

# Facilitating Organization: Expansion of Recovery Community Organizations & Peer Recovery Support Services

Keith Howard, Hope for NH Recovery  
Cheryle Pacapelli, Harbor Care  
Michelle Lennon, Archways



Missy



# Definition of 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.” -*SAMHSA*
- “Recovery is a return to health after a period of substance-related illness. Each of us defines our own recovery, whether it is abstinence, harm reduction or simply cutting back on the substance that has been most impacting our lives. We become agents in our own lives rather than giving up control to a substance and its lifestyle “- *Hope for NH Recovery Community Organization*

“A Recovery Community Organization (RCO) is a non-profit agency staffed by real people in recovery or allies of recovery whose primary focus is to assist other persons experiencing problematic substance use to reach and sustain recovery, return to health and wellness, lead self-directed lives, and strive to reach their full potential.”

- Joe Barbrie, RCO Center Manager, Person in Recovery

# How do Recovery Community Organizations work?

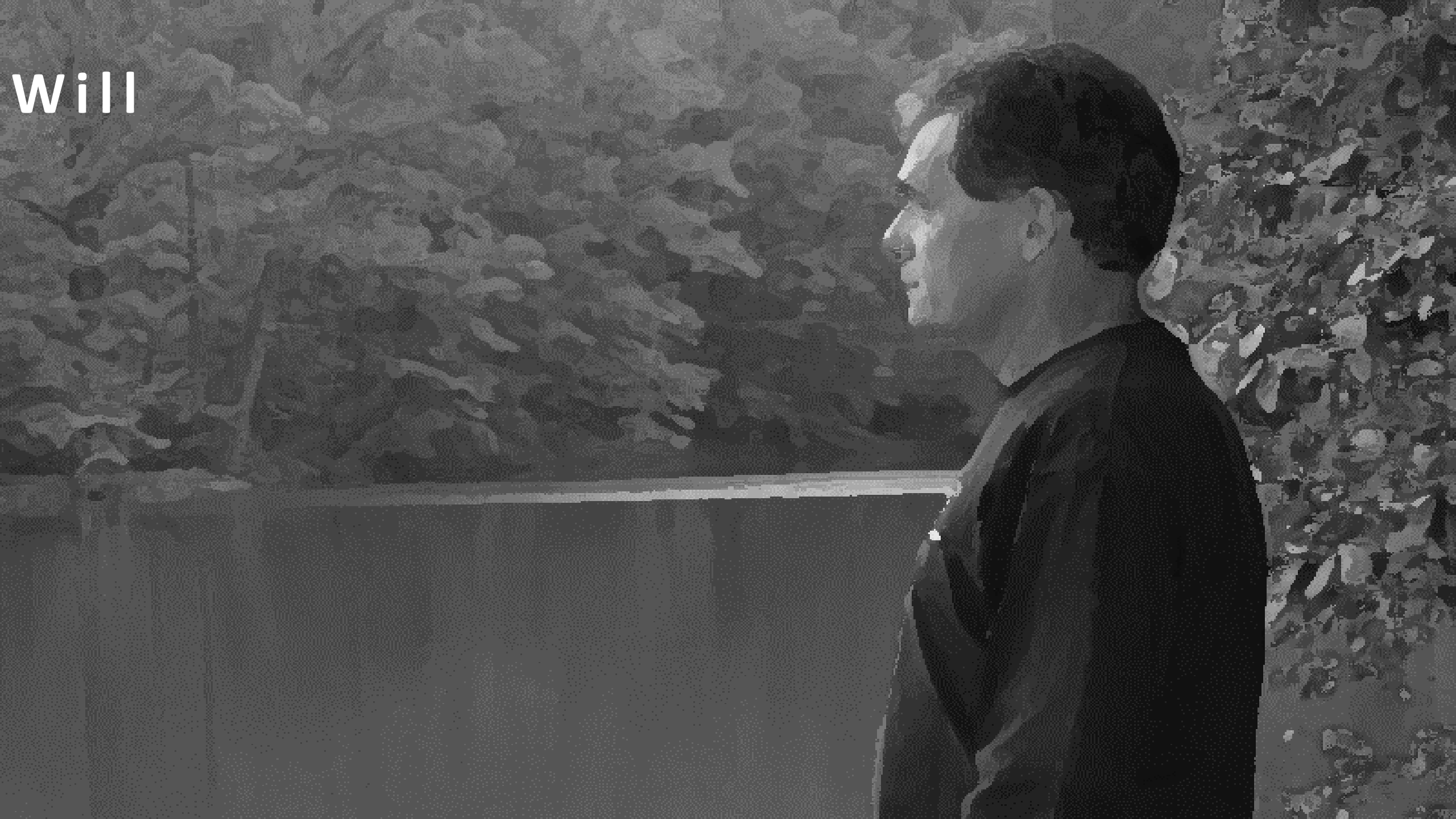
- Recovery Community Organizations take a community, peer-based approach to recovery. They are not treatment centers or residential programs. They work through a participatory model, engaging from the ground up. There are no out of pocket fees for our services. Anyone is welcome, and we believe that there are MANY pathways to recovery. As peers in recovery ourselves, we have walked the path from problematic substance use to recovery. We work within the community to help others do the same by providing peer recovery support services (PRSS).



# Peer Recovery Support Services (PRSS)

- PRSS include *recovery coaching, telephone recovery support, and additional support based on community needs.*
- Peers bring hope and build Community through shared life experiences.
- Research has shown that peer support facilitates recovery and reduces health care costs.
- NH PRSS are integrated at multiple levels of care i.e. Doorway, RFW, DOJ, Drug Courts, Syringe Services, MAR, Schools, Hospitals and Eds, etc.
- **Subcontracted RCOs provided 44,543 services in CY22. A 16% increase compared to CY21.**

Will

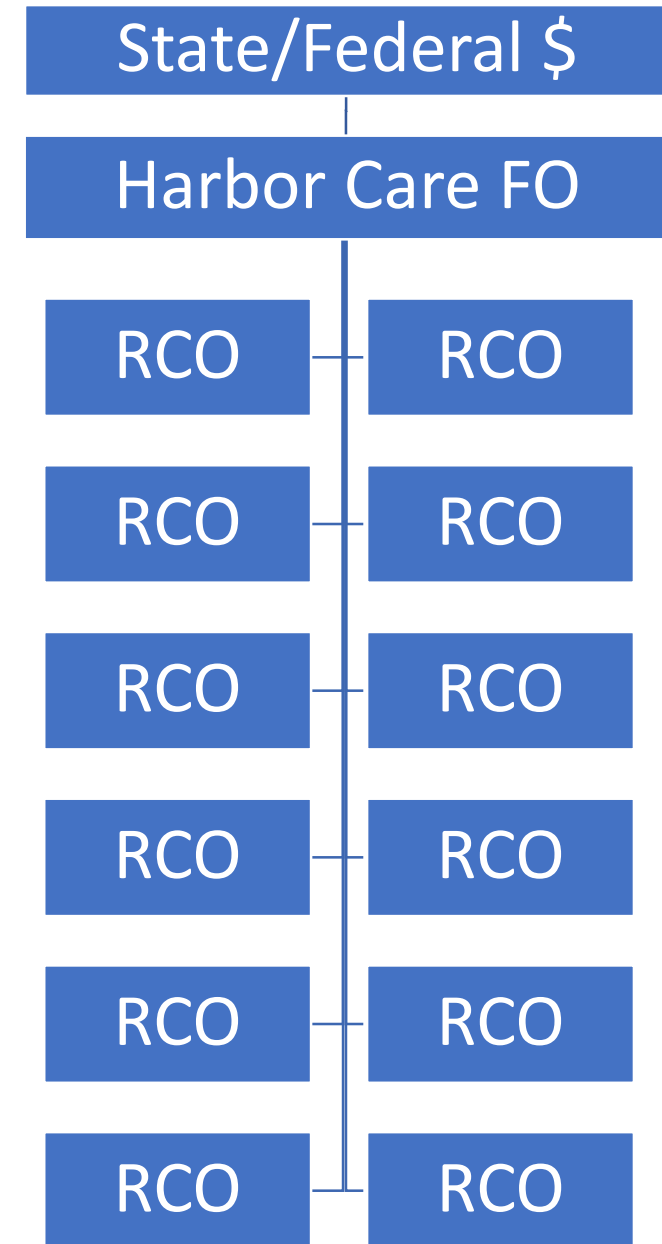


# Facilitating Organization Harbor Care



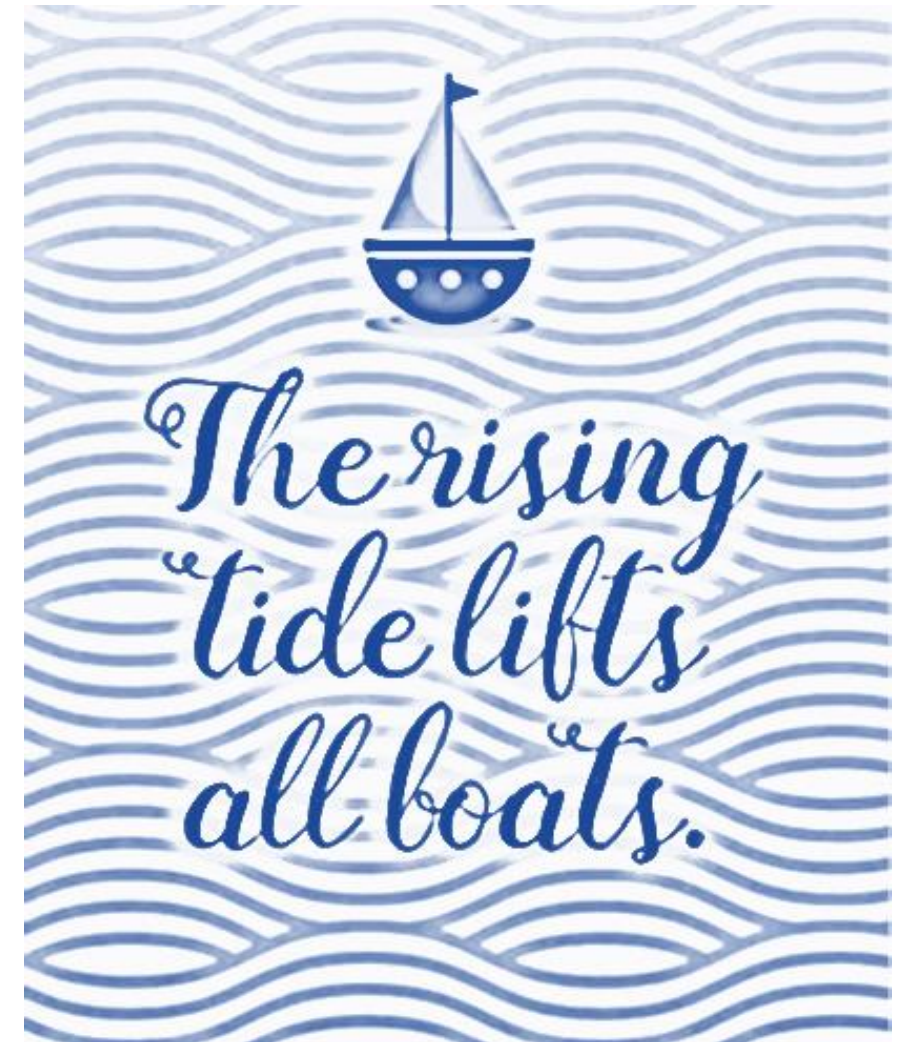
# Efficient Funding

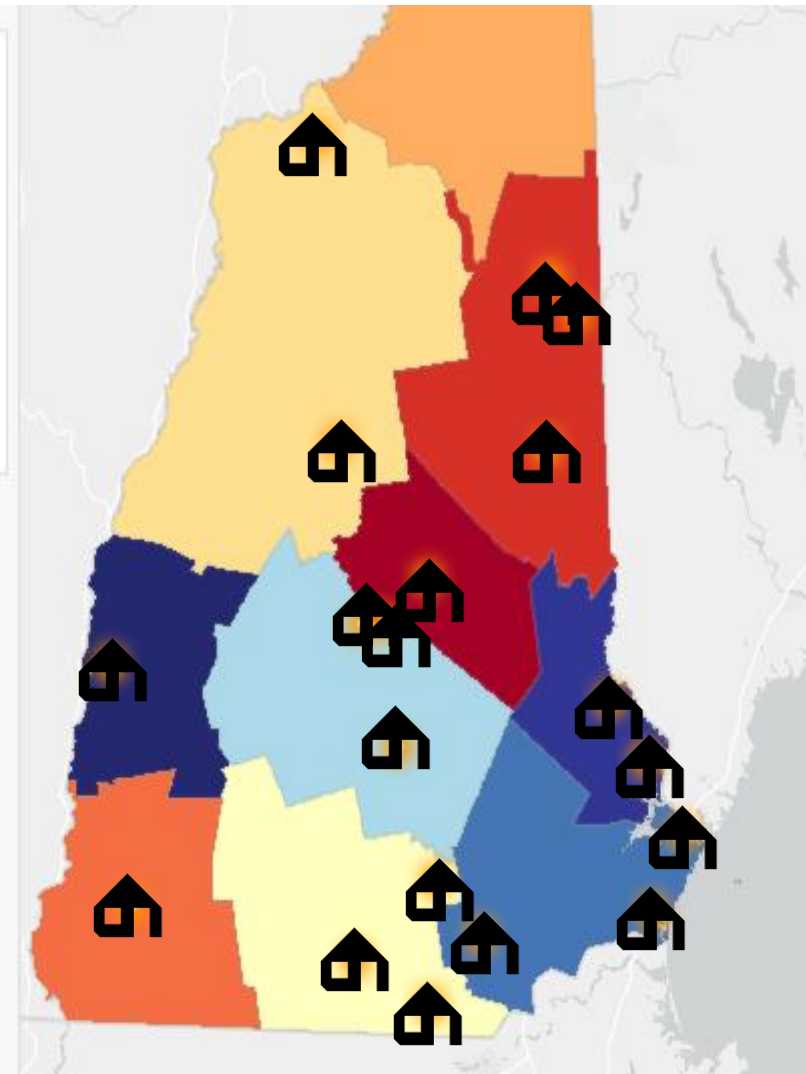
- New RCOs often lack the financial history or capacity to apply for grants on their own.
- Ability to apply as a collective of organizations presents opportunity for greater impact and decreases competition in the state.
- Utilizing the FO to apply for funding takes some of the administrative burden off RCOs and Funders.
- FO Funding Breakdown
  - 76% Subcontractors
  - 18% FO Admin (7.5 FTE & Back Office Support)
  - 6% Shared Costs (EHR, LMS, Training Scholarships, Marketing)



# Additional FO Functions

- Technical Assistance
- Administrative Support
- Capacity Development
- Contract Compliance
- NH Recovery Community Organization Standards of Excellence
  - Defines organizational and service quality standards for NH.
- Organizational Coaching
- Quality Improvement
- Training
- Back Office Support (HR, Grants, IT, Finance, Billing, etc.)





## 2017

SOS – Rochester  
 White Horse – Center Ossipee  
 Archways– Tilton  
 Safe Harbor – Portsmouth  
 Keene Serenity Center – Keene  
 Revive – Nashua

## 2018

Navigating Recovery of Lakes Region – Laconia  
 White Horse– Littleton  
 SOS – Dover  
 White Horse – North Conway

## 2019

TLC Recovery Programs– Claremont  
 Mount Washington Valley Recovery Center - North Conway  
 SOS - Hampton  
 Plymouth Area Recovery Connection- Plymouth  
 HOPE for NH Recovery- Manchester

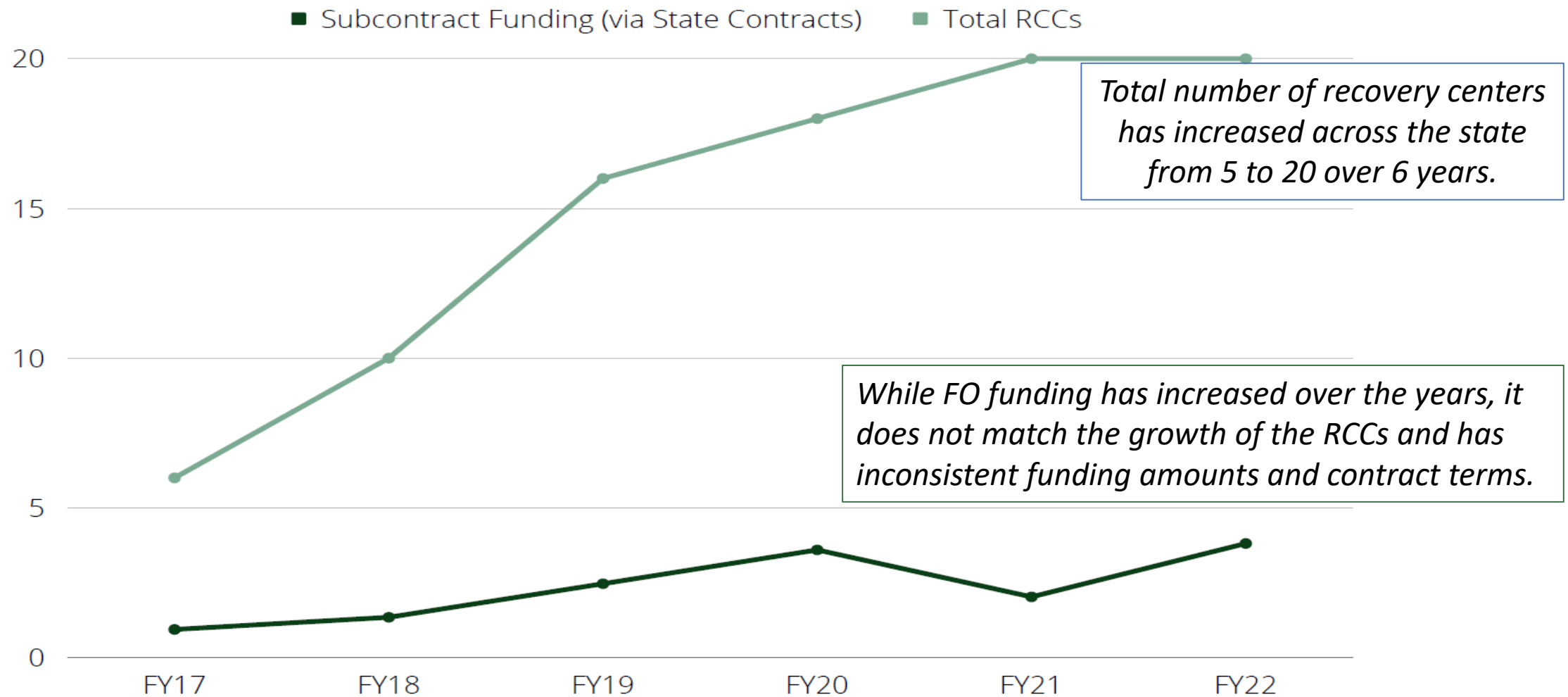
## 2020

Revive – Derry  
 Archways- Franklin

## 2021

ARCNH – Milford  
 Archways- Concord





*\*Third Horizon Strategies. 2022. NH Recovery Community Center FY22 Funding & Services*

# RCO Sustainability

- SOR Funding Cliff expected September 2024. (SOR funds 40% of FO and FO funds 67% of RCO budgets).
- RCO organizational and service capacity continues to rapidly increase year over year to meet rising demands. FO Funding has not kept pace with RCO expansion.
- RCO's have been unable to expand their workforce to meet increase in demand. In FY21 workforce average 1:6 ratio, FY22 workforce average 1:17.
- Operations costs have increased dramatically.
- Contract timeframes of 9 months to 1 year with variable funding amounts do not provide opportunity for non-profits to build sustainable programming.
- Cost reimbursement payment model requires there to be money to first spend. Not conducive to start ups or small non-profits.
- Medicaid Reimbursement rates are insufficient.

Kim



Recovery is not only possible, but statistically probable ***with the right support.***

**TWENTY-SEVEN MILLION PEOPLE**

Let's tackle the objections together.

***“How can we help with your recovery today?”***