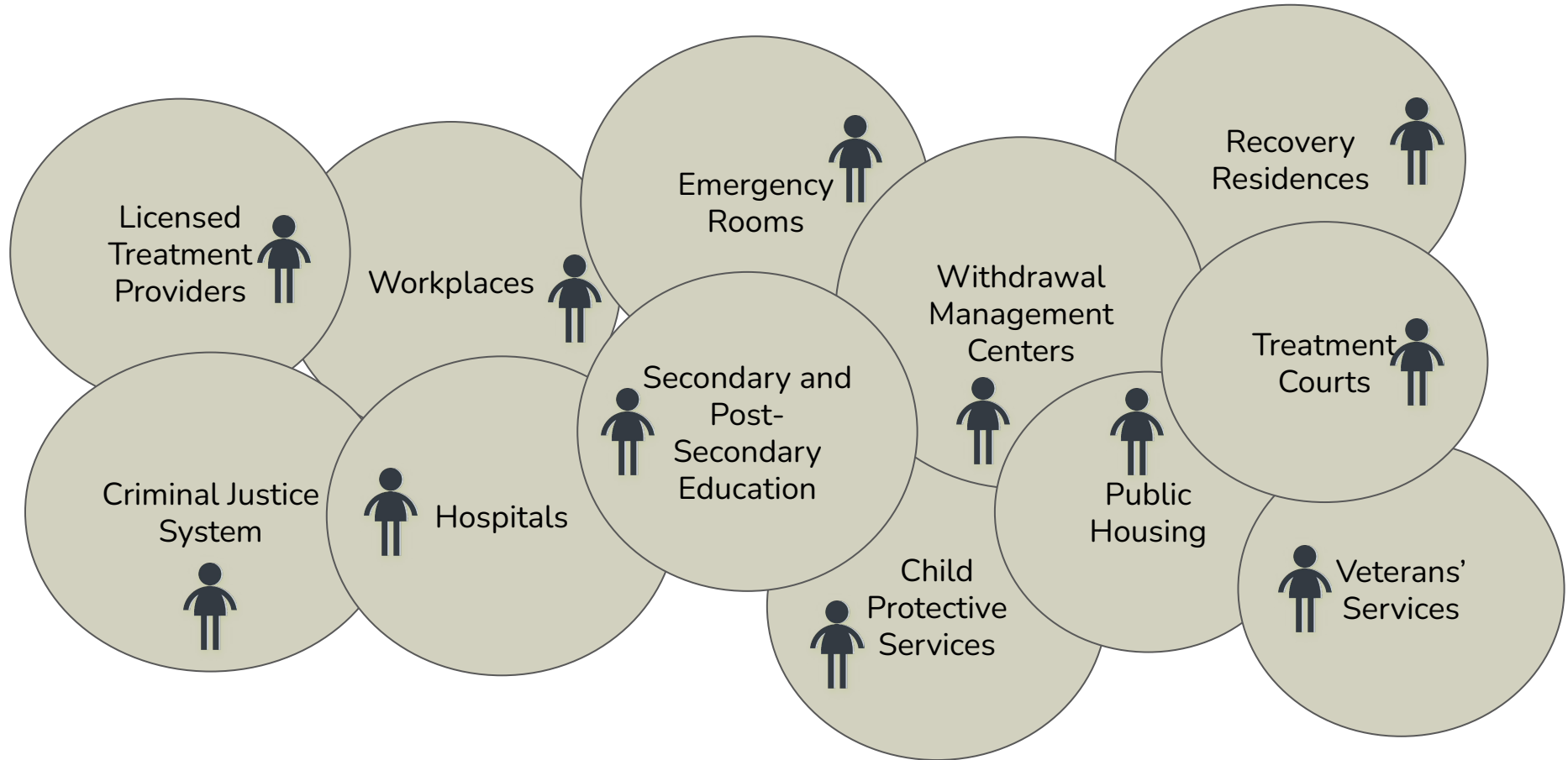
(Peer Recovery Specialists)

- Have lived experience with substance use disorder **and** recovery
- Are professionally trained but are **not** clinicians
- Meet people where they're at (figuratively and literally!)
- Honor all pathways to recovery - no wrong door to recovery
- Use strengths-based, forward-looking approaches
 - *What's right with you?*
 - *What do you want to achieve?*

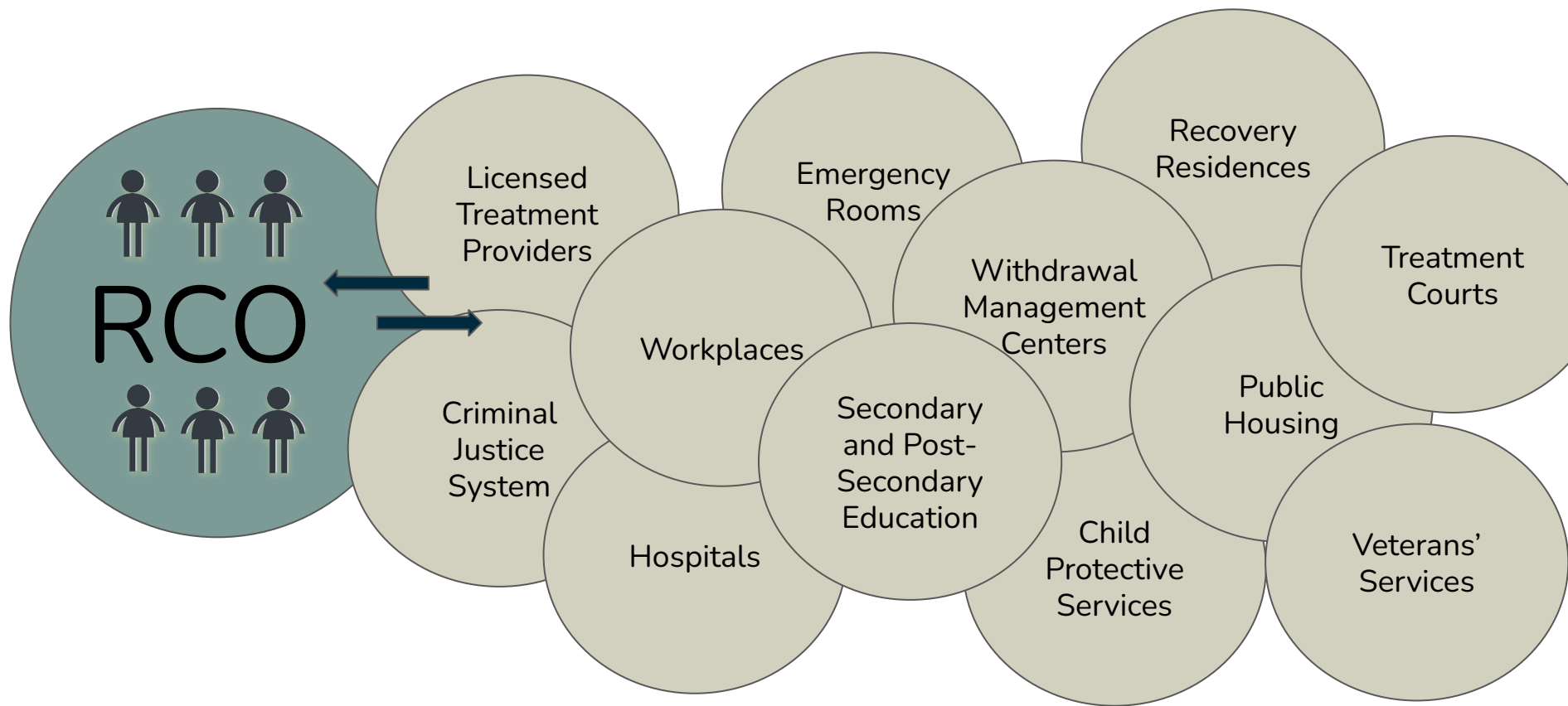
RCOs advocate for Peer Recovery Specialists to be used in any environment where recovery support is needed.



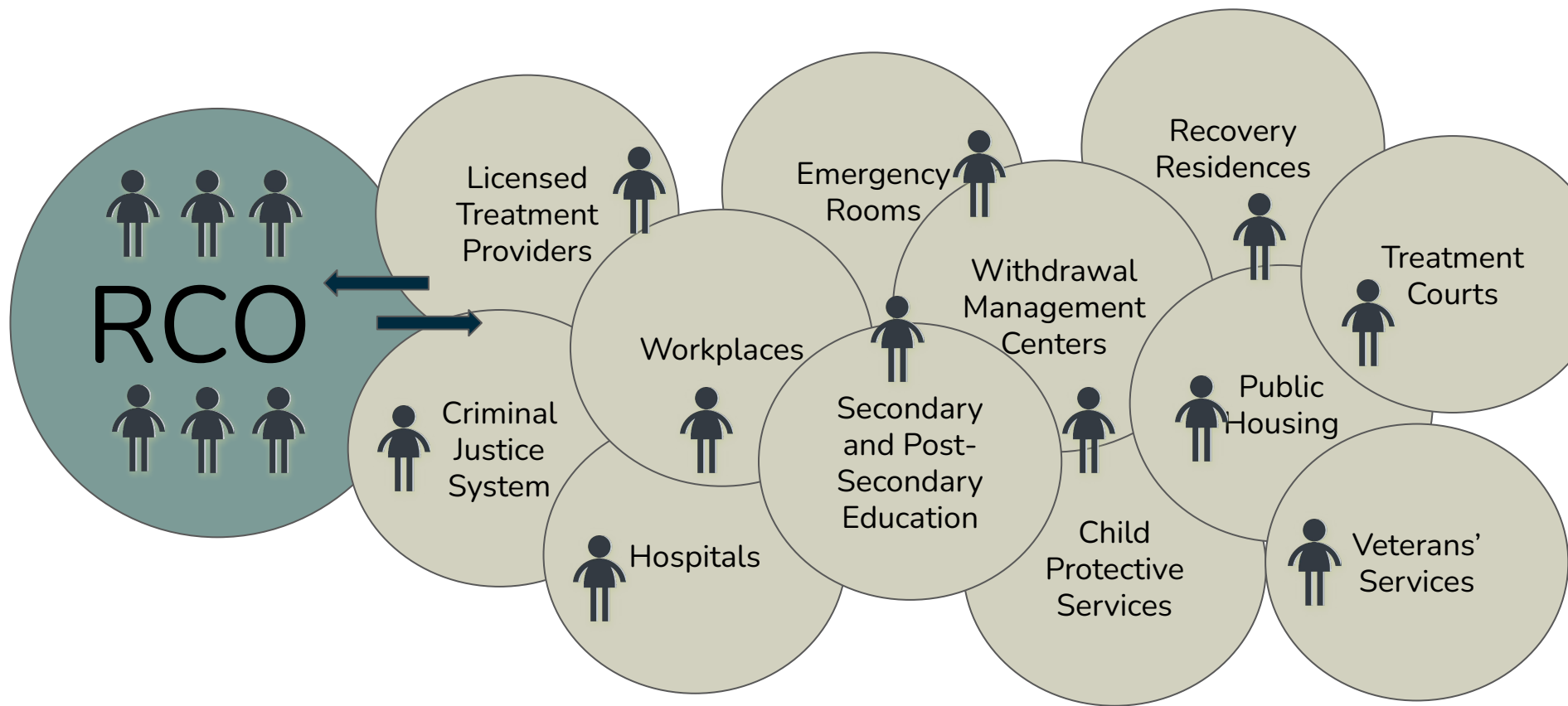
Whether organizations hire their own Peer Recovery Specialists . . .



Or partner with a Recovery Community Organization . . .



Or both!





The independent, flexible model used by RCOs enables them to work with individuals, families and communities across systems.

A Web of Peer Recovery Support Services



- 1:1 Coaching
- Recovery systems navigation
- Telephone recovery support/warm line
- All recovery meetings
- Recovery-focused social activities
- Volunteer opportunities

Public education



Using authentic
community voices to
increase public
understanding of
substance use disorder
and recovery.





Anti-stigma campaigns

Pictured:

In 2019 Recovery Alliance Duluth partnered with the city on a billboard campaign during Recovery Month.



Public events to model hope

Pictured:
Minnesota Recovery Connection's
2019 Walk for Recovery at the
State Capitol

A Virtual Conference 12.4.2020

BOOTS ON THE GROUND

Community-based programming to reduce stigma and racial disparities in
access to opioid use disorder services



Community
workshops
and
conferences

Pictured:
Twin Cities Recovery Project's
2020 "Boots on the Ground"
Conference

Ensuring the authenticity
and fidelity of peer
recovery support
services.





Peer Recovery Specialist Training and Continuing Education

Pictured:
Recovery Coach Academy
hosted by Saint Cloud's
Recovery Community
Network for veterans.



Peer Workforce Development

Pictured:
Minnesota Recovery
Connection Recovery Coach
Academy graduates from
Moose Lake Correctional
Facility.

Advocacy





Promoting self-efficacy

"Minnesota recovery connection, especially Anjelica, has helped me so much during my recovery. They have connected me with many different events, organizations and local meet ups. Anjelica and this organization have made such a positive impact on my life, and my daughters!"

- Alex, MRC Family Foundations participant



Recovery leadership development

Pictured:

WeCovery Peer Recovery Specialists Ricky Sullivan and Melinda Keim recognized for their work in the community by the Greater Mankato Area United Way.



Working for
recovery-
oriented public
policy

Pictured:
Minnesota Recovery
Connection annual Recovery
Day on the Hill

How did RCOs get to
where we are today?



Background



**FACES & VOICES
OF RECOVERY**

ADVOCATE. ACT. ADVANCE.

<https://facesandvoicesofrecovery.org/>

Clarity, support and recognition for RCOs

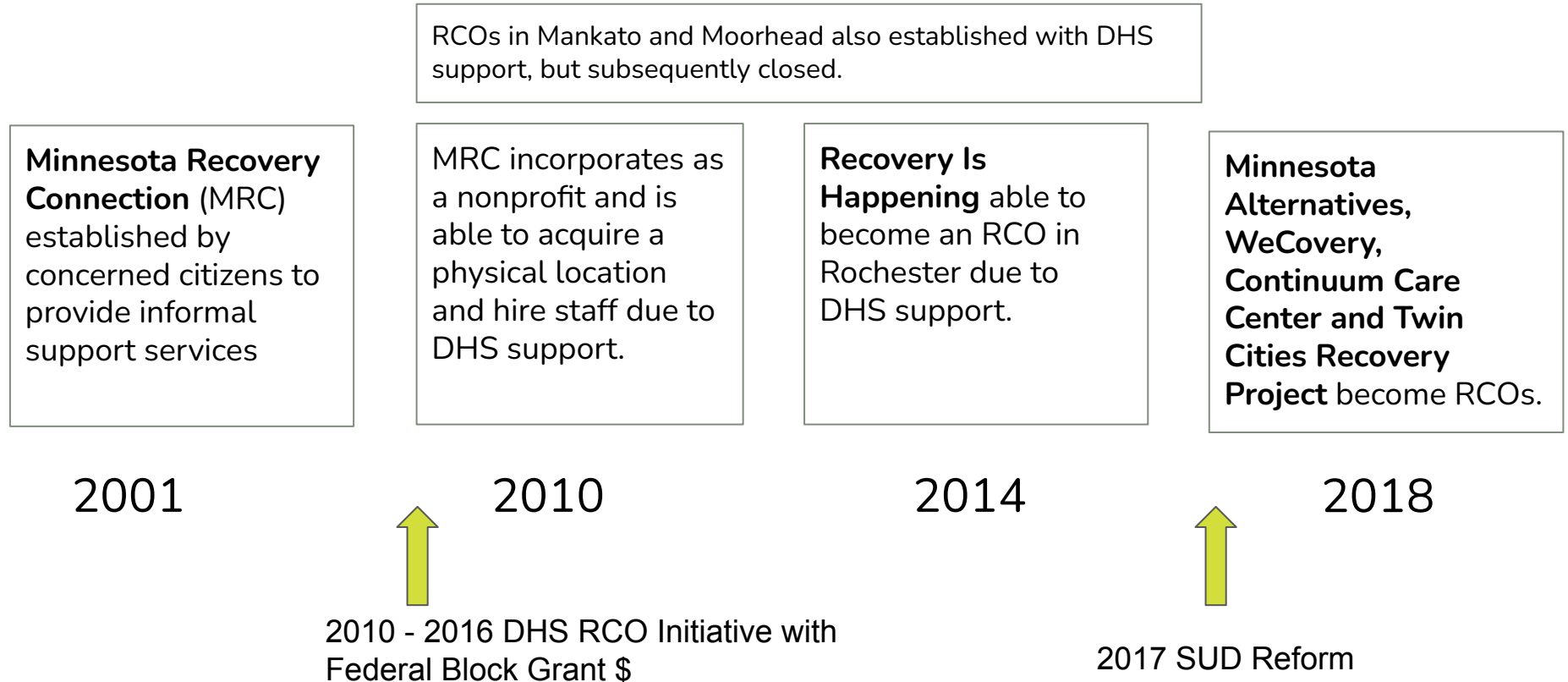


Membership



Asset-Based Accreditation

Timeline of RCOs in Minnesota



2022



**17
RCOs**

Since 2018, the number of RCOs has increased from 6 to 17, the fastest growing rate in the country.

Twin Cities Metro Area

Minnesota Recovery Connection

Saint Paul (statewide advocacy)

Continuum Care Center

Saint Paul

Refocus Recovery

Saint Paul

Twin Cities Recovery Project

Minneapolis

Niyyah Recovery Initiative

Minneapolis

Minnesota Hope Dealerz

Minneapolis

Will Work for Recovery

Minneapolis

Rise Up Recovery

Hastings

MHR/Minnesota

Alternatives

Spring Lake Park

Begin Anew

Ramsey



Greater Minnesota

Doc's Recovery House

Rochester

Recovery Is Happening

Rochester

Recovery Alliance Duluth

Duluth and Virginia

WEcovery by Beyond Brink

Mankato

Recovery Community Network

Saint Cloud

Face It Together Bemidji

Bemidji

Recovery Engaged Communities

Moorhead

MRC Demographics Served (2021)

62% male

38% female

56% Caucasian

18% African American/African

4% Hispanic/Latinx

9% More than one Race

6% Native/American Indian

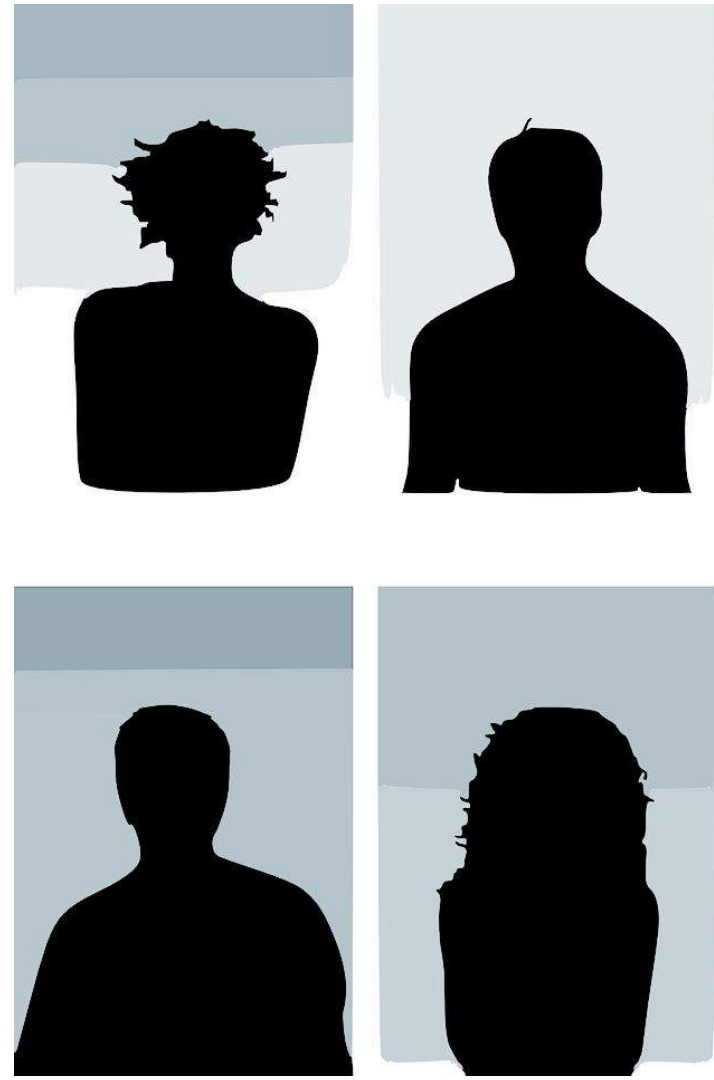
4% Asian American

15% military veterans

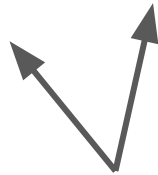
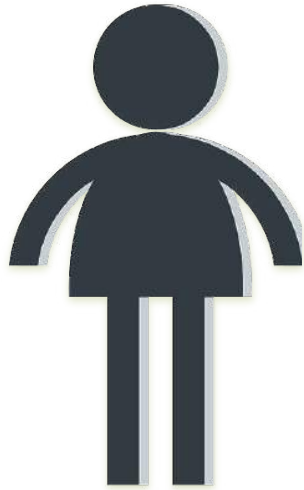
33% have experienced incarceration

55% employed less than full time, unemployed, or on disability

53% with an annual income of less than \$34,999

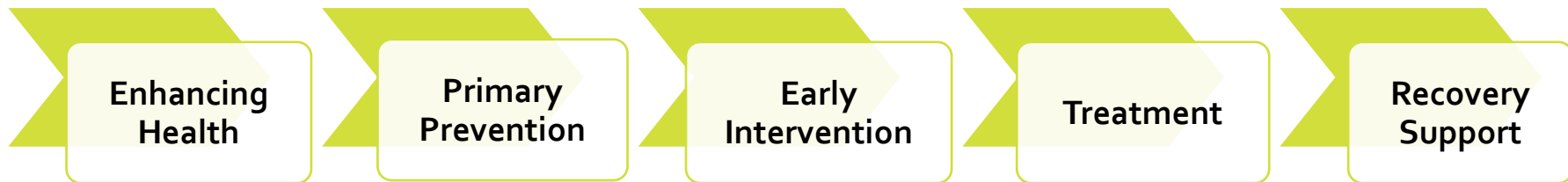


Sustainability



No barriers!

Continuum of Care



Recovery Support Services and RCOs have historically been underfunded in the continuum of care

Funding

- Early support from DHS Recovery Communities initiative helped to establish Minnesota Recovery Connection (2010) and Recovery Is Happening (2014). Federal funds used.
- State appropriation in 2016 established to have RCOs develop the Peer Recovery Specialist workforce = approximately \$600K per year. Statute limits to RCOs in Twin Cities, Rochester and Moorhead.
- 2017 SUD Reform adds PRS to Medicaid benefit set. RCOs are qualified vendors.
- FY19 - DHS stops using SABG funds to support RCOs (3 RCOs in existence)
- FY21 - Legislation allocates \$2 million for RCO infrastructure per year over next 3 years. To be distributed by DHS via competitive RFP process.
- FY22 - Biden budget increases one-time funding for recovery support services with 10% set aside requirement.

In conclusion . . .





**As independent organizations not affiliated with
clinical, governmental, or for-profit systems . . .**

**RCOs work within and across
systems to increase the prevalence
and quality of recovery in our
communities.**



Recovery Oriented System of Care (ROSC)

Multiple
pathways

Continuous
support

Integrated
ecosystem

Rich and fertile
“soil” across
community for
recovery to
grow

Sunshine = no
stigma!

RCOs operationalize the paradigm shift

“Without actually operationalizing the concepts (of a Recovery Oriented System of Care), services are likely to be implemented in ways that simply perpetuate traditional acute care models, just in different settings.

Ijeoma Achara PsyD., 2014

Questions?



Beth Elstad, Founder and Director



Jenna Christiansen, Director



WEcovery / Beyond Brink

Brandy Brink, Founder and Director



Farhia Budul, Founder and Director