



Recorded Webinar Transcript:
Recovery Community Asset Mapping
11/18/2020

Cindy Christie: We're going live. Here we go.

Callan Howton: Welcome, everyone. Thanks for joining us. We'll get started in just a couple minutes, right at 2:00.

(silence)

Speaker 3: Feel to type into the chat where you're tuning in from. Illinois. Oh, here they come. I can't even keep up. New York, Tennessee, Kentucky.

Callan Howton: Lots of East Coasters.

Cindy Christie: Wow. Hi, everyone.

Speaker 3: Topeka, that's one of my favorite places.

Cindy Christie: Really?

Speaker 3: Well, I should say it's my favorite named places, like in the name of a place.

Cindy Christie: The capital, where I live in Kansas, not Missouri.

Callan Howton: There's someone from Canada also.

Cindy Christie: Yay. We had someone from like East Africa the last time [inaudible] out of the country.

Speaker 3: Green Bay. Let's see...

Cindy Christie: So we're a minute before, everyone. We'll get started close to the top of the hour. We just want to make sure everyone has time to join us, and they're all filing in.

(silence)

It's always so strange when there's dead air. So, hello everyone. Please go ahead and pop your name and where you're located in the chat feature. We love seeing where you're from. I'm in Kansas City, which is about 50 degrees and sunny today. It is the top of the hour, but let's give it one more minute. We have a fantastic presenter today, and we want to make sure everyone gets logged in on time.



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

Callan Howton: I see there is already one question about this, and I know that there will be many, so I'll go ahead and say it for the first time today: these slides and recording will be shared, yes. So if you have people that weren't able to be here, but they're interested in it, it will go out in an email after the training within about five days. And then it will also eventually be posted on our website, which is still currently being built, but there will be many ways to access it, yes.

Speaker 3: There's Puerto Rico.

Cindy Christie: Oh, good.

Speaker 3: Yay.

Cindy Christie: You're right, this is scrolling so fast, it's hard to see.

Jesse Heffernan: Yeah.

Cindy Christie: Well, okay, well people are coming in. We still have to do a welcome and a little bit of housekeeping, so we can go ahead and get started on that. Everyone that's joining, just keep entering your name in the chat feature. Glad to see. Okay, all yours, Callan.

Callan Howton: Thanks, Cindy. So, welcome. As Cindy said, we're going to go ahead and get started. I know there's still some people joining, but we do have a great presenter today, so we're very excited about it, and there will be some Q&A back and forth, so I will make this intro quick so we can get going.

I am Callan Howton. I'm the director of the new Peer Recovery Center of Excellence. If you are unfamiliar with us, we're only about three months old, so that is why. We are very excited to be offering these trainings. I'm going to tell you a bit about the training today, and then also a bit about the center, just since we are new to make sure everyone knows. If you've been on our first two trainings, I apologize for the repeat, but that way hopefully just everybody knows kind of what's available and what our future plans are.

But today, and why you're here is for our webinar. I've seen a couple questions about how long it is. It's a one-hour webinar today and it's based around Recovery Community Asset Mapping, and our presenter is Jesse Heffernan, who you can see is one of the four individuals that you can actually see their face today. This will be, as I said, one hour, and who will be presenting, and then Cindy will talk a little bit about the Q&A part also, but you will be able to interact throughout the training.

If we go to the next slide I will tell you a bit about the center. So as I mentioned, we are a new center, about three months old. We are funded through SAMHSA



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

and housed at the University of Missouri - Kansas City. Our three partners are University of Wisconsin, University of Texas, and also the National Council for Behavioral Health. Also, as you'll see at the top of this slide, it says, "Peer-led Steering Committee," so the goal of our center is to advance peer recovery in any capacity, whether that's integrating into different services, workforce development, anything like that, and we didn't want to be focusing on building up the peer support recovery community without having a significant voice from peers.

So that's what the top gray bar that says, "Peer-led Steering Committee" is for. So that's a group of experts from across the country. They range from East Coast to West Coast, and they give input and guidance on work plans and what we're focusing on, and if there's anything that's happening in the field or spikes and things or upcoming topics that need to be covered, we get a lot of feedback from them and guidance. That was really important when we were creating the center and important to SAMHSA when they were putting out this grant for the new center.

So we're so thrilled to have that steering committee, and then as I mentioned, our different university partners and UMKC, we're focusing mostly on clinical integration of peers, workforce development, building the capacity of recovery community organizations and also evidence-based practice, and practice-based evidence. Those are our four focus areas, but we will have trainings or individual assistance available for any topics that may fall outside of those four areas that are still related to peer recovery support. And requests for that training or technical assistance will be available hopefully starting early 2021, in January or February.

As you can see at the bottom of this slide is our website that will be up and running. It's under construction still currently, but soon there will be a TA request portal for trainings that you can request if there's topics that we haven't covered or that you don't see coming up. So be sure to check that out. But next, I'll pass it off to Cindy for some housekeeping tips, and then we have our presenter Jesse, who I mentioned earlier. He'll introduce himself.

Right before I pass it off to Cindy, I did just want to say if you've joined us for previous trainings, we've only had two before this, and I hope that you enjoyed them. Sometimes not everything goes quite as planned, so if you joined us last week and you were a little underwhelmed, I hope that today makes up for that and I think that it will. So we're really excited that you chose to join us again for this training, and I'm really excited for you all to get to hear Jesse. But I'll give it to Cindy to give you some pointers first.

Cindy Christie:

Thanks, Callan. Hi, everyone. It's great to see so many of you here. I will tell you that this is a Zoom webinar room, so we don't have you on camera or able to



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

speaking, but we have a chat feature and we have a Q&A feature. We use them interchangeably. If you want everyone to see your comment or question or resource you'd like to share, please use the chat feature. We're going to be monitoring it throughout. And the same thing, if you have a specific question, you can use the Q&A feature. In fact, there's one in there now, and this will be referring to one of the questions we get asked the most is, "Will the slides be available and are we going to get the recording?" And yes to both of those.

The other question I get is on CEs, and somebody mentioned that they may not have gotten theirs for last week. Give us at least one week, hopefully sooner, you'll get an email from me with instructions on how to obtain your CE. It's a basic download. We also offer the certificate of participant. And it will include the slides, and we have a tool that you'll see a little bit about when we finally turn it over to Jesse, but I will include that too, and I'll remind you in the chat that that will be included when we get that far.

So go ahead and put your questions in as you think of them. Jesse's going to be taking questions throughout, so we'll be breaking for those questions, so please do. Enjoy the webinar everyone.

Jesse Heffernan: Is that it?

Cindy Christie: Yup.

Jesse Heffernan: Ready to go? Okay. I didn't know if there was transition music or pyrotechnics. I wanted to Zoom. All right. Hello, everyone. Yeah, welcome to Recovery Community Asset Mapping. Thank you so much to the new Peer Recovery Center of Excellence for inviting me on here this week to share a little bit about this. Very grateful to be able to be here, talk about this, talk about my experience with mapping, and just kind of things I've seen.

So again, my name's Jesse Heffernan, and I'm a person in long-term substance use and mental health recovery for a little over 19 years. I use he/him/his pronouns and I'm a recovery coach professional, and a trainer and consultant with Helios Recovery Services. I'll have my contact information available at the end in case there's anything from in here that you want to know more from me or I'm not sure how many of the materials are going to be sent out. There's a mapping tool, but also some other things that you can probably just do a Google search on and be able to find those as well.

Being primarily from the recovery coaching and peer world, I rely heavily on also the expertise in the room, so I know there's probably a number of folks who have come on here that have done resource mapping of some kind or been involved with that process. So if you have materials like that or if you have links to those places, feel free to share them in the chat box. If there's something you



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

feel that I've missed throughout the course of this training, please chime in. Again, I think that one of the most dynamics of the recovery community is our ability to share the resources and assets and ideas and concepts with each other so that we can all build each other up throughout that process.

So by the end of this, what I'm hoping is that you'll be able to walk away with knowing at least four different types of recovery community asset mapping, learn how recovery capital can be used as a framework for that, and then how to include broad community representation in asset mapping. A lot of times the mapping itself is really focused on recovery or treatment services or prevention services, so how can we expand that a little bit more, look at some more holistic and cultural services as well.

I will stop between the different sections and just ask the team here if there's any questions or if there's any thoughts about something, or if I need to clarify something a little bit more as well. So know that there is time for your questions as we go through it. So just some kind of intro piece, what is asset mapping? It's an inventory, right, it's like an inventory of our community or it can be a virtual kind of inventory, but it's looking at the strengths and resources. Again, when I think about recovery coaching and peer services, how it's strength-based, so we do this strength in asset mapping of our community, so we can look at what's going on.

Sometimes it also allows us to be able to look at what's not going on or where there's some opportunities, and we'll talk about what that means as well in context of our work as peer providers, as coalitions and organizations as well. Some of these first few slides, I was involved with Recovery Advocacy Project, and their mobilized recovery efforts, and so I had some input on when they developed their mapping resource. So I borrowed this specifically from their website. If you're interested in learning more, you can look up the Recovery Advocacy Project and some of the additional tools that they have. If you've got other resource ideas, again, please share them in the chat box.

So again, once resources are depicted, and this organization, in particular, is looking at grass root-level advocacy and how to do those things on that place, not necessarily larger, federal initiatives and things like that, but once you start to develop this asset mapping on a grass roots level, again, it can really help you see what's available in your organizations' scope and capacity. You might find that some other counties, state agencies or organizations have created some of these, and so I've been in a number of counties training. They'll come up and say, "Well, we've got this great resource guide already. We've done what we needed to do to map out all these different things."

I'm hoping that again later in the training here when I show you some different types of mapping, you might be able to bring some new ideas to those. So how



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

can we align ourselves with those current initiatives? How can we maybe get them out there and get them off to different folks or bring some other ideas so that we can, again, build and create more recovery capital or more recovery presence with current things that are happening.

So again, a detailed list can really be helpful, especially again, when I look at the coaching and peer side. Those things are so imperative when it comes to working with individuals on their recovery wellness plans and their goals. It also really helps with expanding personal knowledge of what's available out there. There was a workshop that I went to once with our former congressman, Reid Ribble, and it was about empowering nonprofits in Northeast Wisconsin. He started out by saying there was at the time several thousand nonprofits just in our corner of Northeast Wisconsin, and they're all vying for the funding and they're all trying to be recognized and noticed, and granted, they're in all these different areas. But when I heard that, and as someone at the time, I thought I really knew a lot about what's going on in Northeast Wisconsin and he dropped that number, it made me think of what am I missing, how do I get more connected with those organizations, how do we get the word out about those organizations.

And so again, in the recovery space, for me to have that knowledge can be really helpful, but it's also not entirely possible to know about all those things going on. So we're going to talk more too about what that inclusivity looks like in getting more resources and more people to the table to help us with mapping.

Again, when we start to see that there might be gaps and we're going to provide some tools about maybe there's not some certain types of programs or services available in our area, can we access them in other places, but those also might become options when we do the mapping or when we do assessments within our scope of service area that it might lead to opportunities to provide more programs in our organization, or collaborate on grants or funding opportunities with other organizations. So this mapping thing is more than just knowing what's in physical locations, it can provide us with a lot of depth and a lot of foresight over where we want to go as an organization or as a community, as a coalition.

So this is my story about community mapping. That's me second in from the right there. Earlier when we were just looking through the slides and just making sure everything was all good with everything, I said the worst thing that I put in these slides was me in corduroy pants 14 years ago. I hope they come back. I figured now during COVID, I could probably still be wearing them. But it's the principle that matters. If you've done it once, I've been told, you can't do it again.



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

So I joined the Runaway Outreach Program at the Fox Valley Boys and Girls Club in Wisconsin in 2006. When I went there, one of the first tasks that was brought to me is we had these things, it's called Street Smart cards. They were about wallet size. The first thing I thought was why are we working with youth 12 to 24 and handing them things for their wallets? Most of them don't have wallets. Regardless, we made them wallet size because that's just kind of what stuck. Inside these Street Smart guides was about 90 different resources in our Fox Valley area, specific to youth services and specific to them getting help for themselves or to their family, anything from the other YMCAs, other youth-serving organizations, places for mental health, substance use disorder, places for be able to access food or if their family needed to access rent, just different types of things.

Part of our job was when we went to schools to present on the dangers of running away, we'd hand those out there. We were all put on offsite locations as part of our job as well, so I was at an organization called Harmony Café, where I was co-facilitating youth LGBT groups, so I'd hand out the Street Smart cards at the café and to the group members and to the youth that were coming in. But when I first looked at these, my supervisor said, "Listen, your job in the first three months is to call every single one of these organizations. And you need to think about some things when you do this. 1) Are they still open? Is it still the same phone number? Is the location still the same? Have their services changed?" So not only do we have the Street Smart card, but we had an additional piece of information where we just kind of knew behind the scenes what all these things were.

And the last thing that I was asked to do was not just gather information, but to set up appointments with all these organizations so two or more of us from this team here on AmeriCorps could go in and visit the organizations, and also let them know what we're doing. So it was really valuable. It was maybe one of the most valuable experiences in my professional career learning about all the things that were available, just in this small bubble of the Fox Valley region here in Wisconsin.

So I got to go to a majority of those meetings, and it really helped launched my professional career as well, getting connected with all these individuals. One of the biggest things too that I learned was that they weren't aware of all the services and the programs that not only our Youth Runaway Outreach program offered, including mediation, we were able to connect them with other resources within the Boys and Girls Club if they needed temporary foster care or if they needed help with homework, if they needed other mentorship opportunities. So they got to learn a lot from us, and we got to learn about their organizations as well.



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

So as I've gone on, I continued to think about mapping isn't, again, just about what's located where and are they still open. We know these things change on such a consistent basis, but it's about the relationships. Resource mapping and resource guides are about relationships, and it's about connecting with folks. Depending upon the type of mapping that you're going to do, you might be able to map in someone else's region, and even if you're doing that, it's about relationship-building with those organizations that can help you and be connected with you throughout that.

So this is kind of where mapping was introduced to me, and I've taken this idea, and again, applied in what does it look like for recovery coaches, what does it look like for peers, what does it look like when I go into an organization and we have to do asset mapping and we have to look at are their program and services going to be overlapping or duplicating what other people are doing. Rather than creating competition, it was important just to have relationship with them and be able to talk to them and say, "How can we work together? How can we address more issues in our community? How can we develop better recovery support services as we move forward?"

So this is an example of one map, so there's an organization here in Wisconsin called WisHope, and this is just again, when we start talking about moving to everything digitally at this time frame, because we're not handing out as many paper resources as we once did maybe in the beginning of the year, this is an example of what a map can look like. We'll go into the specifics of this covers both the service type and location, but there's a lot of other organizations out there that are developing digital maps or digital toolkits when it comes to these mapping resources. So I just wanted to show a couple of these and what I've seen some folks doing. Again, if you've got links to other resources, feel free to share those in the chat box.

And of course Google last year, they launched their Recover Together initiative. You can go on their resource map and find... primarily, it's within the scopes of different types of fellowships, and so that's another thing to think of too. In this recovery space, are meetings moving around, are new meetings starting up, how do we incorporate those into our assets when we're listing different things? But this organization that's worked with Google on some of this stuff, again, people were able to plug in a lot of this stuff. And this was actually an initiative that went out to several recovery community organizations across the country, especially as COVID hit, to be able to list, "Here's the meetings that are going on. Here's the list that we're doing of different types of recovery support initiatives." So in just a couple examples of something that you might be able to use or post on your website and not have to necessarily create the work-around it, but have them available as a resource.



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

So this is our poll question. I'm just interested of the... how many folks do we have on here? Little over 300. How many of you have done, created resource guides, and so we're going to put a poll up and see how many people have done this work, how many other experts do we have in the room.

Callan Howton: Hey, Jesse, while they're answering can I ask you a couple questions that have come in?

Jesse Heffernan: Yes, definitely.

Callan Howton: One, which I typed the answer, so I'll just answer it quickly, but one was, "What is an RCO?" And so if you are unfamiliar, that's a recovery community organization that might be in your community. And then specific to what Jesse has been talking about, one of the question, "If you were reaching out to those organizations like you mentioned," so build your map or your list, "How would you adapt that for COVID?" If you couldn't go in person.

Jesse Heffernan: Yeah, those are some great questions. And we're going to go into a little bit more of that too, but I think we can bring it up now. I think we have to be thinking in this kind of multi-faceted way of current reality with COVID. So where are the resources, what do they have available, do they have telehealth, do they go across county and state lines? Some of this is later in the presentation as well. And be ready to when we start going back into in-person stuff, what resources are available that way? So I think this might be a difficult time to really build a comprehensive mapping system just because we have to think of it in those ways, and resources are a little bit more limited, but you've got to think about it in those two different kind of ways.

Again, I think the larger part of all of that is the relationship aspect of it, again. We'll go through some more pieces of what to think of when referring people to different places. We can look at those later too. As far as RCOs go, there's some great information from William White as to laying out what an RCO is, independent, nonprofit organizations that has a board or steering committee of 51% or more people in recovery. So again, if you just fit the criteria of that, you can call yourself an RCO. It's just a matter of going to William White's paper, see if your organization meets that, and you can... so for my business, I'm a for-profit organization, we don't have a board, I'm not an RCO. But there are several nonprofit organizations, there are several startup organizations that do meet that criteria, and you can use that label RCO freely and be able to apply that to your materials as you want to.

Looks like our poll here, which is on this side of the screen for me... they're like, "Why is he looking away?" So 162 have done this. Wow, so there's a lot of expertise in the room. I love hearing that. We've got about 69 that have not. And not sure, about 36 are not sure. So that's really great. I'm interested if any



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

comments came in about barriers that people experienced when doing mapping processes.

Speaker 3: I did see one Jesse around how time-consuming it could be.

Jesse Heffernan: Mm-hmm (affirmative). Yeah, time-consuming is definitely a large part of all of this. That earlier map that I'll talk a little bit more too from WisHope, I mean, they spent seven months putting that together. We can be the range from small, nonprofit organizations or community groups, so what's realistic and doable for us, right? Again, that's why I continue to go back to find out if others have done it already, find out if there's other coalitions or organizations or nonprofits you can partner with to develop more comprehensive maps.

We're going to talk about just the use of peers and even former participants or clients or patients or consumers or whatever your organization uses, how they can play a part in some of that mapping as well, which can be really important.

Callan Howton: Couple other barriers that came up in the Q&A are when there are rapid changes in services, and then also another one that has come a couple times, the actual creation of the map, I think the tech behind it, like if there's a plug-in or an app or something.

Jesse Heffernan: Yeah, I think there's some common source software that folks can use. I think that's what WisHope used to be able to build theirs. You'd have to contact them specifically to find out what that is. But Google does have an option where you can make your own map using a Google Map and put it on your website. I've seen some organizations do this where you can plug and play all those different pieces on there. I think there's some different maps that can allow you to be able to put in, like, here's what the map legend is, here's different colors you can use. Can you add your logo to it or not. Some folks, that's really important to them.

So there's options out there, and again, I think it's about researching some of it, reaching out to the folks that have already done it. Maybe there's a Peer Center of Excellence that one day will provide technical assistance on mapping and help your organization walk through all of that. But those are great ideas, and I appreciate people listing some of their barriers. Any other things that came through?

Speaker 3: I think an interesting one was, and got at this in the beginning, Jesse, but what about for a small, maybe rural community that seems to have little to no resources?

Jesse Heffernan: Mm-hmm (affirmative). Yeah, there's some organizations I worked with in the Northwoods of Wisconsin where the nearest resource is like two hours away,



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

right? I think they were really creative in 1) talking to those organizations about can they do their services? And this is before COVID. Can they do them via telehealth? So this was one of the recovery core organizations that's throughout the country. This one's up in Marshfield. Their folks were able to drive people places.

As we start doing this stuff and we look at these big broad expansive areas where there's no resources available, I think that, again, it's on us as providers, how do we overcome those barriers, and how do we make it more accessible for folks. Again, I don't have all the answers where the funding for that comes from, but those are the opportunities and the places that we can look to for those things. We've got to be the one to help make those bridges for folks and help them get connected.

Again, I go back to a lot... I think of there's a person experiencing their depths for substance use disorder and trauma and all the different things that come with it, and regardless of having Google at their fingertips, just the amount of anxiety or crisis that they're in, may not know how to navigate those things or know the insurance or know the resources. So, again, as providers, as peers, as folks developing that these things, that can be on us to help create those bridges. Other thoughts, comments? Should we close down the poll? Do I do that or do you do that?

Cindy Christie: Sorry, Jesse. I did that. Do you want to see the results again?

Jesse Heffernan: No, I can see them, but it's not close on my page.

Cindy Christie: Really?

Callan Howton: Oh, yeah. That's just your personal. You can close that.

Cindy Christie: Oh, okay.

Jesse Heffernan: We're all learning together. It's better just to call it out, right? All right, so thanks everyone for that. Again, continue to list questions and comments as we move forward. Now I want to talk about, at least from my point of view, the four kind of different types of mapping that we can think about when we're looking at this, and this services location, services type. Looking at dimensions of wellness, and then looking at the recovery ready community platform that was developed by YPR.

Again, these are just things to think about. If you haven't done mapping yet, maybe this will provide you a platform and an idea of what might best work for your organization, for your community. If you have done mapping already, this might be a way of, "Okay, we've got all the resources mapped out, maybe we



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

need to reconfigure them in some different ways so that they're understandable to other folks or to other community organizations, or maybe something that will help other people in different provider arenas."

So first we're talking about services location. So it details the locations of different services based on county, city, municipality, state. So when we're at Harmony Café, we had the two café locations, one in Appleton, one in Green Bay, and we would draw circles around them for 15 miles, and we would look at what are all the services, what are all the high schools in the area, because we were doing youth-serving work. So again, that was like our scope of our service area. Even though we'd get pulled in different directions across the state to do some work, we really tried to maintain that service of scope, and so it was important for us to know what was in those areas.

It also helped us have some more definite ideas and concrete ideas of what really was in our lane and we were able to keep a better idea of what's going on and keep those things up to date. Services can include recovery centers, Alano clubs, treatments, public health agencies, youth/adolescent care. You can think of different things. Again, it's important when you start thinking about these mapping, what kind of things have past participants or clients or peers asked for? What kind of resources have they looked for? What kind of things have you as a provider had to look up on the fly that might be important to have available to you?

I remember when I had my own office prior to all this, at one point I just built up this binder full of all of these resources, and I really had no way of sorting through it other than I just knew what was in there. I've seen other organizations that just kind of have that binder of knowledge. So this, again, thinking about those things, can you start to move it around a little bit, something that's more accessible for you and accessible for the folks that you work with.

So services type, again, this is not necessarily about the region because it can span cities, counties, states, services in different areas. But you're looking at listing it more based on what the service is. Again, we might be able to map all those things, so in Wisconsin, we're a very county-driven state. One of the things that's really fascinating to me is I was an opioid taskforce meeting once upon a time a few years ago and we were on the other side of Wisconsin, over in La Crosse, and I made this comment. I said, "If I were here in La Crosse and I broke my leg, you would have me go into a hospital and I would be in the care of this hospital system until I was ready to leave, right?"

Unlike, at least in Wisconsin, where there's a lot of these county barriers of, if I lived in my county but I was visiting La Crosse, and all of a sudden I had this need or this want to find recovery support services, they might say, "Well, you



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

have to get back to the county of residence that you're from in order to get those things." I may have to go back. That goes into parody and that goes into all those other types of issues, but thinking of are there those concrete lines? Does it serve you better in your organization to look at services or to look at location, and what kind of things do you need to be aware of as you're promoting services across those different lines, and what does that look like for you?

A couple of examples of some guides that I've seen. So one, we have the Fox Valley region, which is where I'm from, and it's kind of an outdated guide, hence some of the language on it. But as you can see in the contents there, it's got residential in-patient treatment, it's got out-patient sober living resources, HIV, fatal overdose, and family and peer support. So it's listed by the services that are available in this region.

And then you see with Mental Health America guide there from Milwaukee, they've gone far more in-depth with the types of services that they've mapped out because they're looking at, again, all the different things that might impact someone's mental health or things that they may need to look at when addressing different issues in their life, so legal, housing for older adults. They go into some cultural-specific services, youth and family services.

What's also interesting is that when I was looking at the Mental Health America resource guide, it looked like it was this form of revenue stream for them, so they were selling ad space within the guide itself, and I thought that is really creative. I've seen that happen with some other resource guides and some other mapping guides, but it was more specific to looking at a Chamber of Commerce kind of a model. But as a small nonprofit, if you're doing all the work to put together all these resources and you're going to feature some organizations, there might be people willing to pay for those things to be able to put that stuff on there.

As far as the criteria of who pays or who you put out there, again, that's up to you and what organizational values and things like that that you have that you want posted throughout your entire guide. But again, just a couple examples of service mapping.

Again, we go back to this mapping. You can see again it's both services and location at the same time. So I can go on here, I could look specifically where I'm at, and the further you zoom in on an area, the more you see all these resources. You can click on one side there, all the different types services that you'd want to see within a specific area. Again, helps kind of in that two-dimensional prospect of if I want to find something in a certain area, I can go on here. If I'm doing a recovery coach call, I can go on here and I can find those things that are available for them.



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

- Callan Howton: Jesse, I think you muted yourself. Oh, there we go.
- Jesse Heffernan: I didn't... how long have I been muted for?
- Callan Howton: Just a second.
- Speaker 3: That was me. I was trying to unmute myself, Jesse. I'm sorry.
- Jesse Heffernan: Oh.
- Speaker 3: Can I throw a couple questions your way?
- Jesse Heffernan: Yes, please do.
- Speaker 3: Do you have an opinion or a thought on is it better to be general or specific when you're choosing your resources? So there was just a question about how detailed do you want to get, or do you want to offer more general resources, or do you really want to think about the population specific to the community you serve at your organization?
- Jesse Heffernan: So I would back up and I would start with a conversation from an administrative and staff level. So developing almost a strategic plan about your mapping. And it could be your community, it could be a volunteer organization. So 1) when do you want to have this out by? How much realistic time and energy do the people that are going to create this have? I think if you start answering those things and then bring in these questions about who have we served, what have they asked for, what things are missing.
- It's really, again, it's a strategic thought process about why you want this map created and how much energy, time, resources, funding you have to be able to do it. So I would go a little bit further back stream and ask those questions first. And if you're like, "Hey, we've got a million bucks and like 48 people to do resource mapping," I'd be like, "Wow, one, that's amazing. Congratulations. Two, you could ask so many questions based on that." You're going to be able to map so many things, find out about insurance, find out about hours, what paperwork they need, all that different stuff.
- But we know in large part, that may not be a reality for people. So again, being able to step back, and if you're not able to create the depth of mapping that you think is appropriate or is going to be helpful in your service region, that's again when you start finding those partners, findings those coalitions, findings those agencies and organizations. Some places to even think about that, so as a smaller nonprofit here, we had access to interns from some of the social work programs and mapping was a very good opportunity for them.



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

We have volunteer-based organizations in which people are just looking for volunteers and they are able to come in. AmeriCorps, you know, looking into your local AmeriCorps and mapping is a great... again for me, it was one of those great opportunities. So it's not about an opinion of how general or specific to be, it's more about strategically thinking of planning about what's best and what's possible for your organization to do those things.

Speaker 3: Thank you. That was helpful. It's a good idea to have some planning around your mapping beforehand so you know what it is you're going for.

Jesse Heffernan: Yeah.

Speaker 3: Someone else asked about having churches or religious communities included on your map.

Jesse Heffernan: Yeah, again, churches and faith communities can be essential. When we go into one of the next parts here about dimensions of wellness, we know that that's a part of wellness for people. The only thing I would say is if you're going to include one faith, include them all to the best of your ability.

In the Fox Valley here, we have a really strong interfaith community that incorporates a lot of different religions and spiritualities, so we have connection with them. They have put substance use and recovery on the forefront of some of their conversations, and so it's really been helpful to actually have those relationships with several faith communities. And I do think it's important... one of the things you could have on your map, and again, this will come up in more detail later is, say, the church or faith organization, "recovery-friendly." What does that mean? How do you vet that?

If you think of... in the LGBTQ+ community, there's HRC, the human right campaign, and they do a pretty thorough vetting process of people have to apply for being recognized by them. So is that something that your organization can do? Come up with a list of criteria. What does recovery friendly mean? When you're doing your mapping, do they get an A, B, C, or D on that? Or how do you list those things so that people know where they're going and what they can expect from them? ROSC is a really great framework to think of too. So again, recovery-oriented systems of care, ROSC is this systematic framework where we're moving away from recovery just being a treatment episode of 28 days to thinking people need to be involved in a 10 to 15-year process to truly recover.

Is everybody in your community doing that? Does everybody have the same language? The state of Illinois has done some amazing things with their ROSC councils in developing these larger community approaches, so it's not just about



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mapping resources, but it's about knowing that everyone's talking the same language.

Speaker 3: Thank you. I think the last question I'll throw your way because it's really specific to the slide we're on, someone's asking, "What is the map that we're looking at?"

Jesse Heffernan: This is WisHope. So, WisHope is an organization in Waukesha, and I believe they have a satellite location in Waupaca as well. So they hired folks within their organization to call all these places, and if you go... there's a link there on the bottom WISHOPE.ORG, you can go to this interactive map. Go to any one of these locations. It'll give you some detail about where it's located, phone number. I don't know if they've gone into full amounts of like if it provides insurance details or not. Again, I invite you to visit the map. If you're interested in how they built it, get a hold of them, see if you can share some of this stuff with them.

Speaker 3: Perfect. Thank you.

Jesse Heffernan: Yup. So next we're going to talk about dimensions of wellness type. This creates a framework of services to identify. So again, not necessarily looking at services type in the traditional sense that we looked at, but looking in other areas it aligns oftentimes with recovery community organization wellness plans for peers and coaches, and it focuses on quality of life and cultural perspectives as well.

Again, when we look at dimensions of wellness, emotional, financial, social, spiritual, occupational, you can read the rest. If I were to develop a map this way, for me as a recovery coach and a peer, this would be very helpful. If I had a specific service region of, say, Northeast Wisconsin, and I was mapping things out this way, I would be able to see what's all available. See there's not an organization that provides financial services or can help people with those things. Well, I might want to look into that. I might want to talk to another organization that could do those types of things, or could it be within their wheelhouse.

So it forces me in a sense, or forces organizations or community coalitions to really look at these dimensions of wellness. Again, we know that recovery isn't just about abstinence. We know that there's other pathways of recovery. We know that there's moderation and medication-base and recovery-affirming health services. We want to be able to include and incorporate all those things. Multiple pathways of recovery are very important when we're looking at our mapping system.



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

We use this dimensional model, and again, you could take preexisting resource guides and just kind of reconfigure them into these different areas. Oftentimes too, this way of looking at dimensions of wellness, I've seen a number of quality of life assessments, they're oftentimes assessing quality of life in these areas as well. So if we're not measuring a person's success just be abstinence anymore, but by their quality of life enhancement, it's going to be really helpful for us to be able to say, "Yes, they've improved quality of life within the emotional field of wellness, and we know that because they've been connected with resources and because of that, this is how they feel as a result of it." So we can start making some of those shifts at looking at bigger, broader perspectives of things.

Another mapping system or mapping idea, following YPR's Recovery Ready Community's guideline, it's looking at both systems and wellness, and it introduces mapping factors of equity and access. So again, if you can see all these, I'm not sure how large it's showing up on your screen, and maybe there's some people on their phones right now trying to blow it up. But again, prevention, treatment, harm reduction, judicial and law enforcement, housing, education, employment, recovery support. You can see within some of the describing factors here, it talks about, again, is it recovery ready, is there equitable access for these things. Talking about law enforcement, are these organizations... if we talk about drug courts, are they recovery ready drug courts in a sense? How would we shift some of that perspective? How would we look at some of those services?

There's a number of organizations that have incorporated the PAARI, the Police Addiction Assisted Recovery Initiative, and again, when I first saw them, they called them Angel Initiatives or whatever. I'm like, "Oh, that's a really interesting concept." People can bring their substances to a police department and be fast-tracked magically into treatment, right? But do we have relationships with those organizations? Do we have relationships with those police departments? What does it really look like? Are we guaranteed that folks are going to be able to get into treatment and support services? What happens if beds aren't available?

Are we going to list all these different areas and think about these things more in depth than just having all this stuff on our maps? Again, we want to think about almost like the experience of the person who we're walking with through their recovery process and making sure that we're setting them up for success through this whole thing. So, equitable access may or may not be a thing. Do they have the right insurance? Do they take county insurance? Thinking about a lot of different factors, we may not have normally thought of when we're just putting together a resource list.

So any questions about those four types or the last two types that I talked about of different types of mapping?



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

Speaker 3: So far I think you covered everything I think from questions. Someone did want clarification about the WisHope map and do you know what tool they used? I think they used a Google Map to some, but, yeah.

Jesse Heffernan: Again, I looked into it once. Even make your own Google resource map and then plop it, get the HTML code, put it inside your website. Some things to think about, this is from CCAR when they talk about resource mapping. So they're looking at other things too, where is it located, what's the neighborhood like, is public transportation available, that can be a huge piece. Looking at other barriers that people might have to these resources, the protocols, the costs. Will the person have a choice in who they see? Is it recovery-friendly? Would you refer a family member there? And I often laugh about that one because I'm like, "Well, I guess it depends upon your relationship with that family member if you'd send them there or not."

When I was the program director for Peer Run Respite here in Appleton, Wisconsin, we worked really hard on making sure that people, if they wanted to be guests of the Peer Run Respite, that they had as much information as possible, they knew as much about the peers that were working there. At one point I wanted to see if we could get one of those fancy 360 kind of cameras that realtors use. So you could go on our website, you'd be able to take a 3D tour of something. Again, anything that we can do to lessen the anxiety, to be able to provide people with contacts about what they're going to.

Another question I would put out to people is, as a recovery community organization or provider, when I think of referral services, and I think of, okay, so we've got someone who's just starting to get into this place of wanting help, and they've got to get help with rent and maybe food assistance and maybe heat or something like that, I know what it's like to have to go to like four or five different places and sometimes have the right information, need two forms of ID, need an address, need all this information, and then have to share why I'm there.

So again, how can we unpack that stress and anxiety for them before they go and do it, so how much do you know about the place? Can your organization have all that paperwork ready? Can you tell someone, "If you're going to go to this organization, you need to have these IDs ready?" "Well, I don't have those IDs," right? Cool, then we have another place to start from when we talk about mapping. So again, it's a lot more in-depth when we look at all these different factors.

We talk about recovery capital, so the breadth and depth of internal and external resources that people have when it comes to sustaining recovery from alcohol or or drug problems. So there's a couple ways to kind of view this. One is when we think about our framework for mapping and we measure the capital,



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

so if you were to do all this mapping, put it in different categories and look at how much human capital is available, social capital, this has also been a tool that's been used by Face It TOGETHER help to look at their recovery capital index.

So it's not necessarily just quality of life, but they look at how much capital does a person have, and how can they measure those things in their relationships with coaches and providers as they move through their recovery process. Our hope is, of course, and our goal is, of course, that people develop capital the longer that they're on their recovery pathway. So again, here's just a couple examples of what this can look like. Again, that question, "Can we use capital assessments to map and measure resources, assets, and gaps?"

So if someone's got a certain area where they're trying to develop something, say cultural capital, and it's not moving anywhere, how do we address those issues with providers? What more do we need to do and what do we need to look at in our communities? I know I'm getting-

Speaker 3: Can I throw a question to you?

Jesse Heffernan: Yes.

Speaker 3: Any specific skills you would say someone needs to have to start this process to do a asset map?

Jesse Heffernan: I think it's not so much about the skills of an individual. It's about, again, setting up the appropriate mapping system. So are you going to plug everything into an Excel doc and then move it over? Again, how can you make that experience really simple for someone, like if they're coming in or if you're starting to develop this for yourself? So maybe from a skills standpoint, it can be just as easy as having a Word document with all the names and all the phone numbers on one side, and the websites and things like that. And it can go as in-depth as, like as you've seen, developing full-on Google kind of maps for your organization.

I would say, yeah, the skillsets is maybe just some technical proficiency in some different platforms, and if you don't have it, or if you don't have access to that, and again, can you find volunteers or interns or folks in other areas that might have that skillset to be able to help you develop those things.

So when we talk about the options to mapping, so again, there's some different ways to do this, the individual work, that's what I did at AmeriCorps. My supervisor came in and said, "Colin figured out... go take care of this." Making sure, like we weren't actually plotting out a map. Again, we were just looking at our service area, what's all available specific to youth, and which ones did we



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

have relationships with. Your agency, organization, or county might be paid or contracted. Again, that can be really great if you're getting contracted to do service mapping in another area, but I'd strongly encourage involving people from that service area in that mapping process because they're going to know things and be aware of things that you're not just from a simple going search.

Again, that community collective process, can you bring in several organizations to do it? And again, we talk about data entry, and one of the things I was going to talk about was consistent data entry from participants and clients and peers. So, can you have a system where maybe you have all these different things, but people can provide feedback on their experience with these organizations or they can let you know, "Nope, this place isn't open anymore." So if you have something in print, it's going to go out of date right away. But if you're got that digital resource, like you can get more information consistently from the folks that are out there doing the direct service work so that you have reliable resources listed. We talked before-

Speaker 3: I'm going to record this part. There. Go for it.

Jesse Heffernan: All right. And just lastly, the last minute here is just some tips. So sharing your resource with others, look to social media and other organizations and be able to help share these things. It's not about holding it or withholding information or having the best information. Again, recovery works when we include as many people as possible, when we collaborate and connect with as many people as possible.

Finding out if there's existing community legislative efforts. Again, digital versus hard copies. And the biggest thing is it's relational. It's not just about having a good map, it's about the relationships you have with the folks on that map. And they don't have to be really in-depth relationships, possibly, if you're trying to cover a whole state, but how can you have some of those conversations. That's all I got.

Speaker 3: Oh, I think you have so much more, Jesse.

Jesse Heffernan: Well, there is, but we only have an hour.

Speaker 3: Yup, yup. We only have an hour. Well, I think we covered most of the questions. There's one last question in the Q&A, but we might reserve that for after the webinar, because I think it's from someone you know. I don't know if you can open the Q&A. Want to wrap us up, Callan?

Callan Howton: Sure. I am typing an answer to that though. It is just a funny question.

Speaker 3: All right.



Recorded Webinar Transcript: Recovery Community Asset Mapping 11/18/2020

- Callan Howton: Yes, so I just wanted to share real quick thanks for joining us today. We will be sharing the slides, so if you attended today, which obviously all of you have, you will get an email from Cindy Christie within a week, so look for it maybe early next week with the slides, any templates or information that Jesse's willing to let us share with you. And then there will also be links for the continuing education or if you just need the participation certificate, there'll be a link for either one of those.
- And lastly, there will be a feedback evaluation, so it's just five short questions. If you want to take time to give us some feedback, we'd really appreciate it. Our next training is November 30th, and so also anyone who registered and you put your email in, you'll get an email from Cindy with our upcoming trainings as well to be able to register for those.
- But if there's any other questions, I know there's some popping up right now at the end, I will respond to those by email or by chat since it's 3:00, but Jesse, did you want to add something?
- Jesse Heffernan: So there was one important question. You've got to understand mapping is very wibbly-wobbly and tiny-whiny when it comes to mapping, so when you're charting not just our planet, but other planets, you've got to think about those things, and so our screwdrivers are very helpful.
- Callan Howton: Someone had asked a question about a TV tool.
- Speaker 3: Yeah, yeah.
- Callan Howton: We will respond to any other questions that came through right at the end. I'll be sure to get back to you. Thank you all for attending so much, and hopefully we'll see you on the 30th. Thanks.
- Jesse Heffernan: Thank you.