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Thriving Communities in Recovery:

Policy Report on National Trends, Best Practices, and Evaluation of How Pennsylvania Can Improve Its Recovery Environment

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Who we are:
The Statewide Recovery Organization of Pennsylvania
- networking and strengthening statewide –

The Pennsylvania Recovery Organization – Alliance (PRO-A) is the only Pennsylvania statewide non-profit, 501(c)(3) grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery.

The mission of PRO-A is to mobilize, educate, and advocate in order to eliminate the stigma and discrimination toward those affected by alcoholism and other drug addiction to ensure hope, health and justice for individuals, families and those in recovery.

To learn more about us, visit our web site at: http://pro-a.org/

The Pennsylvania Recovery Organizations – Alliance is completing this Policy Report on National Trends, Best Practices and Evaluation Measures on how Pennsylvania can improve its recovery environment with the full knowledge of how much effort and dedication it has taken over many decades to develop and sustain the care system we currently have today. We thank our partners in the state government, county government and within the private sector for the tireless work to provide treatment and recovery opportunities to tens of thousands of Pennsylvanians over the years.

It is important to note that we have a long way to go before we have a system of care that fully meets the needs of our communities. We are beginning to recognize as a nation that addiction is the most significant public health issue of our millennia. As noted by the White House Office of Economic Advisors, the opioid epidemic is of such proportions that it reduces our Gross Domestic Product. Alcoholism still kills more Americans annually than opioids. Our correctional systems are filled with persons there because of a substance use disorder, and substance use conditions drive medical expenditures. The magnitude of the problem is overwhelming, yet treatment and recovery efforts are dwarfed by the costs of the consequences of addiction.

Despite these daunting facts, we also know that millions of Americans have found their way into long-term recovery from a substance use disorder. We know that ***stable, long-term recovery is not only possible, but highly probable across the life span***. It is time that we redesign our systems of care to reflect the needs of those of us with a substance use disorder and our families around a five-year care model. Persons in recovery and our family allies are critically important collaborative partners in the design, implementation and evaluation of any effective care system. We are deeply excited about the innovative things that are occurring across the nation and beyond. There is tremendous potential to strengthen our system here in Pennsylvania to improve the recovery environment for our community. Among other opportunities and innovative ideas included in this report, we identify:

- The importance of developing long-term care models;
- The importance of hope, connectedness and purpose in the recovery process;
- The importance of acknowledging the rights of persons with a substance use disorder;
- The emerging role of family peer support services;
- The need to design care around the needs of our young people; and
- Innovative programs that leverage the talents and skills of the recovery community to change lives and restore community.

We look forward to being collaborative partners in transforming our system to meet the needs of our communities for the next generation.

Thank you,

William Stauffer, LSW, CCS, CADC
Executive Director
The Pennsylvania Recovery Organizations – Alliance

Executive Summary and Policy Recommendations for Pennsylvania moving forward

1. A service system that supports long-term recovery: Establish and fund Substance Use Disorder (SUD) treatment and long-term recovery support services, over a minimum of five years, to engage and sustain persons with SU in care, generally with decreasing intensity, including:

- Develop a recovery bill of rights by and for persons with a substance use disorder that ensures ethically conducted and effective services that respect our privacy rights.
- Develop and implement service and service measures that ensure effective treatment and supports long-term recovery along multiple pathways of recovery for individuals, families and communities.
- Engage the recovery community and families in the development, implementation and evaluation of services across our service system.
- Enforce Parity and Treatment access laws that relate to SU care. Follow through with the Department of Drug and Alcohol Programs (DDAP) HR 590 task force on access to addiction treatment through health plans and other resources recommendations that were sent to the General Assembly in May 2017.
- Restore reasonable drug laws and, where possible, get incarcerated persons back into community.

2. A system that meets the needs of our young people: Provide family education, referral, and support programs to assist young persons to sustain and support recovery for a minimum of five years.

- Restore an emphasis on adolescent and young adult substance use care across our state.
- Fund Recovery High Schools and Alternative Peer Groups in communities across Pennsylvania and make the provisions of Act 55 of 2017 permanent and available in every school district.
- Fund Collegiate Recovery Programs in colleges and universities across Pennsylvania.

3. Build the 21st Century substance use care system workforce to serve the next generation:

- Develop stable funding streams, proper compensation, administrative protocols, and peer recruitment / retention efforts that support the role of persons with lived recovery experience.
- Develop statewide unifying language in collaboration with the recovery community to establish common understanding of peer recovery and peer family services for all funding entities.
- Establish stable funding for recovery community organizations to operate in every community.
- Fund supervision across our service system to improve care and workforce retention.

4. Expansion of employment opportunities for the recovery community

- Develop a list of recovery-friendly employers and actively advocate to employers statewide to get their name on a list by educating them about the benefits to hiring persons in recovery.
- Develop a recovery grant program for persons in recovery to get back in the workforce that can be used in any college or university in Pennsylvania.
- Develop apprenticeship programs by and for members of the recovery community to expand trade opportunities for persons in recovery and establish them across Pennsylvania.

5. Recovery housing opportunities:

- Ensure that there is recovery representation regarding PA Act 59 of 2017 implementation independent of entities with a business interest in owning or operating recovery housing to better develop ethically run, safe recovery housing and to avoid housing to be used in lieu of proper treatment.
- Fund innovative pilot programs such as England's "Jobs, Friends and Houses" program that provide opportunities for the recovery community to develop skills and obtain safe, ethically operated and well-built housing and increase recovery capital while increasing positive public perception about our community.

History and Environmental Overview of Treatment and Recovery in America

Nationally, the development of treatment and recovery services for persons with a substance use disorder has a rich history, born out of and nurtured by an engaged, grassroots recovery community and our allies. These grassroots, community-based efforts to advocate for services has had to occur in this manner because of systemic negative public perception and discrimination against persons with a substance use disorder. As a result, these conditions have been incorrectly seen as a matter of bad choices, morality or poor character, resulting in care which is woefully inadequate and a policy emphasis that rations services and is far too often focused on punitive measures. A substance use disorder is a medical condition, but is not always treated as such. This document is an overview of ways to revamp our substance use, health, social, and related care services to reflect the needs and provide greater opportunity for long-term sustained recovery for thousands of Pennsylvanians.

History is instructive on both the progress we have made and the challenges we continue to face in developing a comprehensive, long-term, recovery-focused substance use care system. Since Senator Harold Hughes of Iowa openly talked about being a recovering alcoholic in the 1960's and advocated for our needs through Congressional hearings, we have come a long way in establishing the framework of a care system. Yet, systemic negative perceptions towards our community has led to a medical and human service system that has served us in a disparate manner, both here in Pennsylvania and across the nation. Services are far too often rationed below the minimum level of efficacy and service capacity does not meet the demand for care. Although we have made progress, we have not moved the system very far towards providing a long-term treatment and recovery support model that research is showing us is effective. As a substance use disorder impact one in three families, the reality is that these are "our" people and not "those" people, and all individuals deserve proper care. It makes sense, saves lives and it saves resources.

The National Institute on Drug Abuse (NIDA) identifies that the minimum dose of effective treatment is 90 days (NIDA, 2018), yet far too few people get even that. The White House recently noted that the opioid crisis alone caused a 2.8 percent reduction in our Gross Domestic Product (White House Council of Economic Advisors, 2017). While the overdose rate is well known, alcohol use disorders still surpass opioid and other drug use disorders combined in annual fatalities. The clear majority of resources get spent on incarceration and health, social, employment, and related consequences of untreated or undertreated substance use disorder. Despite these hard facts, we have set arbitrary limits on service, long wait times to access care, insurance denials for care as a norm, and a Byzantine process for persons needing help to navigate the drug and alcohol system to get into treatment.

The recovering person often faces bias when presenting for help in medical settings when it becomes known that they have a substance use disorder. People are also often deprived of proper levels of clinical care and the adequate duration of care needed to give them a realistic chance at recovery. With tragic irony, the addicted person often feels like they failed or do not see themselves as worthy of help, rather than the system failing to help them and biased against providing the help necessary to heal.

Care remains fragmented, insurance and parity laws are not fully implemented or enforced, peer support services are not funded or provided in a systemic manner as they are for other conditions. While Pennsylvania has a limited continuum of services, it lacks sufficient capacity and integrated

recovery services and community supports that would serve our needs. We have lost ground in critically important areas such as capacity in adolescent care. We have not sufficiently implemented recovery community engagement strategies that support long-term, holistically focused recovery into our care system. These facts are well known. DDAP held public meetings statewide in the last few years around HR 590. Among many other recommendations, the HR 590 task force focused on existing laws that could make access to care easier. This included making sure that Pennsylvania residents would know if their insurance plans were subject to Act 106 of 1989 by putting that information on their insurance cards, as well as moving towards implementing the family counseling and intervention benefits required under the law since 1989 (DDAP, 2017). Steps to enforce existing law are fundamental to moving our system forward. This is simply no longer acceptable for the one in three Pennsylvania families dealing with a substance use disorder and we have ways to improve care that are enacted yet not implemented.

A system redesign must have policymakers, funders, and providers fully engaged with the recovery community in the development, implementation, and evaluation of a comprehensive service system focused on providing appropriate treatment and recovery support services. We are not advocating for special treatment but rather an advocacy for justice: equitable access to health and social services and freedom from discrimination (White, 2000). It is a fundamental value of the recovery community to be a collaborative partner in the understanding of our needs, the design of our treatment and recovery services that impact us and our families. The recovering person has lived expertise in recovery. Many of us have devoted our lives towards the proper care of our fellow community members. Pennsylvania needs to move more of our community into recovery and towards the reestablishment of productive, engaged citizens able to care for ourselves, our families and our communities in a way that other people do not. We, our families and our communities deserve the full opportunity to attain the healing and restoration of long-term, stable recovery.

Long-term care models - creating a new standard for care efficacy focused on long-term recovery

The prevention, intervention, treatment and recovery of substance use disorders are our most pressing public health crisis. Beyond the need for expanded treatment, this report addresses the need for a long-term model of recovery. Science is showing us that maximum effectiveness and personal benefit is achieved with a five-year sustained recovery model – that 85 percent of people with a substance use disorder (SUD) will remain in recovery for life if they achieve five years of sobriety (Dupont, 2015; White, & Schulstad, 2009). We should design our care systems around this reality. The system needs to be retooled to create a new standard of care. As Dr. Robert DuPont recently stated (full remarks here) at the 6th World Forum Against Drugs in Gothenburg, Sweden said:

> "Recovery is possible for every addicted person. Settling for less than drug-free recovery is inhumane and disrespectful. Recovery is fully compatible with the use of medication-assisted treatment, when the patient is taking the medicine as prescribed and when the recovering patient is not using any alcohol or other drugs. With this perspective, the misguided war between addiction treatments that use and do not use medications can be ended and all forms of treatment can be evaluated on their ability to produce lasting recovery. I have promoted a unifying goal for all treatments of five-year recovery."

Achieving this standard of care across our service system requires expanding peer and community focused services and reorienting care to a long-term service model. It should link clients to peers that will make continued abstinence more appealing and beyond interventions focused on the individual or family to include the local community and national policy to incentivize longer-term recoveries more strongly (McKay, 2017). It involves treatment assisted by medication, peer support services, family supports and case management to help people get back into care quickly in the event of resumption of use. People should be able to obtain multiple services based on individual need, reducing in intensity over time as appropriate. In the event of resumption of active use, people must be able access more intense care in real time with no arbitrary limits, delays, or barriers, much like what happens with a heart attack.

When a person gets a diagnosis of cancer, our medical system orients care to support multiple interventions, procedures, supports and checkups over the long term. If one approach does not work, we move to another. We do not refuse care or limit care if one procedure does not work. It is a chronic care model. Such a system is flexible, properly resourced, and offers multiple pathways to health. The system coordinates care in a supportive manner through the disease process to then celebrate five years in remission. This model, attaining five years of recovery, is the model we need to orient to for SUDs (Stauffer, 2018).

One model under discussion is to establish an alternative payment model that supports recovery support services for a five-year period of time (Healthaffairs, December 2018). The addiction recovery medical home alternative payment model (ARMH-APM) is a multifaceted payment model that carves out financial resources for addiction treatment and recovery services. The payment and its underlying calculation transcend three different phases of a patient's recovery, beginning with pre-recovery and stabilization (fewer than 30 days), recovery initiation and active treatment (0–12 months), and community-based recovery management (up to five years). The full article can be found here.

Reorienting our systems in this way will be very difficult, and some may balk at the expense. But they're forgetting that SUDs drive medical costs, criminal justice costs, and human service costs far beyond the costs of SUD treatment, in addition to pulling apart and destroying our families and communities. M

Long-Term Care Models - Oregon - State example of measuring and evaluating recovery

The state of Oregon is engaging the recovery community in defining measures and evaluating goals as envisioned by Oregon Recovers, the statewide recovery community of Oregon. They recently developed recovery measures as part of a strategic plan proposal for the state (Oregon Recovers, 2018). The focus of the plan is to transform Oregon's current fractured and incomplete addiction recovery system into a recovery-based, continuum of care which treats addiction as a chronic disease requiring long term services. The purpose of their document, (which can be found here) is to provide the Alcohol & Drug Policy Commission (ADPC) with a clear set of recommendations for developing a comprehensive addiction recovery strategic plan.

The Guiding Principles of the Oregon plan require a focus on building a recovery-oriented continuum of care that includes public and private institutions and groups. It requires that all strategies and policies must include evidence based, empirically informed, measurable and/or culturally validated outcomes.

It assumes sufficient resources and focus on meeting the need rather than trying to use only the existing level of resources. It identifies that all strategies and policies should be informed by the developmental stages of human life and a commitment to diversity & equity — especially for those most marginalized identity groups. It requires full engagement of the recovery community. All phases of the planning process must include the solicitation and engagement of a broad set of stakeholders including, but not limited to, those in the treatment and recovery community.

The two primary objectives of the ADPC addiction recovery strategic plan are to reduce Oregon's addiction/SUD rate from 9.55 percent (1) to 6.82 percent (2) in five (5) years. This would prevent addiction and/or promote recovery in approximately 75,000 people. Additionally, the plan calls for increasing the current Oregon recovery rate (yet to be determined) by 25percent in five years. While aspirational, these areas of focus change the entire way that services are provided and focus care on long-term recovery, rather than short term, fragmented care.

Recovery Infrastructure: Florida -State Example of engaging a statewide recovery community in defining system goals, service development, implementation and evaluation

Responding to the importance of engaging the recovery and family communities in system change, in the winter of 2017, the Florida Department of Children and Families put out a report developed following a series of summits with persons in recovery and family groups across the state of Florida (Achara, 2017). It is called, "Creating a Recovery-Oriented System of Care in Florida" and can be found here. A central focus of the report is on the importance of incorporating people in recovery and family members into quality assurance activities. The plan includes an emphasis on providing more opportunities for people in recovery and their families to provide feedback to the system. It emphasizes the importance of engaging in community listening sessions, focus groups, and outreach from the statewide peer organizations as effective ways of increasing the engagement of people receiving services and their family members. This provides opportunity for the recovery community to shape the system in ways that are most meaningful to them. It describes the need to increase opportunities for people in recovery and family members, both within and across communities. It emphasizes the value of networking and supporting one another through conferences, story-telling, training opportunities, and other activities. It recommends providing leadership academies for people in recovery and family members who are interested in playing active roles in the system's recovery-focused transformation.

Recovery Infrastructure: The importance of hope, connectedness and purpose – the development of recovery capital for individuals, families, and communities

It is critically important that we develop a better sense of what recovery is, how it spreads and the influence that recovery has on our lives, the lives of our families and on our communities. Evidence also suggests that recovery is contagious, benefitting not only those people suffering from addiction but their families and communities, as well as impacting positively on other persons with substance use disorders (Best & Laudat, 2010). Historically, we have measured efficacy in very limited, narrow, and short-term ways. Examples include measuring treatment over the course of a month or only looking at reductions in a single drug or a narrow measure of health.

An entire paper could be written on the topic of recovery science. We are focusing here on three important elements, the role of "grit" and resiliency in developing and sustaining recovery, the concept of recovery capital focusing on long-term measures, and how strengthening recovery in communities can have protective properties, makes communities healthier. There is evidence that recovery can spread in ways that improve overall community wellness.

Resiliency and Grit: Landmark work is being done by Dr. Angela Duckworth of the University of Pennsylvania on understanding and measuring the role of resiliency in learning. Dr. Duckworth has developed measures for resiliency or "grit" as she is calling it and is finding ways to measure and increase "grit" in individuals in the educational system (Duckworth & Quinna, 2009, Perkins-Gough, 2013). There is also growing recognition of the role of resiliency in the recovery process (White & Chaney, 2012). Perhaps "grit" is the fundamental building block of successful, long-term recovery. PRO-A has begun to incorporate information about grit and resiliency into our trainings and we are actively advocating for and seeking support for the development of grit scales for SUD treatment and recovery programming across Pennsylvania. This is a groundbreaking concept; an area of focus we could lead the nation on. Dr. Duckworth's TED Talk on Grit and resiliency can be found here.

Recovery Capital: Recovery Capital is defined as the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from substance use disorders. (White & Cloud, 2008). There are three overarching principles in the development of recovery capital: wellbeing, citizenship, and freedom from dependence. There is growing recognition that placing recovery capital at the heart of intervention strategies can fundamentally improve outcomes and may have preventative qualities at the community level (ADFAM, 2016).

Recovery Capital and Community Health: Furthermore, there is some evidence that recovery can lead to individuals overcoming earlier life obstacles and would suggest a dynamic model of growth based on social embeddedness, and where overcoming adversity may result in greater recovery resources and capital, leading to a "better than well" long-term recovery outcome (Best & Aston, 2015). Understanding and nurturing recovery capital requires an expansion from focusing only on care for the individual and family to include interventions at the level of community. This will require a more fundamental commitment to the development of recovery community organizations across Pennsylvania.

As noted, our system is lacking in focus on long-term recovery and recovery capital development. Our care system is generally oriented to short term and narrowly focused, episodic care. We have not developed long-term measures to better understand and develop long-term recovery in persons who have a substance use disorder. As noted by Laudet and White, in a paper titled, *Recovery Capital as Prospective Predictor of Sustained Recovery, Life Satisfaction and Stress among Former Poly-substance Users:* "It is important to broaden the investigative scope beyond recovery initiation and to identify predictors of sustained stable recovery from substance use and misuse" (Laudet & White, 2008). Without focusing on understanding and establishing measures for recovery, such as grit and resiliency and nurturing community level recovery focused interventions, we will be unable to properly develop care and expand access to treatment and recovery support services that move our community members into long-term, stable recovery and improve the overall health and functioning of our communities.

Recovery Infrastructure: Ohio - Developing a focused, defined Recovery Bill of Rights

There is growing recognition that our community must have defined rights to care that are delineated and enforceable. Ohio has recently embarked on such a focus. The recovery community of Ohio recognizes that those in or seeking recovery from a substance use disorder must be guaranteed basic rights within their care system. They should be informed of such rights when inquiring about or accessing services. Public policy and funding sources should not only follow, but also help bolster these rights. The Ohio Citizen Advocates for Addiction Recovery seek to ensure that substance use disorders are treated in the same way that other chronic, healthcare conditions are treated and that the same basic rights be afforded to us. The Ohio Recovery Bill of Rights includes 10 points:

1. We have the right to have our health insurance cover addiction treatment as it does other medical treatment.
2. We have the right to recover close to home.
3. We have the right to an ethical referral.
4. We have the right to individualized care and informed consent.
5. We have the right to quality, comprehensive, evidenced-based treatment.
6. We have the right to have our health information protected by 42 CFR Part 2.
7. We have the right to ongoing recovery support services.
8. We have the right to safe, standardized and affordable housing.
9. We have the right to pursue secondary education along with recovery supports.
10. We have the right to meaningful employment.

Pennsylvania should have a similarly delineated bill of rights, developed by the recovery community and enforced across our service system. (Ohio Citizen Advocates for Addiction Recovery, 2018). It could be accomplished by gathering key informants from the recovery community to examine similar documents developed across the national recovery space and honing it into document that meets the needs of our community. Following completion, there would be a collaborative effort across the care system to establish it as the accepted norm across our care system.

Recovery Infrastructure: Integration of peer services by recovery community organizations into the treatment system

Managing immediate physical and mental health issues within addiction treatment that stabilize persons in recovery are important first steps in assisting to initiate a recovery process. Such steps are the very beginning of the recovery process. Peer services involve the process of giving and receiving non-clinical assistance to support long-term recovery from substance use disorders (White, 2009) They are provided by persons in lived recovery linking people into recovery support services and integrating them into the larger community as critical care components. They serve to help individuals deal with underlying poor coping skills, self-esteem and self-efficacy in a further step within a long-term care focused system. Failure to develop these systems results in expensive revolving door care at the "front" end while the condition progresses toward an often-fatal end for many. A properly resourced long-term, recovery focused system that provides the right care at the right time with needed intensity and duration can reduce the expensive and ineffective revolving door dynamic of fragmented acute care and save lives.

Overarching objectives of peer services that can be provided by recovery community organizations:

- Instill hope that the individual can recover and be mindful that their peer relationship can be a critical‘ turning point’ in the patient’s recovery journey
- Act as a ‘bridge’ to groups and individuals who successfully model recovery
- Involve family members in supporting their recovery journey
- Serve as a coach in obtaining educational, employment, and needed life skills

We are just beginning to learn what we can achieve through redesigning our care system to focus on long-term recovery through recovery community organizations. The adoption of recovery principles across the state of Connecticut led to a 25 percent reduction in the annual cost of addiction treatment per patient, a 46 percent increase in the number of people treated across the state, and a 62 percent reduction in hospital admissions among addicted persons (Best, 2012).

Recovery Community Organizations: A recovery community organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities – including a majority of persons with lived experience. These organizations coordinate recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services (P-BRSS). The broadly defined recovery community incorporates people in long-term recovery, their families, friends and allies, including recovering addiction professionals and encompasses organizations whose members reflect religious, spiritual and secular pathways of recovery. The sole mission of an RCO is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from alcohol and other drug addiction. Public education, policy advocacy and peer-based recovery support services are the strategies through which this mission is achieved (Valentine, White, Taylor, 2007).

Inadequate funding for peer services results in a less effective service system, a lack of long-term cohesive service identity, and fragmented care. Improperly funded care systems can lead to patchwork systems that do not reflect our needs or priorities and become paternalistic of the recovery community. While there has been support for the development of RCOs that focus on the development of recovery capital in our communities, there is a lack of stable funding and commonly adopted unifying language across our care system and funders in promoting peer services statewide.

Peer Services – effectiveness and cost savings: Peer services are relatively new and more rigorous studies need to be done to support the efficacy of peer services across our care system. We do know that acute care substance use treatment without other recovery supports has often not been enough in helping individuals to maintain long-term recovery (BRSS-TACS, 2017). Overall, studies on peer support were found to be salutary and peer support is associated with improvements in a range of substance use and recovery outcomes (Bassuk, Hanson, Greene, Richard & Laudet, 2016). Persons served by peer services demonstrated reduced relapse rates, increased treatment retention, improved relationships with treatment providers and social supports, and increased satisfaction with the overall treatment experience (Reif, Braude, Lyman, Dougherty, Daniels & Ghose, 2014).

Recovery Infrastructure: Expanding recovery to be inclusive of the family

Family is a critical component of recovery. Family recovery processes are separate and distinct from individual SUD recovery, but can run in parallel with it. Improved family functioning can have a positive

influence on the recovery of the member with an active substance use disorder. Family members with lived recovery experience can provide hope, connection and insight into what to do and how to heal from a unique lived perspective. Although far too rarely included in our care systems, families are integral to the recovery process and should be broadly engaged in the process across the treatment and recovery service continuum.

Despite the value of families in the recovery process, very little work has been done nationally to develop lived family peer perspectives as a resource in a formal way. We believe that moving in this direction has the potential to fundamentally change the way services are provided. It is vital to be inclusive of family in direct practice, policy development and research on substance use disorders and recovery. Within a family environment framework, families are defined inclusive of non-traditional constructs and that ultimately families should define their own membership (Gasker & Vefeas, 2010).

Studies have found that family functioning, the cohesion dimension predicts severity of a patient's dysfunction resulting from drug use and family and psychological problems. These findings support the relevance of family factors in the treatment of substance use disorders (Costantini, Wermuth, Sorensen, & Lyons, 1992). There is also growing international recognition of the role of families in the recovery process. A 2009 study noted that families are natural champions of a fuller conception of recovery because they want the best possible outcomes for the people they care about (AdFAM & Drugscope, 2009). Families who experience a substance use disorder and go through a healing process more often than not see themselves as being in recovery, suggesting that this is a common experience for family members, and that recovery is a meaningful description of their own journey (Andersson, Best, Irving, Edwards, Banks, Mama-Rudd, & Hamer, 2018). Developing a deeper understanding of family recovery, family recovery dynamics and the relationship between family recovery and recovery of the substance dependent family member would help us to engage more families in the process, which probably will result in better outcomes for persons with a substance use disorder.

The 2018 study, titled *Understanding recovery from a family perspective: a survey of life in recovery for families* through Sheffield Hallam University for Alcohol Research in the United Kingdome states:

> "In summary, from the qualitative findings there are two themes that have led to positive outcomes for our respondents. First, a development of a greater understanding of both the person with the addiction and the family member's ability to comprehend their own motives, interactions and consequences. Second, seeking engagement with other persons, either professionally trained, or 'experts by experience'; that is persons that have learned successful coping strategies from other- not necessarily from Al-Anon, but other mutual help groups- it is both interesting and encouraging that persons report that that belonging to such groups gives purpose and meaning to an otherwise sometimes lonely and painful existence. In addition, the ability to perform a level of reciprocity also featured as a positive outcome- to help someone else also suffering the same emotional and psychological distress" (Andersson Et Al, 2018)

Developing family peer recovery services would provide an opportunity for families to become educated, supported and empowered to make decisions to support their own needs and their own healing processes. It would empower them to more properly support their loved ones with a substance use disorder. This would occur through use of family peer supports at the point of initial identification of a member having a substance use disorder to the point of achieving long-term recovery for all its

members. Inclusion of family with lived recovery experience as peers within our care system would additionally ensure that the family perspective is part of the treatment and recovery planning process. Family engagement in recovery is integral to the establishment of a long-term, five-year focused care system that meets the needs of our communities.

Recovery Infrastructure: Pennsylvania – the leading edge of family peer focused services

Through a collaboration process initiated by our agency, the Pennsylvania Recovery Organizations – Alliance and the Pennsylvania Certification Board (PCB) worked with content experts to develop the Certified Family Recovery Specialist credential (CFRS). The CFRS content acknowledges that families are an integral element of the recovery process, and having persons with lived, family recovery as part of the substance use disorder peer workforce is integral to developing long-term recovery at the levels of individual, family and community (PCB, 2017).

This is ground-breaking work, and we are among the very first in the nation to embark on developing peer family support services and begin to include families with lived experience formally in the care system. Recovery within the family is a highly individualized journey and families have a unique and valuable perspective on the recovery process and can ameliorate the impact of negative public perception about substance use disorder for the whole family. Family recovery includes spiritual, emotional, mental and physical well-being elements that is often supported by others, but is not contingent upon the recovery of loved one(s).

This is a new certification, less than a year old, with fewer than 100 persons currently certified across the state of Pennsylvania. The Pennsylvania Recovery Organizations – Alliance is currently running focus groups with persons who have attended the training to get a ground level understanding of how the credential is being received and to conceptualize how CFRSs will be utilized in our communities as change agents. We are learning that there is a lot of work needed to develop this as a paraprofessional position within our service system. Work needed includes the development of basic infrastructure, providing basic group supervision and developing resources in collaboration with them as our understanding of their role and function evolves. It is so much in its infancy nationally that there are no other early adopters to help us with the basic infrastructure. It would be highly beneficial for Pennsylvania to consider how to nurture and support the family recovery model and family peer recovery support specialists.

Recovery in Learning Institutions: Adolescent Care & Recovery High Schools

High school can be challenging. It is particularly challenging for young people who are in recovery from a substance use disorder and trying to maintain their nascent recovery. Relapse is often at high rates for these young people after they leave treatment and many of them return to full blown use (Finch, Moberg, & Krupp, 2014). There are two triggers that are most significant for adolescent relapse, school stress, and the socialization process – including peer pressure to drink and use other drugs (Gonzales, Schuster, Mermelstein, Vassileva, Martin, & Diviak 2012). School stress and socialization are the epitome of high school. This makes it challenging for adolescents in recovery to return to their same high school after SUD treatment.

Forty-two communities across the nation and counting have found a solution to their young people relapsing when they return from treatment through the implementation of a Recovery High School

(RHS). RHS are secondary schools created to help adolescents receive a high school diploma along with their recovery support. They are designed specifically for students with SUD and thus require students to be actively working a program of recovery (Market Study for Recovery High Schools, 2013).

Recovery in Learning Institutions: Pennsylvania – the "Pennsylvania Model"
Act 55 of 2017 creating funding for Recovery High Schools

In 2017, Pennsylvania passed Act 55, which allows funding for a pilot recovery high school in Pennsylvania, the Bridge Way School (PA Gen Assembly Act 55-2017). It removes a financial barrier for students getting access to a recovery high school. Under this program, the state pays 60 percent of tuition and the home school district pays 40 percent. Tuition at Bridge Way is $20,000 a year or $2,000 a month, the Act created a way for families to get home districts to cover the cost or their tuition. Students can also pay through private means, and there is a scholarship program. The school is run through an innovative private and public funding process. Economically it makes sense for states to fund substance abuse treatment programs and recovery high schools because research has shown it is more cost-effective and successful in treating substance use disorder in juveniles (Market Study for Recovery High Schools, 2013). According to an article in *U.S. News and World Report* entitled "What Youth Incarceration Costs Taxpayers," in 2014, a study by the Justice Policy Institute found that imprisoning a juvenile will cost a state an average of $407.58 a person a day or roughly $148,767 a year. Recovery High Schools provide a safe environment where young people feel supported in their efforts to recover (Chestnut Hill Local, 2017).

This Act has become known nationally in the recovery high school community as the "Pennsylvania model" and has been replicated in several states (Ohio, Oklahoma, and Florida) due to its reliance on both public and private funding, which allows for a more sustainable model. This pilot program should be expanded in Pennsylvania to provide a more permanent funding mechanism for students to attend recovery high schools across Pennsylvania.

Recovery in Learning Institutions: Texas –the Alternative Peer Group model

An Alternative Peer Group (APG) is a community-based, family-centered, professionally staffed, positive peer support program that offers pro-social activities, counseling, and case-management for people who struggle with substance use or self-destructive behaviors. APG models are not clinically based, but instead community-based recovery services that may have clinical support. This means that there are social events tied into an APG and family services. This is a key difference between an Intensive Outpatient Program (IOP) and an APG. APGs are a better fit for an adolescent who struggles with substance use and co-occurring disorders because the focus is to offer and shape a new peer group that utilizes positive peer pressure to stay in recovery. In addition, APGs focus on making recovery more fun than using by organizing and staffing sober social functions throughout the week, weekends, and summers.

The Alternative Peer Group (APG) is a recovery support model for youth who struggle with substance use disorders and mental health issues. Though not subjected to rigorous clinical trials, preliminary data indicates two-year sobriety rates greater than 88 percent for adolescents who complete the program (Collier et al., 2014). APGs facilitate young participants' motivation for recovery by creating conditions that support their experience of autonomy, competence, and relatedness. The APG model

facilitates strong relational ties between recovering youth role models and newly admitted adolescents with no desire to change behaviors. These relationships increase the relevance and impact of long-term therapeutic services (Nash & Collier, 2016). Over time while participating in groups, sober social activities, and 12-step meetings with recovering peer role models, youth begin to value recovery over substance use (Nash et al., 2015; Nash & Collier, 2016). Qualitative data indicates that young people who participated in an APG maintained close ties with recovering peers and mutual support group involvement through young adulthood (Nash, et al., 2015). Consider the resources our systems can save and the lives enriched if we support recovery for our young people and help them avoid burning down their lives in active addiction.

Recovery in Learning Institutions: Supporting Recovery in College Settings – the Collegiate Recovery Program

College use of alcohol and other drugs is exceptionally dangerous, expensive, and can be deadly. Every year our youth are dropping out or failing college due to the abuse of alcohol and other drugs. Articles are written every year promoting top party schools. Every year students across Pennsylvania are killed in automobile and other accidents, alcohol poisoning, and drug overdoses. We rank first nationally in campus drug charges, with eleven of the top twenty-five schools with highest rates of drug, alcohol arrests are located in Pennsylvania (WPIX, 2018). This section of the report is from the Association of Recovery in Higher Education (ARHE) web site "Scholarly Rationale" and the citations are original to that source. To read it, and to see the full links for the other studies referenced, follow this link, here. From the ARHE web site:

> "In recovery and in college: double jeopardy rates of substance use disorders (SUD) triple from 7 percent in adolescence to 20 percent in early adulthood (Substance Abuse and Mental Health Services Administration, 2011), making this developmental stage critical to young people's future. In spite of effective interventions (Becker & Curry, 2008; Chung et al., 2003; Dennis et al., 2004; Tanner-Smith, Wilson, & Lipsey, 2013; Winters, Stinchfield, Lee, & Latimer, 2008), relapse rates are typically high (Substance Abuse and Mental Health Services Administration, 2008).
>
> Post-treatment continuing support is effective at sustaining recovery (Dennis & Scott, 2007; Godley et al., 2010; McKay et al., 2009; Substance Abuse and Mental Health Services Administration Office of Communications, 2009). The need for recovery support is especially high for SUD-affected college students: Attending college and transitioning into adulthood can both be demanding, offering new freedoms but also less structure and supervision.
>
> For youths in SUD recovery, these challenging transitions are compounded by the need to remain sober in an "abstinence-hostile environment' (Cleveland, Harris, & Wiebe, 2010). The high rates of substance use on campuses (Hingson, Zha, & Weitzman, 2009; Wechsler & Nelson, 2008) make college attendance a severe threat to sobriety that must often be faced without one's established support network (Belletal, 2009; Woodford, 2001). Combined, these factors can lead to isolation when "fitting in" is critical, and/or to yielding to peer pressure to use alcohol or drugs, both enhancing relapse risks (Harris, Baker, Kimball, & Shumway, 2008; Woodford, 2001).

> Experts' calls for campus-based services for recovering students (Dickard, Downs, & Cavanaugh, 2011; Doyle, 1999) have thus far been largely unheeded (Bell et al., 2009; Botzet, Winters, &Fahnhorst, 2007; Cleveland, Harris, Baker, Herbert, & Dean, 2007). The U.S. Department of Education noted that "the education system's role as part of the nation's recovery and relapse prevention support system is still emerging" (p. 10 (Dickard et al., 2011). Preventing students' relapse is especially critical as SUDs are associated with college attrition (Hunt, Eisenberg, & Kilbourne, 2010). Thus, youths' developmental stage, and the unique challenges of college, both underline the need for a recovery support infrastructure on campus (Botzet et al., 2007; Misch, 2009). This includes the need for a recovery supportive social environment that fosters social connectedness, given the influence of peers on youths' substance use (Cimini et al., 2009; Substance Abuse & Mental Health Services Administration Office of Communications, 2009; White, Journal of Substance Abuse Treatment (2014) approach to SUD services (Clark, 2008). These factors fueled a rapid growth of College Recovery Programs (CRPs), from 4 in 2000 to 29 in 2012 (Laudet et al., 2013) with 5 to 7 starting annually (Kimball, 2014). While CPRs vary in orientation, budget, and in the breadth of services (Laudet, Harris, Kimball, Winters, & Moberg, 2014; Laudet et al., 2013), most are peer-driven, are 12-step based, and provide onsite support groups, sober events, and seminars on SUD and recovery. The need for CRPs is bolstered by many sites' reporting that demand surpasses capacity. (Laudet et al., 2014, p.2)"

We see the development of fully functioning collegiate recovery programs on campuses across Pennsylvania as a fundamental initiative that will support long-term recovery for members of our recovery community in college. Supporting these programs will improve academic performance for members of our community and serve to normalize recovery as an accepted life path on college campuses, thereby reducing negative public perception about our condition.

Pennsylvania already has a number of these collegiate recovery programs in existence. Expanding them can begin with highlighting the benefit that these programs have on student retention and grade point average to other college and university administrations. Additionally, these programs are often not expensive to operate. A dedicated space and assigned faculty can provide the basic infrastructure for such programming and a safe and supportive environment for students in recovery. Financial support for such programs across our publicly funded state school system would begin to change the college culture and provide opportunities for recovery to be normalized as an accepted lifestyle choice for persons in recovery pursuing a college education in PA. Pennsylvania would be the national leaders of collegiate recovery if we were able to get such established across our state funded higher education system.

Recovery in Learning Institutions: Texas Tech University - The Center for Collegiate Recovery Communities

The Center for Collegiate Recovery Communities Support Services at Texas Tech University offers what is arguably the finest example of integrated collegiate recovery programming in a university setting nationwide (Texas Tech, 2018). The Collegiate Recovery Communities (CRC) offers support in each of the four principles that lay the foundation for student growth and progress in recovery:

- Clean, Sober, and Healthy living, which includes weekly seminars for academic credit for CRC members - including new students, returning students, students with eating disorders, and

graduating seniors – for attending regular weekly celebration of recovery events, nutrition seminars with dietitian (RDN/LD), and eating disorder support.

- Commitment to Academics, including academic advising and counseling for all majors, scholarships for CRC students, summer study abroad opportunities, holiday scholarship dinners.
- Connected in Community, including student organizations, the Association of Students About Service (ASAS), sober tailgating for select Texas Tech football games, family weekend for CRC members, suite style, sober dorm options, group photo each fall and spring semester.
- Civility in Relationships, including staff mentoring, staff and peer accountability, staff intervention if needed and civility discussions in CRC Seminars.

The University has a Center for Collegiate Recovery Communities Facility which houses offices, meeting rooms, and a lobby with coffee offered daily. The building also includes a basement that is only accessible by CRC members, faculty, and staff. This area includes a meditation room, student breakroom/kitchen, computer lab with free printing, study areas with plenty of seating and tables, game room including ping pong tables, pool tables, arcade games, and a piano / TV lounge.

By providing such a comprehensive collegiate recovery program that embraces and supports college students in recovery, the University is creating a culture in which recovery is celebrated. It becomes a normal life pathway recognized by the student body and faculty as a legitimate pathway for persons with a substance use disorder, and is seen as a specialty program like a sports scholarship track. Over the long-term, this increases student retention, improves graduation rates and reduces stigma about having a substance use disorder. It accomplishes these objectives while supporting students through their academic settings with low intensity services and programming.

Recovery Supportive Employment: Employment for persons in recovery – productivity is a critically important element of recovery

Employment, education and self-sufficiency are fundamental to both healthy recovery and functional, productive communities. We envision a network of employers that provide employment opportunities for persons in recovery and that these opportunities can be shared through a network of regional recovery groups. We must expand college educational and trade apprenticeship opportunities while reducing and eliminating barriers to employment. Examples of employment barriers include those posed by historic criminal records, arbitrary exclusions for employment based on arrest records and policies that do not allow for the change process that occurs through recovery. There must be simple processes for persons to clear their records from past criminal charges as they attain stable recovery and are ready to become fully productive citizens in our communities. Pennsylvania has led the nation with our innovative Pathways to Pardons initiative and Clean Slate law. We should extend opportunities for persons in recovery by expanding expungement clinics, identifying new ways of assisting persons back into the workforce such as college recovery scholarships and recovery focused trade apprenticeship programs. We must continue criminal justice system reform and end disparate sentencing and disproportionate drug law enforcement that impact our minority communities.

Recovery Supportive Employment: Alaska – the Regional Alcohol and Drug Abuse Counselor Training (RADACT) registered apprenticeship program

Like Pennsylvania, Alaska has a SUD treatment workforce shortage. In response, it has developed a registered, two-year apprenticeship program for SUD treatment counselors harnessing workforce

investment funds through the US Department of Labor. The Alaskan registered apprenticeship program is a highly flexible training and workforce development model that combines on-the-job learning, related instruction and paid work experience. Unlike a four-year degree program at a university where you pay, apprenticeship pays you while you train for well-paying jobs with promising futures. Apprenticeships offer unique benefits. Apprentices "earn while they learn," with a paycheck. As an apprentice's skill level increases, by learning a trade in both a classroom and on a job site, wages increase progressively. Apprenticeships connect job seekers looking to obtain new skills and employers looking for trained and qualified workers. The result focuses on developing a skilled Alaskan workforce – developed with industry driven training – and employers with a competitive edge (RADACT, N.D.). Pennsylvania would greatly benefit from a similar model to train our next generation workforce and it may be possible to utilize federal Department of Labor dollars in the development of such an initiative. Such a program would be of great benefit to low income and minority community members.

Recovery Supportive Housing: Safe Housing – foundational for many of our community members

People in recovery need stable, supportive, affordable transitional and long-term housing. We must develop a system of quality recovery houses that adhere to high ethical standards. Recovery housing must always support and never be used in lieu of proper treatment services. This system needs to include adolescent and special population housing, infrastructure development, and training for house operators to support recovery from a SUD. The housing system needs to work collaboratively to support long-term treatment and recovery as part of a system of care with a five-year recovery goal. Following the task force looking at recovery housing that PRO-A facilitated, Pennsylvania passed PA Senate Bill 446 (Act 59 of 2017) focused on developing and implementing standards for Drug and Alcohol Recovery Houses. We think that this is an excellent foundation on which to begin building properly funded and managed recovery housing. Such a system will require a strong role of the recovery community engaged and independent of that of entities with a business interest in owning or operating recovery housing. This is needed to ensure that our community is being housed in an ethical manner. Pennsylvania should consider engaging the recovery community that does not provide direct service or housing initiatives in the development and implementation of the recovery house standards. There are significant opportunities to expand well run recovery housing, and that such housing plays a fundamental role in long-term recovery strategies.

Recovery Supportive Housing: The United Kingdom - Jobs, Friends & Houses

Stable recovery rests not only on overcoming acute dependence, but also subsequently on developing supportive social networks, a safe place to live, meaningful activities, and a sense of purpose and hope (Best et al, 2016). In Blackpool, England, Jobs, Friends & Houses (JFH) is a business that is changing the landscape of addiction recovery programs, developing recovery capital and positive community regard. This program provides training and employment to people in recovery while producing community resources to support their journey in the form of attractive housing. Building housing represents a transformation of the 'riskiness' of the recovery landscape, reducing stigma to create an avenue for the wider community to believe in and support recovery (Recovery Research Institute, 2016). This is an innovative program harnessing the strengths of the recovery community to lift itself up while providing an opportunity to improve public perception of substance use disorders as a disease and those of us who have these conditions. A more in depth description of the innovative program can be found here.

Funding mechanisms for pilot programs like this can develop recovery capital in our communities while improving public perception about our community.

Inclusion of the recovery community in this report / next steps

The recovery community and family allies are perhaps the greatest underutilized resource we have, both nationally and across Pennsylvania. Mobilizing our community to fully support the healing process is critically important to expanding recovery opportunities across our great state. The ideas and recommendations contained in this report are intended to be a starting point towards fundamentally shifting our care system towards a long-term, recovery focused model.

The identification of needs within the recovery community framed in this report were completed with key stakeholders in the late summer and the fall of 2018. It is framed on prior work of the Pennsylvania Recovery Organizations – Alliance in our document, A Recovery Community Vision for a Five-Year Focused Substance Use Disorder Treatment and Recovery Care System (Stauffer, 2017). This prior work was developed through focus groups and community dialogue with recovery community members across Pennsylvania in 2016 and into 2017. Which was then widely circulated in the recovery community and among policymakers over the course of the last 18 months with strong support across the state.

The Pennsylvania Recovery Organizations – Alliance believes that the development, implementation and evaluation of services to our community must include active engagement with the recovery community in order to be effective. We also believe that further development of long-term, recovery focused services would greatly benefit by the inclusion of the recovery community as an equal partner in prioritizing needs and developing services for our communities. We believe we can and will build a better substance use care system when we all are engaged collaboratively. We will be posting this report on our web site at http://pro-a.org/ and we will continue to circulate it more widely with our members and allies across Pennsylvania and beyond for comment and feedback with the objective of expanding recovery opportunities for all Pennsylvanians.

Together, we do recover.

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