Technical Assistance Collaborative | UMKC Knowledge Bite – State Leadership for Recovery Supports (August 16, 2024)

REBECCA BOSS: Hello and welcome to this short video segment, which we are calling a Knowledge Bite, to have a discussion around leadership and the importance of state leadership in implementing recovery supports on a statewide basis. My name is Rebecca Boss, and I am joined with my two esteemed colleagues from state government whom I will introduce in just a moment. But for right now, I am going to start by sharing a slide deck with you all. Here we are.

So as I said, I'm a consultant with the Technical Assistance Collaborative, and I had the honor of working with the University of Missouri, Kansas City Peer Recovery Center of Excellence and developing a report on optimizing recovery funding, taking a look at the way that states provide financial and other means of support for the development and implementation of recovery support services in their state.

And this work was supported by a grant, and so I need to make sure that I share with you this disclaimer, that the funding for this initiative was made possible through a grant from the Substance Abuse and Mental Health Services Administration, or otherwise known as SAMHSA, and that the views expressed by speakers and moderators do not necessarily reflect the office official policies of the Department of Health and Human Services, nor does mention of any trade names or commercial practices endorse-- recognize endorsement by the federal government. We won't be going that way anyway.

So we are going to be talking about state leadership, promoting recovery support services, and peer recovery support specialists. And I just want to take a moment to introduce you to our esteemed speakers here today. I've introduced myself already, but joining us will be Cassandra Price, who is the Director of the Office of Addictive Diseases with the Georgia Department of Behavioral Health and Developmental Disabilities. And Brenda Harris Collins, who is the Director of the Recovery Bureau for the State of New York Office of Addiction Services and Supports (OASAS).

When we wrote the report looking at state funding for recovery support services, we identified some key factors that really spoke to the researchers and the writers about things that made recovery support real and happen on the ground level. And one of those things was leadership at the state level. Supporting recovery, understanding recovery, engaging with recovery services.

And so we identified states that really spoke to that level of commitment at the state leadership level. And our representation from Georgia and New York today speak to that level of commitment.

So some of the things we found in our report that speak to what leaders do in states that support recovery, one is to create a strategic vision for recovery support services. One is to develop a technical assistance plan. Another is to really look at regulatory and consumer protection processes that would be developed in collaboration with recovery support service providers and recovery community organizations.

There's also a look at credentialing and/or certifying certain types of recovery support services through a recovery-oriented set of standards, as well as designating staff responsible for recovery support services at the executive management level. So those are some examples that we noted in states as we looked at funding and support for recovery supports.

But here's what my question is. What do the experts say? So I have two experts here with me today, and I'm really interested and hope that you will gain a lot of information from the work they have done at their level in their states. And so first, I will turn you over to Brenda Harris Collins and look at the state leadership in promoting recovery. Brenda?

BRENDA HARRIS COLLINS: OK. So thank you for having me here to talk about state leadership, especially here in New York State. I have been with OASAS since 2008. And really have-- we have been able to really lay a foundation for recovery support services in New York State.

Some of the things that we are currently doing, we are working on a certification process of recovery residences. So the law-- there was legislation passed that OASAS, the Office of Addiction Services and Supports, would certify recovery residents, and we're doing that work.

We're doing other work right now to begin to look at recovery-friendly workplace. New York State is the first state to offer the recovery tax credit to business owners to hire a person with lived or lived experience. And that has been really exciting. And we really are pushing forward with the recovery-friendly workplace. And we have organizations, coalitions that have been developed to continue to work towards that.

One of the things that since I have been around, we started with three recovery community outreach centers, which are these nonclinical places that support persons with lived or living experience. They are safe places. They are places where individuals can get assertive linkages. We started with three. We now have 31 across the state. We are really solidifying the work that they are doing currently now in the funding and making sure that there's appropriate funding for the recovery community outreach centers.

We're doing a lot of transformative work. Recently, the different recovery centers that we had were funded at different amounts. But now, this particular year, we were able to bring all of the recovery community outreach centers up to equal funding, so they all are funded at the same amount. And they have really been able to do some great work with that. And because they all are unique and all based upon the communities that they serve, it has just been exciting to watch what has been coming out of the recovery centers.

Youth clubhouses. We continue to work with the youth clubhouses that help young people in recovery. There are 21-- 21 youth clubhouses across the state. I will say that at this point, we really are looking at, how do we transform our work even now and really create hubs and use our recovery community outreach centers as hubs for peer support services and to provide other services to persons with lived and-- lived experience.

One of the-- and the season that we're in with this particular commissioner that we have, Chinazo Cunningham, we really are focused on harm reduction data, justice, equity, diversity, and inclusion. And because of that, that is really influencing the work that we're doing in these areas as well.

We also have peer engagement specialists in New York State, and those are peer recovery specialists that work in hospitals and are working in the hospital systems to address anyone who has an overdose. We also have family support navigators. Again, these are critical positions and roles.

Peer workforce has been a real issue. We have the recovery centers that we talked about. Recovery community outreach centers are the hub of peer support services a lot of times. But right now, we're facing a peer workforce crisis, and peers are wanted everywhere.

And so we are trying to address the peer workforce. We're offering scholarships right now, scholarships for the training. We're offering internship stipends for individuals who have to get their-- in New York State, we have to have-- individuals have to have 500 hours of internship hours, and we're offering in one set for about 75 individuals stipends for the whole 500 hours. We also are offering stipends, a portion of stipendship for some others.

So we are really working-- our strategic plan for the peer workforce is really focusing on, how do we help? And we're utilizing opioid settlement fund dollars to assist us in doing some of that work. So it's been-- we really are in a really changing time. And so we're hoping to see more changes and more ways to support the peer workforce. We're trying to find those ways that we can do that. We want to support them in many ways.

Even as of today, I am working with SUNY Buffalo. We'll be having a conversation about how we can do some specific trainings around trauma-informed care. So it's not just having a peer workforce. It's not just putting them anywhere. It's just really, how do we support the entire peer workforce so that they are able to do their jobs?

We found during COVID that they were the ones that were still out there. They were the ones who were on the front lines. And we want to continue to support them as they are on the front line and doing this front line work. So that's really important to us here at New York State Office of Addiction Services and Supports.

So we talked about the recovery-friendly workplace tax credit. This tax credit is available to eligible employers to receive up to $2,000 of tax credit per eligible employee that's hired in the current tax year. And we are working to increase the numbers that take part in this. We're looking at a way of advertising that this is available, finding the correct employer and employee matches.

So there has been a coalition within the last year and a half that has been developed to really look at how we engage business owners to really hire persons with lived or living experience, but not-- we don't want it just to be that. But how do they support them? How do they support them? And what are the ways that they can be supportive?

And how can we really begin to support individuals and really let them know-- first of all, many times, individuals that are working in their places, maybe individuals in recovery, recovering from substance use disorder, and they may not know it. But how do they support them so that they can sustain their work relationship with the employer? So we're excited.

So here in New York, the professional peer or peer professional is-- we call it a certified recovery peer advocate. And we have two specialty designations. So a person can become a certified recovery peer advocate. They take the IC&RC test. And they have to do a certain number of hours, and they have to take the foundational training.

But then we have those who are CRPA provisionals. The CRPA provisionals and the CRPAs. So the CRPA provisional is someone who took the foundational training, may have 25 hours of internship under their belt, and haven't taken the test and haven't completed their 500 hours. But the CRPA-P and the CRPA are billable peers here in New York State, and so they can work within our outpatient treatment programs that require that CRPAs-- require in a peer. So our outpatient treatment program require a peer and the certified recovery peer advocate and the CRPA-P or provisional can be billable.

And then we also have CRPA-Fs, and those are CRPA Families. Those are CRPA-- they have the foundational training. They've taken the Certified Recovery Peer Advocate exam, they are CRPAs, and then they can take additional coursework.

These individuals are individuals who have had a youth in their life under the age of 18 that has had a substance use disorder. And they help individuals to-- other family members to navigate the insurance systems and how to navigate having a young person that has a substance use disorder.

Currently, we have 2,921 CRPAs and CRPA-Ps. So there's 1,482 CRPAs, and we have 1,439 CRPA-Ps. So it is growing. The growth of our peer workforce is the fastest growing part of our workforce at this time, and that's evidenced by our CRPA-Fs. So last year we had one CRPA-F, and this year we have 43. [LAUGHS]

So it is growing really fast, but it's still not enough to meet the need for all of the places that the peers are in New York State. So our treatment courts in New York State, all jails and prisons have to have a peer and they have to have a peer-- and we're trying to really make sure that there are CRPAs and CRPA-Ps that are in those jails and prisons due to the fact that they have mat in the prisons, in all of the jails and prisons. So it is requiring a peer, so that's growing.

Our opioid intervention courts are moving to try to have a peer in all opioid intervention courts in New York State. So the peer workforce and the needs and growth of the peer workforce has been tremendous.

So we mentioned that there is Medicaid billing for reimbursement for peer support services, peer recovery advocates, and peer recovery advocate provisionals. New York State has been able to increase its billing tremendously. We had our last rate increase in 2023.

We have-- right now currently in the outpatient setting, it's billed at 15-minute increments. And so-- and those 15-minute increments in outpatient is $27.51. Offsite is $45.06. So per hour in our outpatient, a day of work-- a peer is working with an individual for an hour, it can be $110.03. Offsite, $180.23.

The rule is-- as well in 2023, went up to a maximum reimbursement for a day is a max of six hours. And it doesn't have to be continuous hours. They can work with them at different points during the day up to six hours. And then you'll see the outpatient rate and reimbursement rate for six hours is $660.15, offsite $1,081.36. So we have seen a tremendous jump in the amount of our reimbursement rate, which has been helpful in sustaining the peer workforce in these settings.

So vision. So vision. It is important. And I'm grateful to our commissioner, Chinazo Cunningham, who has a vision and really wants us to look at what our vision is, create a strategy, execute that strategy so that we can get to a point of success. And so we really are looking at, again, moving forward with our vision, moving forward with how we are going to continue to fulfill the needs of a peer workforce, fill the recovery support service needs. And we are looking to do that at this time.

So we're looking to increase the peer workforce that's diverse and inclusive because OASES is really looking at justice, equity, diversity, and inclusion. We're looking at who-- what are the demographics of our peer workforce? What is it that we need to do to bring diverse populations in?

One of the populations that we see-- we've recently looked at the diversity of our population with the level-- the percentages of that population in New York State. And so we see that there's an area for Hispanic and Latinx individuals. We need to increase our Asian peers, peer workforce, and be inclusive. So we're looking at that. We're looking at the possibility of having a Spanish exam, IC&RC-approved exam, to increase some of the diversity of our workforce, and really sustaining the peer workforce.

Recovery community outreach centers. We have, as I said, really reached and looked at equality across them, but we're looking to bring them into equity. And what is that community? How do we expand our recovery community outreach centers right now?

Several of our recovery community outreach centers will have satellite sites so we're reaching the rural communities. We're looking at, where do we have gaps in our services that do not have a lot of recovery support services? How do we reach the individuals there, especially in our rural communities? So at this point, we're looking to take a regional approach to the provision of peer recovery support services and look at how we provide those services in a regional approach.

So lessons for success and the things that we would-- why we have been successful. So one of the things that I think is really important-- and I had to think about this as I was preparing-- is you have to listen to the individuals, persons with lived experience, their family members, and their allies. We have to include them in every aspect of what we're doing.

Down through the years-- I said I started in 2008. And one of the things that moved this and really created a solid foundation for recovery, peer recovery support services and the peer workforce was the development of a recovery implementation team for the state. And that recovery implementation team included all stakeholders, providers, persons with lived experience, faith-based providers, child welfare, the court system, Department of Health, Office of Mental Health. All providers as well as those with lived experience and the family members and allies.

So we would come together quarterly and really begin to talk about how we're going to move this. What does this mean? How do we become a recovery-oriented system of care, a state that is founded on the principles of being recovery oriented and understanding that?

But all through this time, that was one of the ways. We also-- the commissioner currently has listening sessions, and she goes around and she hears from individuals. If you're not-- if the person with lived experience and that family member and that ally is not heard from, it's hard to really build the system, because it's critical that they be a part of it and that we have all along the process a way to hear from those individuals.

The next thing I think is really important is consistency. So New York State is a state where our commissioners have changed. I have worked under three commissioners at this point. And what has been consistent is having someone within that agency or a few people within that agency that have been able to carry the history, understands recovery-oriented systems of care, that have been able to speak up and have a voice at the leadership and executive level.

We have an associate commissioner, Pat Lincourt, who is at the-- she's the Associate Commissioner of Recovery at the table that is able to advocate for the needs of the persons with lived experience, their family members at the executive table, consistently being able to-- the agency changed. When I started at the Office of Addiction Services and Supports, it was prevention and treatment.

But now it's prevention, treatment, harm reduction, and recovery. So recovery became a central part of the work that they do. It wasn't just an aside. It was central to the work of the agency and a part of their mission and vision. So I think that consistency throughout the mission and vision of an agency, having consistent history that can be carried through.

So I have been able to carry-- no matter where I have been, I've carried recovery with me. That's my passion, and I've always stayed connected through the recovery implementation team.

We also had an alumni association that was developed to-- it was specifically to reach persons with lived experience who maybe have graduated from a treatment program so that whenever we needed that voice to be heard, they would be there. And I stay connected to that.

And we also have an advocacy agency. Friends of Recovery New York is the advocacy. So at state we don't advocate, but Friends of Recovery New York works very closely with us. And they are an advocacy agency, and I stayed connected to them. So that consistent throughout all that you're looking at, throughout the mission and vision is important.

And then the last two things are to empower individuals and to really empower those who can-- through advocacy, those that are-- they're able to go and advocate to the legislative branches. They're able to go and push forward.

I will say that there has been quite a bit of legislation that has been passed within the state because of the voice. They have a day called Stand Up for Recovery Day once a year where individuals in recovery or along the journey, that are in the journey will go to Albany, New York. And they will meet with the legislative branches, and they will begin to advocate.

So that advocacy and empowering of those to have a voice, and that their voice matters. I think that they've gotten the picture at this point that if they speak up, that change can happen and change will happen. And so empowering is a very powerful way of giving people their voice and letting them know that their voice matters.

And then really engaging individuals into-- keeping them engaged in the process. So that's another aspect of what we're really trying to do now is continue to keep everybody engaged in the process, not doing-- I really believe that I shouldn't come up with things without having individuals engaged in their feedback, and then having the feedback from the individuals that this work is impacting. And so we try to engage individuals and keep them really as a part of the process that we're doing.

So those are things that I think that helps the state continue to move forward successfully and consistently. But that voice of the individual is so important to help us guide what is needed. We can sit up where we're at and come up with ideas, but what is really going to impact them? And so the individuals that we serve. So I think that that's important for the lessons for success.

REBECCA BOSS: Thank you so much, Brenda. And it's clear that those strategies have been successful in New York from what you've been able to present. I would certainly have lots of questions, but I want to make sure I have time to hear from Cassandra Price and move on to hear about the wonderful work that's going on in the state of Georgia. So I will transition now and welcome Cassandra again.

CASSANDRA PRICE: Well, thanks, Becky, for, one, including me in this initiative, and two, just being a great colleague over the years through our work with NASADAD. And Brenda, I just want to say, I think we are in very similar places, although I heard a few things. I may want to compare notes, and we might steal things from each other. I also was furiously writing notes of things that I didn't include. So I'm glad you went first, because maybe I'll have a more consistent message.

And I'll start by saying before I jump into my slides, as you talked about, the voice of a person with lived experience and having that voice present. At our agency, I don't think we have ever in the history of our agency had more people work for us who come from a lived experience background than we do currently, in my office as well as in very higher up roles. And it has been extremely impactful.

That doesn't also replace-- let me just be clear, the replace of the voice of lived experience in the community, which is very different. When you come to work for the government that lived experience voice is still pertinent, still valuable, but it's coming from a different place, and so we're really cognizant of that. But having our workforce expand even at the state level has been really, really critical for us. And so I will jump into next slide.

So this is from our current Commissioner Tanner. You can read the quote. "Recovery is real for more than 800,000 people and communities across Georgia. By supporting peer-positive recovery programs, we support peers, their families, enhance law enforcement and first responders, build a strong workforce, provide our health care professionals with vital resources, and build stronger communities."

And so Commissioner Tanner is our-- I say our new commissioner, but he's been there a minute now. But he is an ally for all things recovery. And we're really grateful for-- that change in leadership has been a positive one.

One thing that happened in Georgia is just like you guys have a day where you meet with legislators, we have one as well called ARAD, Addiction Recovery Awareness Day. It's usually in January.

And from that, we've had a legislator that was a key partner for us, an ally who actually created with our Georgia Recovers campaign. And our main RCO that does our training for SUD recovery actually did a license plate that's available in Georgia, a recovery license plate. So that was really pretty cool. And they announced it on that day. And so that was a really-- just one of those things that you look back. Did you really think we would ever be in this place?

And so along with our Georgia Recovers license plate that I didn't put on here-- obviously I missed a ton of stuff, Becky, from when we did this originally that I just didn't think through. We actually did a billboard campaign in Georgia where we had champions that we recognized that are certified peer specialists for addiction that have been-- just been really killing it, either in addiction recovery support centers, RCOs, or just in their communities.

And we lifted them up and put their face on a billboard in Georgia to say, here we are, guys. Here's what recovery looks like. It linked to a website where their individual stories were also there. And so those ambassadors were really key in helping us with some anti-stigma work. And we did that for two years. I think we might have had about 22 billboards across the state. So that was fun to drive by and see those every day.

And so a brief history of the nuts and bolts of payment and Medicaid. So everybody kind of sometimes glazes over with Medicaid. And in Georgia, our penetration rate's really low. But at the same time, we know that it's a critical component and pathway for billable services, regardless of expansion or non-expansion. We have to use every ounce of billing that we have to our-- that's available to us to maximize our system.

And so we are also celebrating 25 years of Medicaid billability-- billability-- of Medicaid-billable services for certified peer specialists, which started for mental health in 1999. That's when that first started. And then we had our first mental health certification in 2001. So we are on a celebratory train right now in Georgia about our peer workforce.

In 2007, you'll see the wellness elements were added to the support definition. So whole health and wellness. You'll see there in 2006 to work with transmittal with CMS, Medicaid. 2007, a PCR-- PRTF demo for the parent and youth peer support. Brenda, I heard you mentioned the families designation.

In 2010, the CHIPRA grant to help us develop that youth and parent peer support designation. So we have a parent certification as well as a youth peer support designation. So we have two of those. And then we have in 2012 the whole health and wellness peer support approval. So that's on top of someone who's certified as a peer. They can also do the whole health and wellness.

And then in 2012, what, what? Addictive disease, finally. Our SUD peers finally got certified to receive Medicaid-billable hours and approval through CMS under kind of the guise of what we'd already built. So we really thank our colleagues in mental health for paving that way for us.

At one time we were told that, well, you guys have AA and NA. You don't need peer support. And so that was a long time ago, so I'm not too still angry about it. It's a long time ago, but we changed hearts and mind. In 2012, that happened.

2013, you see the parent and youth peer support, BIP and MFP. Those are some projects. I helped support that. And in 2017, I think the parent and peer support stuff became official in the state plan.

And some things that are missing from this that really fall under these billable components of CPS-AD, CPS mental health, which are the main ones is we also have forensic peer mentors in our state that go into our prisons. And so they obviously have that main designation, but they also have a background of lived experience of being in the correctional system, and they work directly with people who are in prison, in jails.

And then our group, the Georgia Council for Recovery, we talked them into it-- it didn't take a lot-- to do a cohort for deaf and hard of hearing peers, the first that we're aware of in the nation as far as the state system. And I think we had four graduates who are very excited to have that certification and have been-- we're working to make sure we maximize their efforts at some of our programs that specialize in deaf and hard of hearing.

So the sky is the limit, I think, on how we maximize and use and grow our peer workforce. And Brenda, they're a hot commodity in our state, and our rates have went up. And in some of our programs I'll talk about later, they're making-- they're coming in, making a very livable wage compared to previously, and taking inflation out of the mix. But they're making a very livable wage. And we're really proud of that, and that makes them a hot commodity. So we're going to continue to push that.

So here are some of our recovery initiatives. So we had the documentary *Stigma to Strength* where we talked about the birthplace of the certified peer movement. That's part of our work that we're doing. And we also had the AD program in 2011 or 2012. We've trained 1,054 so far. Those numbers have probably grown since then. And that's just in the substance use disorder realm. For mental health, we're even double, triple that.

Addiction recovery support centers. We opened one up in 2011. We started out with that one being block grant funded. We now have 44 in the state. And they're a combination of recovery community organizations that are self-funded or community-funded or state-funded. We have gotten $6 million from our legislature to expand our addiction recovery support centers, and we have four that receive block grant funds.

And so we've got skin in the game from federal, from state, from local jurisdictions who are really engaged in having these addiction recovery support centers out there doing the work, having a place for people. Sometimes people may go away for treatment, right? We can't put a treatment center on every block in 159 counties in Georgia.

So treatment centers. Sometimes people need a residential treatment center, but then they go back home and they're in a rural area. But we're trying to put some of those addiction recovery support centers there to help support that. It's not ongoing treatment, but it is a recovery house, a recovery place, a home for them to have support.

We have the nine youth clubhouse programs in the state. We developed those in 2008 and 2009. They've been replicated by many states. We wrote that in a 24-hour period. We've had the idea for a million years. We had moved to managed care and we had funds that had to be spent. And we reallocated that to recovery supports for youth.

And so many states have used our model or a similar version of our model. We have clubhouses for mental health, and we also have primary prevention clubhouses for at-risk youth. And ours are focused on youth in recovery from substance use disorder.

And so that has been a welcome change in our system versus a lot of group homes or institutionalization of youth that were really not in a place even diagnosis-wise to warrant that kind of level of care. So we're able to offer some alternatives to that in a recovery clubhouse setting.

Then we have the Georgia Council for Recovery. They do our technical assistance, our RCO development, the CPS database, recovery campaigns. I talked about the billboards.

And then we have an initiative in our emergency department rooms and our NICU peers, and so I'll talk a little bit about both. We have peers that are in several emergency room departments when someone overdoses to make that engagement and try to connect with that person for ongoing treatment connection. Really proud of that.

We found that it was really focused on opioids at the start, but we find that there's a lot of-- like we know, there's still a ton of substances out there that need help and that peers are really valuable beyond just around an overdose of opioids. So we sometimes see that they're bleeding into helping folks with alcohol use disorder and other disorders, and so there's a lot of value there.

And then we have NICU. We have peers in a NICU unit in one of our hospitals in Northeast Georgia that has really done-- they're walking the walk with mothers who have had a baby that's born positive, with or with not-- with medication-assisted treatment and a recovery plan and some with not, that don't have that engagement into a recovery plan.

But nevertheless, the peers are there to help support that mother, along with the nurses and the hospital staff who are very recovery-positive, help them walk through what happens with the Department of Family and Children Services. How do we help keep the family together? How do we ensure that these families, if they are in a recovery program and using medication-assisted treatment, that that's very clear, that that's continued to be supported through postnatal, prenatal, all of that, and then supported?

And then if they're not in a recovery program, can we get them engaged in one so that custody is not the-- pulling custody is not the knee-jerk reaction for that mother and that child. And so those peers, I'm going to tell you, they are doing-- they are just doing hero's work.

And we're really proud of the staff at Northeast Georgia too, the nurses and the doctors who really are believing in the power of recovery. And in a medical field, that's sometimes difficult when you see the after effects of infant mortality and different things. And so it's really a testament to the power of what our peers bring to the table, even in a really highly acute medical setting. So proud of that work. And that is the Georgia Council for Recovery.

And so these are just financial sustainability, kind of our boring slide about it, but we want to talk about it. We still know that we have the medication-- I mean, Medicaid administrative claims. We have SAMHSA block grant funds, managed care organizations investment. We have seen them come around a little bit. We continue to engage opioid settlement funds, of course. Peer support and recovery services are a part of that.

CCBHCs, including that in the prospective payment system as potential private philanthropy with our addiction recovery support centers. We require them to do fundraising and community engagement as a part of their contract. So we expect them to be raising funds, not just waiting just for the state to give them money. So we want them to have skin in the game with their communities, and they do a great job with that.

EAP, Employment Assistance Programs, and county municipality funds. And so making sure counties know that they may not have the money that we have in the same amount, but they can make small investments with providers and communities and organizations that can make a huge difference.

And we have some of our addiction recovery support centers who've opened up on their campus some living, some transitional housing for people coming out of prison that has been totally supported by funds they've raised in their community. And so they really have just did a bang-up job.

And the thing I didn't mention-- go to the next slide, Rebecca-- or Becky-- I call you Becky. But before I get into my lessons for success, I forgot. We have a huge bus tour that we started last year and we are continuing this year that, of course, kicks off in Recovery Month. And we start at the Capitol.

And our bus is a giant bus, and we go to different communities. And usually, it's hosted with some of the addiction recovery support centers, and we have rallies.

And then we also give the Georgia Council for Recovery some seed money to then put out Recovery Month grants to people to apply for to support Recovery Month activities so that-- these organizations, they don't typically have any money. But if they're given a $25,000, $10,000 grant to do a cookout and a community event, that's all the difference in the world. So those are two activities that we have planned for Recovery Month.

And so the lessons for success, relationships and trust. And so I'll talk about those together. In Georgia, it's a unique situation. So Neil Campbell, formerly Neil Kaltenecker, was in my role as the state director for many, many years. Neil hired me from a community service board women's program to come and work for the state.

And then eventually, Neil moved into the RC-- the main RCO, the recovery group that does our training and all of Georgia Council for Recovery. And I moved into her role as a state director. So talk about a full circle relationship, right? So there was a ton of that that worked for her. We built a relationship. She circled back. She has since retired. And I did get to roast Neil, and that was wonderful, but I will save that for this purpose of this presentation.

But that relationship and the trust that we had really allowed us to put some strong support and infrastructure in place from the state agency to Georgia Council for Recovery to get that credential Medicaid approved. We worked on that.

We also worked on a policy with our legal folks because, oh, yeah, we were training all the peers, but then they had backgrounds that wouldn't let them work in our system, right? Well, duh, we had to fix our policy. So we had to come up with a way to allow for an individual assessment.

So there's things that are certain-- things in our policy that are driven by statute, so people are excluded for a reason. But then our policy allows for assessments to be made of someone's work towards recovery or restitution. And so it's open to all folks, not just folks in recovery, because we had to make sure we were in a legal framework.

But that's another thing we worked on with Georgia Council for Recovery and Neil, and getting that policy in place, which took us a minute because it was very-- all the legal ramifications had to be dealt with. But our relationship, that Medicaid designation, the policy for the background checks, the letting them do the training to do the certification on the behalf of the state, making them the point of doing the certification on our behalf, making that curriculum, and then doing billboard campaigns and working in the EDs, that trust and that relationship is what made it possible.

And so that might not be something that's easily replicated in another state. But my advice is, get to know, who is your-- who is your main RCO who's in your ear with all kinds of great, creative ideas, right? They're coming to the state. If you're a state director, they're coming to you.

Sit down with them. Pick their brain. Look at their proposals. If the proposals-- if there's holes there that there's some risk factors, then help-- work with them to fill that hole and that gap. Figure out checks and balances. Take a risk. Do a pilot, right? See how they do. It's all about risk. It's all about-- it's all about trusting and taking a chance on something to see if you get that value back.

And I'm going to tell you guys-- I say this all the time, and they always laugh at me. I say it at our ARAD meeting every year. If my ship's going down and I've got to get in the lifeboat, I want to have some peers, some certified people with lived experience in my lifeboat, because they have figured it out. They are survivors. They know how to problem solve, so that's the boat I want to be in.

And they always just kind of laugh at me. Like, Cassandra, you're crazy. I'm like, I'm serious. If there's a zombie invasion, that's who I want on my side. So I think just kind of taking that chance of piloting and having some trust and taking the leap of getting outside maybe a comfort zone or having-- everything has to be A, B, C, D before you move on something. Then just figuring out, how do you think outside the box and be innovative?

Longevity. Luckily, I am not appointed by the governor, although I love my governor. I work for my governor. But I am appointed through our commissioner as the state director. And so I've had a lot of longevity in my role, and I think that my team has as well. And that longevity's really critical.

But I won't be here forever. I can get hit by a bus tomorrow. Let's hope not. So it's really about sustainability planning. As Brenda mentioned, how do you make sure that you're capturing this history? So that timeline that we have there, there's some history capturing.

We have our Medicaid coordination director who is retiring soon, Wendy Tiegreen, that is really the mother of CPS Medicaid. And so making sure that we are doing transfer knowledge. And so longevity-- longevity's great, but there's also a transfer of knowledge that has to happen.

And then strategic planning. And so given that I've sat in my role for so long-- I've been the state director since 2009-- I always knock on wood-- I've been able to use changes in block grant funds if we've got a little bit of extra to start planting some in the recovery, right?

So kind of spreading the wealth amongst the different prevention, treatment, recovery. 20%'s prevention. We get it. HIV, we got it. But what do we do to make sure that recovery's getting some of the funding? And so that has been important.

And then the strategic planning of getting the state to put some skin in the game. $6 million for addiction recovery support centers, that's pretty good for us. We're like, that's really good. Our governor and our legislature has been amazing at supporting our recovery efforts. And that has been a strategic planning effort of peers on the ground, peers in the community, peers at the State Capitol, and us supporting and pushing that from the strategic way we can do it without lobbying at the state agency.

So it's all about how you connect all those pieces and how you work together and plan. You have a ground plan and then you have different layers of that plan to impact hearts and minds and reduce stigma. And I think we've done a good job in Georgia.

Are we done? No, we're not done. We're never going to be done. I think that's the answer, is that you just continue to grow, you continue to expand, and you continue to meet people where they are. And our peers do that. It doesn't take away from the other things that we need in our system, but it is a critical component that makes our system stronger.

And so thank you, Becky, for having me. And thank you, Brenda, for everything you're doing in New York and for sharing that. And we may have to huddle and compare notes to see how I might could steal some things you're doing. So thank you so much. Recovery is real. Go Dogs.

REBECCA BOSS: No, it doesn't surprise me when you say, I forgot about things. And I'm sure Brenda's looking and saying, I forgot about things too. Certainly, it speaks to the level of commitment and leadership. And we've got two very different states, two different people in different positions within their state government, but both able to impact leadership to support recovery.

And so we could probably spend a lot more time here, but I'm going to honor your time, and I'm going to be thankful for your time that you've given me and just say that there are lessons to be learned. And I think that most important is the resiliency and the commitment of you as leaders. And I'm so grateful to be able to share with other people your ability to represent that leadership within state government to support recovery.

So with that, I am going to say thank you. And I hope that people are able to take this information that's been shared with us today and use it in a way that's really helpful in their state. Thank you.

CASSANDRA PRICE: Thank you.