



RECOVERY RISING

Supporting Many Pathways

Pennsylvania's Recovery Rising

PHASE 1 REPORT

July 2021



Introduction

In January 2021, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) launched an initiative called *Recovery Rising* to foster a resilient, diverse, and accessible recovery environment in Pennsylvania. This recovery environment will support

- multiple pathways to improved health and personal wellness;
- diversity, equity, and inclusion;
- community acceptance; and
- personal autonomy and empowerment.

DDAP collaborated with the Substance Abuse and Mental Health Services Administration’s *Opioid Response Network* (ORN) and C4 Innovations (C4) to plan and guide *Recovery Rising*. DDAP, ORN, and C4 share a commitment to an accessible recovery network that

1. meets individuals where they are in their personal journey;
2. supports a variety of pathways to and through recovery; and
3. coordinates services to support long-term recovery from opioid use disorder (OUD).

About DDAP

The Department of Drug and Alcohol Programs mission is to engage, coordinate and lead the Commonwealth of Pennsylvania’s effort to prevent and reduce drug, alcohol and gambling addiction and abuse; and to promote recovery, thereby reducing the human and economic impact of the disease. DDAP was formerly under the Pennsylvania (PA) Department of Health and became a separate department in 2012. This change reflects a strong commitment by the Commonwealth to provide education, intervention, and treatment programs to reduce drug and alcohol misuse and dependency for all Pennsylvanians. In 2021, DDAP launched *Recovery Rising*. Learn more at <https://www.ddap.pa.gov/Pages/RecoveryRising.aspx>.

About the Opioid Response Network

SAMHSA established the ORN to help address the public health crisis of opioid misuse. The network aids states, organizations, and individuals by providing local resources and technical assistance to address OUD and stimulant use. Learn more at www.OpioidResponseNetwork.org or email orn@aaap.org.

About C4 Innovations

C4 Innovations (C4) advances recovery, wellness, and housing stability for people who are systematically underrepresented. C4 is committed to reducing disparities and achieving equitable and lasting outcomes. To do this, C4 partners with service organizations, communities, states, and systems to develop and implement research-based solutions that are equitable, person-centered, recovery-oriented, and trauma-informed. Learn more at <https://c4innovates.com/>.

Recovery Rising

Recovery Rising provides an opportunity to exchange differing viewpoints and experiences to deepen awareness of the full range of recovery services for OUD. The initiative also builds momentum toward a shared vision to make these options available to all. *Recovery Rising* is guided by an Advisory Commission of 25 influencers spanning peer, clinical, policy, family, and community roles.

Advisory Commission Members

H. Harrington “Bo” Cleveland	Penn State University
Rosa Davis	Pennsylvania Organization for Women in Early Recovery (POWER)
Jamie Drake	Carbon-Monroe-Pike Drug and Alcohol Commission
Gloria Gallagher	PA Department of Drug and Alcohol Programs
Denise Holden	RASE Project
Robin Horston Spencer	Message Carriers of Pennsylvania
Commissioner Donna Iannone	Sullivan County
Bobbie Johnson	Parent
Laurie Johnson-Wade	Lost Dreams Awakening
Jennifer King	Pennsylvania Recovery Organization—Achieving Community Together (PRO-ACT)
David Kelley	PA Office of Medical Assistance Programs
Dale Klatzker	Gaudenzia
David Loveland	Community Care Behavioral Health
Michael Lynch	University of Pittsburgh School of Medicine & Pittsburgh Poison Center
Nancy Marcus Newman	Bridge Foundation
Kathleen Mastendrea	Twelve Step Recovery
Patty McCarthy	Faces and Voices of Recovery
John Petruzzelli	Kolbe Academy
Jason Snyder	Rehabilitation and Community Providers Association (RCPA)
Bill Stauffer	Pennsylvania Recovery Organizations Alliance (PRO-A)
Fred Way	Pennsylvania Alliance of Recovery Residences (PARR)
Mel Wells	One Day At A Time (ODAAT)
Laurie Wicks	Parent
Senator Gene Yaw	General Assembly
Jennifer Zampogna	Lawyers for Lawyers

The Advisory Commission guides this process to identify priorities and a framework for collective action that offer specific steps for implementation. Once completed, the framework and priorities will be shared with the recovery community, service providers, community organizations, policymakers, and the public to facilitate widespread support. The Advisory Commission met seven times from March through July 2021 to build a vision for driving future collective action across the recovery community in Pennsylvania. The overarching approach uses the following dialogue process.

Dialogue Process to Develop a Vision for Sustained Recovery Across Pennsylvania

Recovery Rising convened stakeholders over 5 months to develop trust, facilitate learning and information exchange, define common ground and shared values, build collective commitments, and identify shared priorities and items for action. These activities helped provide a foundation with various roles, functions, perspectives, and communities.

Through a carefully crafted and facilitated dialogue process, key stakeholders engaged in one-on-one conversations, regional meetings, and a statewide event to deepen their understanding of community needs, evidence-based approaches, and person-centered strategies.

Dialogue Process to Develop Vision for Sustained Recovery Across Pennsylvania



Dialogue: “ . . . a conversation in which people who have different beliefs and perspectives seek to develop mutual understanding.”¹

Facilitated dialogue is at the heart of C4 Innovations transformation efforts with teams. To guide our facilitated dialogues, we use an approach that blends elements from Appreciative Inquiry, Deliberate Framing, Collective Impact, The Table Group, and Theory of Aligned Contributions. Our goal is to generate a productive dialogue that builds shared understanding and promotes learning, rather than debates positions, to arrive at a solution to the identified challenge.

<p>Define <i>Clarify goals and outcomes of the project overall and for the stakeholder dialogue meetings specifically. Establish an Advisory Commission.</i></p> <p>Goals for Recovery Rising Foster a recovery environment in Pennsylvania that supports multiple pathways to improved health and personal wellness; diversity, equity and inclusion; community acceptance; and personal autonomy and empowerment</p> <p>Launch Advisory Commission to guide the process to convene regional meetings, and a statewide consensus-building event</p> <p>Learn about strengths, resources, and needs</p> <p>Develop a vision and common goals</p> <p>Include people most affected in the development and implementation of Recovery Rising project activities</p>	<p>Discover <i>Learn about perspectives, values, concerns, priorities, and resources.</i></p> <p>At each stakeholder meeting, facilitated dialogues and communication agreements will guide a process that:</p> <ul style="list-style-type: none"> ⇒ Supports and provides space for reflecting, listening, learning, and asking questions ⇒ Encourages genuine inquiry ⇒ Engages stakeholders to speak from the full range of their experiences ⇒ Provides a safe space for sharing lived experience ⇒ Explores and captures ideas for collaboration that: <ul style="list-style-type: none"> • ensure equitable representation of all community-based organizations in developing a vision for the recovery environment in Pennsylvania • develop sustainability strategies to support recovery • make recommendations for funding 	<p>Dream <i>Begin a process to identify shared goals, values, and vision across the region.</i></p> <p>Recovery stakeholders will be guided through a process that:</p> <ul style="list-style-type: none"> ⇒ Envisions a cohesive vision for empowering sustained recovery across Pennsylvania ⇒ Identifies common ground by learning what already works well, and by developing new collaborations ⇒ Explores concrete ways each stakeholder can contribute to the collective impact ⇒ Identify and eliminate barriers to sustainable recovery from substance use disorders ⇒ Acknowledge and address the existence of past and current policies and norms that have explicitly enacted, enabled, or implicitly allowed anti-Black racism, including but not limited to systemic, institutional, programmatic, and individual anti-Black racism. ⇒ Drafts a list of priorities for collective action based on the collated list of ideas generated during the regional meetings 	<p>Design (Phase Two, following statewide convening) <i>Advisory Commission will participate in a facilitated consensus-building and voting process to:</i></p> <ul style="list-style-type: none"> ⇒ Draft a list of recommended priorities for action for Phase Two based on input from the regional and statewide meetings ⇒ Identify resources to achieve each priority for action ⇒ Describe how completing the priorities for action will support the achievement of a recovery environment that champions the following outcomes: <ul style="list-style-type: none"> • multiple pathways to improved health and personal wellness • diversity, equity, and inclusion • community acceptance • personal autonomy and empowerment <p>Deliver <i>List of recommended priorities for action that includes individual commitments, new or renewed collaborations, and buy-in from key stakeholders.</i></p>
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¹ *Fostering Dialogue Across Divides: A Nuts and Bolts Guide*. Essential Partners, 2017

In addition to the seven Advisory Commission meetings, a Dream Language Subcommittee met three times to revise language specific to the Dream Phase of the dialogue process. As a result of the subcommittee's work, the Advisory Commission voted on June 16 to replace the fourth and fifth bullets in the Dream Phase with the following language.

PREVIOUS LANGUAGE:

- *Identified strategies and commitments to address systemic, institutional, programmatic, and individual anti-Black racism*
- *Identifies strategies and commitments to address systemic and structural marginalization of any persons or community (e.g., women, BIPOC, etc.)*

NEW LANGUAGE:

- *Identify and eliminate barriers to sustainable recovery from substance use disorders.*
- *Acknowledge and address the existence of past and current policies and norms that have explicitly enacted, enabled, or implicitly allowed anti-Black racism, including but not limited to systemic, institutional, programmatic, and individual anti-Black racism.*

Input From Across Pennsylvania

Format for Meetings

All communication between parties occurred during the COVID-19 pandemic. As a result, meetings took place virtually, via Zoom, rather than face-to-face. Modifications were made to materials and presentations to accommodate the remote format.

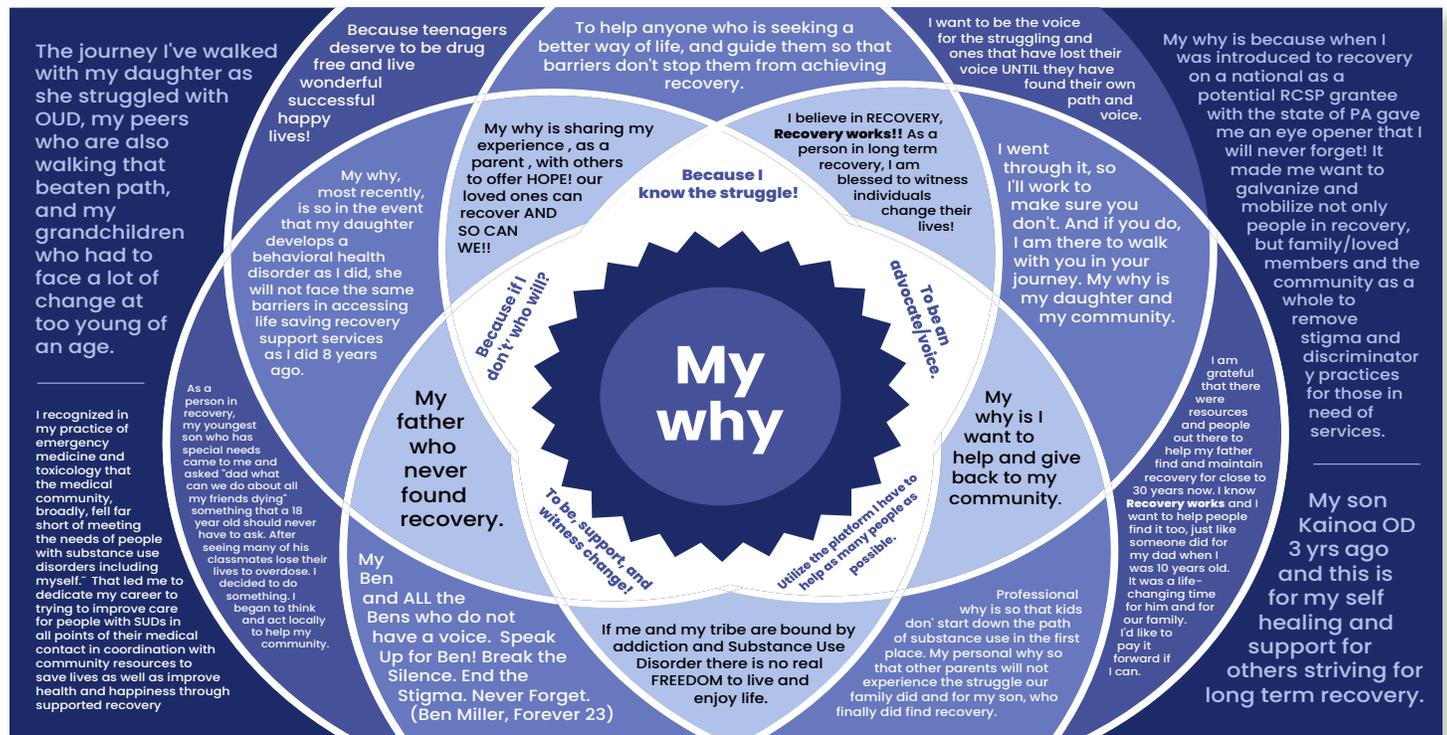
Regional Meetings

Between April and June 2021, *Recovery Rising* hosted four regional stakeholder dialogue meetings across the Commonwealth. DDAP, with input from the Advisory Commission, divided Pennsylvania into four regions: North, Southeast, Southcentral, and West. A total of 181 people attended the meetings, representing an extensive range of supports for and pathways to recovery. The attendees represented

1. healthcare treatment and service providers;
2. health insurance companies;
3. state and local government agencies;
4. peer and other recovery support service organizations;
5. people in recovery and family members;
6. housing and homeless services;
7. prevention services;
8. criminal justice system;
9. educational services;
10. employers and unions;
11. community coalitions and other community stakeholders; as well as
12. policymakers, law enforcement and public safety personnel, and first responders.

The meetings provided an opportunity for participants to connect. They learned about each other’s “whys” for choosing this type of work and enhanced their understanding of different approaches to recovery. The discussions were robust, spirited, and passionate. Each regional meeting began with a panel discussion, as people in recovery from substance use disorder shared their unique journeys. Small group discussions also took place, where participants shared reflections about recovery; explored ideas to improve and expand recovery support services; and exchanged suggestions to improve representation, equity, and inclusion in recovery spaces and in the delivery of recovery support services. The meetings helped DDAP and the Advisory Commission understand what is needed to embed and expand recovery support services throughout the Commonwealth.

Quilt Representing Pennsylvania “Whys” for This Work



Statewide Convening Meeting

Following the four regional meetings, *Recovery Rising* hosted a Statewide Convening on June 22, 2021. Invitees included all those invited to the regional stakeholder dialogue meetings, regardless of whether they attended. A total of 128 stakeholders were present who represented a wide range of regional meeting attendees.

What We Heard

The statewide meeting began with sharing what *Recovery Rising* had heard during the four regional stakeholder meetings. Over 100 pages of information gathered from the regional meetings was organized into eight broad categories:

1. Creating Equitable, Sustainable, and Flexible Funding for Recovery Supports
2. Building the Capacity and Expanding the Role of Recovery Community Organizations
3. Making a Commitment to Ensure Diversity, Equity, and Inclusion
4. Making Person-Centered and Recovery-Oriented Care the Norm
5. Providing the Critical Recovery Support Services Needed in Pennsylvania
6. Improving Access in Rural Areas
7. Providing Education and Training to Reduce Discrimination and Equipping People to Support All Pathways to Recovery
8. Building State Infrastructure to Support Recovery



Selected Regional Meeting Participant Quotes

“Certified Recovery Specialists are the lowest paid service by Medicaid, yet they provide services that stabilize people and keep them out of jails and emergency departments (i.e., keep them from utilizing expensive services). Meanwhile, inpatient hospital detox and stabilization is the highest paid Medicaid SUD service, and we know it’s not very effective. We need to turn this upside down”

“Remember, the field (of recovery) became a field because of the recovery community—that has been forgotten”

“If you aren’t white, you end up in jail, not in treatment”

“As a person with lived experience who has worked in the field and researched. I’ve learned that there are a lot of voices we don’t listen to. For example, with funding focused on opioids, a lot of alcoholics are pushed out of the conversation. Family members care so much about our people that we will throw ourselves on a live grenade. There is a lot of diversity in how we approach and view the issues and services. There are a lot of people who distrust systems and don’t want contact with it. We need to listen to and include all voices”

“Not enough services for youth and young adults. As a youth, I became more unwell when I was in the system. Youth need to be exposed to youth who are thriving”

“Addressing stigma is especially important in rural areas where it poses a huge barrier to people seeking services/support. Even when promised anonymity, people do not trust it and will prefer to use virtual support programs based in a different region”

“The biggest barrier I see working in health care is the institutionalized stigma. Need to provide this education to healthcare providers. Is not part of their training/education. We are getting better with med students, but not other disciplines (PAs, nurses, etc.). Institution doesn’t want to touch it. Will touch MH but not SUD. And this filters down into the whole institution. It’s easy to forget when you work in the world of recovery; but then you encounter people who have these stigmatizing beliefs”

“I am coming from the funding side—feeling sensitive hearing about the shortcomings of the infrastructure. I am here and I am listening. As an administrator, it is difficult for me to know what to put money behind. We formalized the CRS in the county, did the training, funding for testing/testing. There was a formalized process, so it was easy. We didn’t get a lot of people asking for the family credential. When talking about family support. We can refer people to treatment providers to provide individual counseling to them, but with groups in the community, what makes someone leading a group an authority? Is it OK to refer to? What are their qualifications? Is it a quality resource? How do we evaluate organic services in the community as funder? Who gets to be an authority in recovery? How do I vet the available authorities and know who to fund? There is a lot of gray area and this is where I struggle. I am listening and want to learn how to apply on the ground”

Subcategories also captured concrete ideas to benefit everyone throughout the state. Examples included

1. developing and maintaining widely available lists of county, regional, and statewide recovery support services;
2. developing agreed-upon definitions of recovery support services;
3. measuring the performance of recovery support services;
4. educating medical and treatment providers about the benefits and types of recovery support services;
5. including the recovery community in the review of applications for state recovery support services funding; and
6. building recovery knowledge into the healthcare system to reduce institutional and provider discrimination toward people with substance use disorder.

Following the *What We Heard* presentation, the 128 participants were assigned to 1 of 8 breakout groups (1 for each broad category) to engage in facilitated discussion to identify 3 priority subtopics for their assigned category. Participants were provided guidance that the purpose of the breakout discussion was to obtain recommendations on the order or sequence of implementation, not to eliminate any subtopics. Through this process *Recovery Rising* obtained a workable number of starting subtopics for each theme. From the original list of 52 subtopics across all 8 categories, a total of 28 were prioritized for action. Those were

#1: CREATE EQUITABLE, SUSTAINABLE, AND FLEXIBLE FUNDING FOR RECOVERY SUPPORTS

1. Educate funders and decision-makers about the value of recovery supports
2. Create flexible and sustainable funding streams for recovery supports
3. Improve Medicaid funding for recovery support services
4. Improve salaries and reimbursement levels

#2: BUILD THE CAPACITY AND EXPAND THE ROLE OF RECOVERY COMMUNITY ORGANIZATIONS (RCOS)

1. Repair relationships and build trust between DDAP and the recovery community
2. Strengthen and enhance the statewide infrastructure of RCOs (could include certification concerns)
3. Leverage the existing recovery community and create more opportunities for them to lead

#3: COMMIT TO AND ENSURE DIVERSITY, EQUITY, AND INCLUSION

1. Include and support Black, Indigenous, and People of Color (BIPOC) leaders
2. Address inequitable access to and disparities in quality of care
3. Remove barriers for justice-involved people

#4: MAKE PERSON-CENTERED AND RECOVERY-ORIENTED CARE THE NORM

1. Seat people in recovery and their family members at the table
2. Change how we measure success
3. Approach substance use disorder as a chronic condition

5: PROVIDE THE CRITICAL RECOVERY SUPPORTS SERVICES NEEDED IN PENNSYLVANIA

1. Embrace multiple pathways of recovery
2. Provide recovery supports for youth and young adults and families (not limited to the educational system)
 - Examples: recovery support services in education (including high schools and collegiate recovery programs) and for families; provide other recovery support services for youth and young adults outside of the educational system
3. Provide continuity of care recovery services across the continuum (including reentry from any level of care) that allows funding to cross county lines. To include, but not limited to: recovery housing, recovery community organizations, and authentic recovery support services across the stages of life, including youth, adults, and older adults; include harm reduction, recovery-oriented crisis services, and employment supports

#6: IMPROVE ACCESS IN RURAL AREAS

1. Address lack of recovery support services (not only a system built on billable services)
2. Design and make available recovery support services to match unique needs and challenges of rural communities
3. Reworded: “Specifically target and afford local recovery communities to create peer-based organizations that can match unique needs and challenges of their communities.”
 - Ensure funding is accessible for new organizations or organizations that don’t yet exist but where someone has an excellent idea.
4. Address connectivity barriers (the combination of brick and mortar locations and mobile services)

#7: PROVIDE EDUCATION AND TRAINING TO REDUCE STIGMA AND EQUIP PEOPLE TO SUPPORT ALL PATHWAYS TO RECOVERY

1. Address and reduce discrimination against people with substance use disorder
2. Provide education and training on the value of recovery supports and the necessity of supporting multiple pathways to recovery
3. Educate other systems and stakeholders

#8: BUILD THE STATE-LEVEL INFRASTRUCTURE TO SUPPORT RECOVERY

1. Support collaboration across systems and communities (universally supported)
 - From contemplation through long-term recovery stages
 - Establish a “boot camp” for RCOs
2. Create a Government Commission Advisory Committee to study recovery support services
 - Choose committee members to represent all different pathways to recovery, not just one person from one pathway
 - Need supportive training for people in recovery on the committee
 - Are joint commission reports ever reviewed so the recommendations stay active on the agenda?
3. Create a senior-level role responsible for recovery support services

In July 2021, the list of 28 subtopics was shared with the *Recovery Rising* Advisory Commission as a resource to support their process to identify the top 3 broad categories for action. Below are the results from the anonymous voting process. (22 commission members voted)

Priority		# votes	% of Voters Who Selected
1	Create Equitable, Sustainable, and Flexible Funding for Recovery Supports	19	86
2	Build the Capacity and Expand the Role of Recovery Community Organizations	4	18
3	Commit to Ensure Diversity, Equity, and Inclusion	18	82
4	Make Person-centered and Recovery-oriented Care the Norm	3	14
5	Provide the Critical Recovery Support Services Needed in Pennsylvania	5	23
6	Improve Access in Rural Areas	2	9
7	Provide Education and Training to Reduce Stigma and Equip People to Support All Pathways to Recovery	1	5
8	Build the State-level Infrastructure to Support Recovery	14	64

Next Steps: Recommending Specific Steps for Implementation

As a next step, the *Recovery Rising* Advisory Commission will engage in Probability/Impact charting for the voted categories and subtopics. Implementation activities will focus on subcategories with the highest probability of success and the greatest impact on objectives.

In Closing

Halting a disease as insidious, persistent, and deadly as OUD takes an unprecedented team—medical experts, payers, peers, individuals and family members with lived experience of recovery, educators, employers, community groups, elected officials, faith-based communities, and committed benefactors. Given the important work that many stakeholders and community leaders have undertaken throughout Pennsylvania, DDAP and *Recovery Rising* commit to continue working together to change how the Commonwealth delivers recovery support services.

Thank You

DDAP, C4, ORN, and *Recovery Rising* thank the many people and organizations involved in preventing and responding to OUD in Pennsylvania who participated in this initiative and shared their experiences to inform this project. We highly value the work you do every day and your contributions to this endeavor.

We are very grateful to those who shared their recovery journeys and lived experiences. Your expertise is invaluable.

