



# Building and Strengthening the Capacity of Recovery Community Organizations

*Results of a Needs Assessment Across U.S. RCOs*

August 2021



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# Introduction

The Peer Recovery Center of Excellence (PR CoE) focuses on four core areas: 1) peer integration into new and expanded settings; 2) **Recovery Community Organization (RCO) Capacity Building**; 3) peer workforce development; and 4) evidence-based practice and practice-based evidence dissemination. RCO Capacity Building efforts within the PR CoE began with a needs assessment of RCOs located throughout the 10 regions defined by the U.S. Department of Health & Human Services (HHS). The intent of the needs assessment was to determine strengths and challenges across regional RCO settings and, in turn, inform how the PR CoE responds to those needs through learning collaboratives and technical assistance.

*The purpose of the needs assessment was to:*

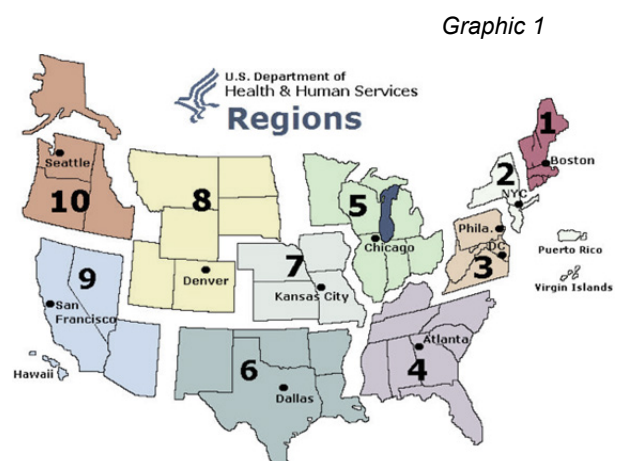
1. Determine strengths of currently operating RCOs.
2. Determine needs of RCOs to best inform and prioritize future trainings and assistance offerings.
3. Identify gaps in services and RCO resources for future consideration.

# Methodology

To complete this needs assessment, the PR CoE developed and disseminated RCO assessment tools to determine the technical assistance and training needs for developing capacity within RCOs. The assessment tools utilized included:



All interviews and listening sessions were recorded, reviewed and analyzed for themes. The assessment was disseminated to the PR CoE Organizational Stakeholders community and to RCOs from across the U.S. that can be found on the PR CoE website directory [here](#). The following graphic (Graphic 1) provides a visual representation of the HHS Regions.



# Findings

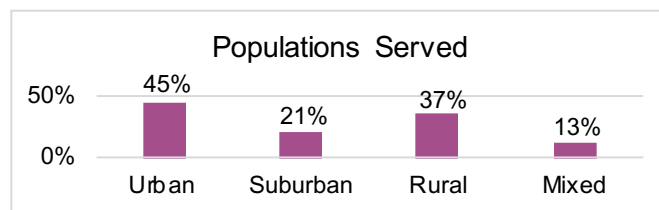
## Key Findings

### Part 1: Digital Survey — Methods and Findings

In January and February 2021, the PR CoE created and distributed a digital survey (see **Appendix A** for survey questions and response options) to gather feedback from RCOs regarding their capacity-building needs. We asked respondents to rate their level of need for capacity building in the following eight areas

1. Community and Stakeholder Engagement
2. Volunteer Management
3. Evaluation
4. Marketing and Communications
5. Funding
6. Financial Management
7. Leadership Development
8. Boards and Governance

The survey was distributed to 210 RCOs across the country. At the time of this report, 71 responses were received, resulting in a 34% response rate. Populations served are reflected below.



Strengths of the survey include:

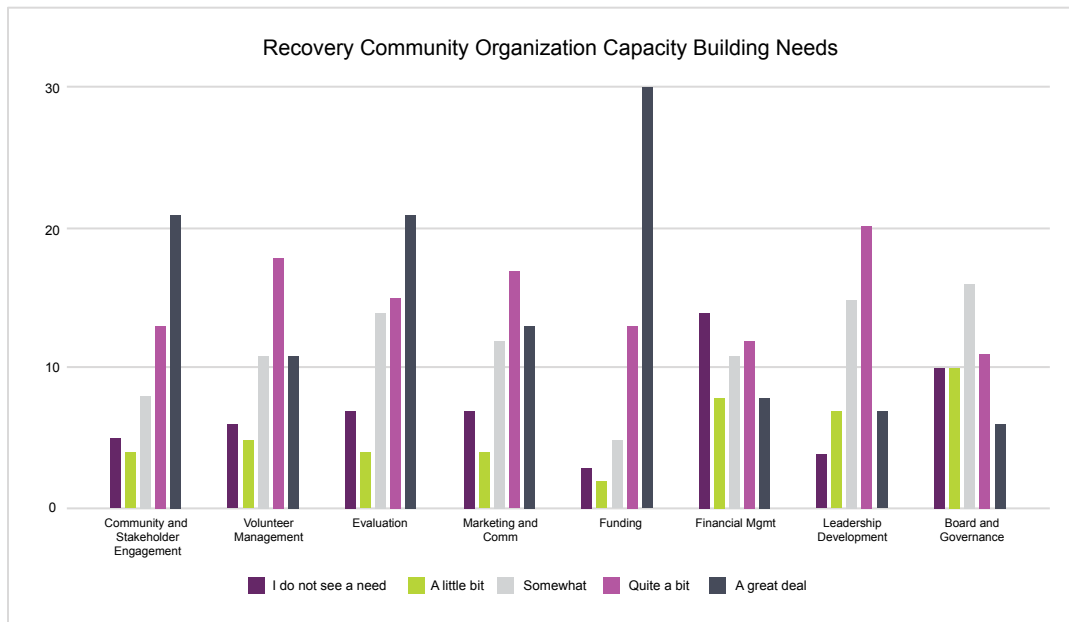
- Development of the survey questions and ranking categories was completed by individuals with extensive experience in RCO leadership. This ensured relevant questions with applicable answers. The survey was developed in partnership with University support that maintained integrity of scales and ranking methods, as well as clear interpretation of all questions.
- Dissemination of the survey included nearly every RCO in the nation — a dissemination list of more than 210 RCOs.

The PR CoE also acknowledges the limitations of this survey, including:

- Some RCOs did not respond to the survey for a variety of reasons, resulting in a 34% response rate.
- Specific diversity, equity and inclusion (DE&I) challenges were not included. Needs regarding stigma reduction were also not included in the survey.

The chart below (Chart 1) shows the level of need in each focus area as rated by participants.

Chart 1



The following chart (Chart 2) combines the top two levels of need (responses indicated by “quite a bit” or “a great deal”) to show where the greatest needs lie, according to the survey respondents. The three highest areas are color coded in gray, while the remaining areas are in pink. Graphic 2 demonstrates the top areas of need as reflected in Chart 2. Funding was ranked by 82% of participants as a high-need area. Community and stakeholders engagement was ranked by 63% of participants as a high-need area. Third, marketing and communications assistance was ranked as a high-need area by 57% of participants.

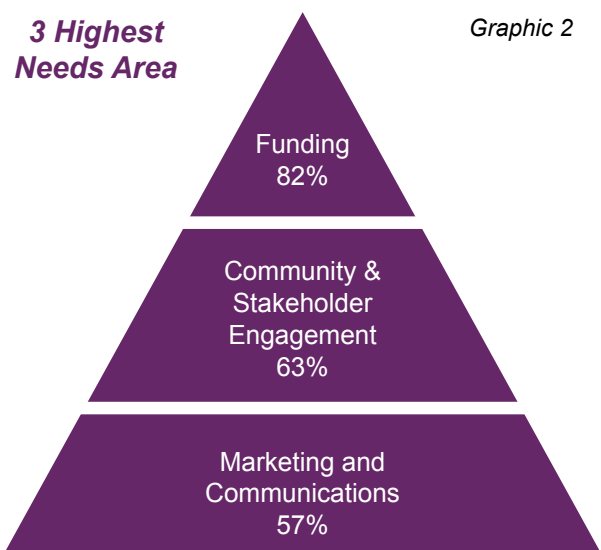
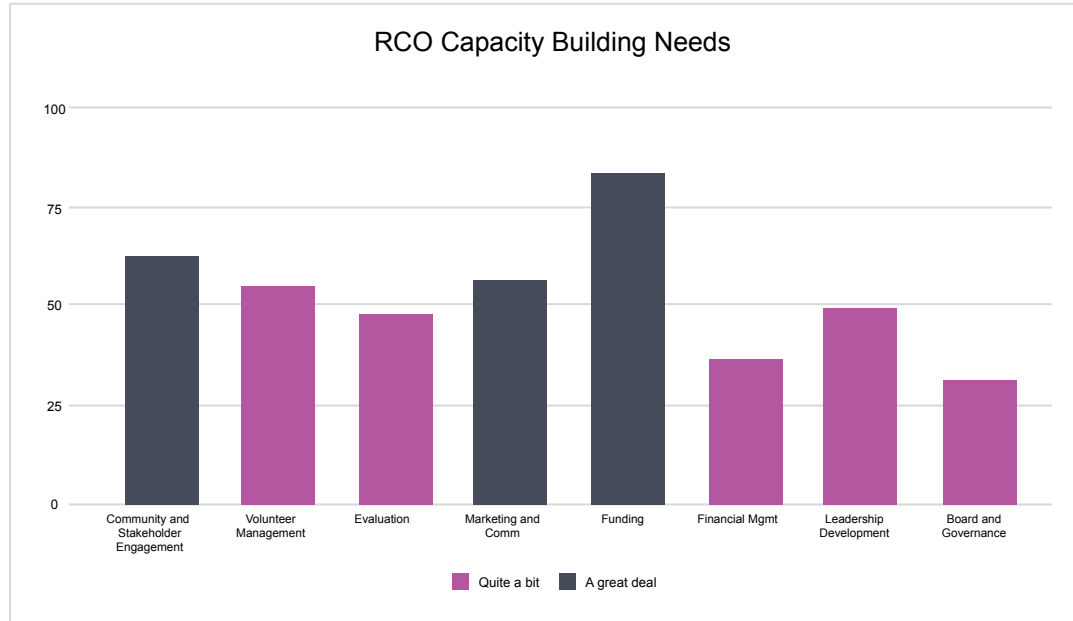


Chart 2



The following chart (Chart 3) combines the bottom two levels of need (responses indicated by “I do not see a need” or “a little bit”) to show where the smallest needs lie, according to the survey participants. The three lowest areas of need are color coded in green. Boards and governance was ranked as a priority by only 30% of participants. Financial management was ranked by 32% of participants. Third, leadership development was ranked as a priority area by only 45% of participants.

The lowest noted needs included:

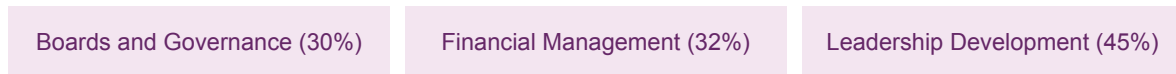
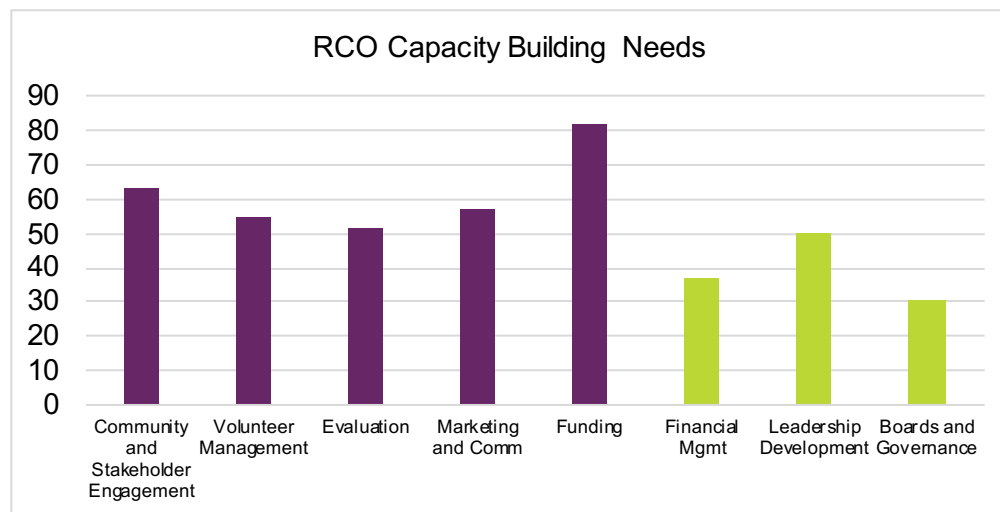


Chart 3



See **Appendix B** for additional visual representations of the responses to each focus area.

## *Digital Survey — Observations & Implications*

Through the survey responses and analysis, the PR CoE team determined a high level of need for capacity building within RCOs across the country, with three areas of assistance consistently presented as high-priority areas of focus. The majority of RCOs surveyed indicated they are not adequately funded or sustainable at the current time. Therefore, the PR CoE will prioritize technical-assistance efforts focused on **funding, stakeholder engagement, and marketing and communications** in year two and beyond.

While priority level may vary, it is noted that there is a need for capacity building in each of the areas presented in the survey: Community and Stakeholder Engagement, Volunteer Management, Evaluation, Marketing and Communications, Funding, Financial Management, Leadership Development and Boards and Governance. In future years, the PR CoE will determine ongoing priorities. Organizations requiring assistance in these areas may always submit individualized requests for technical assistance.

## *Part 2: Stakeholder Interviews — Methods and Findings*

Following survey results and analysis, the PR CoE interviewed 20 RCO leaders to gain a deeper understanding of their capacity-building needs. In order to be representative of a variety of geographical locations and demographics, the PR CoE chose two RCOs from each Health and Human Services region to interview (see Graphic 1). The interviews were also composed of a mix of RCOs from statewide and non-statewide, “large” and “small,” and rural and urban RCOs.

A majority of interviewees previously participated in the digital survey before the stakeholder interview. During the stakeholder interviews, staff reviewed the participants’ responses from the digital survey. Participants were then asked additional questions around each focus area that indicated a capacity-building need.

See **Appendix C** for Stakeholder Interview Discussion Guide.

Strengths of the Stakeholder Interview methods include:

- Discussion-guide development to ensure consistency in communications while allowing space for individualized answers.
- Time dedicated to each interviewee was one hour, providing opportunities for interviewees to describe their role, organizational model, and issues and barriers they face as RCO leaders.

Limitations of the Stakeholder Interview methods include:

- As noted in the survey, DE&I and stigma questions were not included. As the Stakeholder Interviews were follow-ups to the original survey, those questions were not included for expansive discussion.
- While the one hour of dedicated interview time was sufficient for a majority of participants, the level of complexity and nuance related to funding, stigma, sustainability, etc. required some participants to spend significant time explaining those complexities and may have prevented them from describing all the barriers and issues they face in the one-hour interview.

*Stakeholder Interviews Observations and Implications*

All interviews were recorded, transcribed, analyzed and reviewed for themes. Throughout the analysis of themes, eight areas continued to consistently present from interviewees. Below are observations (color coded purple) and implications (in plain text below) for each of these areas. Areas include:

1. Passion/Sense of Ownership	5. Stigma
2. Funding and Sustainability	6. Misunderstandings
3. Billing and Generating Revenue	7. Silos
4. Staffing	8. Gaps in Rural Area

**1. Passion/Sense of Ownership**

Each RCO leader interviewed credited their passion and desire to combat addiction as the driving force behind their work. This core passion lends itself to the positive and challenging implications below.

*Observations*

<p>A majority of RCOs are started by individuals who have been impacted by substance use disorder.</p>	<p>There is immense personal investment of time and money to launch RCOs.</p>
<p>People with lived experience (family members or individuals) are the “right” people to lead RCOs because of the dedication required to build RCOs and because of their proximity to the issues that surround addiction and recovery.</p>	<p>Burnout rates are high due to lack of adequate and sustainable funding, staffing and training.</p>
<p>RCOs often start without funding and are founded by people who feel compelled to <i>do something</i> about the massive problem of addiction and stigma at local and state levels.</p>	<p>RCO founders are frequently underpaid, under-resourced, and sometimes inexperienced in running a business, yet they are “all-in.”</p>
<p>RCO leaders need more self-care, support, training and resources (such as the priority training areas from the survey above).</p>	<p>“Founder’s Syndrome” can occur because people put so much of themselves into the founding and leadership of RCOs.</p>



## 2. Funding and Sustainability

### Observations

Throughout the nation, RCOs are underfunded. All interviewees expressed inadequate funding and insecurity about future funding.	There is competition among RCOs and other nonprofit and community-based organizations for funding, which disincentivizes collaboration and partnerships.
Most of the funding for RCOs comes from government grants.	Very few RCOs have healthy, secure, diversified funding streams.
Federal funding is often getting to the state level but not always getting to the community level.	Many RCOs lack adequate funding to hire volunteer coordinators, which leads to under-resourced volunteer programs.

### Implications

Underfunding leads to overwork, which leads to burnout. Burnout impacts the physical and mental well-being of RCO founders, leaders, employees and volunteers. It increases stress, anxiety and illness, and negatively impacts work productivity, creativity and innovation.

### Quotes from Participants

“So [how] do you develop that sustainability model without a mechanism to bill for those services?”

“July of 2020 was the first time that I even took any money at all [each month]. All the work we’ve done over the last six years has been volunteer work, trying to build it.”

“..until you can demonstrate capacity, you’re not looked at as favorably for grant funding. How do you create a sustainability model when you can’t be reimbursed for services you’re providing? So in [our state], if you have a certified recovery peer advocate, services can be billed as long as the advocate is working out of a clinical setting. It’s the only place they can be paid for. So what’s happening is that our RCOs are hosting the trainings, they’re developing the peer workforce, and then peers are leaving the RCO to work in a billable setting where they’re not as supported but they’re getting health insurance. And the RCOs are left to train another round of peers to fill our positions.”

### 3. Billing and Generating Revenue

#### Observations

RCOs in some states can't bill for PRSS, while some can. Many who can't bill for PRSS would like to be able to for revenue.	Many RCOs who qualify for Medicaid reimbursement report the rate is not enough to provide peers a living wage and cover expenses.
Some states added PRSS to the Medicaid Benefit Set but discontinued block-grant funding for RCOs and/or PRSS.	RCO leaders don't have a full understanding of the pros/cons of Medicaid reimbursement.
Some RCOs have contracts with hospitals or other organizations to provide PRSS.	Although some RCOs deliver trainings as a revenue stream, most cannot create enough revenue to create sustainability.
There is no national standard around wages for peer workers. Pay varies, but nearly all are underpaid.	

#### Implications

As a majority of RCOs are dependent on government and philanthropic sources, there is a need for capacity building training and support in the areas of understanding Medicaid billing and creating diversified revenue streams.

Peer work is often underutilized and undervalued. Ongoing advocacy for PRSS and continued research regarding the efficacy of PRSS as an evidence-based intervention to promote value are both highly needed areas of focus.

## 4. Staffing

### Observations

Most RCOs do not have enough staff. Many interviewees reported that they did not have enough unrestricted funding to hire all the necessary roles to fulfill the organization's mission.

The skills needed to run and support an RCO are broad and diverse. They include soft skills, business skills, writing skills, data collection and proficiency with technology, attention to detail, leadership skills, etc.

Peer recovery-support providers are sometimes required to perform administrative or operational roles in addition to providing direct services and may need more training in some of the areas required to operate an RCO.

Staff and volunteer peers are susceptible to "burnout."

### Implications

RCOs need operational funding to adequately staff their organizations as well as resources and support around training employees.

Due to low pay, lack of funding for professional development and limited-to-no benefits, such as health insurance or retirement contributions, there can be high turnover for RCO staff.

### Quotes from Participants

"And I can say from firsthand experience, it's hard to keep volunteers, and it's hard to keep volunteer coordinators for the local RCOs."

"There are needs around training and developing employees as professionals. We say "people before paperwork," but it's also important to complete paperwork to ensure data collection and tracking are in place."

"I don't know what you're doing around self-care for peers. You know — vicarious trauma, and burnout, and compassion fatigue — which will lead to a reoccurrence of use. It's one of the things that we don't, I think, talk about enough — How do we take care of ourselves when we're trying to take care of others?"

## 5. Stigma

### Observations

There continues to be a significant amount of stigma around addiction and recovery.

There is a double standard around addiction and recovery. It is now spoken about more as a disease yet continues to be viewed as a moral failing.

Stigma around harm reduction is particularly pervasive.

### Implications

Recovery is not accessible for many due to ongoing stigma. Additional work must be done around advocacy and stigma reduction.

### Quotes from Participants

"We know people have been charged with trespassing at our hospital because they keep coming back for help."

"We have difficulty finding board members because of stigma, so we have passionate people who have been impacted — but they've never been on a board before, so we have to train them."

"We have the 'speak that it's a disease' at the top level, but it's treated as and looked at as a moral failing by the majority of our society here in Arizona. It's a Pull yourself up by your bootstraps mentality and an If you're failing, it's because of you kind of culture."

## 6. *Misunderstanding*

### *Observations*

There is misunderstanding about the role and value of peer recovery-support providers and RCOs.

RCOs and peer recovery-support providers are sometimes beholden to clinical service models for reimbursement purposes.

### *Implications*

There is a need for more awareness and education around the role and value of RCOs and peers.

RCOs and peer recovery-support providers need autonomy from clinical services in order to protect the fidelity of the peer role. Peer specialists are often better suited for supervision under a fellow peer.

## 7. *Silos*

### *Observations*

In many states, there are divisions between substance-use disorder (SUD) and mental-health (MH) PRSS regarding funding, community support organizations, language, training and delivery of peer services.

In some states SUD and MH Divisions are integrated at the state level, usually through a “behavioral health” department, and the funding source is the same.

Prevention, intervention, treatment and recovery resources are often disconnected within communities.

There is often a lack of collaboration between government entities and community organizations (e.g., hospitals or law enforcement) and the recovery community.

States that are less siloed through Recovery-Oriented Systems of Care have healthier, more accessible recovery communities and resources.

Some states have a peer support certification process, while others do not.

Many RCO leaders want to connect with other RCO leaders to support each other, brainstorm, and problem-solve.

### *Implications*

The culture of one sector (SUD or MH) may dominate and, therefore, alienate the other. If there is mutual respect and understanding of each population, states that integrate SUD and MH community organizations, along with peer support, may be able to help a wider range of people in need.

Peer support trainings and programs can be disconnected within a state when there is no standardized certification process.

### *Quotes from Participants*

“There is a lack of recognition among community stakeholders like politicians, hospitals, treatment centers. There’s a lack of collaboration or even referrals.”

“RCOs are prevented from serving the community.”

## **8. Gaps in Rural Areas**

Several interviewees reported gaps in rural areas; they are not able to reach people in rural areas.

Some RCOs are trying to serve people across their states without appropriate resources such as transportation, funding, and/or staff.

### *Implications*

RCOs in rural areas look and operate differently from RCOs in urban areas; therefore, their capacity-building needs may be different from urban RCOs. Specialized or targeted trainings may be needed to meet the needs of this specific population.

### Part 3: Regional Listening Sessions — Methods and Findings

Following the individual RCO and PRSS provider interviews, the PR CoE conducted 10 Regional Listening Sessions in all 10 HHS regions across the country (see Graphic 1). These Regional Listening Sessions were open to anyone within the region who was connected to the recovery community and/or the region's RCOs. Attendance varied from one person (Region 7) to 40 people (Region 5). We used an Appreciative Inquiry approach and asked participants to respond to four questions regarding recovery in their community:



Strengths of the Regional Listening Sessions include:

- The format felt inclusive and encouraged everyone to participate.
- Sessions allowed people in each region to connect with others and hear about the successes and challenges that others face in recovery.
- These sessions allowed the PR CoE to get to know more people across the country who are connected to RCOs and learn where they need help building capacity.

Limitations of the Regional Listening Sessions include:

- Lack of attendance was sometimes an issue: usually ~ 50% (or less) of those registered for events attended.
- One region had one participant. While this tells us there is a lack of engagement in the region, we could not gain a bigger picture of barriers and successes in the region.
- Participants may spend significant time describing their work as a way of providing necessary context. As a result, the underlying causes of lack of capacity around recovery in each region were also not uncovered.



*Responses from the Field*

*Responses without quotes have been combined to represent the larger theme.*

The participatory process is working to engage the recovery community.
Many RCOs are making referrals to other organizations for detox, treatment, family support, support for people experiencing homelessness, etc.
Harm reduction is becoming more recognized as a pathway to recovery.
There is some legislation happening to reduce stigma.
Some states are getting positive support from the Single State Authority.
RCOs have low barriers to care: people don't need to pay or present a Medicaid card to get support.
"Medication + treatment + insurance + 12-Step groups is a good model."
"There's a recognition of peer leaders in our county."
Peer support is happening in a variety of settings: criminal justice settings, urban areas, homeless shelters, drug courts, hospitals, higher education, libraries, mobile crisis units.
In some places, value-based payment reform is working to change the acute care model to a longer model of care based on outcomes.
Family support.



*Responses from the Field*

*Responses without quotes have been combined to represent the larger theme.*

There is competition for funding between RCOs and between substance-use disorder (SUD) and mental-health (MH) organizations.
Many RCOs are underfunded.
Many RCOs do not have enough staff.
Some states differentiate between substance-use disorder (SUD) and mental-health (MH) services, while others integrate them with the goal of treating the "whole" person. However, they often have different cultures, language, approaches and funding streams.



Some people in rural areas do not have the bandwidth or the technology to engage in virtual services with peer recovery-support specialists.
People are still being incarcerated for substance-use disorders.
“Peer support is being co-opted by clinical services.”
Safe-injection sites are needed.
There should be more supervision and support for those who are trained as peer recovery-support specialists.
Transportation is a barrier for many.
“There needs to be more peer support.”
Reimbursement rates are too low, and the field is losing really good peer recovery-support specialists because they do not make a living wage as peers.
Integration of peer support into primary-care settings.
There is a need for templates concerning standard operating procedures, policies and procedures for RCOs.
There needs to be more recognition of peer support as a service.



*Responses from the Field*

*Responses without quotes have been combined to represent the larger theme.*

Inform each other about what is working in different areas; share information.
“Keep the fidelity to peer support and training.”
“We need more advocacy. We need to fight stigma.”
We need more funding.
Get people involved, collaborate, join forces.
Increase awareness about the role and value of peer support.
“All recovery communities need to be supported by the SSA.”
Create specialty training tracks: e.g., LGBTQ, Family, adolescent, collegiate recovery.
We need evidence that peer support works that we can easily communicate to the medical field so they more readily accept peer support.



*Responses from the Field*

"Recovery is Possible"
"Stories"
"Seeing people heal"
"Advocacy"
"Collaboration"
"Meetings like these"

The PR CoE is committed to continuing work in the substance-use field with an emphasis on recovery efforts. The innovative and passionate work of the communities we serve, including many RCOs, pushes the PR CoE to continue advocating for the field of peer recovery-support services and striving to offer the highest-quality trainings and offerings.

# Summary

To begin RCO Capacity Building efforts within the PR CoE, a needs assessment was conducted to better understand RCO capacity throughout the 10 regions defined by the DHHS. The intent was to determine strengths and challenges RCOs face and, in turn, inform responses to those needs through targeted trainings, assistance and efforts.

First, the PR CoE developed and disseminated RCO assessment tools to determine the technical assistance and training needs for developing capacity within RCOs. Tools utilized included: 1) digital surveys, 2) regional stakeholder interviews, and 3) regional listening sessions.

Based on responses, there is a high level of need for capacity building within RCOs, with three areas of top priority. The majority of RCOs indicated they are not adequately funded or sustainable at the current time. The PR CoE will prioritize efforts focused on **funding, stakeholder engagement, and marketing and communications**.

Capacity-building needs exist in the following areas (listed from highest to lowest priority):

1. Funding
2. Community and Stakeholder Engagement
3. Marketing and Communications
4. Volunteer Management
5. Evaluation
6. Leadership Development
7. Financial Management
8. Boards and Governance

See **Appendix A** for survey questions and response options.

See **Appendix B** for additional visual representations of the responses to each focus area.

Second, the team interviewed RCO leaders representative of a variety of geographical locations and demographics. This included leaders from two RCOs from each region and a combination of statewide and non-statewide, “large” and “small,” and rural and urban RCOs.

See **Appendix C** for Stakeholder Interview Discussion Guide.

Lastly, the team conducted Regional Listening Sessions in all regions — open to anyone connected to the recovery movement in the region. An Appreciative Inquiry approach was utilized to gain insight to the following four questions:

- What is working?
- What could be better?
- How do we get there?
- What keeps you hopeful?

All interviews and listening sessions were recorded, reviewed and analyzed for themes. The assessment was disseminated to the PR CoE Organizational Stakeholders community and to RCOs from across the U.S. They can be found on the PR CoE website directory [here](#).

The common themes that emerged in the stakeholder interviews and listening sessions include:

- **Passion/Sense of Ownership** among RCO leaders
- **Funding/Sustainability** challenges
- **Billing/Creating Revenue** challenges
- **Staffing** challenges
- **Stigma** around addiction and recovery
- **Misunderstanding** of the value and role of Peer Recovery Support Specialists and RCOs
- **Silos** within the behavioral-health field and the broader community
- The importance of providing recovery support to those in **Rural Areas**

There are numerous challenges facing RCOs. However, passion, coupled with dedication, allows many efforts to be “working” in the addiction-recovery space. Individuals providing services and hope of recovery to their communities are the backbone of RCOs and are guiding the transformative power of recovery every day. Depending on RCO leadership and the recovering individuals working and volunteering in RCOs for information and feedback on how to transform is imperative. Their knowledge and wisdom is needed to make these improvements possible. The PR CoE is dedicated to utilizing the information provided by RCOs and leadership teams to inform future trainings and assistance, with the goal of providing useful resources and tools to communities to make their work stronger and more effective by building upon their existing efforts and feedback.

## Conclusion

The purpose of this multi-modal needs assessment of RCOs within the 10 HHS regions was to determine strengths and challenges across RCO setting types in order to guide the future endeavors of the PR CoE, specifically through the provision of learning collaboratives and technical assistance. Through the utilization of digital surveys, regional stakeholder interviews and regional listening sessions, we were able to identify gaps in services and RCO resources, as well as an informed prioritization of future trainings and assistance offerings.

This information will not only serve as guidance for the PR CoE, but is also available for those serving in any capacity with an RCO who might be seeking direction in allocating resources, financial or otherwise.

We know that recovery is possible. And this hope inspires us to believe in the power of the collective. Together, we can work toward building and strengthening the capacity of Recovery Community Organizations.

“None of us, including me, ever do great things. But we can all do small things, with great love, and together we can do something wonderful.” ~ Mother Teresa

## About the Peer Recovery Center of Excellence

The **Peer Recovery Center of Excellence (CoE)** is housed at the University of Missouri-Kansas City (UMKC). Partners include the National Council for Mental Well-Being, University of Texas-Austin, University of Wisconsin-Madison and our appointed peer-led Steering Committee. Peer voice is at the core of our work and guides our mission to enhance the field of substance-use disorder peer recovery-support services.

The Peer Recovery CoE has four focus areas: Integration of Peers into Non-Traditional Settings, Recovery Community Organization Capacity Building, Peer Workforce Development, and Evidence-Based Practice & Practice-Based Evidence Dissemination. In addition to trainings and publications, the Peer Recovery CoE accepts [technical assistance requests](#) from any individual, organization, community, state or region in need of training relating to substance-use disorder peer recovery-support services.

### Partnership with the University of Wisconsin-Madison

The Peer Recovery CoE partnered with the University of Wisconsin-Madison (UW) to produce this needs assessment report. UW leads efforts within the Peer Recovery CoE related to Recovery Community Organization Capacity Building.

## About the Authors

Kris Kelly is a woman in long-term recovery. Kelly is the Recovery Community Organizational Capacity Building manager for the Peer Recovery CoE as well as the Senior Administrative Program Specialist for Minnesota in SAMHSA Region 5, for the Prevention, Addiction and Mental Health Technology Transfer Centers. Utilizing her unique combination of work in the recovery field, local communities and national projects, Kelly contributes significantly to the field to accelerate the adoption and implementation of evidence-based and promising, recovery-oriented practices.

Nell Hurley is a woman in long-term recovery currently serving as a Steering Committee member for the Peer Recovery CoE. Hurley is a passionate recovery advocate with direct experience providing and overseeing peer recovery-support services as well as directing Recovery Community Organizations. She has served in a variety of roles within the addiction and recovery space. Demonstrating her commitment to the recovery community, Hurley has also served on national organizational boards and committees.

## Acknowledgments for Contribution to the Document

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University of Missouri-Kansas City (UMKC) team members contributing to this literature review included: Callan Howton Montgomery, Director and Principal Investigator, Shannon Roberts, Program Manager for the Peer Recovery Center of Excellence and Stephanie Sheldon, Create Kind Marketing, design and branding.

### Disclaimer Statement

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August 2021

## Appendix A

# Peer Recovery Center of Excellence

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Start of Block: Default Question Block

**Q1 Part I: Organizational Information**

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Q2 Organizational Information: Organization Name

\_\_\_\_\_

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Q3 Organizational Information: Street Address

\_\_\_\_\_

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Q4 Organizational Information: City, State and Zipcode

\_\_\_\_\_

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Q5 Organizational Information: Website

\_\_\_\_\_

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Q6 Organizational Information: Phone number

\_\_\_\_\_

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Q7 Organizational Information: Executive Director Name and Email

Executive Director Name (1)

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Executive Director Email (2)

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Q8 Organizational Information: Other decision-making staff name and email

Other Decision-Making Staff (1)

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Other Decision-Making Staff Email (2)

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Q9 Organizational Information: What year was your RCO founded?

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Q10 Organizational Information: Do you have a 501c3?

Yes (1)

No (2)

-----

Q11 Is your organization a Recovery Community Organization? Recovery Community Organizations are independent, non-profit organizations led and governed by representatives of local communities of recovery.

- Yes (1)
  - No (2)
  - Other (3) \_\_\_\_\_
- 

Q12 Is your organization a Recovery Community Center? Recovery Community Centers are non-profit, peer-operated centers that serve as local resources of community-based recovery support.

- Yes (1)
  - No (2)
  - Other (3) \_\_\_\_\_
- 

Q13 Is your Board of Directors made up of at least 51% of people who self-identify as people in recovery from *their own* substance use disorder?

- Yes (1)
  - No (2)
  - Other (3) \_\_\_\_\_
- 

Q14 Does your organization provide clinical services? Examples of clinical services include DUI assessments, counseling, drug testing and medication management.

Yes (1)

No (2)

Other (3) \_\_\_\_\_

---

Q19 Organizational Information: Number of Employees

0 - All Volunteer (1)

1-5 (2)

6-10 (3)

11-15 (4)

16-20 (5)

20+ (6)

---

Q20 Organization Information: Number of Volunteers

No Volunteers (1)

1-10 (2)

11-20 (3)

21-50 (4)

50+ (5)

---

Q21 Organizational Information: Budget

- Under \$100K (1)
  - \$101K-\$250K (2)
  - \$251K-\$500K (3)
  - \$501-\$750K (4)
  - \$751-\$1M (5)
  - \$1.1M-\$2M (6)
  - \$2M+ (7)
- 

Q22 Organizational Information: RCO Setting

- Urban (1)
  - Suburban (2)
  - Rural (3)
  - Other (4) \_\_\_\_\_
- 

Q23 Please list or describe anything else you want us to know about your RCO

---

Q24 Does your RCO offer any of the following (Check all that apply)

- Recovery Coaching (1)
- Recovery Advocacy (2)
- All Recovery meetings (3)
- Mutual-aid meetings (4)
- Smoking Cessation (5)
- Technology/Internet Access (6)
- Volunteering (7)
- Narcan/Naloxone training (8)
- Recreational Activities (9)
- Legal Assistance (10)
- Employment Assistance (11)
- Family Support Services (12)
- Peer-facilitated Support Groups (13)
- Housing Assistance (14)
- Basic Needs Assistance (15)
- Education Assistance (16)

- Mental Health Support (17)
- Childcare Services (18)
- Financial Services (19)
- Expressive Arts (20)
- Health/Nutrition/Exercise (21)
- Voter Registration (22)
- Public Education (23)
- Other (24) \_\_\_\_\_

---

Q25 Please indicate if you'd like your organization to be included in the Peer Recovery Center of Excellence directory of Recovery Community Organizations.

- Yes (1)
- No (2)

---

Page Break \_\_\_\_\_

**Q26 Part II: Strengths & Needs** Please rate your agreement or disagreement with the following statements about your organizational needs:

---

**Q27 Community and Stakeholder Engagement** *Examples: Town hall forums, listening sessions, Peer Advisory Councils, Recovery Advocacy Action groups, Recovery Day on the Hill, community dinners, game night, book clubs, outdoor activities*

I do not see a need for support around community and stakeholder engagement in my RCO. (1)

I see a little bit of need for support around community and stakeholder engagement in my RCO. (2)

I somewhat see a need for support around community and stakeholder engagement in my RCO. (3)

I see quite a bit of need for support around community and stakeholder engagement in my RCO. (4)

I see a great deal of need for support around community and stakeholder engagement in my RCO. (5)

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Page Break

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**Q28 Volunteer Management** *Examples: Development and implementation of effective recruitment, training, supervision, and retention principles and practices.*

- I do not see a need for support around volunteer management in my RCO. (1)
- I see a little bit of need for support around volunteer management in my RCO. (2)
- I somewhat see a need for support around volunteer management in my RCO. (3)
- I see quite a bit of need for support around volunteer management in my RCO. (4)
- I see a great deal of need for support around volunteer management in my RCO. (5)

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Page Break



**Q29 Evaluation Examples:** *Qualitative and quantitative data collection, surveys, stakeholder interviews, listening sessions, data analysis, data reporting systems.*

- I do not see a need for support around evaluation in my RCO. (1)
- I see a little bit of need for support around evaluation in my RCO. (2)
- I somewhat see a need for support around evaluation in my RCO. (3)
- I see quite a bit of need for support around evaluation in my RCO. (4)
- I see a great deal of need for support around evaluation in my RCO. (5)

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Page Break

**Q30 Marketing and Communications** *Examples: Electronic database, newsletters, social media, brochures, press releases, annual reports, style guides, and logos.*

- I do not see a need for support around marketing and communications in my RCO. (1)
- I see a little bit of need for support around marketing and communications in my RCO. (2)
- I somewhat see a need for support around marketing and communications in my RCO. (3)
- I see quite a bit of need for support around marketing and communications in my RCO. (4)
- I see a great deal of need for support around marketing and communications in my RCO. (5)

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Page Break

**Q31 Funding Examples:** *Restricted vs. unrestricted, fundraising (individual donors, events, galas, grant seeking, major gifts, planned giving), government contracts, fee-for-service programs and services, contracted partnerships*

- I do not see a need for support around funding in my RCO. (1)
- I see a little bit of need for support around funding in my RCO. (2)
- I somewhat see a need for support around funding in my RCO. (3)
- I see quite a bit of need for support around funding in my RCO. (4)
- I see a great deal of need for support around funding in my RCO. (5)

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Page Break

**Q32 Financial Management** *Examples: Fiscal oversight and internal controls, audits, documentation, payroll, organizational budget.*

- I do not see a need for support around financial management in my RCO. (1)
- I see a little bit of need for support around financial management in my RCO. (2)
- I somewhat see a need for support around financial management in my RCO. (3)
- I see quite a bit of need for support around financial management in my RCO. (4)
- I see a great deal of need for support around financial management in my RCO. (5)

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Page Break

**Q33 Leadership Development** *Examples: Training to identify the skills needed to achieve strategic goals, create ways to identify and cultivate leadership in staff and volunteers, succession planning, employee engagement, developing better communication, shaping organizational culture.*

- I do not see a need for support around leadership development in my RCO. (1)
- I see a little bit of need for support around leadership development in my RCO. (2)
- I somewhat see a need for support around leadership development in my RCO. (3)
- I see quite a bit of need for support around leadership development in my RCO. (4)
- I see a great deal of need for support around leadership development in my RCO. (5)

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Page Break

**Q34 Boards and Governance** *Examples: Board recruitment, roles and responsibilities, training, meetings, minutes, conflict of interests, committees.*

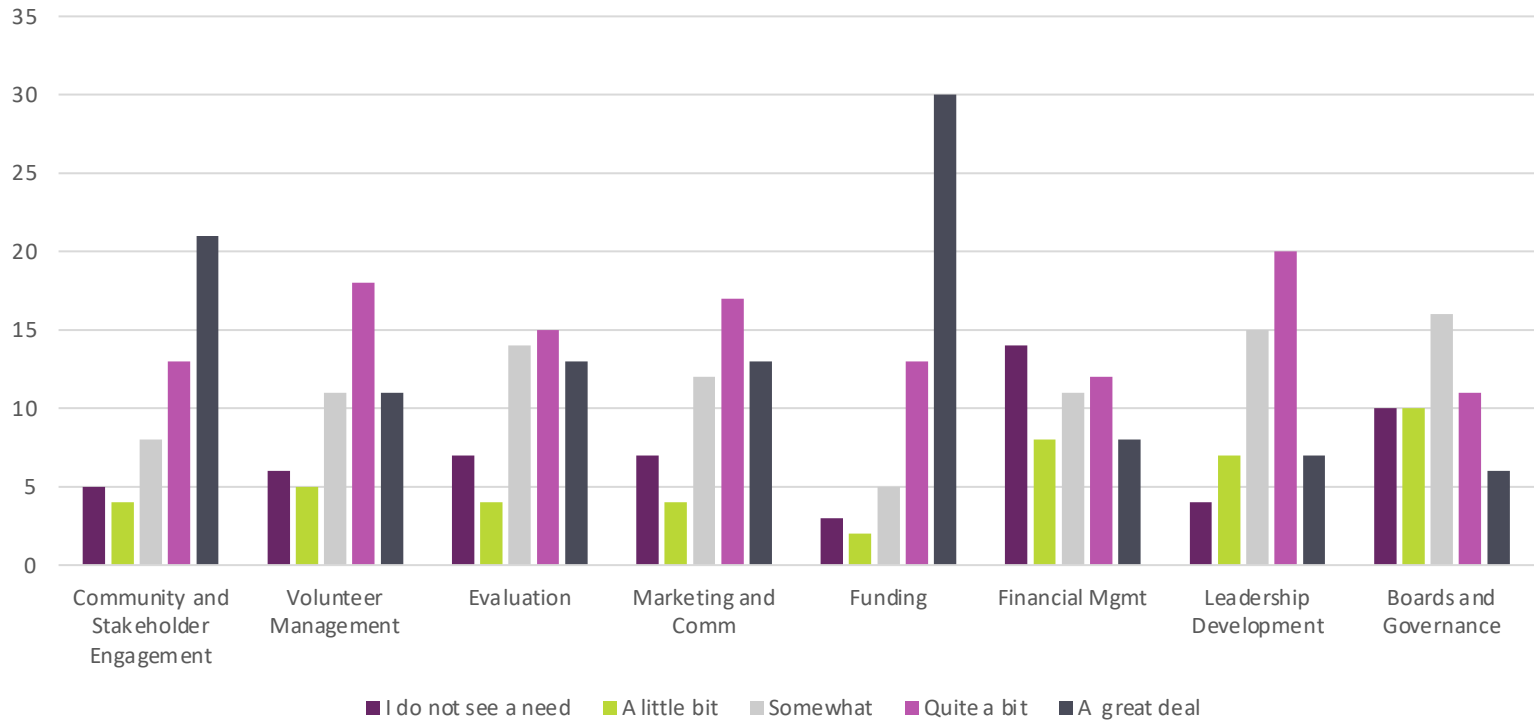
- I do not see a need for support around board governance in my RCO. (1)
- I see a little bit of need for support around board governance in my RCO. (2)
- I somewhat see a need for support around board governance in my RCO. (3)
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End of Block: Default Question Block

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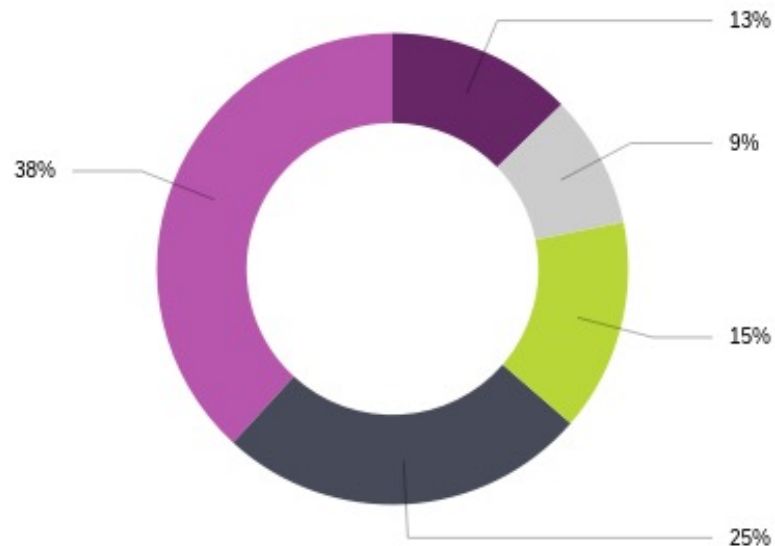
## Appendix B

## Recovery Community Organization Capacity Building Needs



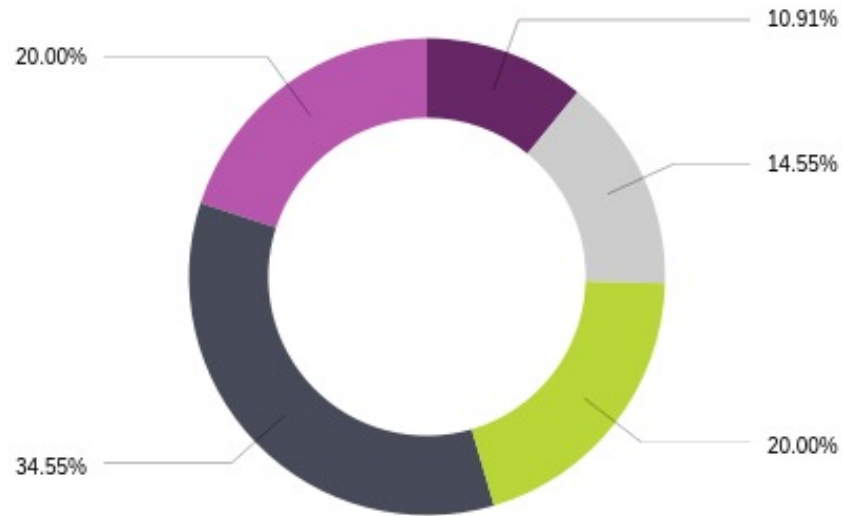


Community and Stakeholder Engagement Examples: Town hall forums, listening sessions, Peer Advisory Councils, Recovery Advocacy Action groups, Recovery Day on the Hill, community dinners, game night, book clubs, outdoor activities.



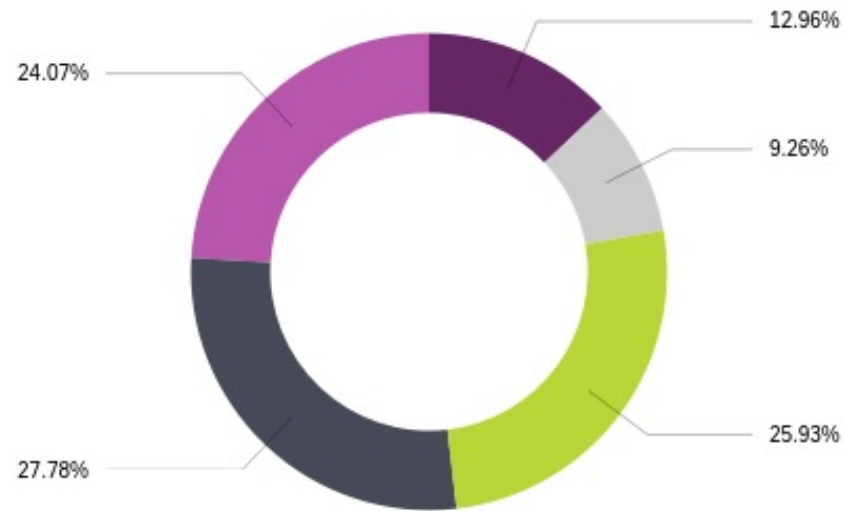
- I do not see a need for support around community and stakeholder engagement in my RCO.
- I see a little bit of need for support around community and stakeholder engagement in my RCO.
- I somewhat see a need for support around community and stakeholder engagement in my RCO.
- I see quite a bit of need for support around community and stakeholder engagement in my RCO.
- I see a great deal of need for support around community and stakeholder engagement in my RCO.

# Volunteer Management Examples: Development and implementation of effective recruitment, training, supervision, and retention principles and practices.



- I do not see a need for support around volunteer management in my RCO.
- I see a little bit of need for support around volunteer management in my RCO.
- I somewhat see a need for support around volunteer management in my RCO.
- I see quite a bit of need for support around volunteer management in my RCO.
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Evaluation Examples: Qualitative and quantitative data collection, surveys, stakeholder interviews, listening sessions, data analysis, data reporting systems.



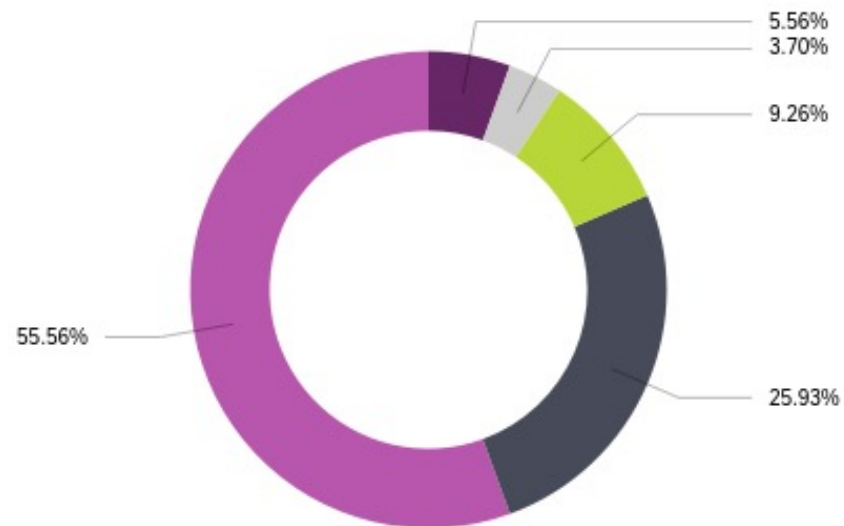
- I do not see a need for support around evaluation in my RCO.
- I see a little bit of need for support around evaluation in my RCO.
- I somewhat see a need for support around evaluation in my RCO.
- I see quite a bit of need for support around evaluation in my RCO.
- I see a great deal of need for support around evaluation in my RCO.

# Marketing and Communications Examples: Electronic database, newsletters, social media, brochures, press releases, annual reports, style guides, and logos.



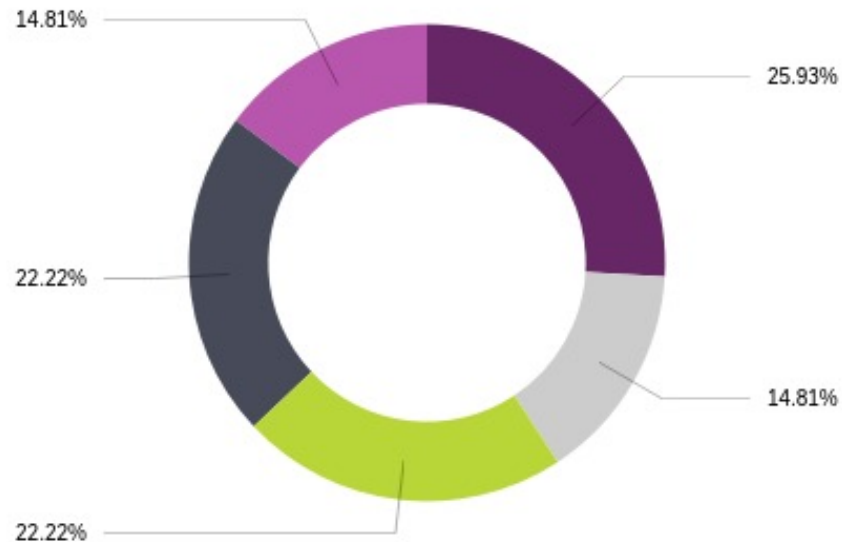
- I do not see a need for support around marketing and communications in my RCO.
- I see a little bit of need for support around marketing and communications in my RCO.
- I somewhat see a need for support around marketing and communications in my RCO.
- I see quite a bit of need for support around marketing and communications in my RCO.
- I see a great deal of need for support around marketing and communications in my RCO.

Funding Examples: Restricted vs. unrestricted, fundraising (individual donors, events, galas, grant seeking, major gifts, planned giving), government contracts, fee-for-service programs and services, contracted partnerships.



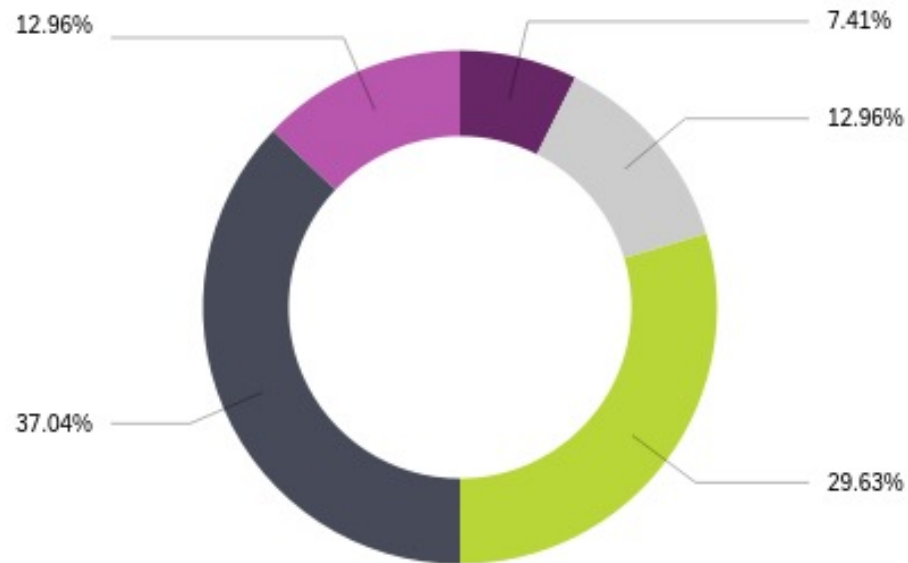
- I do not see a need for support around funding in my RCO.
- I see a little bit of need for support around funding in my RCO.
- I somewhat see a need for support around funding in my RCO.
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# Financial Management Examples: Fiscal oversight and internal controls, audits, documentation, payroll, organizational budget.



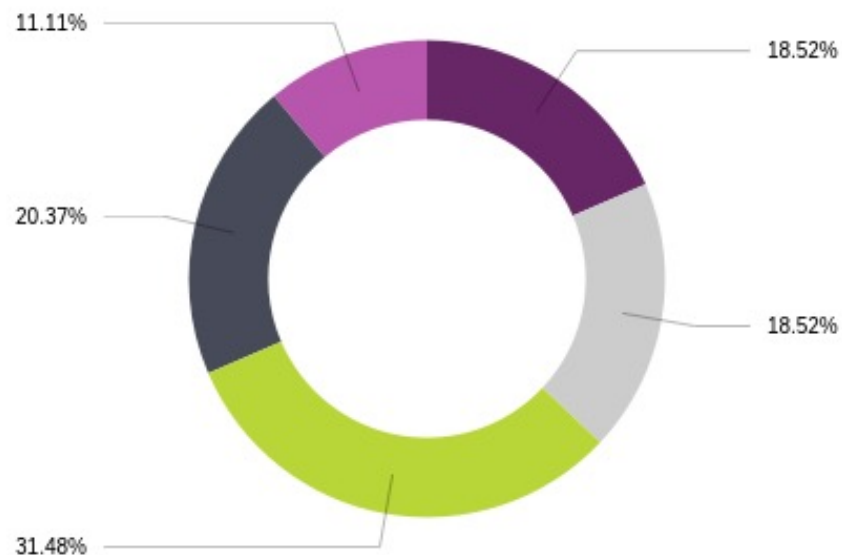
- I do not see a need for support around financial management in my RCO.
- I see a little bit of need for support around financial management in my RCO.
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- I see quite a bit of need for support around financial management in my RCO.
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Leadership Development Examples: Training to identify the skills needed to achieve strategic goals, create ways to identify and cultivate leadership in staff and volunteers, succession planning, employee engagement, developing better communication, shaping organizational culture.



-  I do not see a need for support around leadership development in my RCO.
-  I see a little bit of need for support around leadership development in my RCO.
-  I somewhat see a need for support around leadership development in my RCO.
-  I see quite a bit of need for support around leadership development in my RCO.
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## Boards and Governance Examples: Board recruitment, roles and responsibilities, training, meetings, minutes, conflict of interests, committees.



- I do not see a need for support around board governance in my RCO.
- I see a little bit of need for support around board governance in my RCO.
- I somewhat see a need for support around board governance in my RCO.
- I see quite a bit of need for support around board governance in my RCO.
- I see a great deal of need for support around board governance in my RCO.



## Appendix C

Peer Recovery Center of Excellence  
Capacity Building for RCOs  
Stakeholder Interviews

## Discussion Guide

**Research Objective:** To gain information from RCO leaders to determine capacity-building needs within RCOs across the nation. These conversations will help us determine the areas of the highest priority for our capacity-building learning collaboratives that take place each year of the grant. Some areas that we are exploring are community and stakeholder engagement, volunteer management, evaluation, marketing and communications, funding, financial management, leadership development, board governance, or others.

*The scope of this discussion outline may exceed that which can be accomplished during the length of time available for conducting these interviews. The moderator will adapt the outline during the course of discussion to maximize the quantity and value of the information gained during the time available. All of the questions listed in the following outline may not be asked or asked in a different manner than as stated.*

### 1. Warm-up and Discussion Protocol (5 minutes)

The moderator will introduce herself, explain the purpose and procedures of the session and “warm up” the group in order to create an atmosphere that will facilitate a productive session.

The moderator will cover the following items during the initial introduction:

- Thank participants for their willingness to engage in the stakeholder interview
- Introduce Kris and Nell, our backgrounds, a little bit about the PR CoE, why we are doing the stakeholder interviews
- Discussion will last approximately one hour
- Technology:
  - Zoom is bandwidth intensive. Please close out other programs/apps to ensure the best connection.
  - Please mute your microphone if not speaking to eliminate background noise
  - Feel free to use the chat feature to raise your hand/comment/share information. Chat privately to me or to the group.
- I will be moderating today’s session, and (Kris or Nell) will be taking notes.
- Ground rules will be introduced:
  - We really want to know what you think
  - There are no wrong answers
  - Stakeholder interviews will be recorded to ensure we can capture all information
  - We are asking you to share your experiences today. While this interview will be recorded to ensure we capture all information and we are taking notes, your privacy is important and we will keep this conversation confidential.

## 2. Introductions (1-2 minutes)

The moderator will ask each participant to introduce himself/herself, include role with organization.

The following discussion questions will be customized based on the stakeholder's responses to the digital survey. Moderator will focus discussion on areas that the stakeholder has indicated need support.

## 3. Community and Stakeholder Engagement

The moderator will ask participants about their experiences with community and stakeholder engagement. Examples include [fill in]

- Tell me about your experience with community and stakeholder engagement. What are you currently doing in this area?
- What's working well in this area?
- What are the barriers?

## 4. Volunteer Management

The moderator will ask participants about their experiences with volunteer management. Examples include ***development and implementation of effective recruitment, training, supervision, and retention principles and practices.***

- How are you using volunteers at [name of org]?
- How are you recruiting volunteers? What's working/not working?
- What is your training like? What's working/not working?
- What about volunteer supervision? What is that like? What's working/not working?
- How do you retain volunteers?

## 5. Evaluation

The moderator will ask participants about their experiences with evaluation. Examples include ***qualitative and quantitative data collection, surveys, stakeholder interviews, listening sessions, data analysis, data reporting systems.***

- How do you evaluate your programs at (name of org)?
- What do you do with the data you collect? Do you share it with anyone? i.e. funders or the community.
- What are the barriers to data collection and using that data to benefit the org and the people you serve?

## 6. Marketing and Communications

The moderator will ask participants about their experiences with marketing and communications. Examples include ***electronic database, newsletters, social media, brochures, press releases, annual reports, style guides, and logos.***

- What are you doing regarding marketing and communications?
- What's working well in this area?
- What are the challenges/barriers in this area?

## 7. Funding

The moderator will ask participants about their experiences with funding. Examples include ***restricted vs. unrestricted, fundraising (individual donors, events, galas, grant seeking, major gifts, planned giving), government contracts, fee-for-service programs and services, contracted partnerships***

- Tell me about your funding. Where does it come from? How much funding do you receive?
- Do you have any fee-for-service programs? Is your funding diversified?
- What are the barriers to adequate funding?

## 8. Financial Management

The moderator will ask participants about their experiences with financial management. Examples include ***fiscal oversight and internal controls, audits, documentation, payroll, organizational budget.***

- Who provides fiscal oversight to your organization?
- What kinds of internal controls do you have in place?
- What's working well in this area?
- What's not working so well?

## 9. Leadership Development

The moderator will ask participants about their experiences with leadership development. Examples include ***training to identify the skills needed to achieve strategic goals, create ways to identify and cultivate leadership in staff and volunteers, succession planning, employee engagement, developing better communication, shaping organizational culture.***

- How do you identify and cultivate leadership in staff and volunteers?
- Do you have succession planning in place for org? If not, why not?
- What is employee turnover like at [org] and how do you ensure that employees are satisfied with their jobs?
- What is your organizational culture like? What are you doing to shape the culture of the organization?
- What's working in this area?
- What's not working in this area?

## 10. Boards and Governance

The moderator will ask participants about their experiences with boards and governance. Examples include **board recruitment, roles and responsibilities, training, meetings, minutes, conflict of interests.**

- Tell me about your organization's board. What's the makeup? How would you characterize your board?
- How do you recruit board members? (what's working/not working?)
- How to you train board members? (what's working/not working?)

## 11. Wrap Up (5 minutes)

- Any final comments?
- Regarding next steps, we will compile what we hear in this and other stakeholder interviews and use the information to inform the learning collaboratives we will offer across the scope of the grant
- We will be in touch with you regarding learning collaborative and other offerings through the PR CoE
- Thank participants for their insights, feedback and participation
- Participants dismissed