

February 9, 2022

Re: Recovery Community Organizations and credentialing

To Whom It May Concern:

Addiction is a public health crisis and costly social challenge. It ravages communities, destroys families, and sabotages individual lives. Last year Minnesota experienced the highest number of overdose deaths on record. And yet, 85% of people who reach five years of recovery from substance use disorders will remain in recovery the rest of their lives. Recovery is not just possible, it is the probable outcome in a recovery-oriented system of continuing care.

Historically, public policy has prioritized short-term interventions targeted at addiction's acute symptoms and prevention, rather than addressing the long-term and ongoing recovery needs of diverse geographic and cultural communities. Recovery Community Organizations (RCOs) exist to meet those needs. We were grateful that the Minnesota Legislature began to prioritize addressing this need for ongoing recovery support services with an appropriation dedicated to RCOs last year.

RCOs are nonprofit organizations led and governed by people in recovery. They do not provide clinical services or treatment. Instead, they offer a flexible model of free, ongoing peer recovery support services, education and advocacy for individuals, families and communities affected by substance use disorder. RCOs honor and support all pathways to recovery, including harm reduction strategies, and they work across systems such as criminal justice or housing to remove barriers to recovery. ***Their sole mission is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery.***

The growth of RCOs in Minnesota has been recent and rapid, multiplying from two to seventeen in the past four years. Several factors have contributed to this growth: community demand for RCO services; the addition of peer recovery support services to the Medicaid benefit set in Minnesota, with RCOs as eligible vendors; increased state and federal financial support for community-based recovery support services; and a body of research confirming the positive impact of RCOs on recovery outcomes.

Credentialing of RCOs

RCOs are intended to be grassroots. They are purposefully not licensed facilities so as to maintain flexibility in their support services and to eliminate barriers to access. They do, however, ascribe to a set of best practices, ethics and values that define their mission and guide their work.

The Association of Recovery Community Organizations ([ARCO](#)), a program of [Faces and Voices of Recovery](#), is a national organization that has been leading RCO development, providing technical support, and promoting best practices among RCOs for nearly twenty years. Organizations must apply for ARCO membership, which is granted through a peer review

process based on adherence to a clearly stated collection of [best practices](#). The review committee is composed solely of employees from RCOs around the country.

Per MN Statute [254B.05](#), RCOs that meet certification requirements identified by the commissioner are eligible vendors of peer support services through Minnesota Health Care Programs (MHCP). Currently, the commissioner [requires ARCO membership](#) to be considered certified. Seventeen organizations in Minnesota have been granted ARCO membership to date.

Proposed changes to RCO credentialing in Minnesota

Minnesota's RCOs have been built on the ARCO model and ascribe to its best practices and values, which are core to the recovery movement at large. Questions have been raised, however, about the practice of using a national organization to certify local RCOs. The Minnesota recovery ecosystem is complex and, like all recovery, characterized by the unique assets, challenges, and characteristics of our communities.

We support the best practices and peer review process established by ARCO. This is an effective process for ensuring the fidelity of RCOs across the country. However, we also are open to a conversation about bringing the RCO credentialing process into Minnesota to address our region's diversity and further expedite the growth of RCOs in our communities. Above all else, we are committed to maintaining the fidelity of the RCO model. To ensure that resources directed towards building Minnesota's RCO network are being used as intended, any Minnesota-based credentialing process must include the following:

- Full and transparent inclusion of Minnesota's RCOs in developing the credentialing process and criteria for certification.
- Adherence to the RCO best practices defined by ARCO. (See addendum.)
- A peer-reviewed process conducted by individuals with the following qualifications:
 - Demonstrated commitment to honoring and supporting all pathways to recovery, including harm reduction strategies.
 - Knowledge and experience in Recovery Community Organization operations and services.
 - Personal experience with substance use disorder and recovery.
 - Knowledge and experience with authentic peer recovery support services.
 - Diverse cultural, ethnic, gender, socio-economic, and geographical representation.
 - Not be affiliated with a state agency or licensed clinical provider.

Minnesota Alliance of Recovery Community Organizations (MARCO)

Since 2018, Minnesota's current RCOs have been working together as the Minnesota Alliance of Recovery Community Organizations (MARCO). ***MARCO educates, advocates, and mobilizes resources to grow the community-based recovery movement across Minnesota.***

Through MARCO, established RCOs have worked to mentor and support emerging RCOs, share resources, offer each other technical support, and identify issues and strategies needed to build a recovery oriented system of care in our diverse communities. The vision shared by Minnesota's RCOs is that MARCO will evolve into a robust, statewide entity with the resources to fully support the development, implementation and expansion of Minnesota's community-based recovery support system and ensure the fidelity and authenticity of the RCO model. MARCO is in the process of formalizing its status through 501c3 nonprofit designation.

The chief barrier to MARCO's development has been time and resources. Existing RCOs have little capacity beyond the immediate needs of service delivery. In spite of these challenges, MARCO has established a strong foundation for RCO collaboration and has deep knowledge of the Minnesota recovery ecosystem.

Recommendations

As the question of RCO credentialing in Minnesota is discussed and reviewed, we recommend the following:

- Keep in place the current practice of using ARCO certification to determine an organization's RCO status. At present, this is the best option to promote the fidelity of the RCO model and ensure that public resources are used as intended when directed to RCOs.
- If changes in the current credentialing process are deemed necessary, use the aforementioned criteria for establishing a Minnesota-based RCO credentialing process. In this scenario, we also recommend:
 - Leveraging the existing MARCO framework and knowledge base as an alternative to ARCO certification.
 - Investing in MARCO development to ensure RCO fidelity and to support the growth of RCOs and community-based peer recovery support services in Minnesota.

Minnesota must prioritize long-term recovery outcomes to address its addiction crisis, and RCOs are critical components of a recovery-oriented system of care. We are committed to maintaining the fidelity of the RCO model as we work to grow Minnesota's network of authentic community-based recovery support services.

Submitted by Recovery Community Organizations:

Minnesota Recovery Connection

Saint Paul
Established 2001
ARCO member since 2010
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Recovery Is Happening

Rochester
Established 2012
ARCO member since 2014
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WEcovery/Beyond Brink

Mankato

Established 2016

ARCO member since 2018

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Doc's Recovery House

Rochester

Established 2017

ARCO member since 2019

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Niyah Recovery Initiative

Minneapolis (Cedar-Riverside)

Established 2021

ARCO member since 2021

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Recovery Alliance Duluth

Duluth MN-serving NE MN

Established 2018

ARCO member since 2019

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Rise Up Recovery

Hastings, MN

Established 2021

ARCO member since 2021

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Will Work for Recovery

Minneapolis

Established 2016

ARCO Member 2020

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Recovery Community Network

Saint Cloud

Established 2014

ARCO member since 2019

John Donovan, Executive Director

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Minnesota Hope Dealerz Organization

Minneapolis

Established 2019

ARCO member since 2020

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Twin Cities Recovery Project, Inc.

Minneapolis

Established 2016

ARCO member since 2018

George Lewis, Acting Director

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Mental Health Resources

Spring Lake Park (Anoka County)

RCO established 2018

ARCO member since 2018

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Continuum Care Center

Saint Paul

Established 2016

ARCO member since 2018

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Face It Together Bemidji

Bemidji

Established 2019

ARCO Member since 2021

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National Standards of Best Practices for Recovery Community Organizations

RCO Definition

A **recovery community organization (RCO)** is an independent, non-profit organization led and governed by representatives of local communities of recovery that does any, one, or combination of the following activities. These activities are available to all community members and are not restricted to individuals enrolled in a specific educational, treatment, or residential program.

- conduct ongoing local recovery support needs assessment surveys or focus groups
- organize recovery-focused policy and advocacy activities
- increase recovery workforce capacity and expertise through training and education
- carry out recovery-focused outreach programs to engage people seeking recovery, in recovery, or in need of recovery-focused support services or events to educate and raise public awareness
- conduct recovery-focused public and professional education events
- provide peer recovery support services (PRSS)
- support the development of recovery support institutions (e.g., education-based recovery support programs, recovery community centers, recovery cafes, recovery ministries, recovery-focused employment programs, recovery-focused prison reentry programs, etc.)
- host local, regional, or national recovery celebration events
- collaborate on the integration of recovery-focused activities within local prevention, harm reduction, early intervention, and treatment initiatives

10 Best Practices for Recovery Community Organizations (RCOs)

To ensure fidelity to the recovery community organization model, Faces & Voices of Recovery, RCOs across the nation, and stakeholders have identified the following as national best practices for recovery community organizations.

GOVERNANCE:

1. Non-profit Organization

The organization is a non-profit with a current 501c3 status. In some cases, a recovery community organization will have a fiscal agent where a fiduciary relationship exists between an RCO and another agency. In these instances, the role of the fiduciary agent is limited to managing assets and distributing funds to the recovery community organization, free from conflicting self-interests, for the purpose of supporting the recovery community organization's mission. The recovery community organization is autonomous in their decision-making, program development, recovery services provided, and advocacy efforts through the leadership of an executive or advisory board.

2. Led and Governed by the Recovery Community

The organization is peer-led. More than 50% of the Board of Directors or Advisory Board self-identify as people in personal recovery from their own substance use disorders. Additional board members may include family members of persons impacted by substance use disorders and recovery, allies, and persons with co-occurring mental health disorders.



PROGRAMS AND ACTIVITIES:

3. **Primary Focus is Recovery from Substance Use Disorders**

The organization's mission and vision include a primary focus on recovery from substance use disorders. Some organizations also provide ancillary activities such as prevention services, housing, other addictions, and/or mental health peer services. However, the primary function of an RCO is focused on recovery from substance use disorders and related problems.

4. **Grassroots**

Community engagement is grassroots and reflective of the community served. The organization provides recovery supportive opportunities to the broader community for all community members to get involved in. This may include volunteering; participating in activities; and planning outreach, events, and programs. Examples of ways to engage local communities of recovery are visible on the website and evident in program delivery.

5. **Participatory Processes**

The organization has accountability to the recovery community through processes that promote involvement, engagement, and consultation of people in recovery, their families, friends, and recovery allies. These processes may include town hall meetings, listening sessions, surveys, committees, task forces, and volunteer opportunities. Participatory Processes (PP) are specific methods employed to achieve active participation by all members of a group in priority setting and decision-making processes.

6. **Peer Recovery Support Services**

RCOs provide primarily non-clinical, peer recovery support services. Some examples of non-clinical services are recovery support groups, recovery coaching, telephone recovery support, skill-building groups, harm-reduction activities, and other events. In resource-scarce communities, RCOs sometimes offer clinical services to better meet the needs of their community.



DIVERSITY, EQUITY, AND INCLUSION:

7. All Pathways Towards Recovery

The organization supports, allows for, and may provide opportunities for all pathways towards recovery and does not exclude anyone based on their chosen pathway. This includes support for harm reduction strategies and ideas aimed at reducing negative consequences associated with substance use and improving health and wellness for people who use drugs and/or alcohol.

8. Diverse, Equitable, and Inclusive Policies, Practices, and Services

The organization is purposeful in their board and staff development activities, organizational practices, service offerings, and advocacy efforts to meet the diverse needs of underrepresented populations in the communities that they serve. All communities have groups of people who experience marginalization who are deserving of inclusion. RCOs develop and enact culturally informed plans to diminish inequity in the implementation of their outreach and services.

9. Recovery-Friendly Language

RCO websites, materials, and other online platforms use language that is supportive of and promotes recovery across diverse geographical and cultural contexts. Organizations regularly conduct reviews on their literature and online content. This resource, [Words Matter: How Language Choice Can Reduce Stigma](#), will aid in such a review.

10. Code of Ethics and Grievance Policies

The organization has an employee and volunteer code of ethics in place, and easily accessible grievance procedures, to protect service recipients and stakeholders engaged with the organization. Physical locations may post these policies and procedures in a common area. Organizations without physical locations may post these on their website. The code of ethics reflects core recovery values and is crafted specifically for the RCO and its service roles rather than arbitrarily applying a code of ethics for clinical services to the RCO context.

