

**Michelle Day:** [00:00:00] Good afternoon, everyone, and welcome to the Fletcher Group Rural Center of Excellence's webinar series. Today's session is scheduled to run from 2 p.m. to 3 p.m. Eastern Standard Time. My name is Michelle Day, and I am your moderator for the session, along with Janice Fulkerson and Erica Walker. A couple of brief housekeeping items, and then we'll begin.

You entered today's session on mute, and your video was off and will remain so for the entirety of the webinar. Your chat feature is located at the bottom right of your screen. Use the drop down feature to communicate with either the panelists only or panelists and attendees. Please direct all questions regarding the webinar content to the Q&A section.

Be advised that this meeting is being recorded and will be available to you on our website once it has been transcribed. You can access our website at [www.fletchergroup.org](http://www.fletchergroup.org). Also, at the conclusion of today's session, [00:01:00] there will be a short survey regarding the webinar content. Your participation in that survey is greatly appreciated and will only take a few moments to complete.

Our speaker today is Donald McDonald, Technical Expert Lead with JBS International. Donald is a person thriving in sustained recovery from severe mental and substance use disorders since 2004. He has provided peer services in an opioid treatment program and a social model residential recovery program, and supervised peers in a statewide recovery community organization he helped fund. When he became executive director of his home state's Addiction Professional Trade Association, he opened membership to peers and organized peer training tracks at its semi annual conferences. He has been providing recovery support services training and technical assistance nationally for the last five years, focusing on peer inclusion, [00:02:00] RCO development, and stigma reduction.

Donald is a member of the 2016 inaugural cohort of recovery coach professional through Center for Addiction Recovery Training and holds a Master of Social Work from UNC Chapel Hill. He is the proud recipient of the National Council on Alcohol and Drug Dependence Bronze Key Award and the North Carolina Attorney General's Dogwood Award. For fun and public education, he hosts No Thanks, But Yes, a podcast featuring chill conversations with splendid people who've overcome problematic relationships with substance and behaviors via many pathways. Donald, the floor is yours.

**Donald McDonald:** Thank you. Give folks time to adjust their speakers. I know I'm much louder now. Thank you so much. Next slide please, Milena.

There we go. [00:03:00] Uh, welcome to this introduction to recovery community organizations. I titled it, uh, you are in the right place when we opened our first, uh, recovery community center in North Carolina. Um, this is a quote from a William L. White, uh, white paper about transitioning from cultures of addiction to cultures of recovery. And we felt that it really, um, expressed the, um, the principle of inclusion that we truly wanted to embrace that, um, anyone coming through the front door and meeting the person at the front desk, invariably, am I in the right place, would be the question. And we will have answered that at the outset and then have to go about proving that truth for the rest of our engagement with those individuals.

So, thank you for this opportunity to share my experience with [00:04:00] you and looking forward to some Q and A at the end. Next slide, please. The first thing we have to talk about is recovery, because recovery community organization, recovery community center, these are all recovery support services distinct from primary prevention, from clinical treatment. Distinct from, uh, other, uh, areas within the continuum of behavioral health care and support. Recovery is its thing. So what is recovery? Next slide, please. I mentioned William L. White, uh, William White Papers, uh, through, uh, Chestnut Health Systems is something that you ought to check out. Many of you likely are already familiar with the extensive writings of this individual, a person thriving in recovery himself, um, a [00:05:00] recovery researcher, a recovery movement leader, and a mentor to many of us.

This is one of the quotes that we've all latched onto. Whether we believed it or not, whether we knew it or not, at the time, there are many pathways to recovery and all are cause for celebration. This business of having a problematic relationship with alcohol or other drugs or other behaviors, uh, coming into and through some pathway to a manageable relationship or, uh, Identifying as in recovery from that previous relationship and that long pathway. That's a lot of people. And, um, this should also underpin, um, your initiative if you decide that you want to open, uh, start a recovery community organization or recovery community center. Next slide, please.[00:06:00]

Now, definitions of recovery. I include at the bottom there, a definition from my lens, someone who has had cultural affiliation with 12 step communities of recovery for nearly four decades, who has read every piece of literature that has been sanctioned by that culture. That began in the United States and traveled around the world. Someone who has also, um, communed with, uh, communities within this subculture throughout the United States and around the world. During my travels around the globe, I came to my own definition of recovery because there's not a definition of recovery, per se, that, uh, we can utilize as something, uh, to come together as a measuring stick for our initiatives. So I drew this together, put it together, and then I put it out for review, um, [00:07:00] to hundreds of people in social channels who had skin in the game, and I got feedback, and so, uh, I've adapted it, uh, thusly. So, a cornerstone of a 12 step definition of in recovery, or doing the deal, as sometimes is often said, or do you have what I want?

See, I'm speaking of these cultural terms, cultural expressions, um, from this nearly 9 decade subculture um, that most of us are familiar with in the United States. Uh, abstinence from alcohol or other drugs is one of the measuring sticks, but, um, that's not always enough. Culturally, are you doing the deal? Uh, I, I'm going to illustrate to you a rather unique cultural lens on recovery. One that is honestly, it's splendid and it is at [00:08:00] once splendid and a high bar and, and a big ask for individuals as well. So, um, attendance at mutual support meetings is part of this perception of, are you in recovery? Are you doing the deal?

How many meetings do you go to? Do you sponsor? Are you engaged in this lay relationship within this culture to guide one through this process of wellness? Are you sponsoring others? Do you have sponsees? Are you committed to, engaged in, or have you worked the 12 steps and committed to practicing their underlying moral principles in all aspects of your life.

Now, this shouldn't sound, uh, surprising to anyone who is culturally affiliated with 12 step. Uh, ultimately the goal broadly understood is a God consciousness. A daily [00:09:00] commitment to seek the guidance of, of some divine force to make decisions in one's life, to constantly think of others and, and, and think of their needs and how we may help them. So, a very altruistic movement. A very spiritual movement, with underlying moral principles. With traditions, guidelines, practices throughout. And I'm throwing in a lot of language there to illustrate for you some of the language that describes what is recovery within this subculture, within the broad ecumenical culture of recovery. Now I'm going to talk to you in just a minute about how many people are actually in recovery and how diverse those pathways actually are.

And this is all laying a foundation for why we open recovery community centers and what we offer [00:10:00] folks. Um, so over, uh, back in 2011, the Substance Use Mental Health Services Administration, uh, gathered together, stakeholders from across the country, people in recovery, diverse pathways of recovery from mental and substance use disorders, families, friends, allies, providers of care, to come together on a consensus definition to guide best policy and practice for, for, for initiatives to, to help people stabilize problematic relationships and, and continue in processes, lifelong processes of improved health and wellness, chronic, chronic illness, recovery management.

I'm particularly fond of this definition. It has become the guidance for my professional work. It is also something that resonates with me strongly as a person in [00:11:00] a sustained recovery from severe mental learning and substance use disorders. And, uh, I, I initially liked it very much because it was so broadly applicable to myself as an individual and could help guide my practice of meeting folks where they are. And it was not until a few years ago that, uh, I came to the realization that this is the journey that all human beings are on. So this business of recovery, this business of meeting folks where they are, we're asking individuals to rejoin the human trudge on this blue marble. Who, who in this room, whether you have had a problematic recovery, relationships with substances and behaviors or not.

Who in this room cannot identify with being in a process of improved health and wellness, an often nonlinear process with resolutions to, to address this issue or that issue to get [00:12:00] healthier, to live longer, to be holistically more happy, uh, in, in, in our physical, emotional, mental, and spiritual states. Who among us cannot, uh, identify with the business of seeking autonomy, with being self directed, with being, uh, self sufficient and, uh, striving to reach our full potential is, is the existential question that we've always asked. Why am I here? Who am I? What is my purpose on this blue marble? We call it self actualization, and this is an individually driven process.

So, if you can embrace this definition of recovery, um, it will help guide your practice. And this is, uh, was revisited 10 years later. I got to see on LinkedIn many of my peers from across the country saying, I'm going to SAMHSA and we're going to revisit the definition of recovery. And I sat and I held my breath.[00:13:00] So, you know, a lot has happened since 2011, 10 years later, and the stakeholder group was expanded and they came together. And, uh, in the end, and I had connections with SAMHSA and asked them how it went and reminded them that they didn't invite me. So, and chuckle, shade, but, uh, it remained unchanged. So this is a revisited decade later.

Thank you. I love the laugh. Revisited definition. This continues to guide my, to guide my individual recovery. And now what is my macro social work, macro peer support work that I'm engaged in education and advocacy throughout the country. So SAMHSA definition of recovery. Next slide. I talk about recovery. So, uh, SAMHSA also does regular surveys called the, um, uh, the, um, [00:14:00] National Survey on Drug Use and Health. Some of it call this the NASDA Survey. And in the survey, it asked many, many questions, but one of the questions is, did you ever have a problem with your use of alcohol or other drugs? And there's a large group of people that did so, but it further asked them about self identification.

Do you consider yourself to be in recovery from that problematic relationship with alcohol or other drugs? And a striking number of over 20 million, uh, Americans said, yes, indeed, I am in recovery from that problematic relationship. Now to throw this into contrast of what has become the most identifiable subculture within this ecumenical culture of recovery the worldwide census, the worldwide membership of Alcoholics Anonymous is only 2 million people. So who are all these people? What was their pathway [00:15:00] to recovery? What is their pathway of recovery? Um, and this is an exciting space to be in and an exciting thing to do to open up a, uh, brick and mortar place for people to come get them some and to meet them where they are, to be resource rich and filled with compassion and, uh, to help bring that number up because there's just as big a number of folks out there currently having a problematic relationship with substances. Not all with robust access to appropriate care, but what we can have is a place for them to come and we can say you're in the right place. Next slide.

Now, the concept of diverse pathways of recovery, if we are only familiar with one or two, or just our own, is kind of a theoretical construct. Like, I identified with it in the beginning, like, yeah, that's something to believe in as an [00:16:00] ideal. I began meeting more and more and more people throughout my time, uh, working in, uh, in, uh, treatment, recovery, support services, education, and policy advocacy, and traveling the world, uh, and meeting people on diverse pathways. So I decided to start a podcast and, uh, we're up to 50 episodes now. Once we see the faces and hear the voices of these diverse pathways, many of these folks are on 12 step pathways or initiated on 12 step and moved to other pathways, and some never went to treatment or never went to 12 step pathways either.

Yet, I find myself in no way questioning the quality of, of their recovery or, or, or their contribution to, uh, to this world. So Chill Conversations with Splendid [00:17:00] People. It's available everywhere that you enjoy podcasts. So next slide.

Mutual aid meetings. So this is a way for us to academically describe, uh, what is a big group of, uh, non clinical, uh, non professionally led, uh, lay mutual support groups groups for people to come together and walk together on pathways of recovery. Um, next slide. Here's a definition of peer recovery mutual aid that I just described. One of them is 12 step. And there are many, many others for people to come together, and I dig into this because we have an exciting opportunity when we open up a recovery community center. And after we've conducted needs [00:18:00] assessments in our community and environmental scans of what's there, we have a great opportunity to fill gaps and gaps for particularly vulnerable populations as well.

Um, there are 12 step meetings in communities. There are sometimes 12 step clubhouses that can host a variety of 12 step meetings, but then we have recovery community centers. And what are the potential there to meet the diverse needs of a community? Next slide. This, uh, graphic was created by a recovery community organization, a particularly excellent one out of, uh, Pennsylvania called Unity Recovery.

Its executive director is, is a recovery scientist, PhD Social Worker named Robert Ashford, and, uh, academics have a tendency to desire to [00:19:00] organize things into manageable groups, and This gives you somewhat of an illustration of the diversity of mutual aid, uh, that are out there. 12 step, 12 step for nearly nine decades in this country, continuing to be hopefully a robust presence. Uh, some people may come to their recovery and want to have, uh, um, a religious experience. They have a specifically religious, um, affiliation that they also want the open expression of that to be part of their mutual aid as they recover from mental and substance use disorders. So the, there are spaces for people to come into, to, to name their deity, or to name their spiritual pathway, uh, that is, uh, guided towards their Christian experience, their Muslim experience, or their [00:20:00] Buddhist experience. They're, uh, not as robust as there are 12 step, but if we recognize the value of these spaces, they can become more present. Additionally, there are individuals who are seeking connection in a group recovery process who want absolutely nothing to do with anything spiritual or religious or unseen. Devoutly secular individuals.

We have spaces for folks like that to come together as well. I'm going to mention a couple of these, like all recovery and harm reduction, mutual aid, um, people who continue to use substances. We can still, um, not, uh, argue against the value of shared community and shared goal making and support of one another in achieving those goals. [00:21:00] So people who use substances can find harm reduction, mutual aid. We've found that there can be very, um, off putting and unexplored biases against people taking medications for substance use disorder in some settings. So we've come about actually designing groups of people where we can be fully confident that no one will experience any kind of discriminatory barrier or judgment from unexplored bias.

Uh, folks have, um, gotten really into physical fitness and, uh, there you have it, a place to come together in mutual support. Next page. There are research supporting the positive outcomes of peer recovery mutual aid, most notably the 2020 Cochrane Review of Alcoholics Anonymous, and a lot of AA members and treatment centers that [00:22:00] embrace Alcoholics Anonymous, um, principles in, in their clinical care celebrated this discovery that regular attendance at these mutual aid meetings has very positive outcomes in helping people achieve their shared goal of abstaining from that substance. And this, so this is nice, robust data that, uh, it, we, we, we get to say a little bit more than it works. If you work it, we get to say data show it works. If, if you come get you some, stick around and stay, but there are folks for whom, and if you have been involved in any kind of, uh. Doing histories with folks, comprehensive clinical assessments, or just sat and listened to people.

There are times when referral to a specific 12 step pathway or what exists may be a slightly inappropriate referral for that individual based upon their life [00:23:00] history and the context in which they are living. So what else is out there? Do data support those as well? Let's check the next slide. This is a longitudinal study of the comparative efficacy of Women for Sobriety, Life Rings, SMART Recovery, and other 12 step groups from the Journal of

Substance Use Treatment in 2018. And in it, we discovered that, uh, while it is a thinner volume of data supporting regular, established attendance in these communities, we are seeing, uh, positive outcomes is there, there as well. Coming together with a healthy friend group with, uh, shared goals, we have a tendency to achieve those goals marching together.

Next slide. With COVID 19, we've seen the surge of digital recovery meetings. [00:24:00] So, what about those? This is Online Recovery Support Meetings Can Help Mitigate the Public Health Consequences of COVID 19 for Individuals with Substance Use Disorder. This is from Addiction Behaviors, Volume 113, 2021. I make a reference to these in, in, in a references, uh, um, slide at the end of this, along with some robust resources for you as well. So, what we are discovering is that folks, for a variety of reasons, whether it be a paucity of in person meetings in rural areas, rural and frontier areas, or whether it be an individual who has co occurring, um, social, co occurring social, uh, phobias or, or, um, isolation, um, still come get you some, find your people, get you some digital, if you can overcome the, the broadband [00:25:00] divide or, or, or the device divide that does exist for, for, for some people as well, definitely come and get you some digital recovery. I am in a couple of decades into my sustained recovery pathway and I'm in a place now where the lion's share of my mutual support is digital in, in, in its, in its content right now. I work digitally, I play digitally, and I also get my mutual support digitally.

I have a balanced life though. Right. Posted a picture of myself out walking in the woods with my dog this morning, and I do get to come together with friends from time to time. But, um, offering digital support for folks is recovery as well, if that's the pathway that they choose. And we need to explore if we have a potential bias against digital recovery too, uh, which, as data is showing, uh, the science shows [00:26:00] that we likely are having the same positive outcomes, but we may be within a group where we have a socialized or culturally acquired belief that it's in person or nothing. If you don't smell the coffee, it ain't working. But that's, uh, that's not science driven. That, that, that's culturally driven. So it depends on the individual. Next slide, please.

And here we are. Um, well into, uh, an overdose crisis where, uh, the mortality associated with opioid overdose alone, uh, fills the Bank of America stadium here in North Carolina, fills your stadium as well, over 80,000 people dying from opioid overdose, 120,000 people dying annually from, from drug overdoses in general. Um, so, and what we've discovered is that. prescribing opioid [00:27:00] agonist therapy for people experiencing severe opioid use disorder, particularly post overdose, reduces mortality by 50%. Um, we're also, uh, we have over 5 decades of evidence showing that people taking opioid agonist medications, uh, are experiencing so much more than just, uh, not experiencing overdose, criminal justice system entanglements, bloodborne pathogen disease, but we're also seeing living in the community, living full lives, family reunification, employment, the finding of community autonomy and purpose in their lives.

And we've known this for over five decades, starting with the 1967 heroin as a heroin addiction as a metabolic disease in 1967. So, um, we need to explore our biases that we may have against [00:28:00] medications for opioid use disorder and know that they are culturally driven. Which is fine. We can have our biases. We come about them normally and naturally, but when we get into this business of helping people find pathways to sustained health,

wellness, uh, the finding of purpose and self actualization, we might need to check that out. Now, I put Narcotics Anonymous on here. I love Narcotics Anonymous with my whole heart.

Uh, I have been culturally affiliated with that group as well, and I'm particularly fond of the hugs and the spiritual pathway, right on. But as we are providing, Uh, space for mutual aid engagement, or if we are referring people to mutual aid engagement, it's important for us to know organizationally what is the world board's attitude towards MOUD so that maybe we [00:29:00] can inform our participant, client, or patient about this, or we can opt for sending folks to a different mutual aid space if we've created that space or held space for it.

But historically, Narcotics Anonymous, since its 1996 bulletin number 29 up to the NA World Board's PR pamphlet in 2016, Narcotics Anonymous hasn't As a world organization does not consider people taking opioid agonist therapies as in recovery. And limitations upon membership are, uh, essentially sanctioned from, from the world organization itself. Now, every meeting is different. Every meeting can be different to a certain point. And I have had people come forward to me and say, my NA group ain't like that. And I'm like, that's all right. That's all right. [00:30:00] Um, but just to know, that this is one of the reasons as we are seeing increasing numbers of people in this fentanyl environment taking medications for opioid use disorder, where is an accepting and, and, and positive community space, uh, that folks can come to as well.

Next slide. Alcoholics Anonymous could be that option and often is that option for folks, but also historically Alcoholics Anonymous for nearly 9 decades is a culture of freedom from alcohol. Um, now, I know a lot of people who, um, primarily identify with a problematic relationship with drugs or take medications for opioid use disorder who, who go to Alcoholics Anonymous. When I started my Recovery Community Center, members within the community, and that's the great thing about having a Recovery Community Center, is you can, you can create a [00:31:00] container for folks. Someone came to me and said, I found this thing called Drug Addicts Anonymous. And what it is is for people who chiefly identify as having a drug problem, but mostly identify with with Alcoholics Anonymous.

And I said, well, if you can get the people to come, you've got the space. And it was the, it was honestly the biggest attended meeting that we had at the center. They named themselves the Rule 62 Club, and those of you who may be familiar with 12 step know what Rule 62 is. You can throw it in the chat if you want. Next slide, uh, All Recovery Meeting. This is a meeting that was actually born in the Recovery Immunity Organization Recovery Community Center movement. This is an all comers meeting. If you're a religious person, you may be familiar with [00:32:00] Unitarian Universalist churches. Basically, this is just a place for everyone to come together.

You don't have to change what you believe or how you self identify. You're just knowing that this is a place where everybody comes together with the common, uh, experiences and the common goals that they may have. You don't have to leave your identity at the door. You just never hit anybody over the head with it during a meeting. And this has been driven, uh, digitally as well to be omnipresent through recovery community organizations coming together, um, during peak COVID too. I found myself volunteering in small recovery

meetings, and it was a great opportunity, uh, and I've got links to all of the formats and everything here that you might need.

Next slide. This is a newcomer on the block. It is mutual aid space. Everyone's welcome here, whether [00:33:00] you use substances or no substances, whether you have questions about safer consumption, or you want to have questions about your manageable use of some substances. It's been a very diverse group. This has been my favorite mutual aid space now. It's the one that I attend mostly. And it is a really authentic space, and you don't have to choose one or the other. Lots of dual citizenship going on in mutual aid walks right now. Thank you. Thank you, Erica. Don't take yourself too seriously. Time's too short for that. Very nice. Rule 62. Very cool. So, Harm Reduction Works, HarmReduction.works. It's a big old Google Drive filled with the, uh, you can learn more information about it through reading the script. It has a list of all the [00:34:00] available meetings digitally and in person around the country and, uh, I'm excited that this is here. Next slide is also another one that you may want to become familiar with.

When I was providing peer services in an opioid treatment program, this is how I met Bill White the first time. Um, I, uh, I was a person in a 12 step pathway of recovery working in an opioid treatment program way back in the day. We called it a methadone clinic back then, and many of the participants there were talking about, uh, well, I don't go to this meeting or that meeting. I keep getting a hard time when I go there. They know I'm this or that. And at that point in my recovery, I think I was five years in my sustained recovery. I was like, I felt this, man, I want you to be able to come get you some of this goody that I got. And, uh, uh, my boss at the time turned me onto a monograph that [00:35:00] William L.

White had written called Narcotics Anonymous and the Pharmacotherapeutic Treatment of Opioid Use Disorder. So it was a history of NA and the rise of opioid agonist treatments beginning in 1967 and throughout history. And it also listed these alternative mutual aid spaces that had been created. And one of those was, and you don't really see this much anymore at all, but it was called Methadone Anonymous. So I started a Methadone Anonymous meeting at the church, just down the block from the opioid treatment program. And that was a real good feeling. Folks got to come get them some community, autonomy, and purpose in a setting where they had complete confidence and then we started seeing some dual citizenship happening and uh, exciting time.

Next slide please. Uh, Recovery Community Centers. Uh, let's uh, [00:36:00] go to the next slide. There is a grand history to be told here about uh, the uh, the rise of recovery community organizations, the, the um, innovation of recovery community centers. And there is a video that I want to play for you all right now that tells the story much better than I do. This was created by the same producer as The Anonymous People and Generation Found and Tipping the Pain Scale, Mr. Greg Williams. So I'm going to shut up and let y'all watch this.

**Milena Stott:** All right. And the sound is better in this video, so you shouldn't have a problem.



**Video Clip:** I remember being interviewed in 1997 by Bill Moyers and talked about, you know, what would you predict? And I said, well, if history's true to form, as we're beginning to lose the recovery focus within the country and within the treatment system,

**Donald McDonald:** I bet if you back it [00:37:00] up a little bit, we'll have our buffering problem solved.

**Video Clip:** And I said, well, if history's true to form, as we're beginning to lose the recovery focus, within the country and within the treatment system.

**Donald McDonald:** Well, barnacles.

**Milena Stott:** I know that's an internet issue, not a sound issue.

**Donald McDonald:** Yeah, that's, that's an internet issue. Um, let's try one more time to go back to the very beginning. And if it doesn't work this time, then I'll just go ahead and summarize the, uh, the Three minute clip for you.

**Video Clip:** I remember being interviewed in 1997 by Bill Moyers, and we had talked about the cycles of history. And I remember him saying, given this cyclical pattern you've talked about, you know, what would you predict? And I said, well, if history is true to form, as we're beginning to lose the recovery focus, what would you predict? Within the [00:38:00] country and within the treatment system.

**Donald McDonald:** Well, there you have it. Um, uh, I think that we've spent enough time on this. We'll send out the link to y'all to watch this video. I strongly encourage you to watch this when I'm providing technical assistance for folks and they're trying to explain to community members, to prospective funders and deciders in their community. I encourage them to share this video. Next slide.

Okay, so, um, what Bill describes in this video, uh, at the outset is, um, this was a grassroots organic movement that resulted from a, an observation of, uh, that folks need this [00:39:00] space. Just like when I was that that young peer at the OTP, I saw organically a need. My director didn't tell me to do it. In fact, she told me that maybe I ought not to do it, but I did it anyway. We saw this rise of folks engaging in education. and Advocacy, a community driven solution to raising the profile of recovery, uh, reducing the stigma surrounding people having a problematic relationship with substances towards the goal of dismantling barriers, to people, initiating and sustaining recovery to help the community at large.

And this is 3 decades ago to transition from systems of punishment and incarceration systems of the acute care model of addiction treatment, moral models of substance use disorder treatment to systems of care and [00:40:00] compassion and robust supports for people. And then, uh, SAMHSA saw these, um, movements going on throughout the country and created, uh, in, in the late 90s, the Recovery Community Support Program.

It was a grant, uh, grantees, uh, like many of you, and what they discovered was innovation and people open brick and mortar shops. Yes, the slides will go out and a link to the video as well. Uh, open brick and mortar spaces, spaces that I've already described to you, a place free from stigma where people can come and, uh, so. When we say recovery community organization, we're talking about a governance structure, a tax status. We're talking about representation. These are unaffiliated organizations, independent nonprofits, treatments. They're not associated with treatment [00:41:00] centers. They're not associated with government agencies.

They may receive their funding from government agencies. They may have contributions from treatment centers or sponsorships in some of their activities. But it was critical that they be autonomous from these entities. Independent, nonprofit, and that the representation be peer founded, peer run, or recovery community found a recovery community run expressed from the staff that are present, to the board members that are present, the executive leadership in the organizations. And this was a super exciting innovation that has continued to spread throughout the country. There's an organization Faces and Voices of Recovery that was founded from a summit that transpired after in 2001. Uh, the, uh, the 2001 summit in St. Paul, Minnesota, [00:42:00] uh, Faces and Voices of Recovery was founded. They eventually organized the Association of Recovery Community Organizations to create the connective tissue for these fledgling operations around the country to network with one another, to share resources, and to create collective impact to, uh, establish, uh, emerging promising practice to document best practice and that was what happened and what happens at recovery community centers as described in the video.

Again, so much better than, than, than I could because, you know, media is an amazing thing to move hearts and minds. Next slide. A recovery community center is a place free from stigma. You're in the right place, come get you some, regardless of pathway, and it must always be free of charge, and the supports that can be offered, and this again is [00:43:00] an academic observation, where do recovery supports, how can we organize them into emotional supports, informational supports, instrumental, and affiliational.

Now, I'm sure many of you can already come up with your definition of what is an emotional support, and that is being present for someone and actively listening to them with unconditional positive regard, uh, having the empathic, uh, the empathic skills in place to picture people in their own environments, meet them where they are, and begin to provide information for them, whether it's about mental and substance use disorders, recovery, information about available resources, becoming a resource broker in your community, uh, information about accessing social determinants of health. And, and, and, and other [00:44:00] supports in your community. Instrumental supports. This is key. One of my biggest burnouts as, as an early peer, and then moving into case management was, do I have the, um, practical needs, the life needs that individuals have. Folks were coming to me faced with missing the basic human entitlements of food, clothing, and shelter.

Do I have these to offer in the moment? Do I have the information and the ability to refer people to having a self driven and self sufficient experience with food, clothing, and shelter? And, uh, affiliational, and this is this business of finding your people, finding your purpose, belonging to a group of people, um, to move together in, in common purpose, to identify with

others. And, uh, this is a [00:45:00] really pretty awesome things that every recovery community center can, can have in place. Next slide.

Uh, over 25 years after the initial RCSP grants, what do recovery community centers look like now? And the next few slides focus on, uh, one of the HRSA supported recovery community centers in Indiana. Fighting the overdose crisis, lowering barriers to recovery through providing connection, early intervention, addressing access to social determinants of health. Drug overdoses and excessive alcohol use were responsible for nearly 300,000 deaths last year. The population roughly of Cincinnati, Ohio. Additionally, tens of millions of individuals are out there experiencing a problematic relationship with substances and looking for a place to [00:46:00] connect and to begin that process of improved health and wellness.

Living a self directed life and figure out why they're on this blue marble, reach their full potential. Uh, along with illustrating this specific recovery community center, I have a resources, uh, slide at the end of this deck that has a, uh, recovery resources document that we collect. created, uh, funded by HRSA in collaboration with the Georgia Health Policy Council on, on the diversity and variety of recovery resources that exist with links to those resources, defining what is home health community and purpose beyond theoretical constructs.

What are they actually and how can I access these for the people whom I am serving? And one of the documents that we dig into is, uh, recovery community [00:47:00] centers as well. And I wanted to show a variety of recovery community centers because they, they are developed based upon, uh, the needs of your community and addressing those needs, the strengths of your community, the, uh, local recovery population who will become a part of being employed or volunteering at these spaces. And I've included a variety of urban and rural areas, a variety of expressions and partnerships, whether a greater focus on, um, recovery, supportive housing, uh, access to medications for opioid use disorder, entrepreneurial approaches for sustainability, the opening of multiple recovery friendly businesses, uh, recovery founded businesses within that organization.

So check out those documents, uh, to learn more, but I want to dig into this specific one [00:48:00] to show you kind of what it looks like right now. Next slide. Now, in response to the overdose crisis, the, the, in, in their community, um, they decided that they would provide harm reduction services. You may already have, um, trusted and competent harm reduction outreach established in your community. So Recovery Community Center would partner warmly with that existing organization or group of individuals who have been doing the work of compassionately, helping people to stay safer, to preserve life, to connect with resources and to establish community. So, at this location, they, they have SSP, they do regular street outreach, they test for bloodborne pathogen disease, safer sex supplies, naloxone distribution, and here my friend Robert and Sharman, the executive [00:49:00] director, are seated in front of the 24 hour, uh, Um, public health vending machine that they have, uh, facing the side of the building.

And there's a big variety of vending opportunities in that beyond Naloxone. Also, some fundamental needs and some small food stuffs as well. Next slide. They address some of the instrumental needs of folks by, um. partnering with Lyft, uh, through a variety of funding

resources on helping people get to, uh, more than just recovery meetings, but employment interviews, other appointments, medical and behavioral health appointments, and other recovery, recovery related needs. They successfully lowered that barrier for folks to engage in the holistic care that they need as they are [00:50:00] engaged in chronic illness recovery management or finding a pathway to improved health and wellness. Next slide.

They have a clothing closet there that is absolutely beautiful. It has been named after, uh, by a family of loss by their, their daughter, whom they lost. It began with the, um, hardware from her closet and the clothes that were in her closet. They provide access to a shower and hygiene. Lots of food. They got people volunteering there to serve food. I visited and provided a talk. They also do community education. They have a great stigma reduction campaign. I froze up there for a minute. They have a great stigma reduction campaign. I got to come visit and, and they know how much I'm, I like pie. So they got a bunch of pies out there for me. Access [00:51:00] to computers and printers for creating documents, applying for jobs and connections with social services, accessing the, um, supports that they are eligible for from their municipal governments and their state government. Next slide.

Um, affiliational opportunities. There are peer led, uh, affiliational opportunities, peer led, um, support meetings such as men's group, grief and loss group, healthy lifestyles group. But they also provide a space for the community led mutual aid. And this is important to understand if we open a recovery community center, our peers or we, we're not in charge of those. A critical part of mutual aid space that these are community led, community driven, even autonomous from [00:52:00] us. As 12 Step is not affiliated with the churches from whom they rent space in their basements, uh, so, so we do with Recovery Community Centers. But also with the professionalized lived expertise that we have now, we can have peer led groups to facilitate equitable discussion groups around a host of issues and needs and interests that people have.

Next slide. And I cannot overstate the importance of pro social activities, of creating a healthy space for people to come together and connect and have fun and explore creative interests. It's critical to have a place to come and play. Uh, pro social in a substance free environment. Um, and to, to build out a whole life. And these are examples of [00:53:00] the ones that they've created. I'm a musician. When I created, when, when I was part of my recovery community center, I started a, uh, something called the Community Recovery Awesome Music Project. And that also is a non profit. You're free to get as weird as you want to. So that's an acronym. The acronym is CRAMP. So I said, get cramped. And we had chocolate and coffee and a variety of instruments for folks. And, uh, it was pro social space. We also took people to movies and, um, uh, created a ping pong tournaments, a softball team, uh, all kinds of stuff. So, pro social activities, there's data supporting the positive outcomes with pro social activities.

These activities can be funded as well. Federal funding supports pro social activities. So, next slide. And it's critical that these are also free for folks to come and do. [00:54:00] So, we have, uh, growing shelves of data supporting recovery community centers and peer based recovery support services. Um, the um, uh, recoveryanswers.org is a, um, the recovery research institute where you can go and you can explore, uh, the curated, um, collection of, of, of emerging, um, data supporting recovery support services and recovery community centers. And this is helpful for you, along with the anecdotes and the stories of people finding

connection, and lives changed, and contributing to community, reuniting with family. You can pair this with national trending data supporting the, [00:55:00] the, the. The Broad Implementation of these. So this is how we get folks to pay for these initiatives. Initially, uh, grants are funding these as well. I'm part of the Rural Community Opioid Response Program, a HRSA funded initiative. Uh, several recovery community centers have been started with this funding.

Uh, SAMHSA Building Communities of Recovery, and, uh, What we're also discovering, and I'm going to talk about funding in just a minute, is that, uh, I'll wait, I'll go ahead and wait, but these are those data, um, summaries of, of what are the outcomes with, with RCCs. Next slide. More to learn. Funding. There I am. Uh, so, and these are just some, uh, things I'm going to mention for y'all to go and take a look at and, uh, maybe opportunities for more [00:56:00] trainings from the Fletcher Group for y'all as they move forward. Uh, folks need to know how are we going to pay for initiating this and the better question, how do we sustain these, uh, initiatives that are, uh, free? Always free and open to the public. And I want to tell you that I, as a person thriving in a couple decades of recovery too, this is not always a space for people with higher acuity. This is throughout the full continuum of recovery and throughout the lifespan as well. So every time I travel around the country, I usually hit a pie shop. For fun, but I always hit a recovery community center and I roll in and I get a cup of coffee and I access the Wi Fi. Uh, but the best part is I get to connect with the staff or participants who may be coming in. Um, to, to partake. Uh, I [00:57:00] also know when I'm in the way too. So I visited one particularly small one who dealt with a lot more individuals experiencing a higher acuity of need and crisis and then discovered I was just in the way and could not be of assistance.

So I went ahead and headed outside. Uh, this is, uh, in 2021, SAMHSA provided the Peer Recovery Center of Excellence with supplemental funding for a special project to identify and recommend best practices and strategies to optimize funding for high quality and effective recovery support services. The COE's two pronged approach for this project involved an assessment of the opportunities and barriers experienced by organizations in the area of recovery ecosystem, and accessing government funding, as well as a deep dive analysis of how states are administering funding to support recovery services. Both parts of the project were conducted in collaboration with a panel of subject matter experts, which [00:58:00] included former government officials, policymakers, recovery community leaders, and many individuals with lived experience in recovery.

Volume 1 of this report reviews the methods, findings, and recommendations from the National Assessment of the Challenges and Successes Experienced in the Ecosystem of Recovery. And Volume 2 report, uh, report reviews the methods, findings, and recommendations from the analysis of how states are allocating funding to organizations. One of the ways to allocate funding is through the Substance Use Prevention, Treatment, and Recovery Block Grant. Some of y'all may have known this previously as the Substance Abuse Prevention and Treatment Block Grant. With the advent two years ago of the Office of Recovery at SAMHSA. We have an office of recovery.

SAMHSA has been involved with supporting recovery for over three decades, but two years ago, we [00:59:00] opened up a office of recovery and it is, it is, um, significantly staffed with individuals, uh, with lived expertise. And, um, along with the initiation of that office

came a renaming of the block grant funding as well to the substance use prevention, Treatment and Recovery Support Services Block Grant, along with guidance from that office, encouraging states SSAs to invest in recovery, in recovery support services, distinct from prevention and treatment, recovery support services, making a special note of recovery community organization and recovery community center development.

So super exciting. Um, not always do these activities align with traditional, uh, fee for service models out there. We are seeing, uh, folks, uh, [01:00:00] getting compensated through Medicaid and, and other funders through recovery service events. But, um, what we are seeing now is, uh, what we have been seeing and what seems to align more with the relationship of recovery coaches and peers to the people they serve is, is, is, is, uh, robust funding through block grant, through state funding, uh, through, um, um, and through other funding sources as well that are not so, uh, aligned through the provision of clinical care, but more aligned with, uh, with recovery support services. And block grant funding is not going anywhere.

That's what completely funded, uh, our recovery community center initiatives in North Carolina. We had a visionary, uh, SSA at the time named Flo Stein, and, um, we continue to support recovery through the administration of block [01:01:00] grant funding and through SOAR funding and, um, So that's super exciting. Next slide.

Science. We have to continue to be science minded in what is sometimes this esoteric and arcane concept of recovery, but the fact is there's science underpinning folks, uh, ending a problematic behavior and then not only surviving, but thriving. We, we apply science. We measure outcomes. We establish promising practice and best practice. This is replicable. This increases the scope of interventions and increases the sustainable funding of these interventions as well. So next slide.

**Milena Stott:** So, Donald, I don't mean to interrupt you, but we're already a few minutes over, um, and so I just wanted to make sure you have the opportunity to, [01:02:00] you know, share final and important closing thoughts. And then maybe also as part of that, if you don't mind just restating your definition at recovery of recovery when you pulled out, because that was one of the questions that came in.

**Donald McDonald:** I apologize. I'm, I'm doing, I'm doing a, um, I'm doing another talk in Arkansas shortly, and it's an hour and a half, and I got them confused. I thought I was crushing it on time. I so apologize. This is an hour. Please check out the, the Consortium on Addiction Recovery Science. Uh, please check out on the next slide, the seminar series that they have been putting out. It is readily available for you. There's links to that as well. You'll learn so much. I have citations at the end of this, supporting the statements that I've made. I have a resources list for you as well. And my contact information is at the end. And the definition of recovery, is that what you wanted me to [01:03:00] revisit? Uh, to

**Milena Stott:** Please Donald, and I know people want to get a hold of you. So you've made your contact information available and to all of the wonderful resources that you share. If there's anything that's in the chat, that's not in your slide, we've taken it.

**Donald McDonald:** Absolutely. I apologize for, um. Going over time folks, I got confused and a little excited. You've been a great group. Um, yes, uh, slide number 5. It's, it's in, it's in there and it is a consensus definition arrived at in 2011, revisited 10 years later. It guides policy practice and personal recovery, a process of change through which individuals improve their health and wellness, live a self directed life. and strive to reach their full potential. Our relationship with substances may [01:04:00] very well be a part of that, but it is not, uh, it is not welded to that definition.

And you will no longer really see definitions of recovery that are broadly applicable that, that simply state an end to this relationship with substances. Cause you and I, all of us here understand, the complex, um, bio, psychosocial, spiritual, uh, vulnerabilities that go into that relationship and how complex the recovery is, as we fill those needs for folks, create connection, autonomy, and purpose. Uh, To quote Alcoholics Anonymous, you know, our liquor was but a symptom. So this is a great, uh, academic and, and, uh, but a consensus definition for this recovery process that all of us to get to be a part of helping people find on their many, many pathways. [01:05:00]

**Milena Stott:** Well, thank you so much, Donald, for your time and your wisdom today. It looks like we have lots of love and engagement from the audience, and this work is all about engagement and connection. So thank you so much for being here today, and folks, please, um, complete our survey about this webinar and stay engaged.

**Donald McDonald:** I like love. And if I've missed any questions, please send those to me. I'll make sure that I attempt to answer those for you.

**Milena Stott:** We will do that. Thank you, everybody. Have a great day.