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'R QRW UHSURGXFH RU GLVWULEXWH WKLW SURGXFW IRU D IH I
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The Substance Abuse and Mental Health Services Administration (SAMHSA) provided the Peer Recovery Center of Excellence (PR CoE) with supplemental funding for a special project to LGHQWLI\ DQG UHFRPPHQG EHVW SUDFWLFHV DQG VWUDWHJLHV effective recovery support services. The PR CoE's two-part approach for this project involved an DVVHVPHQW RI WKH RSSRUWXQLWLHV DQG EDUULHUV H[SHULHQ recovery in accessing funding and a deep-dive analysis of how states are administering funds to support recovery services. Both parts of the project were conducted in collaboration with a panel of subject matter experts including individuals with lived experience in recovery.

7KLV UHSRUW SUHVHQWV WKH ¿QGLQJV DQG SROLF\ UHFRPPHQG Funding project. This report is split into two volumes.

9ROXPH UHYLHZV WKH PHWKRGV ¿QGLQJV DQG UHFRPPHQGDW WKH FKDOOHQJHV DQG VXFFHVVHV H[SHULHQFHG E\ RUJDQL]DWL securing sustainable funding.

.H\ ¿QGLQJV LQFOXGH

-)HGHUDO JUDQW DSSOLFDWLRQV DUH KLJKO\ FRPSOH[DQG RUJ feedback or resources on how to improve their submissions.
 - 5HTXLUHPHQWV IRU WKH UHFHLSW RI IHGHUDO IXQGLQJ RIWHQ RUJDQL]DWLRQDO JUDQW DGPLQLVWUDWLRQ ZKLFK DUH QRW D
 - 2UJDQL]DWLRQV SULPDULO\ VHUYLQJ XQGHUVHUYHG DQG PLQR existing funding opportunities.
 - Existing funding streams often have restrictions that limit their utility in supporting the LPSOHPHQWDWLRQ RI UHFRYHU\ VXSSRUW VHUYLFWV UHTXLULC ,Q UHVSQRVH WR WKHVH ¿QGLQJV WKH 35 &R(RIIHUV WKH IROO
1. SAMHSA should reduce the complexity of the grant process and provide feedback and FXVWRPLJHG VXSSRUW IRU UHFRYHU\ FRPPXQLW\ RUJDQL]DWLF build their capacity to win grants.

.H\ ¿ QGLQJV LQFOXGH

- 7KH VWDWH UHVSQRGHQWV UHSRUWLQJ IXOO ¿ QDQFLDO LQIR substance abuse block grants, discretionary grants, and state appropriations. This funding was VSHQW RQ VL[FDWHJRULHV RI UHFRYHU\ VXSSRUW VHUFLFHV L DOO VWDWHV XVLQJ SHU FDSLWD DYHUDJHV WKLW UHSUHV
- :KHQ FRUUDHODWHG ZLWK GDWD RQ VXEVWDQFH XVH GLVRUGHU IURP WR SHU FDSLWD IRU SHUVRQV ZLWK VXEVWDQFH IRU DOO VWDWHV
- Spending by source shows that discretionary funding, which could include time-limited funds, makes up one-third of the total RSS spend.
- 5HFRYHU\ FRPPXQLW\ RUJDQL]DWLRQV ZHUH WKH RUJDQL]DWLR SURYLGHUV RI 566 IROORZHG E\ VXEVWDQFH XVH GLVRUGHU W KHDOWK WUHDWPHQW RUJDQL]DWLRQV FRPPXQLW\ KHDOWK FH PL[RI RWKHU RUJDQL]DWLRQV ,Q UHYLHZ RI WRWDO IXQGLQJ D DSSUR[LPDWHO\ PRUH IXQGLQJ IRU 566 WKDQ UHFRYHU\ FR
- %RWK FRPPXQLW\ DQG JRYHUQPHQW VWDNKHROGHUV QRWHG W DQG VWDQGDUGL]DWLRQ RI GH¿QLWLRQV RI UHFRYHU\ VXSSRUW report what was offered to whom and with what effect.
- 7KH DQDO\VLV LGHQWL¿HG WKH QHHG IRU DGGLWLRQDO HIIRUW EDVHG RUJDQL]DWLRQV HVSHFLDOO\ DPRQJ %ODFN ,QGLJHQX *D\ %LVH[UXDOOV JHQGHUZR4 & SHWLW /*%74 6 UXUDO DQG RWKHU populations.

,Q UHVSQRVH WR WKHVH ¿ QGLQJV WKH 35 &R(RIIHUV WKH IROO

1. States should report to SAMHSA the amount of money from substance abuse block grants and other discretionary grants spent on recovery support services, in broad domains that UHÀHFW WKH H[SHQGLWXUHV
2.)XQGLQJ DJHQFLHV VKRXOG GHYHORS DSSURDFKHV WR H[SDQG order to better match community needs, address gaps, and build capacity to apply for and PDQDJH JUDQWV HVSHFLDOO\ IRU SUHYLRXVO\ XQIXQGHHG DQG
3. States should establish and increase opportunities for training, technical assistance, toolkits, DQG OHDUQLQJ FROODERUDWLYHV VSHFL¿F WR IXQGLQJ UHFR
4. SAMHSA should initiate a consensus process to develop a taxonomy of recovery support services that is useful for reporting performance and outcomes.
5. Funders should create mechanisms to better coordinate and align goals of interagency funding of recovery support services at both state and federal levels.

SAMHSA should initiate a follow-up to the systematic review of evidence on recovery support services presented to the SAMHSA Recovery Research and Evaluation Technical Expert Panel in 2018.

7. 7KH 2I¿FH RI 5HFRYHU\KIRX 660F65 ULI\ DQG FRPPXQLFDWH WKH support services, including distinctions as applicable between mental health and substance use disorders.

|





8.1.1. Develop a system to assess the need	97
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\$SSHQGL[(6WDWH)XQGLQJ IRU 566 6XUYH\ ² :RUNLQJ 'I

\$SSHQGL[, 3URPLVLQJ 3UDFWLFHV ,GHQWL¿HG LQ 6WDW

5HFRYHU\ 6XSSRUW 6HUYLEFHV 3XUFKDVHG E\ 6WDWHV
6WDWH 6SHQG 3HU &DSLWD RQ 5HFRWDO\ 3RSXODWLRQ YLF
6WDWH 6SHQG RQ 566 IRU 3HUVRQV ZLWK 68'

Respondents per Region* 57

Regional Spending by Service Type 57

Percentage of Recovery Support Services Funding by Type of Service 58

566 5&2 6SHQGLQJ E\ 6RXUFH LQ PLOOLRQV
6WDWH 566 5&2)XQGLQJ \$KURXJKV1RQ 66\$
2WKHU)XQGLQJ 6RXUFHV IRU 566 5&2
2UJDQLJDWLRQV 3URYLGLQJ 5HFRYHU\ 6XSSRUW 6HUYLEFHV
566 6SHQGLQJ E\ 2UJDQLJDWLRQ
6HWWLQJV ZKHUH 5HFRYHU\ 6XSSRUW 6HUYLEFHV DUH 'HOLY

LQ Range in State RSS Per Capita Spending for Total Population
5HVSQRGLQJ 6WDWHV

LQ Range in State RSS Per Capita Spending for Persons with SUD
5HVSQRGLQJ 6WDWHV

6WDWH SHU FDSLWD 566 6SHQGLQJ IRU WRWDO SRSXODWL
5DQJH LQ 3HU &DSLWD 566 6SHQGLQJ IRU 3HUVRQV ZLWK

LQ RSS Spending as a Percentage of Block Grant for FY22
5HVSQRGLQJ 6WDWHV

3HUFHQWDJH RI %ORFN *UDQW 6SHQW LQ)< RQ 5&2V

IRU)< LQ 5HVSQRGLQJ 6WDWHV DVVXPLQJ 6\$%* 6SHQG VW

(VWLPDWHG 3HUFHQWDJH RI %ORFN *UDQW 6SHQW LQ)<

3URMFRWDO 6SHQG 8VLQJ 3HU &DSLWD E\ 5HJLRQ

6WDWH 6WUDWHJLHV WR 6XSSRUW 566 5&2V


6WDWHV WKDW 5HSRUWHG 2SHUDWLRQDO 'HQLWLRQV

Data Metrics 74

'DWD 2XWFRPHV



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The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the

Primary Focus of Organization WKH

QHHGV RI RUJDQL]DWLRQV
of recovery that serve historically
XQGHUVHUYHG DQG RU PLQ
2UJDQL]DWLRQV FRXOG VHC

28.5%

for whom they primarily focus on providing
services. These included 28.5% focusing

RQ PHPEHUV RI WKH /*%74, \$ FRPPXQLW\
IRFXVLQJ RQ FRPPXQLW\ PHPEHUV

19.6%

ZLWK GLVDELOLWLHV DQG

involved members. However, there is
overlap in population coverage among

WKHVH RUJDQL]DWLRQV

1.5.2 Focus Group Sample

Qualitative analyses of

stem from . The

focus groups were devised to capture
geographic breadth and to be inclusive of

RUJDQL]DWLRQV FRPPXQLW\
PHPEHUV RI XQGHUVHUYHG

groups in the United States, including the

territories.

39.2%

By

WKHUH ZHUH IRFXV JURXSV 5HJLRQ

combined 7/8, 9, 10, and one mixed with several regions.

By

WKHUH ZHUH IRFXV JURXSV 5HJLRQ

3DFL;F, VODQ\$PHULFDWLYHG &RPPXQLWLHV /DWLQ[LQ (QJO

6SDQLVK DQG /*%74, \$

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RI WKH 35 &R(WHDP LQFOXGLQJ 6WHSKDQLH 6SLWJ 6WHSKDQLH
Sullivan-Blum, sat in on each focus group to provide technical support and take notes. Focus
group sessions were recorded and transcribed.

:H FRQGXFWHG WKH TXDOLWDWLYH \$DQDO\VLV LVR LQZIRXHU SKDVH
employed thematic analysis (Guest, MacQueen, and Namey, 2012) to guide this process. In
WKH ¿UVW DQDO\WLF SKDVH WKUHH FRGHUV FRQGXFWHG DQ LQ
JURXS WUDQVFULSWV WR LGHQJLWXSRUJHQWV LQVWUH RI WK
GH¿QLWLRQV ZHUH WKHQ GHYHORSHG WKURXJK FRQVHQVXV ,Q
MRLQHG DQG WKXV ¿YH FRGHUV FRQGXFWHG D FRGLQJ WHVW±Z
the same focus group transcript. At this point, the coders resolved the few remaining coding
GLVFUHSRQFLHV WUXVWZRUKLQHV RI FRGLQJ EHWZHHQ FRG
four of the coders were randomly assigned the remaining focus group transcripts to code. In the
IRXUWK DQG ¿QDO SKDVH IRFXV JURXS GDWD ZUH DJJUHJDWH
UHSRUW±ZHUH LGHQJLWXSRUJHQWV LQVWUH GDWD SUHVHQWHG LQ WKH UHS
representations, of the themes uncovered in our analyses.

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It is possible that there are more state funding grant
RSSRUWXQLWLHV DYDLODEOH²DQG WKDW VRPH RI WKHVVH DUH DY
because of federal block grants. However, the complexity
RI 6\$0+6\$ DSSOLFDWLRQV LV D QRWDEOH EDUULHU LW ZDV PRVW
FRQVLVWHQWO\ UDQNHG DV WKH WRS EDUULHU LQ DFTXLULQJ IH
IXQGLQJ²RXW RI FKRLFHV²IRU LQGHSHQQGHQW 5&2V DQG
5&&V DQG RWKHU SHHU UHFRYHU\ RUJDQLJDWLRQV



...I think that

Focus group participants explained that the complexity of
6\$0+6\$JUDQW DSSOLFDWLRQV GHWHUUHG WKHP IURP DSSO\LQJ I
said, "There are so many different [funding] sites... And for some people, I think that it's just so
overwhelming. It's just big, and traversing all of it is time consuming when you need to be doing
VRPHWKLQJ ZLWK WKH SHRSOH' 5HJLRQ)RFXV *URXS

Confusing directions and redundant document submissions were also derided by leaders
RI RUJDQLJDWLRQV LQ WKH HFRV\ VWHP RI UHFRYHU\ ³7KH GLUHF
up here, here's some in the middle for the same section...and here at the end we've got some
more directions that were supposed to go at the front.' It's not a step by step... I've been through
FROOHJH DQG ,P MXVW OLNH ZKDW LV WKLW" ' 5HJLRQ)RFXV

Another leader from the Region 7/8 Focus Group was frustrated by repeatedly needing to
LQSXW WKH VDPH GRFXPHQWDWLRQ IRU HDFK JUDQW VXEPLVVLR
me stick all of that stuff in a database that everybody has access to, so I'm not continuously
uploading attachment this, attachment that, which is the same 20 things that every other grant
has asked for...Financials...let me just put those in once a year, please, or even twice a year.
%XW HYHU\ VLQJOH WLPH \RX DSSO\ IRU WKH JUDQW LV MXVW VL
VWXII LQ RQH GDWDEDVH WKDW WKH\ FDQ DOO ;QG"

:KLOH WKH FRPSOH[LWLHVJUDQWVGHWHUUHG WKH JUDQW VXEPLV
IUXVWUDWH WKH OHDGHUV RI RUJDQLJDWLRQV LW GRHV QRW PH
DSSO\ WKH\ FRXOG X DOO WKH\ FRXOG RUJDQLJDWLRQV 3/4pÀD
DSSO\ QVpÿÀ 1/2À0DOO WKH DOO WR WKH\ DOO FRXOG RUJDQLJDWLR
DSSO\ ð WR

DG DQGDQG FRXOG ZLOO DOO DQG DQG WR DQG FRXOG DOO ZLOO



7KH VHQWLPHQW IURP D /*%74,\$ IRFXV JURXS SDUWLFLSDQW
1HDUO\ DOO OHDGHUV RI RUJDQL]DWLRQV LQ WKH HFRV\ VWHP RI
JURXSV UHFRJQL]H WKH\ FRXOG EHQH;W IURP RUDK WUDLQLQJ R

,Q DGGLWLRQ WR WKLV FDOO IROHDGHHU WEDDOHQHJIRUJPROH]DR
WUDLQLQJ *LYHQ WKH WLPH FRPPLWPHQWV WKDW RYHU VWUHWL
attend training sessions—let alone the time needed to apply for federal funding—innovative
DQG LQFHQWLYL]LQJ VXJJHVWLRQV ZHUH SURYLGHG VXFK DV WK
SUHGRPLQDQ \$VOLSVHWYLFQV DQG 3DFL;F ,VODQGHUV

Receiving more detailed feedback from SAMHSA prior to a full application process would
EH YDOXDEOH WR RUDKQULYBWLBRFVQDOO\ LI ZULWLQJ DQ DSSOLF
amount of time. Foundations, for example, sometimes use a letter of intent process prior to
a full application. “The feedback we got was, we didn’t hit
certain things they were looking for, as far as a more in-depth
GHVFULSWLRQ RI VRPHWKLQJ «'RQ¶W PDNH PH GR KRXUV ZKHQ
,¶P QRW HYHQ JRLQJ WR EH LQ WKH UXQQQLQJ :HHG PH RXW D OL
ELW¶HOO XV LI WKHUH¶V FKDQFHV RQH SHU VWDWH µGRQ¶W J
hopes up high,’ and have a simpler process to weed it out...
The ones who get through phase 1, of whatever weeding out
SURFHVV WKHQ JLYH WKHP WKH KRXUV RXW

:HOO WKHUH¶V D ORW RI RWKHHU YQEDWDQSHQHRG W WKDWH XIS WR V
/LVWHQ DOFRKRO XVH GLVRUGHU LV SUREDEO\ RQH RI WKH PRV
LV /LNH ZH FDQ¶W LJQRUH WKDW :H KDY\$HQGRSEB\MXELWDEQHI D
DQG ZKDWHYHU HOVH 6R LW¶V WKH UHVWULFWLRQV RI IHGHUDO
Focus Group).

3.2.2 Tension between Governmental Bureaucracy and the Mission of Organizations in the Ecosystem of Recovery

7KH IRFXV JURXS SDUWLFLSDQWV QRWHG WKDW IXQGLQJ UHV
achieve their communities' goals. Conditions attached to funding might even make them decide
that it is not worth receiving these dollars, especially if they felt that the conditions interfered
ZLWK WKHLU RUJDQL]DWLRQDO PLVVLRQ)HZHU FRQWUDFWXDO \
WKH UHDVRQ EHKLQG VXFK VWLSXODWLRQV PD\ DOORZ RUJDQL]
services that match community needs.

“I want a block grant. I badly want a 500,000 to a million
dollar [grant] where I can spend it on expanding our RCC,
expanding our groups, expanding the scholarships that we
provide to the community, essentially recovery starter kits
type of stuff, expanding Narcan distribution. There's so many
ZD\ V LQ ZKLFK ZH FRXOG XWLQJH D EORFN JUDQW WKDW LVQ¶W
to us because everything's a restricted dollar...there's no real
opportunity currently for us to just get unrestricted dollars that
would go to support the mission and vision that we are going
for. So, if I had an opportunity, I just want to stand in front
of them and say please guys, we're down here doing all the
ZRUN /RRN DW DOO WKHVH SHRSOH ZKR DUH HLWKHU DOLYH RU
because of the work that we've done. I mean, please let us go
help more...stop making us do this with one hand tied behind
RXU EDFN´ 5HJLRQ

Restrictions in how funding can be used was even reported to impact staff morale. “I do think sometimes the restrictions we have dishearten our case managers and support staff. And it’s like, what am I gonna do? I’m really not

KHOSLQJ WKL V SHUVRQ /LNH \RX DUH EXW \RX UH UHVWULFWH
\RX FDQ GR’ 5HJLRQ)RFXV *URXS

, W LV SRVVLEOH WKDW OHDGHUV RI WKHVH RUJDQL]DWLRQV L ecosystem of recovery misunderstood or misrepresented stipulations associated with federal block grants, state grants,

DQG RWKHU ORFDOL]HG IXQGGLQJ

(TXDOO\ DV RU SHUKDSV PRUH

I have no idea what to say or how to nurture and cultivate a relationship between a potential donor if it's a one-time or a long-time donor relationship. So, I think that kind of support would also help with the sustainability issue post-funding.

relationship between a potential donor if it's a one-time or a long-time donor relationship. So, I think that kind of support (Region 4 Focus Group).

* LYHQ WKDW PRVW RUJDQLJDWLRQV LQ WK UHFRYHU\ DUH QRW 3ÀXVK' ZLWK IXQGLQJ D sums comes with challenging budgeting situations—especially if the funding has not yet come through. “This is not the QRUP WR JHW PLOOLRQ ZRUWK RI JUDQWV we are super excited...However, we were told we received a grant from a local university, and that was 10 and a half PRQWKV DJR« :H DUH VXSHUHQGHG IRU P\ VH recovery specialists, as well. However, because we're still fairly new, the nest egg is now bare. Some of us have worked DV D YROXQWHHU« ZKHQ ZH GLG QDOO\ JHW I was able to catch up. But not everybody can afford to

do something like that...I've heard that's how it goes with grants. That's why you should be having multiple fundraisers so that you can build that nest egg in the event something does go awry with the grant, or

VRPHWKLQJ JHW \$JDLQV UHFRYHU\ ZH JHUH D VPDOO VWDII RI MXVW QYH SHRSOH \RX FDQ RQO\ VSUHDG \RXUVHOI VR WKLQ you're talking about self-care and things like that. And we are providing peer services, so you don't want to get too burned out with all of that. But like I said, a lot of us have given a lot of RXU KHDUWV DQG IURP RXU SRFNHWERRNV' 5HJLRQ)RFXV *UR

8QIRUWXQDWHO\ OHDGHUV RI VXFK RUJDQLJDWLRQV DUH XVH working for free, or spending their personal money to keep SHHU UHFRYHU\ VHUYLFHV DÀRDW ZLWKRXW FRQVLVWHQW VWUH IXQGLQJ DYDLODEOH±HYHQ LI ODUJH JUDQWV DUH DFTXLHG±WK will likely continue.

3.4.2 Sustainability

Even with leaders' best efforts to diversify their funding streams, the ability to sustain operations—and continue to of recovery. “I do want to reiterate what [she] said about the 3 and 5 year timeframe. That is one of our biggest concerns, the sustainability piece. It's great we can implement these services. Yay, we get to hire new people! But really gotta do some work on the backend to make sure we can keep going after those 3 years. I'd love to see more of the 5 year

WLPHIUDPHV IRU UHFRYHU\ VHUYLFHV' 5HJLRQ)RFXV *URXS ,QGLYLGXDOV GULYLQJ WKH PLVVLRQV RI VXFK RUJDQLJDWLRQV did not get into providing peer recovery support to generate UHYHQXH +RZHYHU WKH\ KDYH FRPH WR UHDOLJH WKDW WKH\ Q consistent funding to maintain operations so that they can continue to meet the needs of their communities.

- A. 5HTXLUH JUHDWHU WUDQVSDUHQF\ LQ KRZ VWDWHV GLVWULEXV assessment process for states to use to determine how and where to allocate resources.
- B. ,VVXH JXLGDQFH WR 6WDWHV LQ ERWK WKH \$WDWH 20BRNG 5HV *UDQW SURJUDPV GH¿QLQJ RUJDQL]DWLRQDO FKDUDFWHULVWL orientation for what constitutes a community-based recovery support service. SAMHSA has SURYLGHG VXFK GH¿QLWRQV SUHYLRXVO\ LQ WKH)< DQG) for a recovery set-aside in the block grant.
- C. 5HYLHZ VWDWH UHJLRQDO GDWD DQG SULRULWL]H FRPPXQLW\ resources/gaps.
- D. Build capacity of state agencies to support the recovery community and ensure each state RI¿FH KDV D FOHDU SRLQW RI FRQWDFW WKDW SURDFWLYHO\ state.
- E. 3URYLGH JXLGDQFH DQG FDVH VWXGLHV WR VWDWHV WKDW VKR EH XVHG WR GHYHORS UREXVW UHFRYHU\ FRPPXQLW\ HFRV\VWH the entities on the ground that might otherwise be boxed out of state and federal funding opportunities due to bureaucracies and complexities of funding applications.

\$NH\ EDUULHU RXWOLQH G LQ WKH ¿QGLQJV IURP 6HFWLRQ

. For historically underserved communities, data may be lacking, the design of the grant may not align with their communities' needs, and/or may not be culturally responsive in other ways. Recommendations offered to address th

LV LQFOXGH

- A. Engage diverse community members to better understand the gaps in mainstream funding applications and outline innovative strategies for developing inclusive and culturally responsive funding approaches. Bridge the gap in language and understanding between members of the recovery community who represent diverse populations and federal and state authorities who develop grant applications by funding a thought experiment in which the recovery community members would design their ideal grant application and present that DSSOLFDWLRQ WR WKH JRYHUQPHQW RI¿FLDOV &RPSDUH DQG

\$NH\ EDUULHU RXWOLQHG LQ WKH ;QGLQJV IURP X6VFWDWRQ
at the lack of comprehensive recovery funding streams.

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Committee Chair

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2 U J D Q L] D W L R Q D Q G 3 5 & R (6 W H H U L Q J & R P P L W W H H 0 H P E H U

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3 D F L ; F , V O D Q G H U 0) L ^ E U p p p i - « e U - a ! « Mark Stringer

Joe Powell & # 0

7KDQN \RX WR WKR VH ZKR DVVLVWHG ZLWK FRQWHQW H[SHUWLVLK
 of Missouri-Kansas City (UMKC) team members contributing to this needs assessment
 LQFOXGHG =RH 6XOO LYDQ %OXP &U\WWRDQOQHUV DQOQ -DFN :U
 Collaborative, Inc. (contractor to UMKC) team members contributing feedback to this
 DVVHV VPHQW LQFOXGHG 5HEHFFD %RVV 1HLO &DPSEHOO 9LFW
 &UR]H DQG 5D'FKRQ3RRXWWR WKR VH ZKR KHOSHG IDFLOLWDWH W
 QRW EHHQ RWKHUZLVH PHQWLRQEDUGLQFRQWV LQU 5XW R R Q D D HV
 thank you to our funders, SAMHSA, and in particular, David Awadalla, Thomas Coderre, Dona
 'PLWURYIZKL DQOONHU

/DZUHQFH 0 Ecosystem of Recovery 2QOLQH UHVXUFH 8QLYHUVLW\ RI S
 OHGLFLQH 5HWULHYHG [KDWFSV_UHFRYHU\FHQWHURIH\[FHOOH](#)
[ecosystem-recovery.](#)

Ecosystem of Recovery: 5 Pillars 2QOLQH UHVXUFH 8QLYHUVLW\ RI SRFKHV
 5HWULHYHG 0DUFK [IURP_KWWSV_UHFRYHU\FHQWHURIH](#)
[media/documents/2022-02/Ecosystem-of-Recovery-5-Pillars_0.pdf.](#)

Faces and Voice of Recovery. (2021). Recovery Ecosystem 2QOLQH UHVXUFH 5HWULHY
[IURP_KWWSV_IDFHVDQG YRLFHVRIUHFRYHU\RUJ_EORJ_S](#)

*XHVW * 0DF4XHHQ . 0 1DPSH\ZKHGDSQDF\VLV 6DJH
 Publications.

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 FRPPXQLWLHV WKH UHFRYHU\UHDG\HFRV\WWRDQOQHUV DQOQ
 Research & Theory '2,

9DOHQWLQH 3 7DKOHH 3 7KH 5HFRYHU\ &RPPXQLW\ZRZDQOQ]DWLV
 GH¿QLWLRQ

Region 1

Connecticut, Maine, Massachusetts, New
Hampshire, Rhode Island, Vermont

Region 2

New Jersey, New York, Puerto Rico, U. S.
Virgin Islands

Region 3

Delaware, Maryland, Pennsylvania, Virginia,
: H V W

\$V D OHDGHU RI \RXU RUJDQLJDWLRQ ZH ZRXOG OLNH WR XQG
IDFHV DQG VXFFHVVHV \RXU RUJDQLJDWLRQ KDV KDG LQ DFTXLU
DUH LQWHUHVWHG LQ KHDULQJ IURP RUJDQLJDWLRQV VXFK DV 5H
3HHU 5HFRYHU\ 2UJDQLJDWLRQV RU RWKHU W\SHV RI RUJDQLJDW
VHUYLFHV²DQ\ DQG DOO RI WKRVH WKDW DUH SDUW RI WKH ³HFR
KDYH WKH XQLTXH RSSRUWXQLW\ WR XQGHUVWDQG KRZ RUJDQLJ
develop practical suggestions to offer SAMHSA in order to inform change. By participating, you
ZLOO EH SURYLGLQJ LQSWXW VR WKDW \RXU RUJDQLJDWLRQ¶V QHI

:H LQYLWH \RX WR WDNH SDUW LQ WKLV VXUYH\±ZKLFK ZLOO V
ZHUH LGHQWL¿HG DV D OHDGHU RI \RXU RUJDQLJDWLRQ ,Q WKLV
GHVFULEH \RXU RUJDQLJDWLRQ¶V FKDOOHQJHV DQG VXFFHVVHV
services.

\$OO UHVSQRVHV DUH FRQ¿GHQWLDO :H ZLOO JLYH \RXU UHFR
FRQWDLQ \RXU QDPH RU RWKHU SHUVRQDO LQIRUPDWLRQ WKDW
The code number that connects your name to your information will be kept in a separate,
secure location housed on University of Missouri secure servers. Information that could identify
\RX ZLOO EH UHPRYHG IURP \RXU UHVSQRVHV VR QR RQH ZLOO N
SUHVHQW RXU ¿QDO ~~UHQSRUWZWR~~ ~~RS~~ ~~8~~ ~~50~~ ~~65~~ WKH UHVXOWV RI WKLV
VFLHQWL¿F PHHWLQJH ZH ZLOO DPHQW RU RWKHU ~~SHUVRQDO~~ ~~DWLQIRUW~~
survey will be shared with you, in aggregate, so you have access to information that included
your contributions and data.

,Q FDVH WKH WHUP ³HFRV\VWHP RI UHFRYHU\´ LV QHZ WR \RX I

- ' 0) All people
- ' 1) People experiencing homelessness
- ' 2) People with disabilities
- ' 3) People who identify as lesbian, gay, bi-
- ' 4) People who are justice-involved (including those who are currently or previously incarcerated)
- ' 5) Black, Indigenous, and People of Color

- ' % , 3 2 &
- ' : R P H Q
- ' 7) Men
- ' 8) Youth
- ' 88) Don't Know
- ' 99) Prefer Not to Answer

- ' 0) Recovery Coaching
- ' 1) Recovery Advocacy
- ' 2) All Recovery Meetings
- ' 3) Mutual-aid Meetings
- ' 4) Smoking Cessation
- ' 5) Technology/Internet Access
- ' 7) Narcan/Naloxone Training
- ' 8) Recreational Activities
- ' 10) Employment Assistance
- ' 11) Family Support Services
- ' 12) Peer-facilitated Support Groups
- ' 13) Housing Assistance
- ' 14) Basic Needs Assistance
- ' 15) Education Assistance

- ' 0 H Q W D O + H D O W K 6 X S S R U W
- ' 17) Childcare Services
- ' 18) Financial Services
- ' 19) Expressive Arts
- ' 20) Health Nutrition/Exercise
- ' 21) Voter Registration
- ' 22) Public Education
- ' 23) Transportation
- ' 25) Drug-free Social Activities

‘ 0) English ‘ 'RQ1W .QRZ >&\$(1&Z7 <
‘ 1) Spanish ‘ 27+(5 5(63216(@
‘ 2WKHU SOHDVH ¿OO LQ WKH EODQN LQ WKH QH[W
SURPSW BBBBBBBBBBBBBB

‘ BBBB ,QVXI¿FLHQW IXQGLQJ R~~SSRUWXQLWLHV~~ DWLRQ LV LQH
 ‘ 9) ____ Duration of funding is too short apply for federal funding
 ‘ BBB 8QUHDOLVWLF FDKV PDWFRQJMTXIRZH>&(\$1&Z7<
 ‘ ments 27+(5 5(63216(@
 ‘ BBB :H GRQJW NQRZ DERXW I~~BIGHIHUSQRMZHWUR~~>&\$6(127
 ing opportunities /(&7\$1<27+(5 5(63216(@

VLJQL¿FDQW EDUULHU UDNHG WR WKH WKLUG PRVW VLJQL¿
 ‘ 0) ____ Complicated applications 9) ____ Duration of funding is too short
 ‘ BBBSOLFDFWLRQ DQG-UHSRUVLQJ 8CHTXLOLHVWLF FDKV PDWFRQJMTXIRZH>&(\$1&Z7<
 ‘ PHQWV GR QRW ¿W WKH SHH~~ments~~HFRYHU\ PRGHO
 ‘ 2) ____ Reimbursement models that are more appropriate for clinical settings and
 ‘ services BBB :H GRQJW NQRZ DERXW VV
 ‘ RSSRUWXQLWLHV :H GRQJW KDYH
 ‘ WKH VWDWH RI¿FH ZKHUH ZH PLJK
 ‘ 3) ____ Funding goes to clinics or other information about funding for recovery
 ‘ W\SHV RI RUJDQLJDWLRQV support services
 ‘ BBBB :H GRQJW KDYH-VRP~~HRQBBLZXUHF~~ UJDQLJDWLRQ LV LQH
 ‘ pertise in state grant applications apply for state funding
 ‘ BBBB :H GRQJW KDYH HQR~~XJKBIBPZXW~~ RWDWH GRHV QRW KDYH
 ‘ apply for funding OLQH IRU IXQGLQJ UHFRYHU\ RUJ
 ‘ BBBB H VWDWH JUDQW V\WHP' RQJVL~~QFRZO~~>&(\$1&Z7<
 ‘ to navigate 27+(5 5(63216(@
 ‘ 7) ____ Too much competition with other 3UHIHUSQRMZHWUR>&\$6(127
 ‘ RUJDQLJDWLRQV /(&7\$1<27+(5 5(63216(@
 ‘ BBBB ,QVXI¿FLHQW IXQGLQJ RSSRUWXQLWLHV

%HKDYLRUDO +HDOWK 'HSDUWPHQW RI +HDOWK DQG :HOIDUH H

- | | |
|------------------------------------|----------------------------|
| ‘ 0) Very helpful | ‘ 4) Very unhelpful |
| ‘ 1) Helpful | ‘ 88) Don't Know |
| ‘ 2) Neither helpful nor unhelpful | ‘ 99) Prefer Not to Answer |
| ‘ 3) Unhelpful | |

n<</Actualvstate/federal/private)?

/j 0.274 0.295 0.352 scn /Span<</ActualText<FEFF0004y23 0pan<<l1 ve .n<</Acupport co 0.274 0.29[6t handles policy and

&/, &.72), 1, 6+ 6859((1'7+\$1.<28 6&5,37 @

>7+\$1<28)25<2857,0(6&5,37 @

:H DSSUHFLDWH WKDW \RX FRQVLGHUHG SDUMLQNS\RWLIQJLQ V
your time.

>(1'7+\$1.<28 6&5,37 @

:HOFRPH HYHU\RQH DQG WKDQN \RX IRU WDNLQJ WKH WLPH WF
H[SHULHQFHV RQ \RXU RUJDQL]DWLRQV VXFFHVVHV LQ DFTXLULQJ
EDUULHUV \RXU RUJDQL]DWLRQ KDV IDFHG

My name is _____ and I am a _____ at _____. I'll
be facilitating this focus group/community conversation/listening circle.

:LWK \RXU KHOS ZH KDYH WKH XQLTXH RSSRUWXQLW\ WR XQGHHU
LQ RUJDQL]DWLRQV VXFK DV \RXUV DQG WR GHYHORR B SQ DRFWPLFD
FKDQJH %\ SDUWLFLSDWLQJ WRGD\ \RX ZLOO EH SURYLGLQJ LQ
represented in these efforts!

7RGD\TV VHVVLRQ ZLOO ODVW ESHWZKHQDFIDQLGDWPLQX,WZLLOO DV
VHULHV RI TXHVWLRQV WKDW DUH PHDQW WR VSXU GLVFXVVLRQ
ZH PD[LPL]H ZKDW ZH FDQ OHDUQ DESXULHQFHV RZLQJ]DQGROJTV
DERXW D QXPEHU RI WRSLFV DQG VRPHWLPHV SXVK \RX WR H[SD
PLQXWHV WR GLVFXVV HDFK TXHVWLRQ WKDW , DVN ,I \RX GR
WKDW LV 2. ,I \RX DOUHDG\ JDYH \RXU WKRXJKWV RQ D TXHVWL
others to join in and offer theirs.

7KLV IRFXV JURXS ZLOO EH UHFRUGHG VR WKDW ZH FDQ WUDQV
would appreciate it if you could turn on your video to help us understand non-verbal responses–
VXFK DV QRGGLQJ KHDGV DQG H[SUHVVSLOQRWWRKZKHDWRSRQV=ER
we are hoping to create similar conditions as if we were all in person. For this reason, we would
DSSUHFLDWH LW LI \RX ZRXOG RQO\ XVH WKH FKDW IXQFWLRQ IR
IUHH WR XVH WKH KDQG UDLVH V\PERO LI \RX ¿QG WKDW HDVLHU

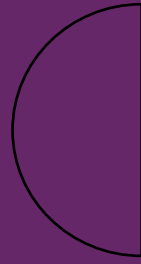
\$OO UHVSQRVHV DUH FRQ¿GHQWLDO (DFK SDUWLFLSDQW ZLOO E
transcription and analyses will not contain your name or other personal information that could
LGHQWLI\ \RX RU \RXUHR,UJDXPLEHWWRQDW FRQQHFVV \RXU QDPH W
will be kept in a separate, secure location housed on University of Missouri secure servers.
Information that could identify you will be removed from your responses so no one will know that
LW EHORQJV WR \RX :KHQ ZH SUHVHQWQW B XU ¿ B SOX EOHLSRQW W KHRU@
RI WKLV VWXG\ RU SUHVHQW WKHP DW VFLHQWL¿F VFLÀ € ,WR

> %HIRUH

‘ :KDW DUH WKH IDFWRUV WK DW JLYH HIFFERXU FOR FEDUJVS STATE
QLJDWLRQ DQ DGYDQWDJH Z KUNDG DSSO\LQJ IRU
funding? :KDW NLQGV RI VWUXFWXUDO RU S
How do you navigate things like “old boys’
\$6.)7(5),1,6+6:(5,1*\$'- FOXE’ LI \RX IHHO WKDW H[LVWV
9\$17\$*(3:KDW DERXW IDFWRUV DW WKDW DERXW WDW SROLWLFV" +
\RXU RUJDQLJDWLRQ DQ ',6\$'asdr7\$rt?
ZKHQ DSSO\LQJ IRU IXQGLQJ"R RWKHUV DJUHH GLVDJUHH" :+<"

‘ W\SH RI FOLHQWHOH DLPV RI RUJDQLJDWLRQ HWF

‘ If you were to give advice to someone :KDW DERXW VSHFL¿F WKLQJV \RX
ORRNLQJ WR VWDUW DQ RUJDQLJDWLRQ, what are some examples of
ecosystem of recovery, what advice would these?
\RX JLYH UHODWHG WR VXFFHVVIXOO\ DFTXLULQJ
funding? :KDW ZRXOG EH RQH RU WZR VSHFL¿F DFWLRQ
items they should consider?




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In 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded the Recovery Community Support Program (RCSP), which provided foundational support for

WKH RUJDQLJDWLRQ RI WKH VXE VWDQFH XVH UHFRYHU\ FRPPXQL




For more than two decades, federal, state, and local governments have made investments to develop recovery-oriented systems of care and related recovery support services (RSS) for individuals with substance use disorders (SUDs). The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided the foundational support necessary for a number of grant initiatives created to support recovery services. Since that time, it is essential that rigorous research be conducted to identify evidence-based practices in both service delivery and system implementation.⁵

,Q 6HSWHPEHU D Z D U-G H G D

IXQGLQJ XWLLOLJHG IRU UHFRYHU\ VXSSRUW VHUYLFHV DQG SHU of exemplary funding and contracting processes. The body of knowledge about the role, QDWXUH DQG HIIHFWLYHQHV RI 566 LV LQ DQ HDUO\ VWDJH RI understanding of one dimension, states' roles DQG DGGUHVHV WKH IROORZLQJ TX

- How much are states spending on RSS from SAMHSA funds and, where possible, from other sources?
- :KDW W\SHV RI 566 DUH VWDWHV SXUFKDV LQJ"
-)URP ZKDW W\SHV RI RUJDQLJDWL RQV DUH VWDWHV SXUFKDV LQJ
- :KDW SXUFKDV LQJ VWUDWHJLHV DUH VWDWHV XVLQJ WR IXQG 5
- :KDW EDUULHUV KDYH VWDWHV HQFRXQWHUHG WR IXQGLQJ 566

The data gathered can inform SAMHSA's future guidance, technical support, and use of federal funds for recovery support services. The information can also provide benchmarks for states to use in developing their future strategies and expenditures for recovery support functions.



This study is exploratory, as there are no previous studies focused on state expenditures for SABG recipients. The data-gathering process included a targeted review of published and gray literature, as well as public state websites.

Quantitative data were reported with simple descriptive statistics, as inferential or associational methods are not appropriate for these data at this time. Qualitative data were clustered into themes and reviewed by at least two peer reviewers. For a more in-depth review of methodology and approaches used, [see Appendix B](#).

A brief description follows of the general approaches used to execute the methods described above. These approaches are described in more detail in [Appendix B](#).

3.1.1. Context-Setting Interviews

Interviews with stakeholders could provide a context for the project. Conversations with these stakeholders yielded valuable information, and member recommendations for the Expert Advisory Committee.

3.1.2. Expert Advisory Committee


A small number of individuals were invited to serve on the State Budget Analysis Advisory Committee, who became part of the larger SME panel for this project ([See Volume 1](#) for information to gathering the desired data from states and funding sources ([See Appendix A](#) for a list of Expert Advisory Committee members). This group guided and informed our methodology, instruments, and data collection.

3.1.3. Information Collection

- Review of existing applications and reports collected by SAMHSA regarding state expenditures.

Budget Analysis Advisory Committee (See [Appendix C](#) for the Interview Guide and a list of interviewees).

- RSS funding, state contracting and payment practices, challenges encountered in funding RSS, and successful strategies for addressing those challenges. (See [Appendix D](#) for the survey and [Appendix E](#) for a glossary of terms.) The survey gave states the opportunity to provide feedback in a narrative section. States' comments and recommendations have been woven throughout this report. [Appendix F](#) provides a summary of these responses.




7KH SULPDU\ OLPLWDWLRQV IRUK W K IQVD Q WIXDO D Q B OAV LIR ORO R5Z6 V
UHOLHG VROHO\ RQ D7KH OW HUDPS BUWLVXZUHWKH :HE%*\$6 V\ VWHP
budgetary information regarding RSS spending was not reported in state SABG applications or
UHSR\$GVLWLRQDOO\ WKH WHDP PDIRHU D 25HD \$ SOWF DWR LRSOV 6\$G U
but the information had not been received by TAC at the time of the analysis. Due to limited
previous research and studies on this topic, there was limited information regarding RSS
spending and no opportunity to cross-reference results.

7KH VWUXFWXUH DQG XWLOLJDWLRQ RI WKH 566 VXUYH\ ZHUH OL

- The mechanism of survey created the potential for variation in reported funding sources. For
H[DP SOH DOWKR XJK WKH VXUYH\ UHTXHVWHG LQIRUPDWLRQ RQ
reported RSS purchased through Mental Health Block Grant (MHBG) dollars. It was not
always apparent whether RSS purchased through MHBG funds were used to provide SUD
566 RU RQO\ PHQWDO\$ 6 B D WWRKQD XSSRUW VHYHUDO VWDWHV LW
WR LGHQWLI\ 68' VSHFL¿F 566 GXH WR WKH EUDLGLQJ RI IXQGL
services and mental health services, or joint credentialing for peer recovery support services.

7KRXJK WKH VWXG\ DWWHPSWHG WR FDSWXUH VWDWH JHQHUDO
study, the analysis does not include any Medicaid spending on RSS. This information would
have been challenging to gather given differences in state infrastructure and the above-noted
GLI¿FXOW\ GLVFHUQLQJ VSHFL¿F 566 VSHQGLQJ)RU WKLV UHDO
not provide a comprehensive view.

Due to the above-mentioned limitations of the study analysis in capturing the entire potential
funding sources for RSS, this study should not be used to describe the current level of state
expenditures on RSS.



7KH ¿QGLQJV UHSRUWHG EHORZ DUH GUDZQ IURP DOODWUHH GDWD survey. The narrative accompanying our quantitative and qualitative data is also drawn from these three sources. The narrative includes illustrative examples from states in order to highlight WKH GDWD 6WDWH VSHFL¿F FRQWHQW GHULYHG IURP LQWHUYLH LQ WKH ¿QDO UHSRUW \$OO RWKHU VWDWH UHSRUWHG UHIHUHQR surveys completed by states.

%RWK WKH 68% DQG WKH LQ GHSWK LQWHUYLHZ JXLGH DGGUHV LQWHUHVW WR 6\$0+6\$

- How much are states spending from different sources of revenue?
- :KDW W\SHV RI VHUULFHV DQG SURYLGHUV DUH WKHVH IXQGV V
- :KDW PHWKRGV DUH VWDWHV XVLQJ WR SXUF"UF"UF"UF"!À îH -s

Table 1. Respondents per Region *

Table 3. Percentage of Recovery Support Services Funding by Type of Service

	15%
	19%
	4%
	38%
	8%
	100%

7\$& DOVR ORRNHG DW WKH GLVWULEXWLRQ RI 566 5&2 VSHQGLQJ
 VWDWHV WKDW UHSRUWHG 566 VSHQGLQJ E\ VRXUFH WKH VRXUFH

Table 4. RSS/RCO Spending by Source (\$ in millions)*

	0	0	0	0	0
	34%	33%		33%	100%

* Due to one state reporting SABG and State funds together, that state has been removed from this chart, which is why the total
 UHÅHFVV PLOOLRQ UDWKHU WKDQ PLOOLRQ

* URZWK LQ 566 5&2 IXQGLQJ KDV EHHQ xmp, fnded 10 recovery
 VXSSRUW FHQWHUV LQ ZHUH DGGHG LQ DQG RQH PRU
 are plans to add another 10 to 15 in 2023. KDV &HUWLHG 3HHU 5HFRYHU\
 every county. IXQG HG LWV VWDWHZLGH 5&2 LQ DQG QRZ KDV
 FHQWHUV DQG FDIpV ZLWK D ZDLWLQJ OLVW RI RUJDQLJDWLQRQV

recruitment, and retention, efforts may have been underreported. Additionally, workforce investments are typically subject to administrative caps. Future surveys could focus more closely on investments for the peer workforce.

, CD G G L W W R P G \$ R W K S H D U R W W D W Y H U Q V X H S R U W 5 & 2 M L W J U R Z I D W H Q W L R Q
 to the prevalence of SUDs (and opioid use disorder in particular) in the justice-involved population,
 L W L V Q R W V X U S U L V L Q J W K D W F U L P L Q D O M X V W L F H Z D V P R V W I U H
 agencies are moderately active, with labor and housing agencies involved to a lesser degree.

Table 5. State RSS/RCO Funding through Non-SSA

Agencies

Agencies	

SURPLQH QW

IRFXVLQJ RQ HDFK RI WKH IROORZLQJ JURXSV %ODFN \$IUFLDQ
6SDQLVK VSHDNLQJ FRPPXQLWLHV IULFDQ \$PHUFRPPXQLWLHV WUDQ
IURP MDLO \RXQJ DGXOWV DQG /*%74,\$ FRPPXQLWLHV

- 3DUWQHULQJ ZLWK D %,32& FRPPXQLW\ RUJDQLJDWLRQ WR UDL
DVVRFLDWHG ZLWK VXEVDQFH XVH ZLWKLQ %,32& FRPPXQLW\
JUDQWV WR RUJDQLJDWLRQV WKDW ZHUH LQYHVWHG LQ DQG UH

5.1.3. Procurement and Payment

\$Q LPSRUWDQW FRQVLGHUDWLRQ LQ D VWDWH\ V XSSRUW RI 56
RUJDQLJDWLRQV DQG KRZ WKH\ SD\ FRQWUDFWRUV RQFH DQ DZD
ODZV V\ VWHPV DQG UHTXLUHPHQWV WKDW YDU\ ZLGHO\ DQG SU
and complexity for applicants to negotiate. States seek to strategically select purchasing
VWUDWHJLHV WKDW DUH DFFRXQWDEOH IDLU WUDQVSDUHQW D
RI VHUYLFH WKDW\ UHODWLYHO\ QHZ DQG LV RIWHQ SURYLGHG
applying for public funding. In addition, some states have chosen to offer assistance to

- 8VLQJ D 1RWLFH RI)XQGLQJ 2SSRUWXQLW\ ZKLFK LV PXFK OHV
- ,VVXLQJ 5HTXHVWV IRU ,QIRUPDWLRQ 5),V LQ DGYDQFH RI 5)3V L 5&2V WR UHYLHZ DQG FRPPHQW RQ NH\ HOHPHQWV RI WKH DSSOLF

Several states use a variety of procurement methods but distribute the majority of funds for 566 5&2V WKURXJK VHOHFWLYH FRQWUDFWLQJ RWKHUV KDYH GH SLORW SURMHFWV DQG QRQ FRPSHWLWLYH IXQGLQJ 2QH VWDWH for RSS by level of care and type of service being procured. Some states have delegated procurement to non-state entities, in one case an existing system of managed service RUJDQLJDWLRQV 062V DQG LQ

state spending by a single constant variable, e.g. population, which provides a baseline for comparison. In recognition that SUD prevalence rates vary among states, a secondary analysis

XVLQJ 16'8+ GDWD SURYLGHV DQ RSSRUWXQLW\ WR YLHZ VWDWH

As shown in _____ and _____ below, RSS spending as a percentage of the SABG shows

VLPLQZDGDQJRYK DQG)Rψ< RMWDVSHQSW R R 566

RI VWDWHV VSHQW WR RI VWDWHV VSHQW WR DQG

VKRXOG EH QRWHG WKDW WKHUH LV D VLJQL<FDW)GLIHDGQFH

)< 7KLV UHÀHFWV WKH DQRP•€DìÈiDQRP•€Dã pd ZHLDSpa005200509004

WE H*KRXOG •H °••ÀÀM)Àp H*KH KRXOGDQRP WRDE€ ð HDNi®À @ 0H UÀ @ 0 € ðF

DV LW PD\ UHÀHFW D PRUH W\SLFDO GHSLFWLRQ RI 566 VSHQGLQJ D
and UHÀHFWV WKH MSHQG DOORFDWHG WR 5&2V ,W LV L
WKH IXQGLQJ KHUH LV VSHFL¿F WR WKH GH¿QLWLRQ WKH RUJ
\$V GH¿QH IRU WKLV SXUSRVH 5&2V DUH 7KHUHU QH 6L V FURSSDQ
LQ WKH ¿HOG WKDW WKH GH¿QLWLRQ VKRXOG ERK\ SLD PDWHO\ J
GH¿QLWLRQ ZRXOG OLNHO\ FUHDWH VLJQL¿FDQW FKDQJH LQ WKH
KDYH EHHQ PRUH OLNHO\ WR LQFOXGH 5&&V RU VRPH RI WKH WH

Appendix E



Finally, TAC used each of the regional population per capita amounts to project spending for states that did not respond to the survey, and then to calculate projected national spending for all states. Using the regional average spend per capita, the rate was applied to the missing states' census data.

L Q G L F D W H V W K D W W R W D O Q D W L R Q D O V S H Q G L O
 D O O V W D W H V K D G U H V S R Q G H G W R W K H V X U Y H \ Z K L F K V K R Z H G W

Table 13. Projected Total Spend Using Per Capita by Region

5.2.2. Peer Recovery Support Services

Peer recovery support services involve individuals in recovery. Pennsylvania has a peer advisory council, and the Commonwealth's Heroin DQG 2SLRLG 3UHYHQWLRQ DQG (GXFDWLRQ +23) &RXQFLO KDV Z with individuals in recovery. KDV FUHDWHG D VSHFL¿F UHFRYHU\ VHUYL connected to the pre-existing state planning council. As a subgroup of its state planning FRXQFLO , QGLDQD HVWDEOLVKHG WKH , QGLDQD 5HFRYHU\ &RXQ KHDOWK DQG VXEVDWQFH XVH UHFRYHU\ ZKR LGHQWLI\ JDSV LQ 5HFRYHU\ 6XSSRUW :RUNJURXS DW OHDVW SHUFHQW RI ZKR VH experience, recommends support service solutions to the Planning Council. Pennsylvania's new Behavioral Health Administration will have a steering committee that intentionally includes people and families with lived experience.

5.2.3. Focus groups and surveys to gauge community need

Several states have communication processes for engagement such as learning collaboratives, online meetings, focus groups, or periodic use of surveys to gather input from the recovery community. Pennsylvania, for example, has recovery support learning communities, peer FRPPXQLWLHV DQG PRQWKO\ RQOLQH PHHWLQJV ZLWK WKH SHH also conducts biannual surveys of 400 peer recovery support specialists and their supervisors. Pennsylvania uses a formal consultation process with the recovery community, and has a consumer survey system. Pennsylvania (Pennsylvania Department of Behavioral Health & Recovery Support Services Division as of 2022) conducts a statewide recovery survey to the State Mental Health Planning Advisory Council and collects approximately 700 responses annually. An umbrella agency, the Family and Social Services Administration, conducts focus groups, and the Recovery Support Services Director coordinates input from the recovery community.

5.2.4. Consultation with the statewide RCO

Peer recovery support services are needed in communities. Pennsylvania is needed in communities.

Promising Practice

Pennsylvania launched the Recovery Rising initiative to engage stakeholders in strategically planning for a recovery framework and to gain a broader view of the recovery landscape since the Commonwealth previously had no connections with the recovery community. Through Recovery Rising, Pennsylvania convened the recovery community, opened the dialogue, DQG FROOHFWLYHO\ LGHQWLI\ HG SULRULWLHV)URP WKLV ZRUN IHDVLELOLW\ DQDO\VLV RI VWDNHKROGHU UHFRPPHQGDWLRQV D LVVXH D ZHE EDVHG GLUHFWRU\URDQV & RVPDQV DQG (TLX\HWWKH &RPPRQZHDOWK UHJLRQDO 5&2V WR VXSSRUW ORFDO QHHGV DQ

5.3.1. 6WDWH 6XSSRUW 'H¿QH G

7KHUH DUH PDQ\ ZD\V LQ DGGLWLRQ WR ¿QDQFLDO DQG OHJDO DJHQFLHV FDQ VXSSRUW WKH LQLWLDWLRQ GHYHORSPHQW DQG agencies commonly make both procedural and technical information available through multiple channels including technical assistance, learning activities (webinars, collaboratives, and seminars), and resources published in print and web-based electronic formats. The amount of state agency support is an indicator of the priority or importance assigned to a topic or function, UHODWLYH WR DOO RWKHU WRSLFV RU IXQFWLRQV RI WKH DJHQF or minimal presence of state support for a program most often manifests in diminished program LPDFW ZKLOH WKH LQYHUVH ² VWURQJ DQG YLVLEOH VWDWH V presumed positive program impact.

5.3.2. State Supports: What are States Doing?

%RWK WKH VXUYH\ DQG LQ GHSWK LQWHUYLHZV LGHQWL¿HG D ZI IXQFWLRQV SURYLGHG WR DVVXUH XQLYHUVDO DFFHVV WR 566 D residents. LGHQWL¿HV WKH QXPEHU RI UHVSRQGLQJ VWDWHV WKHVH IXQFWLRQV (OHYHQ VWDWHV SURYLGHG DOO RSWLRQV R IRXU VWDWHV SURYLGHG DW OHDVW WKUHH DQG VHVWDWHV IXQFWLRQV ZHUH GHOLYHUHG E\ VWDWH HPSOR\HHV DQG RU WK WDVNHG VSHFL¿FDOO\ WR H[SDQG WKH QXPEHU UHDFK HIIHFWL RUJDQL]DWLRQV DYDLODEOH WR GHOLYHU 566

Table 14. State Strategies to Support RSS/RCOs

	9	10	8	2	5	-	2	12
	8	8		3	5	-	-	8
	8	8	5	3	4	1	-	8
	2	2	2	2	2	2	-	4
	7	7		5	5	2	2	8
	34	35	27	15	21	5	4	40
	2	2	2	-	2	-	-	2
		37	29	15	23	5	4	42

states (and SURYLGH D /HDG\$EDGHP) HVORRZSSRUW OHDGH
GHYHORSPHQW DQG DGDSWLYH OHDGHUVKLS VNLOOV QHFHVVDU\ \\
LQFUHDVH WKHLU HI¿FDF\ 2WKHU VWDWHV and , for e
third parties on behalf of the state agency to support regional learning collaboratives for peer-led
RUJDQLJDWHV RQVHFL¿F IRFXV RI FDSDFLW\ GHYHORSPHQW; DFWDYLS
LQFUHLW \argepsh T>Tj 3 (echnic2 TS)JTJ 000B>Tj 0.397 0.153 0.403 scport regi11 0 0 11 72 59>Tj91

@ p DGDSW ð Z0Ë®—SM: DFWLYKHU

ÿpy " ` Å-WKH p ÊZÿ rp € ç ° ÿ 9p 4Ú` ° note that these well-intentioned standards and practices also have the

5.3.3.b. Tw [(11 0 0 11 108.68465155.6317 Tm [(Under-resourced SSA)36.5 (agencies bound by caps or other limipations or



and UHÀHFV PHWULFV WKDW VWDWHV DUH FROOHFWLQJ funding stream. Many of these data points are also collected via GPRA every six months.

Table 16a. Data Metrics

Coloradans with lived experience and their allies to develop the plan. The Advisory Committee
LGHQWL¿HG WKUHH VWUDWHJLF REMHFWLYHV &UHDWH D UHF
UHFRYHU\ RULHQWHG FOLQLFDO FDUH DQG (TXLS FRPPXQLWL

As a companion to ¶V EDOORP0FDUH

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7KLV DQDO\VLV RI VWDWH H[SHQGLWXUHV DQG SUDFWLFHV IRU 5
VSHFL¿F VWDWH FKDUDFWHULVWLFV DQG SUDFWLFHV WKDW PD\
UHFYHU\ VXSSRUW VHUFLFHV DQG UHFYHU\ FRPPXQLW\ RUJDQ
XQLRUP μLGRIDGFRBUWVWDWHV WR IROORZ LV QHLWKHU ZLVH Q
)LUWWRXSK 5&2KDYHHHQGHSSUR[LPDWEDQGRWDEHWDUFDKHUV
VXFK DV :LOOLDP :KLWH DQG -RKQ .HOO\ KDYH HVWDEOLVKHG D
WKH HI¿FDF\ RI 566 DFURVV WKH FRQLQXP RI FDUH See Appendix H
components of RSS have nevertheless continued to evolve, and states supported more
innovative practices to enhance recovery. Therefore, new research efforts should focus on
FRQGFWLQJ V\ VWHP DVVHVVPHQWV DQG RQ HYDOXDWLQJ WKH
Second, the structure and process, cultures, and population needs are different in individual
VWDWHV WHUULWRULHV DQG QDWLYH JRYHUQPHQWV +RZHYHU
ZHUH LGHQWL¿HG WR VXJJHVW HOHPHQWV RQWKDW SPURPERWHLQV HJQW
support services for residents with SUDs. The elements that follow are intended as guideposts
for states to consider, and for SAMHSA to support, rather than as absolute standards.

Leadership makes a difference.

/HDGHUVKLS IURP WKH H[HFXYLYH EUDQFK² HVSHFLDOO\ WKH *R
Agency, and Medicaid, but also related agencies such as corrections, housing, and education
² LV DQ HVVHQWLDO HOHPHQW /HDGHUVKLS ZLWKLQ WKH OHJLV
the enabling and policy directions that support RSS. The leadership element involves both
reasonable knowledge about RSS, and a visible indication that RSS is important, such as
UHFRJQL]LQJ DXWKHQWLF FRPPXQLW\ HQJDJPHQW

**Mechanisms to engage and meaningfully involve people in various stages of recovery in
assessing needs, planning, and execution of recovery support services make a difference.**

Meaningful engagement does not mean ceding legally established decision-making responsi

The coordinated use of federal block grants, state appropriations, and Medicaid funds to pay for RSS makes a difference.

Intentional coordination between SABG, state-appropriated funding, and Medicaid funding sources takes advantage of the rules and regulations that accompany each source of funds.

8VLQJ 0HGLFDLG IRU PHGLFDOO\ DSSURSULDWH VHUYLFHV IRU O funds for non-medical services, and leaves state funds to support needed activities ineligible for federal funds. Further coordination or intentional braiding of funds from other sources, e.g., +56\$RU &'& WR VWDWH KHDOWK RU KRXLQJ DJHQFLHV RU VWDW impact of funds on available services.

Encouraging and enabling the purchase of RSS from vendors that include peers in recovery makes a difference.

:KLOH PDQ\ 5&2V KDYH EHHQ LQ H[LVWHQFH IRU GHFDGHV WKH JURZWK RI QHZHU 5&2V DQG 566 SURYLGHUV 0DQ\ VWDWHV DUH 5&2V LQ XQGHU VHUYHG DQG PDUJLQDOL]HG FRPPXQLWLHV DQG H[SHULHQFH DQ\$ YDULHW\ FRM DSSURDFKHV VXFK DWKJLUG WLPH party capacity development learning collaboratives, or intermediaries that provide administrative support and operational subcontracts are approaches that simultaneously expand the pool of bidders while maintaining purchasing integrity.

7KH DEVHQFH RI VWDQG DUG

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SRSXODWLRQV SXUFKDV LQJ DSSURDFKHV UHSRUWLQJ HOHPH

Develop a forum (conference, learning collaborative, or regional meetings) that brings together designated recovery support staff in state SSAs for mutual support and learning.

Develop content, to be delivered in learning collaboratives and other formats for state

66\$V IRFXVHG RQ RSWLPL]LQJ IXQGLQJ IRU VWDWH VXSSRUWH WKH FRRUGLQDWHG XVH RI 6\$%* 0HGLFDLG DQG RWKHU IHGH SXUFKDV LQJ DQG FRQWUDFWLQJ VWUDWHJLHV DQG SD\PHQW WKH GHYHORS PHQW RI VXVWDLQDELOLW\ SODQV IRU QHZO\ FU¿QDQFLDO FDSDFLW\ DQG HI¿FLHQW RSHUDWLQJ PRGHV IRU V

'HYHORS FRQWHQW WR EH GHOLYHUHG LQ PXOWLSOH IRUPDWXU peer engagement in planning, deployment, and assessment of RSS.

Convene states and related subject matter experts to explore feasibility and related models of performance-based contracts and payment for RSS. This contracting model would ensure the incorporation of effective practices delivered to support appropriate persons at their particular stage of recovery.

Establish a representative consensus process that develops a taxonomy of RSS useful

IRU UHSRUWLQJ SHUIRUPDWLQJ DQG RFXWLRQV LGHQWL\ PDMF

7KH QHZ 21¿FH RI 5HFRYHU\ VKRXOG HVWDEOLVK 7KQ¿ FODULI\
YLVVRE XSGIFL¿FDOXPW¿FKW HGLQWLEHF WZ R¿¿RPHQW EDOWK
DQG IRU 68'V :KLOH VRPH VWDWHV DUH EUDLGLQJ IXQGLQJ IR
use to support RSS and supporting an integrated approach, there appear also to be
FRQÁFWLQJ YLHZV WKDW VXSSRUW VHSDUDWLRQ RI WKH WZR

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8.1.3. Reduce the burden through roadmaps for purchasing and payment

The SSA survey and targeted interviews both demonstrated states' efforts to create accommodations in their typical procurement and payment practices in order to reduce the burden. States now want to develop a roadmap for the continuation of purchasing and payment strategies that support the stage of growth in both the state's capacity as well as that of the provider community. The roadmap could include pre-funding activities (e.g., regularly scheduled orientation sessions for new providers wishing to apply), as well as post-award technical assistance.

States should consider a variety of strategies to reduce the burden of purchasing and payment, including: streamlining the procurement process, providing technical assistance to providers, and exploring alternative payment models. States should also consider the impact of these strategies on the provider community and the state's capacity to support recovery services.

Information received through the survey and targeted interviews showed several areas where states are currently facing challenges in purchasing and payment, including: limited resources, complex procurement processes, and inconsistent payment practices.

8.2.1. Dedicate management-level staff

Dedicating some management-level state staff or operating units to outreach and support for recovery services enables the SSA both to understand the recovery needs of various communities and to provide targeted support and resources to those communities.

8.2.2. Establish advisory processes with majority members from the recovery community

An advisory process with the majority of members from the recovery community can help states understand the needs and perspectives of the recovery community. This process can be established through regular meetings, focus groups, and other collaborative activities. States should ensure that the advisory process is inclusive and representative of the recovery community.

8.2.3. Consult with the statewide RCO

Recovery community organizations (RCOs) play a critical role in supporting recovery services. States should consult with the statewide RCO to ensure that recovery services are authentic, including the voices of diverse individuals with lived experience, not just those who show up.

States should employ recovery community strategies to make sure that there is geographic, socioeconomic, racial, gender, and age diversity. Additionally, cultural and linguistic diversity should be considered. States should also consider the impact of these strategies on the provider community and the state's capacity to support recovery services.

8.3.1. Create a strategic vision for RSS

%DVHG RQ WKH EURDG H[SHULHQFH VWDWHV KDYH JDLQHG RYHU
to consider developing a blueprint as part of the state plan. The blueprint would outline the
VWDWH¶V YLVLRQ IRU 566 DQG GHVFULEH WKH UROH RI 566 DQG
WUHDWPHQW UHFRYHU\ DQG VXSSRUW ODQGVFDSH)XQFWLRQV
and hubs would be clearly articulated, describing their relationship with the SSA and with other
RSS providers. As a comparison to the spending plan mentioned above, the blueprint would
lay out broad priorities for RSS, providers, and populations, and would identify activities that
are considered essential components of the recovery ecosystem. The strategic plan could be
used to communicate the state’s interests to the recovery community, stakeholders, treatment
providers, and other parts of state government.

8.3.2. Provide technical assistance

A second critical role is the development of a technical assistance plan that establishes and
GH¿QHV VWDWH FDSDFLW\ IRU DGYLVRU\ JURXS FRQQHFWLRQ Z
to providers on contract compliance, and capacity development. The plan would describe the
scope and the limits of the technical assistance. It would include a curriculum for basic skill
GHYHORSPHQW WKDW KDV FRQWHQW SKDVHV DQG DQ HQG GDW
&RPSDQLRQ H[SHFWDWLRQV ZRXOG EH HVWDEOLVKHG DERXW WK
develop internally as it completes phases of the curriculum, possibly using digital platforms that
incorporate training, competency evaluation, and performance metrics.

8.3.3. Support regulatory and consumer protectionActurpan<</Ac.i/TT2 1 Tf 0 -2.149 Td (8.3.3.)Tj (Support reg
HVWDEOLVKHG H[SHFWDW @0 DERXWSURLGHUV
develop internally as it completes phases 2460>BDC 00037jEMC 0044005100477j/Span4ActualTextFEFF0020E

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Recovery support services are available to anyone, delivered through a variety of recovery

FRPPXQLW\ RUJDQLJDWLRQV EXOSFNUDWQIG GLV\$UHW\$LRQDU\ JUDQW
+56\$ &'& &06 '2- DQG 1,+ UHVRXUFHV DV ZHOO DV VWDWH GLV
¿QDQFLQJ /LWWOH WR QRWKLQJ LV NQRZQ DERXW WKH LQVXUDQ
UHFYHU\ VXSSRUW RIIHUG E\ SHHUVisknowdisitkaomuladQJH RI VHWV
SD\V IRU D GH¿QH VHW RI 566 IRU HOLADLFCanalysiswas¿FLDULHV LQ
focused on SAMHSA expenditures, there is a void of knowledge about the extent of private
insurance coverage for peer-based RSS. The implication is that SAMHSA and other public
GROODUV PD\ EH VXEVLGLJLQJ SULYDWH LQVXUDQFH FRPSDQLHV
for both treatment and recovery. A two-pronged analysis of private insurance coverage of RSS,
and of privately insured people who use peer-based RSS, would provide insight into the extent
WR ZKLFK SXEOLF VXEVLGLJDWLRQ RI SULYDWH RUJDQLJDWLRQV
SULYDWH LQVXUDQFH FRYHUDJH RI 0HGLFDLG HTXLYDOHQW IXQF

The cornerstone of a recovery-oriented system of care is a strong, diverse, and connected
peer workforce. As states move toward developing and providing peer recovery support

VHUYLFHV 3566 WKH LQGLYLGXDOV ZKR SURYLGH VXFV VHUYLF
FRPSUHKHQVLYH WUDLQLQJ FXUULFXOXP WKDW UHÀHFWV WKH VV
ZKLFK WKH\ RSHUDWH 66\$V FXUUHQWO\ XWLOLJH PDQ\ PHWKRGV
DV FRQGXFWLQJ WKLV SURFHVV RXW RI D VWDWH RI¿FH WKURXJ
SURJUDP RU WKURXJK D FOLQLFDO OLFHQVLQJ ERDUG :KLFKHYI
3566 VKRXOG KDYH D GLVWLQFW VHW RI NQRZOHGJH VNLOOV D
role. Additionally, there should be a process in place that provides ongoing and regular support
and skill enhancement, such as leadership training, conducting individual recovery check-ins,
running recovery groups, peer advocacy, trauma-informed care, and other activities determined
to be important to both the SSA and the peer recovery community.

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2 YHU WKH SDVW \HKDUVP B\$OH+ V\$ JQL ¿FDQW LQYHVWPHQWV LQ W support, and implementation of RSS throughout the nation. The Recovery Community Support Program that began in 1998 and has evolved into the Building of Communities of Recovery Program, Access to Recovery (ATR), RCSP Statewide Networks grants, and now some parts RI 625 DOO UHSUHVHQW IHGHUDO HIIRUWV WR VSSUHVWGH DFFHVV W number of overdose deaths across the nation continues to swell, peers are being called upon to reach those most vulnerable and provide support to individuals across the care continuum IURP SUHYHQWLRQ WR VXVWDLQHG UHFRYHU\ 6WDWHV KDYH HQ solutions and have increased investments in multiple forms of recovery support. However, there continues to be a lack of available information on how much and where money is being spent on RSS. There is even less information available on outcomes related to RSS spending.

6WDWHV KDYH YDULHG VLJQL¿FDQWO\ LQ WKHLU DSSURDFK WR 5 challenges to improving our understanding of the national impact of these investments. This report is an attempt to create a baseline understanding of states' efforts in order to provide GLUHFWRU WR DQG \$OWD\$WHV WR \$SWLRPHJHHXGRLQ 56 LV JURZLQJ D RI 5&2V LQ PHHWLQJ WKH QHHGV RI LQGLYLGXDOV ZLWK 68' LV H how to support these services effectively is essential to achieve desired outcomes.

7KH FRQWULEXWLRQ RI WKH 5&2V DQG WKH ODUJHU UHFRYHU\ FR to working with individuals with substance use disorders cannot be overstated. In many states, WKH DQG

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- Flo Stein-Bolton, retired North Carolina Single State Authority, and past president of the National Association of State Alcohol and Drug Abuse Directors

- * UHJ : LOOLDPV ¿ OPPDNHU \$ DOG DFCGDUFW LR IQW8DH PHQW 5HIRUP
FRQYHQWIGLEB +RUL]RQ 6WUDWHJLHV

- -RH 3RZHOO SUHVLGHQW DQG & \$LVMR(FHDXWRBQIRH¿MHWREI VVKH
Addiction (APAA) Recovery Community Support Center

- Mark Stringer, retired Missouri Single State Authority, and past president of the National Association of State Alcohol and Drug Abuse Directors

- 0HODQLH :KLWWHU GHSXW\ H[HFXWLYH RI¿FHU RI)DFHV DQG 9RLF
Drug Abuse Directors

- 0LFKDHO %RWWLFHOOL IRUPHU 2I¿FH RI 1DWLRQDO 'UXJ &RQW
Massachusetts Single State Authority

- 3DWW\ 0F&DUWK\ FKLHI H[HFXWLYH RI¿FHU RI)DFHV DQG 9RLF

7KH ¿UVW VWHS LQ WKH SURMHFW LQYROYHG FRQQHFWLQJ ZLWK IRU WKH SURMHFW 6SHFL¿FDOO\ EDFNJURXQG LQIRUPDWLRQ FRI ([FHOOHQFH DQG UHVHDFK WHDP\$ WKHF 6D\WB SOHFR 6WDWH HDWL DQG 'SEXVH 'LUHFWRUV 1\$6\$\$' WKH 1DWLRQDO &RXQFLO IRU C \$VVRFLDWLRQ RI 6WDWH 0HQWDO +HDWK 3URJUDP 'LUHFWRUV 5HFRYHU\)\$925 WSHOLDVERQDO 5HFRYHU\ 5HVLGHQFHV 1\$55 \$EXVH DQG 0HQWDO \$EDOLKWHUDLFRQ 6\$0+6\$ WKH 2I¿FH RI 1D &RQWURO 3ROLF\ 21'&3 WKH 1\$EXRQDO, \$QVWKW XVDW IRQQ DUX J,QV R\$OFR\$XVH \$OFR KROLVP 1,\$\$\$ WKH 5HFRYHU\ 5HVHDFK ,QVW *HQHUDO +RVSLWDO DQG RWKHU UHOHYDQW VWDNKHROGHUV VX

Conversations with these stakeholders provided valuable feedback on the project's approach and recommendations as agreed upon with the UMKC Peer Recovery Center of Excellence (PR & R(6SHFL¿FDOO\ WKH FRQYHUVDWLRQV DFFRPSOLVKHG WKH I

- Informed stakeholders about the intended scope of the project
- ,GHQWL¿HG DQG VDWKHUHGRLQKHUPDWLRQVDFX\$WR¿HW¿HPSFDYHU services and programs, which was of help in developing recommendations for in-depth interviews
- ,GHQWL¿HG WRHVPKHWXS\$UXVYARQVXSSRUW UHFRYHU\ interviews

UHYLHZHG HDFK VWDWH¶V 6\$%* GRFXPHQWV WKURXJK 6\$0+6\$¶V RQ
IRFXVHG RQ WKH VHFWRU RI WKH DSSOLFDWLRQ WKDW UHTXLUHV
DQG RI UHFRYHU\ VHU\LFHV IRU LQGLYLGXDOV ZLWK RQ 'VHYKHOHQ
6\$0+6\$GRFXPHQWV 6\$0+6\$¶V 6WDWH 2SLRLG 5HVSRQVH
other discretionary grants, that information was not available. The team did, however, review the
1DWLQDORFDWLRQ RRKROV LQ 6\$0+6\$¶V UHFWRUV 1\$6\$' 675 625 3U
DQG 6\$0+6\$¶V DQG UHSRUWV WR &RQJUHVV RQ WKH 625 JU

The team conducted telephonic interviews of 10 diverse (states, territory, geographic, and
OHGLFDLG H[SODLQHUHV 6\$0+6\$ WDWLYHV ZKR ZHUH LGHQWL¿HG DV FK

)RU WKH SXUSRVHV RI WKLV SURMHFW WKH GH¿QLWLRQ RI ³UHF
 RQ WKH ZRUN RI 3KLO 9DOHQWLQJ HORUO The Recovery Community QG 3DW
RUJDDQL]RZIDUG D :RUNLQJ 'H¿QLWLRQ Recovery Community QG 3DW
 KWWS ZZZ IDFHVDQGYRLFHVRIUHFVRYHU\ RUJ SGI YDOHQWLQJHBZ

- *UDVVURRWV QRQSUR¿W GHYHORSHG DQG OHG E\ WKH ORFDO
- \$GYDQFHV WKH SROLWLFDO DQG FXOWXUDO PRELOLJDWLRQ RI
- Provides recovery-focused public and professional education
- Advocates for pro-recovery laws and social policies
- Advocates for a recovery-focused redesign of addiction treatment
- Promotes peer-based recovery support services
- Supports local, state, national, and international recovery celebration events
- Promotes a recovery research agenda



- :KLFK IHGHUDO JUDQW SURJUDPV GR \RX XVH WR ¿QDQFLDOO\ V
 566 LQFOXGLQJ IRU 5&2V"
- :KDW LV \RXU DQQXDO VSHQGLQJ RQ 566 IURP WKHVH IHGHUDO
- :KDW VHUYLEFHV GR \RX IXQG ZLWK WKHVH Complete Now DQG ZKLFK

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- 'R \RX SURYLGH DQ\ VWDWH JHQHUDO UHYHQXH IXQGLQJ IRU 56 include the state share for Medicaid spending.
- If yes, what do you spend annually for RSS?
- ,I \HV ZKDW VHUYLFHV GR \RX SXUFKDVH DQGLUHFW\ ZKDW W\SH

• :KDW RWKHU VRXUFHV DUH \RX DZDUH RI WKDW IXQG 566"



/HVVRQV /HDUQHG	<ul style="list-style-type: none"> • :KDW KDYH EHHQ \RXU VXFFHVVHV KDYH \RX KDG LQ IXQGLQJ 566 • +DYH WKHUH EHHQ SDUWLFXODU FKDOOHQJHV ZLWK FRQWUDFWLQJ • +RZ ZRXOG 566 SURYLGHUV LQFOXGLQJ 5&2V GHVFULEH DV WKH • If you've faced challenges, what strategies have you employed to remove barriers to contracting with the state? • 566 SURYLGHUV LQFOXGLQJ 5&2V FRQWUDFWLQJ ZLWK WKH VWDUWHV particularly successful?
)XWXUH :RUN	<ul style="list-style-type: none"> • :KDW DUH WKH QH[W VWHSV DQG NH\ DFWLYLWLHV WKDW WKH VWDUWHV strengthen RSS? • :KDW LV \RXU YLVLRQ IRU WKH IXWXUH RI UHFRYHU\ VXSSRUW VWDUWHV
Additional Information	<ul style="list-style-type: none"> • Is there anyone else with whom you would recommend speaking regarding state H[SHQGLWXUHV IRU 566 L H VWDWHZLGH 5&2 SURYLGHU DVVRF

TAC and the PR CoE would like to thank you for taking the time to interview with the team and supply additional information to support this process. Your input will be invaluable as the process moves forward.

:KDW RWKHU VRXUFHV DUH \RX DZDUH RI WKDW IXQG 566" 6HOH

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Choose an item.	Choose an item.

Check all that apply

‘ Sole Source

Check all that apply

- Training
- Technical Assistance
- Capacity building support

- Toolkits
- :RUNIRUFH 'HYHORSPHQW

2WKHU 'HVFULEH _____

Check all that apply

- Number of individuals services
- Number of services provided

- Number of individuals referred to services

1XPEHU RIFHUWL ¿HG SHHUV

2WKHU 'HVFULEH _____

- Reduction in substance use
- Individuals who gained employment

- Stable Housing secured
- ,PSURYHPHQW LQ TXDOLW\ life assessments

2WKHUÀ \HVFULEH _____

••ÛrÝ©%o@Ù' iÃYJ•ÛrÝ©%o@Ù'
assessments

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check all that apply

: RUNLQJ 'H¿QLWLRQV RI 7HUPV

*HQHULF WHUP

1. Recovery Support Services (RSS):

RSS applies to all non-clinical supportive services aimed at supporting persons with SUD to reduce harm, access treatment and sustain recovery.

7HUPV 8VHG LQ WKL V 6XUYH\

2. Recovery Community Centers:

The generic term referencing hubs of recovery support, centered in the hearts of communities to help build recovery capital (i.e., resources to aid and sustain recovery). These are non-residential centers that provide space for recovery support group meetings and access to recovery coaching (see above) as well as facilitating linkage to employment, training, and other social services. They also provide space for and help facilitate rewarding social community activities and community engagement.

\$ UHFRYHU\ FRPPXQLW\ FHQWHU PD\ EH RSHUDWHG E\ D ODU
IXQFWLRQ IUHHVWDQGLQJ RUJDQLJDWLRQ

3. Recovery Housing

Recovery Housing is typically peer-led and provides a substance-free and recovery-supportive, sober living environment that encourages prosocial activity. It provides strong social support, recovering role models and coaches, and ongoing inter-personal accountability and monitoring. Recovery Housing does not have a prescribed length of VWD\ DQG PD\ EH XVHG IRU SUH WUHDWPHQW UHFRYHU\ VW as post-treatment.

4. Peer Recovery Coaching

7. Recovery Community Organization (RCO)

\$ IRUPDO QRQ SUR¿W RUJDQLJDWLRQ ZKRVH SULPDU\ PLVVLRQ and training and recovery support services, and is led and governed by a majority of people in recovery.

8. Statewide Recovery Community Organization

\$ VLQJOH RUJDQLJDWLRQ JRYHUQHGE\ SHRSOH LQ UHFRYHU support, such as infrastructure development, training, technical assistance or FRRUGLQDWLRQ WR ORFDO RUJDQLJDWLRQSV\OV\DV\DWLYHZILGLD J UH 5&2 SURPRWHV UHFRYHU\ IRFXVHG SROLFLHV PRELOLJHV SH supports the development and implementation of recovery services and supports in communities of color as well as immigrant, indigent and refugee communities through intentional outreach and action.

9. All Recovery Meetings

\$Q DOWHUQDWLYH WR VWHS PHHWLQJV °DOO UHFRYHU\` P struggle with addiction, are affected by addiction, or support the recovery lifestyle. The meetings offer an opportunity to focus on the hope found in recovery and may be facilitated by peer recovery specialists.

10. Recovery Café

Recovery cafés provide a safe space and community to anchor members (closely-supported consumers) in the sustained recovery need to gain and maintain access to housing, social and health services, healthy relationship, education and employment. Important elements are a healthy milieu, Recovery Circles that offer peer-to-peer support, volunteer opportunities that allow members to learn the rewards of giving back and linkage to community supports.

11. Clubhouse

Clubhouses are recovery centers that provide a restorative, non-clinical environment for young people whose lives have been disrupted by addiction to connect with others in recovery. Clubhouses are built on a core of peer-driven supports and services that help young people progress in their recovery, by encouraging a drug-free lifestyle. They use evidence-based prevention strategies and offer a variety of services and activities, including tutoring and help with homework, college and job preparation, community service R SSRUWXQLWLHV SHHU PHQWRULQJ DQG VSRUWV ¿WQHVV D inten-ihy re3ebText<FEFFv ed<m,03>Tj EMC ation, communi100F>Tj /Srough



Thirty states and territories responded

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how to operate the business side of providing supports to the community, including the use
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of improvements in individual recovery capital. Addictive Behaviors, 119 KWWSV GRL
RUJ M DGGEHK

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recovery ready ecosystem model and community framework. Addiction Research and Theory.
KWWSV GRL RUJ

%ULQJLQJ 5HFRYHU\ 6XSSRUWV DDFH&HQWHU 6WUDWHJ\
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&KDSPDQ 6%ODVK / . 0D\HU . 6SHW] - (PHUJLQJ UR
in mental health and substance use disorders. American Journal of Preventive Medicine,, 54
6XSSO 6 KWWSV GRL RUJ M DPHSUH

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DQG LQWHJUDWHG KHDOWK ZRUNIRUFH 2015; 54(1): 1-10
Preventive Medicine, 54 6XSSO 6 KWWSV GRL RUJ M DPHSUH

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DQG SDWKZD\ RI UHFRYHU\ IURP GUXJ DQG DOFRKRO SUREOHPV
Implications for practice, research, and policy. Drug and Alcohol Dependence, 181 ±
KWWSV GRL RUJ M GUXJDOFGHS

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+RHSSQHU % % 1HZ\$OLIGRQ 6WKLHDEVORFO RI WKH SK\VLFD
personnel, and service characteristics of recovery community centers in the United States.
Journal of Substance Abuse Treatment, 111, 1–10. KWWSV GRL RUJ M MVDW

.HOO\ -) *UHHQH 0 & %HUJPDQ % * :KLWH : / +RHSSQ
recovery attempts does it take to successfully resolve an alcohol or drug problem? Estimates
and correlates from a national study of recovering U.S. adults. Alcoholism, Clinical and
Experimental Research, 43(7), 1533–1544. KWWSV GRL RUJ DFHU

.HOO\ -) 6WRXW \$)DOODK 6RK\ 1 \$ +RI+RHSSQHU % %
2QH VWRV VKRSSLSQ LQVHFRYHU\ 6XSSRUWV RI SDUWLFLSDQW FK
EHQH ;WV GHULYHG IURP 8 6 UHFRYHU\ 6XSSRUWV RI SDUWLFLSDQW FK
Research, 44(3), 711–721. KWWSV GRL RUJ DFHU

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SXEOLFDWLRQ UHFRYHU\ VXSSRUW VHUYLFHV IRU PHGLFDLG EHQ

0\ULFN . 'HO 9HFFKLR 3 3HHU VXSSRUW VHUYLFHV LQ
ZRUNIRUFH 6WDWH RI WKH ¿HOG Psychology and Behavioral Health Journal GRL
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3HHU 5HFRYHU\ &HQWHU RI ([FHOHQFH 3HHU UHFRYHU\ V
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[3HHU5HFRYHU\6XSSRUW/LWHUDWXUH5HYLHZB\)LQDO1RY_SGI](#)

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6FKREHU 0 %D[WHU . 1G 30HGLFDLG IXQGLQJ IRU IDPLO\ D
WKH 8QLWHG 6WDWHV ' 3HHU WR 3DUHQW UHWULHYHG IURP KWWSV
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8QLWHG 6WDWHV 'HSDUWPHQW RI +HDWK DQG +XPDQ 6HUYLFHV
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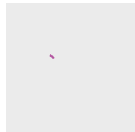
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evaluation. Counselor, 10(5), 54-59

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FRQLQRXV GHPRQVUDWHG UHFRYHU\ WLPH IURP D VX
developed a program where individuals with 12 months of recovery time could enter
a mentorship program so that by the two-year mark, they were fully trained and
UHDG\ WR ZRUN DV D SHHU LQ WKLV ¿HOG



\$PEDVVDGRUV &:\$V SURYLGH VXSSRUW G7LKH F/W S\$ RWRWF R
includes helping individuals and families identify their most pressing needs,
providing relevant information, and developing strategies for addressing those
needs, including connection to behavioral health and other community services and
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WKH\ VHUYH &:\$V DUH WUDLQHG GRUW HGLMQU D\$ D# 6\$ V WR
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connect community members to resources and bridge the gap of unmet needs
EHWZHHQ WKH FRPPXQLW\ DQG WKH WSDQFRQQXHF W HRXW E H
throughout the target areas to promote meeting people where they are and
providing support especially if individuals identify a need for harm reduction and/or
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struggling with opioid and other substance use disorder (SUD) conditions and
&29,' UHODWHG LPSDFWV ZKZKH FRSYQ FOM\$ B-KEXDQV

training and placing approximately 25 Recovery Navigators with different lead agency partners across the state each year.





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VWDELOLJH IXQGLQJ IRU 566 E\ RIIHULQJ PXOWL \HDU JUD
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advance of the start date of the grants.



2KLR KDV LPSOHPHQWHG SHHU UHFRYHU\ WKH JUDQW





7KLV QXPEHU LV UHÀHFWLYH RI RQO\ WKH LGHQWL¿HG VRXUFHV DQG
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- 2. For individuals age 12 and older.

5HSRUWHG VSHQGLQJ UHÀHFWV RQO\ 566 DQG QR RWKHU FRPSRQHQWV
SUHYHQWLRQ HDUO\ LQWHUYHQWLRQ WUHDWPHQW DQG WKHUHIRUH

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