

March 21, 2022

Re: SF3906 Eligibility modification for recovery community organizations

To Whom It May Concern:

As members of the recovery community dedicated to building a Recovery Oriented System of Care, we have significant concerns that [SF3806](#) lacks clarity and fails to adequately address these critical issues:

1. **Expanding the integration of Peer Recovery Support Services throughout the continuum of care.** Peer Recovery Support Services are an evidence-based tool that improve outcomes for people affected by substance use disorders. Peer Recovery Support Services that are carried out by Certified Peer Recovery Specialists are eligible for behavioral health fund payment by certain vendors defined in [section 254B.05, subdivision 1](#).
  - a. Adding eligible vendors will increase the use of Peer Recovery Support Services across the continuum of care and minimize funding barriers that impede implementation and sustainability.
  - b. Minnesota's continuum of care will benefit from increased integration of Peer Recovery Specialists and Peer Recovery Support Services
  
2. **Building a statewide network of Recovery Community Organizations.** Recovery Community Organizations, or RCOs, are an established organizational model designed to exist outside of governmental and clinical systems. Their sole purpose is to increase the prevalence and quality of recovery in our communities, and their independent, flexible model enables them to work across and between systems to produce long-term recovery outcomes for individuals, families, and communities. They use multiple tactics to achieve this vision, including but not limited to peer recovery support services, public education, and advocacy.
  - a. Minnesota has a growing network of RCOs, but more are needed.
  - b. Existing and emerging RCOs are in need of ongoing support to help them with the following, among other items:
    - i. Get established as authentic RCOs
    - ii. Be sustainable over time
    - iii. Take advantage of eligible vendor opportunities for behavioral health funding when appropriate, including enrolling with MHCP and establishing contracts with Managed Care Organizations.

- iv. Be included in public policy and other conversations intended to build Minnesota's recovery-oriented system of care.
- v. Stay abreast of and provide leadership in peer recovery support services best practices
- vi. Partner with the state to build the Peer Recovery Specialist workforce
- vii. Develop recovery leadership in our communities
- c. Minnesota has relied on the Association of Recovery Community Organizations (ARCO) to credential RCOs. ARCO was the logical entity at the time RCOs were added as eligible vendors, but Minnesota now has greater depth and breadth of experience, including 17 established RCOs. A state-specific process in addition to or in lieu of ARCO may be desirable.

**We fully support taking steps to address all of the above issues.**

However, we believe SF3806 will hamper the state's progress in addressing these critical issues. It would neither advance Peer Recovery Support Services in Minnesota nor help build the state's infrastructure of Recovery Community Organizations. Rather, it dilutes the quality and consistency of these entities and adds a layer of bureaucracy that has not been fully thought out.

**Our areas of concern in the existing proposed legislation include the following:**

**Definition of "Recovery Organization":**

This is a new term that would be entered into statute and defined as **an organization that offers peer recovery services or employs peer recovery specialists**, including but not limited to the following entities:

- (1) recovery community organizations;
- (2) recovery community centers;
- (3) recovery support organizations;
- (4) collegiate recovery programs;
- (5) recovery high schools;
- (6) digital recovery platforms;
- (7) recovery residence programs;
- (8) recovery court programs;
- (9) substance use disorder treatment programs;
- (10) certified community behavioral health clinics; and
- (11) hospitals and emergency departments.

### **Our concerns include:**

- This is a broad list of entities, each of which already has its own definition, standards, and purpose. Some exist solely for the purpose of long-term recovery. For others, recovery is an important but tangential outcome. *What is the purpose of defining them all as “Recovery Organizations?”*
- The purpose appears to be to make them eligible vendors for Peer Recovery Support Services. Recovery Community Organizations and licensed 245G substance use disorder treatment providers are already eligible vendors. This legislation proposes to add more qualified vendors while simultaneously *changing the credentialing process for these existing vendors*. As both SUD treatment providers and RCOs are included in the list of “Recovery Organizations,” are they both also subject to approval by the proposed Minnesota Board of Recovery Services to become eligible vendors? Or are SUD treatment providers exempt per existing statute, which is not amended through this legislation? This bill appears to simultaneously maintain current eligibility for SUD treatment providers and remove it.
- The bill identifies the following statutory criteria:
  - (1) evidence that the applicant is a nonprofit organization based in Minnesota;
  - (2) evidence that the applicant is a recovery organization as defined in section 254B.17, subdivision 5; *(see above list)*
  - (3) evidence that the applicant has board members in recovery from substance use disorders;
  - (4) a description of the applicant's activities and services that support recovery from substance use disorders; and
  - (5) any other requirements as specified by the board.
- This criteria would be applied to the wide range of legal entities represented in the aforementioned definition of “Recovery Organizations,” including local and county governments, for-profits, nonprofits, hospitals, schools, licensed providers, and more. The application of this criteria to the aforementioned defined “Recovery Organizations” creates confusion.
- With this criteria, many of the entities defined as “Recovery Organizations” would not meet the credentialing requirements, including many current eligible vendors of Peer Recovery Support Services.
- *If the point is to increase the number of eligible vendors for Peer Recovery Support, why does the legislation propose to apply criteria that many likely effective vendors would not meet, and that would actually exclude some current eligible vendors?*

### **Creation of a Minnesota Board of Recovery Services**

The legislation proposes to create a Minnesota Board of Recovery Services for the purpose of credentialing “Recovery Organizations,” which in turn would become eligible vendors for Peer Recovery Support Services.

Our concerns include:

- As the language stands, this board would credential Recovery Community Organizations, recovery residences, collegiate recovery programs, and a broad range of other entities. None of these entities has been engaged in the development of this legislation to date.
- The Board composition is not reflective of the entities it proposes to credential, and includes no representation from RCOs, recovery residences, recovery high schools, etc.
- The purpose of this Board as a gatekeeper for vendor eligibility creates more questions than answers at this point. If the intention was to credential Recovery Community Organizations, the language has been changed to credential “Recovery Organizations” and opens up a host of new questions specific to the entities included in the definition.

**Our recommendations:**

We are concerned that rushing this legislation forward will confuse, complicate, and impede progress on the critical issues of 1) expanding the integration of Peer Recovery Support Services in the continuum of care and 2) building a network of Recovery Community Organizations.

We recommend that Minnesota proceed thoughtfully to address both issues, which are separate yet related, in a manner that will effectively build on existing work and yield a solid foundation for the growth of both Peer Recovery Support Services and Recovery Community Organizations in Minnesota:

**Regarding vendor eligibility for Peer Recovery Support Services:**

We recommend that the legislature direct the Commissioner of Human Services to engage stakeholders to jointly develop recommendations for vendor eligibility for Peer Recovery Support Services. The scope of these recommendations would include but not be limited to:

- A. Identifying gaps and opportunities in the rollout of Peer Recovery Support Services since the 2017 SUD reform;
- B. Increasing access to Peer Recovery Support Services across the continuum of care;
- C. Promoting person-centered practices, cultural responsiveness, and other best practices in Peer Recovery Support Services;

- D. Strengthening and expanding the Peer Recovery Specialist workforce;
- E. Expanding eligible vendors for Peer Recovery Support Services

**Regarding building a statewide network of Recovery Community Organizations and associated issues:**

Minnesota's existing RCOs, emerging RCOs, and other stakeholders have already convened to begin work on the following:

- Defining a mission and vision as an RCO network
- Developing a formal RCO network
- Developing a strategic plan for RCO growth, fidelity, sustainability, and integration into Minnesota's continuum of care
- Developing a statewide RCO to provide technical assistance, legislative advocacy, fundraising assistance, best practices, communications, etc. in service of Minnesota's RCO network.
- Developing a Minnesota process for RCO credentialing

We will continue this process to ensure broad and transparent inclusion of stakeholders and will deliver recommendations on our findings, including a strategy and funding proposal, to the legislature for action during the FY23 session.

Minnesota is at a critical point in expanding and strengthening the support services needed to address our addiction epidemic, save lives, and improve long-term recovery outcomes for all who seek it. SF3906 will only hamper and confuse progress at this juncture, and we request that it not move forward at this time.

Signed,

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