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Recovery Works!
Recovery and Resiliency Grant Initiative
Final Report and Recommendations

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Recovery Works! Pennsylvania Recovery & Resiliency Grant Initiative
Final Report and Recommendations

Table of Contents

Executive Summary……..03

Recovery Works! Final Survey……05

Recovery Works! Final Survey Summary……08

Emergent themes from workforce literature and our survey……15

Final Recovery Works! Summit Schedule……16

Recovery Works! 2016 Participant Evaluations……19

Recovery Works! 2016 Summit Summary……23

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Recovery Works Final Report - Executive Summary

This grant provided a unique opportunity for our respective recovery communities to partner on, work together towards and develop this proposal together. We have been able to expand opportunities for recovering people while learning about each other, sharing assets and working towards our main objective, the first ever statewide conference bringing together our communities for the recovery works! Summit in Harrisburg, PA.

We continued to develop connectivity with prospective partnering agencies and institutions through the entire grant process. Over the course of the proposal, we pulled together a large group of partnering organizations, sponsors, exhibitors and attendees for our historic Recovery works! Summit. Our speakers at the summit include representatives from the mental health and substance use recovery community, recovery community organizations, state and county government policy makers, treatment and family groups. We had made significant effort as we prepared for and organized the summit to collect, examine and share our survey results with stakeholder groups, while actively listening to input and feedback from all engaged parties. We then used our process to share with our respective board and recovery and our resiliency grant advisory committee to include their perspectives on the results and what they mean. We shared the survey results with our respective Departments and listened to their perspectives on what we had found. Through a very thorough preparation process, we worked to develop themes in preparation for the summit.

The summit exceeded all goals we had set as for it, in attendance, participation and involvement. We had 59 Exhibitors in 36 Exhibitor Booths, we had 71 Organization Representatives and 120 People who self-identified as in Recovery. At the summit, listened to attendee and speaker reactions to our survey and the summit content for common themes that occurred from the event. We then used these themes to develop a more rigorous understanding of the common areas of focus for our statewide advocacy plan. This final report includes key documents developed through the grant process as we moved through the year to understand the opportunities and barriers and key areas to focus on.

Key findings from the Summit Evaluation Surveys

We received 145 evaluations from the summit, we believe that as many attendees were not seeking credit hours for recertification, a number of people did not fill them out at the end of the day, which we will account for in our second year proposal. The evaluations from the summit were very good and provided meaningful feedback for us, both on how are summit was received as well as information that will be useful for helping us develop content for the next summit.

- The combined Overall Rating of the summit was 91% who thought it was Excellent (56% or 81) or Very Good (35% or 51)
- 90% or 131 of the Summit attendees identified that the Objectives of the Summit where met
- In Question 5: What was the most beneficial aspect of the Recovery Works Summit?, we received 33 responses indicating that fellowship and networking was the most beneficial aspect, our top response from the evaluations.

The summary of the evaluations with the comments received are included in this report.

Key insights from the collaborative process / Recovery Works! Summit

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- We consistently heard that this process of bringing our communities together is seen as valuable across the entire spectrum of those involved.
- Perhaps the most significant outcome of the process was all of the cross community collaborations and networking – particularly at the summit, where groups who had never met yet share similar experiences, values and goals met and began to network for the first time. We see this as a critical element to focus on in order to sustain and strengthen our efforts.
- We may need to include more roles for key stakeholders throughout the process in order to sustain their involvement. As another conference was in conflict with ours, we lost some key policymakers after they finished speaking – as sustained involvement is critical to continuing the momentum of our objectives, we will need to consider this moving forward.

Our key recommendations moving forward:

- We need to utilize strength-based resources and shared learning where appropriate to bring our communities closer together and to sustain and strengthen our collaborative efforts.
- Work together to eliminate parity discrepancies both between physical and behavioral health care and between mental health and substance use disorder resources; to increase awareness of the viable role that persons with lived recovery experience offer; and ensure these individuals are presented sufficient career pathways.
- We need to work together to develop accessible and practical avenues for those in recovery to enter the peer workforce and have opportunities to earn fair and living wages while also developing career pathways and access robust services and trainings in all areas of the state.
- There is a need for some basic standardized measures across the mental health and drug and alcohol fields to determine best and promising practices relative to peer supports.
- We need to work towards fair and living wages for our peer specialists with expanding resources for services, employment and training.

To sustain and strengthen our efforts moving into the second Recovery and Resiliency grant we will:

- Convene our Advisory Committee in early November and review what we learned from the process so far and how to continue the momentum into our town hall meetings and second summit for next year,
- Send out a brief survey to summit attendees to a sense of what we can do to improve the scholarship process in order to assist getting the people to the summit that will benefit most from the process. The survey would also seek to determine what kind of networking people were able to do at the conference and seek out ways to encourage cross community collaborations and networking between our communities.
- Begin to schedule our regional town hall meetings and consider ways to increase networking and collaborative process as we work on our joint objectives.

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Within the grant year, we developed and implemented a Recovery Works survey sent to members of our two recovery communities, which included people in recovery, people working in the systems and supporters of the systems. Nearly 500 people completed and submitted the survey, which is reprinted here.

FINAL RECOVERY WORKS SURVEY

PRO-A and PMHCA are sending out this questionnaire to persons within our recovery service systems to better understand some of our system challenges and opportunities, particularly around employment. Please take the time to answer these questions so we can better understand your perspective on these challenges.

This survey is anonymous. Aggregate responses will be compiled into a summary with no disclosure of individual identifying information.

Date: ____ **Age**: _____ **Gender**: ____ **Ethnicity**: _____

Region of the State: ____ NW ____ NE ____ Central ____ SE ____ SW

1. Recovery Status:
Drug and /or Alcohol (DA) Recovery? Yes ____ No _____
Mental Health (MH) Recovery? Yes ____ No _____
Recovery from both DA & MH? Yes ____ No _____

If in Recovery, length of time:
____ Less than 3 Years
____ 3 to 5 Years
____ 5 to 10 Years
____ 10 to 20 Years
____ Over 20 Years
____ I do not measure my recovery in years

2. Do you have a family member or loved one in drug or alcohol recovery?

Yes ____ No _____

3. Do you have a family member or loved one in mental health recovery?

Yes ____ No _____

4. Do you currently work or volunteer in either the mental health or substance use service systems?

Yes ____ No _____

If no - would you be interested in doing so if you could? Yes ___ No ___ ***If no, skip to question 7***

5. Length of time working / volunteering in either the Mental Health or Substance Use Service Systems:
____ Less than one year
____ 1 to 2 Years
____ 3 to 5 Years
____ 6 to 10 Years
____11 to 15 Years
____16 to 20 Years
____ Over 20 Years
____ Question not applicable

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6. Primary Workplace Setting

____ Mental Health Peer (CPS) support services
____ Drug and Alcohol Peer (CRS) support services
____ Another area within the Mental Health Service System
____ Another area within the Substance Use Service System
____ Other (Please identify) _____

7. Do you think there is enough access to **training** for persons with recovery experience to obtain certification in either mental health or peer support services? (Circle one)

1. None to very few seeking employment are able to get training for peer support certification
2. Some of the people seeking employment are able to get training for peer support certification.
3. Most or all of the people seeking employment are able to get training for peer support certification.

Please let us know more: _____
_____

8. Is there enough access to **employment** for persons with lived experience with mental health or drug and / or alcohol recovery to obtain a job in mental health or peer support services? (Circle one)

1. None to very few of the people seeking employment are able to get jobs in either mental health or drug and alcohol peer support services.
2. Some of the people seeking employment are able to get jobs in either mental health or drug and alcohol peer support services.
3. Most or all of the people seeking employment are able to get jobs in either mental health or drug and alcohol peer support services.

Please let us know more: _____
_____

9. Are peer support services in your area properly funded and available? (Circle one)

1. Neither mental health or drug and alcohol peer support services are properly funded or available in my community.
2. Both mental health and drug and alcohol peer support services are properly funded and available in my community.
3. Mental health peer support services are properly funded and available in my community but drug and alcohol is not.
4. Drug and Alcohol peer support services are properly funded and available in my community but Mental Health is not.

Please let us know more: _____
_____

10. Is stigma for persons with lived experience a barrier to employment or advancement within either the mental health or substance use service systems?

Yes ___ No ____

Please let us know more: _____
_____

11. Are persons with lived recovery experience working at all levels of the service system seen as assets who can inform and improve the Mental Health or Substance Use Service Systems? Yes ___ No ____

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Please let us know more: _____

_____

12. Is there room for advancement to other employment positions within either the mental health or substance use service system for persons with lived recovery experience? Yes ___ No ____

Please let us know more: _____

---

13. Have you found personal involvement with the criminal justice system a hindrance to employability in either mental health or substance use service fields: Yes____ No____

If comfortable telling us more, please do: _____

_____

14. Mental Health and substance use services are better when there are people with lived recovery experience working at every level of our service systems and contributing to every important decision. (circle one)

Strongly Agree Agree Unsure Disagree Strongly Disagree

15. Do you see yourself working in the behavioral health service system five years from now? (Circle one)

1. Yes, I anticipate working in the field in 5 years in my current position
2. Yes, I anticipate working in the field in 5 years in a different position within my service setting
3. Yes, I anticipate working in the field in 5 years in a different service setting
4. I anticipate leaving the field of drug and alcohol or mental health and working in another human service area.
5. I anticipate leaving the human service field entirely
6. Question does not apply to me

17. What do you think is the greatest barrier to employment within the Mental Health or Substance Use Service Systems for people with lived recovery experience? _____

_____

18. In your opinion, what motivates people to stay in the Mental Health or Substance Use Service field?

_____

17. Highest level of Education (Please Check)

____ High School Diploma / GED
____ Some college
____ Associates Degree
____ Bachelors Degree
____ Masters Degree
____ Ph.D

THANK YOU FOR COMPLETING OUR SURVEY!

If you wish to become a member of PRO-A and/or PMHCA, please contact us!

PMHCA web site www.pmhca.org and email pmhca@pmhca.org
PRO-A Web Site http://pro-a.org/ and email Proa.asst@pro-a.org

Final 4/5/16

Funding for the Recovery & Resiliency grant is provided by the Substance Abuse & Mental Health Services Administration

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The surveys were then summarized into a document that we can use to help direct our future endeavors. It was first shared with the grant's advisory committee, the keynote speakers and panelists for our summit. We then provided it to all Recovery Works! Summit participants.

Recovery Works! -
Survey Summary - September 2016

Introduction

SAMSHA defines recovery as "a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential" (SAMSHA.gov). Those of us with lived recovery experience have worked to improve our lives and continue to strive to reach our full potential – often with amazing results. We have long recognized the inherent value of persons with lived recovery experience and the significant impact that we can have working in the Substance Use Disorder and Mental Health Service Systems. There is growing recognition of the contributions that our communities can make working across the larger behavioral health system workforce.

Historically, the Behavioral Health Service System has consisted of two systems, the Mental Health and the Substance Use Treatment systems, each with issues of stigma and discrimination. Advocates and persons served within these systems have long fought for parity and equality to access the services that they need and to be afforded equal opportunities in order to realize their full capabilities and potential as citizens.

To increase the viability of our Service Systems and our collective workforce, we must more fully understand and embrace opportunities to assist our communities to reach our full potential. Several important steps must first be taken. We must strengthen our collective voices on advocacy issues and identify and work towards defining and eliminating barriers for those with lived recovery experience. Failure to maximize the assets that are already in our midst may greatly impact the future of the entire Service System, and the individual lives of those accessing services from this system.

Summary

We developed this survey in an effort to more fully understand the peer workforce, the availability of training and job opportunities for persons with lived recovery experience, and to identify other perceived barriers and factors that may influence persons to work within our Service Systems. Self-administered questionnaires were supplied via a web link in early April

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of 2016. Paper copies of the survey were also given out in a variety of settings, including trainings and regional meetings, and manually entered into the Survey Monkey database. The majority of respondents submitted their results during the first week of May. The survey was closed on June 20th, with **493 responses recorded**.

87.92% of respondents identified that Mental Health and Substance Use Services are better when there are persons with lived recovery experience at every level of the system. This response suggests that those with lived recovery experience are, or should be, an integral part of the Service System. Therefore, eliminating barriers for them is crucial to retaining these individuals in the Service System.

Based on our responses, the typical respondent, is:

> ***A Caucasian female from Central Pennsylvania with a Bachelor's Degree, who is in recovery for approximately ten years, working in the service field for approximately ten years, and between the age of 45-54.***

Demographically, the survey results were received from all regions of the state, with **the largest number of survey respondents received from the Central area** with 185 or 38.38% from this region, and the smallest number at 23, or 4.77% from the Northwest region of the state.

Approximately **73.29% of respondents identified themselves as Caucasian or White.** While disproportional the percentage is lower than the population of Caucasian residents in our state by about 9%. According to the US Census Bureau in July 2015, Caucasian residents in Pennsylvania make up the majority at 82.6% of the state's population. (http://www.census.gov/quickfacts/table/PST045215/42). Therefore, the percentage of respondents who identified as Caucasian/White is actually lower in proportion to the number of Caucasian residents in Pennsylvania. Other identified races of respondents were lower than the state's population percentage. **The disparity in these categories suggests that there is a need to engage a more diverse population of those involved in the Service Systems**.

Presuming that only those respondents identifying themselves as in recovery responded to the question about personal recovery, almost 70% of respondents, or 341 out of the 493 respondents, identified as being in recovery from either Drug and Alcohol or Mental Health, or both. Respondents identified as being in recovery from Mental Health (19.65%), Drug and Alcohol (53.37%) or both (26.98%). Over 40% of respondents who identified being in recovery

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had between five to 20 years in recovery. In addition, 83.55%, or 391 of respondents identified working in either the Mental Health or the Drug and Alcohol Service Systems, the largest percentage having worked in the Service System between six to 10 years. Over 63% of respondents responded that they have a loved one in recovery from Drug and Alcohol. 47.72% of respondents identified having a loved one in Mental Health recovery.

A very large number of comments to this survey were submitted by respondents, with **the highest number of write-in comments provided in the final two survey questions; one relating to barriers to employment within the Mental Health or Substance Use services systems for those in recovery, and the other relating to what motivates individuals to stay in the field.** A sampling of comments is listed under each question that has a comment section. All comments are included in an appendix to the full report (see Appendix II).

In addition to demographic information, we asked questions relating to areas of interest which are listed at the end of this summary. We found that:

Only 22.25% of our respondents identified that most of the people in recovery seeking employment are able to get training to become a peer supporter. Of those respondents who responded that they did not work in the Service System, 74.79%, or 89 respondents, identified being interested in working in the service fields. (Sampling of comments)

- *"It appears to be getting better, but the wheels move very slowly and the need is NOW"*
- *"This area is just starting to become better known."*
- *"It's difficult to find available classes."*
- *"I was unaware of these types of trainings."*
- *"I was extremely lucky to be able to get training funds"*

Since 83.55% of respondents identified working in the Service System, and 43.72% of those respondents who are already working in the Service Field also identified as working in Peer Support Services, the range of diversity in employment is an advantage to this survey. It suggests that there is much room for improvement in the accessibility of trainings for persons with lived recovery experiences. Similarly, **only 10.20% percent of respondents responded that most or all of those individuals with lived recovery experience are able to get jobs in the Service Systems, again suggesting the need for increased workforce opportunities for those with lived recovery experience.** (Sample list of respondent workplaces listed in comments)

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- D&A Rehabilitation Tech
- Single County Authority (SCA) Administrator
- social services
- Outpatient Drug and Alcohol counseling
- Residential Treatment for Women and Children
- Substance abuse treatment- all levels of out patient

Regarding the question asking if Peer Support Services are properly funded and available, **37.11%, or 141 respondents, responded that neither Mental Health nor Drug and Alcohol Peer Support Services were properly funded**. In addition, 20.26%, or 77 respondents, identified that Mental Health Peer Support Services were properly funded, but Drug and Alcohol Peer Support Services were not. In the comments section for this question (see Appendix II), **a high number of respondents expressed the belief that there is limited funding for Peer Support Services.** (Sample of comments)

- *"None of the above are properly funded, in fact major cuts have disabled our work"*
- *"They are available but not properly funded. I see that services are getting cut due to funding"*
- *"The funding is better for MH than for D&A but neither is enough to encourage providers to push the service"*
- *"Medicare and private sector doesn't pay for Peer Support Services."*
- *"I have no idea if there are services in my area and if they're properly funded."*

For the question regarding whether stigma for persons with lived recovery experience is a barrier to employment or advancement in the Service Systems, **62.75% of respondents identified that stigma is a barrier.** Comments from respondents (see Appendix II) suggest that although there has been some progress in this area, stigma remains a significant barrier to those individuals with lived recovery experience. This indicates a need for future efforts to alleviate stigma and all barriers for those with lived recovery experience. (Sample of comments)

- *"When people learn that you have a metal health or substance abuse history, they believe that you are not trust "worthy"*
- *"Even though people should view your background as a benefit they often view it as a threat. "*

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- *"I believe it all depends if the employer doesn't discriminate on mental health and substance abuse."*
- *"I think it can be an asset I know it's been much easier and more comfortable for me to have someone (CRS) in my life"*
- *"Many don't understand addictions and/or MH and fear the person may not be stable enough."*

In regards to the questions asking if respondents identified persons with lived recovery experience as an asset in all levels of the Service System, **75% of respondents identified that persons with lived recovery experience are seen as assets.** In addition, approximately the same percentage of respondents identified that there is room for advancement to other positions within the Service Systems for persons with lived recovery experience. (Sample of comments)

- *"Those who work in this environment see the value of these individuals, others may not."*
- *"People are coming around to seeing us as a bonus to the services they render."*
- *"Yes, in my experience"*
- *"There is still so much stigma and fear of hiring someone who is in recovery for either substance use and mental health."*
- *"We can share our experiences strength and hope be living testimonies that there is a better way to live"*

Approximately **half of all respondents identified that personal involvement with the Criminal Justice system was a hindrance to employability in the Service Systems**. Within the comments section of this question, respondents suggested that prior convictions continue to be a barrier for those with lived recovery experience. (Sample of comments)

- *"Because a lot of companies would prefer no background and or college educated people"*
- *"Felonies will hinder employment."*
- *"It's just the nature of having a stack applications - the one with the record gets put on the bottom."*
- *"A criminal record is a stigma even in the field."*
- *"In this state, I feel once you're in the system - it's very hard to become a different person. The system can really be a hindrance."*

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Regarding whether or not respondents see themselves working in the field in five years, **82.72% of respondents anticipate working in the Service System in some capacity in five years.** Nearly half of those respondents, or 43.30%, see themselves working in their current position. The response to this question suggests that individuals are satisfied with the work that they do in the Service System.

The survey question regarding what respondents believe is the **greatest barrier to employment** within the Service System for persons with lived recovery experience outlined several common thoughts from respondents: **stigma, criminal background, and lack of education**. (Sample of comments)

- *"One of the barriers is training and funding."*
- *"The stigma and/or background checks"*
- *"Stigma still plays a role as well as not having the formal credentials/education"*
- *"Stigma, pre-conceived notions, discrimination, low expectations"*
- *"They have committed crimes while under the influence and now in recovery must continue to pay for their mistakes. Low level employment and poverty."*

The final question relating to work in the field asked respondents to identify **what motivates people to stay in the Services System field revealed many commonalities**. **Passion, the desire to help others, making a difference in people's lives, service, and hope were common responses**. The majority identified altruistic motives for working in the field. These responses fully support the working definition of recovery defined in the opening statements. (Sample of comments)

- *"The desire to help others, to better communities for the next generation and the personal growth rewards and benefits that come with it."*
- *"Seeing like they are making a difference in people's lives."*
- *"The fulfillment of observing people getting and staying well"*
- *"The satisfaction of helping others with their struggles."*
- *"The commitment to help others reach the other side of the recovery mountain, particularly as they hiked it themselves"*

Questions we asked in our survey included:

- Whether individuals think there is enough access to **training** for persons with recovery experience to obtain certification in either mental health or peer support services

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- Whether individuals think there is enough access to **employment** for persons with lived recovery experience with mental health or drug and/or alcohol recovery to obtain a job in mental health or peer support services
- Whether individuals think that peer support services in their area are properly funded and available
- Whether stigma for persons with lived recovery experience is a barrier to employment or advancement within either the mental health or substance use Service Systems
- Whether persons with experience working at all levels of the Service System seen as assets who can inform and improve the Mental Health or Substance Use Service Systems
- Whether or not there is room for advancement to other employment positions within either the mental health or substance use Service Systems for persons with lived recovery experience
- Whether the respondents found that personal involvement with the criminal justice system is a hindrance to employability in either mental health or substance use fields
- Whether the respondents thought that Mental Health and Substance abuse services are better when there are people with lived recovery experience working at every level of our Service Systems and contributing to every important decision
- Whether the respondent saw themselves working in the behavioral health Service System five years from now
- What is the greatest barrier to employment within the Mental Health or Substance Use Service Systems for people with lived recovery experience
- What motivates people to stay in the Mental Health or Substance Use Services field

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Emergent themes from workforce literature and our survey to seed Summit discussions

Towards a Recovery Informed and Inclusive Behavioral Health System

- Robust services provided through the Medicaid state plan that are in parity with medical care and between MH and SUD, provided at the levels needed for our communities.
- Peer service training provided in parity between MH and SUD offered at levels and locations needed for our communities
- A comprehensive Pennsylvania statewide peer workforce plan that includes CPS and CRS level workers across all funding streams offering Mental Health Peer Support and Drug and Alcohol Recovery Support Services (DARSS) in PA.
- Standardized measures of efficacy developed with our communities, to be used by MH and DA agencies in order to track meaningful outcomes and determine promising and best practices in both CPS & DARSS services.
- Viable career pathways to be developed and supported for CPS & CRS as we move towards a system that engages people with lived experience, and acknowledges us as a critical workforce asset, at every level. (Again, with stakeholder input.)
- Develop strong supervision for CPS & CRS workers that emphasizes retention and career and leadership development.
- Field wide succession planning as we move our service system farther into the 21st Century.

Our agenda for the summit was revised throughout the year as speakers and panelists were added. It was available through the PRO-A and PMHCA websites and was posted at www.parecoveryworks.com . It was also disseminated as hard copy where that was needed. Many PMHCA and PRO-A members do not have internet connection and email so we work to make information equally available to them at meetings and through newsletters, sent using the US Postal Service.

September 27, 2016
Sheraton Hershey Harrisburg Hotel

Summit Agenda

Monday, September 26, 2016

8:00pm - 9:00pm **Exhibitor Set Up**

Tuesday, September 27, 2016

7:00am **Registration Opens**

7:00am - 8:00am **Exhibitor Set Up**

8:00am - 9:00am **Breakfast | Exhibitor Showcase**

9:00am - 10:30am **Welcome | Keynote Speakers**

Introduction by: Bill Stauffer, LSW, Executive Director - PRO-A and Lynn Keltz, M.A., Executive Director - PMHCA

Presented by:

Ted Dallas, Secretary of the Pennsylvania Department of Human Services

Paolo del Vecchio, MSW, Director, Center for Mental Health Services - Substance Abuse and Mental Health Services Administration

Tom Hill, MSW, Senior Advisor on Addiction and Recovery to the Administrator of the Substance Abuse & Mental Health Services Administration

Gary Tennis, ESQ., Secretary of the Pennsylvania Department of Drug and Alcohol Programs

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Tuesday, September 27, 2016

The Recovery Works Summit focuses on workforce needs as defined by people in recovery. Peers must be a key part of design, policy development, implementation, delivery, supervision and evaluation of recovery services in our communities. Conference participants will hear from leaders in our Federal and State administrations and from people in recovery about the status, challenges and opportunities within Pennsylvania's drug and alcohol and mental health service systems. The importance of lived experience and actions that can strengthen both our recovery systems and workforces will be emphasized.

10:30am - 11:00am **Exhibitor Showcase**

11:00am - 12:00pm **Breakout Sessions**

Successes and Challenges of Peer Support
Presented by: Liz Woodley, Forensic Peer Support Specialist-PMHCA and Michael Donahue, Luzerne County Human Services Director

This workshop will provide discussion opportunities and audience input about the vital resource of lived experiences of peer support in the workplace and community.

Stigma and Discrimination in the Workplace
Presented by: Dona M. Dmitrovic, Director of Consumer Affairs- Optum and Peter Ashenden, Director of Consumer and Family Affairs-Optum Health Behavioral Solutions

This workshop will explore the reality of stigma and discrimination which impact people in recovery, the recovery systems and the workforce. How do we move towards valuing recovery as an asset in the workplace?

12:00pm - 1:15pm **Lunch | Recovery Speaks**

Presented by:

Connie Karasow, MSW, person in long term recovery, retired Executive Director of Libertae, Advocate

Brian Stubbs, Certified Peer Specialist, Advocate, Educator and Author

Recovery Speaks – Personal Stories of Recovery

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Tuesday, September 27, 2016

1:15pm - 2:00pm **Exhibitor Showcase with Dessert**

2:00pm - 3:15pm **Group Panel Recovery Works**

Facilitated by: Anthony Cek, Executive Director - Halcyon Center and Michael Donahue, Luzerne County Human Services Director

Panelists:

Dana Baccanti, MA, CRC, Chief, Special Programs Division - Office of Vocational Rehabilitation PA Department of Labor & Industry

Tracy A Carney, CPRP, CPS, Senior Recovery/Resiliency Specialist - Community Care Behavioral Health Organization

Chris Jacob, BA, CRS, Counselor - Treatment Trends

Sharon LeGore, President/Founder - Momstell

Devin Reaves, CRS - Young People in Recovery

Tracy Shultz, MS, HealthChoices Project Manager - Behavioral Health Services of Somerset and Bedford Counties, Inc.

The panel will speak to the successes and challenges of work force mobility and sustainability, from training to employment and development of a viable career path.

The panel will also engage the audience in discussion of highlights from the keynote presentations.

3:15pm - 3:45pm **Refreshment Break | Exhibitor Showcase**

3:45pm - 4:30pm **Closing Remarks**
Presented by: Bill Stauffer, LSW, Executive Director - PRO-A and Lynn Keltz, M.A., Executive Director – PMHCA

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PRO-A/PMHCA 2016 Recovery Works Summit
Recovery Works! 2016 Participant Evaluations Responses N = 145

Overall Summit Rating (n = 145)

- Excellent – 56%
- Very Good – 35%
- Average – 5%
- Fair – 0%
- Poor – 1%
- N/A – 3%

Main Reason for Attending (n = 145)

- Content – 21%
- Personal Growth – 30%
- Networking – 29%
- Speakers – 9%
- Other – 11%

Fulfilled Reason for Attending? (n = 145)

- Yes – 88%
- No – 1%
- N/A – 1%
- Other – 10%

Were the Objectives Met? (n = 145)

- Yes – 90%
- No – 1%
- N/A – 4%
- Other – 5%

Rate the Keynote Speakers? (n = 145)

- Excellent – 57%
- Very Good – 34%
- Average – 6%
- Fair – 1%
- N/A – 2%

Rate the Workshop Presenters? (n = 145)

- Excellent – 39%
- Very Good – 44%
- Average – 10%
- Fair – 3%
- Poor – 0%
- N/A – 4%

Hotel Accommodations

Conference Facility (n = 145)

- Excellent – 60%
- Very Good – 30%
- Average – 5%
- Fair – 0%
- Poor – 0%
- N/A – 5%

Food Quality (n = 145)

- Excellent – 52%
- Very Good – 34%
- Average – 10%
- Fair – 1%
- Poor – 0%
- N/A – 3%

Hotel Staff

- Excellent – 60%
- Very Good – 28%
- Average – 3%
- Fair – 1%
- Poor – 1%
- N/A – 7%

Question 4: What other topics would you be interested in learning at future summits?

- Education on job sites, working together as one
- What are P/R doing NOW in their communities? Networking for P/R's and agencies seeking ways to fulfill their dream of helping; Have state reps fully informed and with solutions to the "issues" instead of just being aware of a problem
- Gender identification, LGBTQI, Minority acceptance, Youth/young adult perspectives (2)

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- Wellness in Recovery
- Prison System- How can we turn this around? (2)
- Different evidence based practices, their application and success rate
- Bully-related suicide and prevention
- Workforce retirement gap and career pathways
- How treatment and peer support can work together (2)
- Court and police sensitivity training in MH Awareness
- Co-occurring recovery groups (3)
- "Best Recovery Practices" from different areas of the state (both MH and SUD)
- Another panel or more time for the panel discussion
- Personal recovery stories; various recovery concepts
- How to engage the medical community; What is the medical community's responsibility to our population and why aren't they taking care of us?
- Actual strategies to change and address stigma in the workplace
- Peer-Run business; National Peer Certification
- Recovery and employment
- Legislative advocacy
- Funding streams; Blending CPS/CRS (2)
- Family Recovery and engaging family members (3)
- Advocacy (6)
- Training staff to meet client needs and building understanding for them in this field, as well as recovery
- Addictions- Gambling, sex, food, shopping etc.; Eating disorders(3)
- How to help convicted felons with MH issues and D&A re-enter the outside work with positivity (3)
- Emerging trends in recovery
- Success and challenges of Peer Support (2)
- Coordination between services and service providers
- Funding for creating relief organizations
- Boundaries
- Medication assisted therapy
- Grassroots recovery group presentation
- Making long term facilities more available
- Increasing rehab availability for individuals seeking treatment or outpatient facilities
- Certified Peer Specialist certification becoming a state certification and support
- ECPR
- PTSD, Bi-Polar
- CRS training in the Faith-based community
- Collaborative budgeting
- Resources/Treatment options in PA; Updates on new policies that may be implemented
- Recovery houses; Length of treatment statistics (i.e.- recovery due to longer treatment)
- Evidence for Peer Support
- Early intervention for children who may be experiencing MH issues
- Dual roles: Providing services to person, but also being their coworker

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- Overcoming the thought process of strictly 12 step beliefs
- Bring together key players from treatment, education, criminal and MCO/payer organizations to address addictions
- Supervisor trainings
- Foundation of programs; Principles of a successful program center
- CRS/CPS in private sector
- To build a county to county directory or database
- How to get insurance companies to pay for CRS services
- Forensic Peer Support and it becoming a PA Certification through the PA Certification Board
- WRAP for MH/SUD
- PTSD- Veterans and MH/Substance abuse (include family members of veterans on a panel)
- Cross-systems improvement- Advocacy, Peer and systems
- The number of service and government agencies that attended
- Coping with depression
- More help for people with disabilities
- Losing a career and how to get back through channels to recover
- Practical applications of getting treatment in PA
- Overcoming DIFFERENT stigmas (2)
- Physical health/Behavioral health integration
- Housing the homeless
- Personal recovery stories (2)
- Community D&A recovery centers
- How do you make your children/family members understand your MH diagnosis? (the symptoms, behavior, habits, etc.)
- Spirituality component of recovery
- Peer-Run- starting a business/company on "The Murphy Bill"; This is PA waiver program and it into law
- Having a panel of CPS and/or CRS answer questions
- Suicide Prevention
- Narcan speaker

Question 5: What was the most beneficial aspect of the Recovery Works Summit?

- Discussion of how to advocate and move forward as a whole recovery community
- Learn I CAN recover
- Panel discussion (19)
- Fellowship/Networking (33)
- Scholarships
- Talking about breaking the stigma
- Affirmation for all that Recovery Works (6)
- All of it (21)
- Keynote speakers expressing what is happening in the field and the importance of peer to peer support
- Keynote speakers (20)
- People from all over the state came together to share and learn from each other (2)
- Stigma discrimination (3)

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- Meeting others in recovery (3)
- Hearing stories from people who have really furthered their careers (5)
- Learning about challenges of recovery system
- Collaboration between MH and SUD (3)
- Discussion of what's in the future for CPS/CRS (3)
- Breakout session
- Resources/Education (9)
- Gary Tennis- very powerful with Criminal Justice and D&A (2)
- Information on Parity and CRS
- Renewed purpose and mission
- Learning about what other counties are doing with CRS/CPS services (what's working and the challenges) (2)

Question 10: Please feel free to add any comments/suggestions:

- Need to do a better job of including people with lived D&A experience who are not of 12 step model
- Get more coffee in the rooms; involve the audience more
- Thanks to Bill for a great summary and wrap-up
- Food wasn't good; Lack of water
- Very informative and helpful; Great ideas already in our programs
- Should have had a summation of each keynotes' presentation
- Overall a great conference (3)
- Make this a longer conference (4)
- Focus on what to do to affect Public Policy; practical workshop sessions (i.e.- activity, not presentations); Michael D was supposed to moderate the panel, but he spoke too much, taking away from panel members
- Not as cold
- Have a screen on the other side of the room and power point print outs
- Breaks were too long and frequent (3)
- More training about current events and what is going on in both MH and substance abuse fields
- The mission of the Summit was addressed, but the primary emphasis on Peer and Recovery Support Specialists lessened the value for other professionals and providers
- Employment workshop was not what I was expecting in reviewing stigma in the workplace
- There should have been more consumers on the panel, not professionals
- Need to implement more information on and for those being released from the criminal justice system with MH/addiction/alcoholism issues
- Q&A should be written; CRS/CPS groups and affiliations
- Panel needs to be more diverse (3)
- Make the Summit more about MH (2)
- Invite 12 Step Programs to attend Summit, so those that need the more frequently, have them readily available; Invite Human Development in Correctional facilities; Develop an intergroup communication and rapport with ALL involved in the community support process
- More information on the BRSS TACS initiative in bringing recovery support specialists to living wages
- Please stop the slide shoe during the lunch with shared personal recovery stories

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Recovery Works 2016 Summit Summary

Tuesday, September 27th, 2016

Harrisburg/Hershey Sheraton Hotel - Harrisburg, PA

The Recovery Works Summit 2016, was an historical event that culminated from our year of collaboration to bring together our agencies, communities and hundreds of individuals with lived recovery experience. As a result, service providers, policy makers, leaders, people with lived experience and advocates came together for a historic day of collaborating and sharing of knowledge, experiences and hope. The event far exceeded the goals we had set for the conference. Collective voices addressed the value of inclusion of individuals with lived recovery experience, and the vital role that we play in our service systems. Throughout the conference, presenters and speakers identified many of the core issues that face the mental health and addictions recovery communities, beginning with disparities in funding and the vital importance of inclusion of individuals with lived recovery experience in all areas of our behavioral health system workforce, and moving towards forming a systemically recovery-informed and inclusive behavioral health system.

The central theme was communal - we need to add our collective voices of recovery to everything that we do; from the development, to the implementation, execution and supervision of peer services in both mental health and drug and alcohol service systems statewide. We need to work together to end discrepancies in parity if we are to form an inclusive and equitable system of care. We need to work to get our behavioral health systems to recognize the value of persons with lived recovery experience, and increase workforce opportunities in a systematic fashion for recovering individuals. As Mary Jo Mather, the Pennsylvania Certification Board Chair message to the conference highlighted, "The connection and value of lived experience among people may be the single biggest factor in sustaining recovery." Themes emerged through dialogue at the Summit that paralleled the Recovery and Resiliency Grant Survey conducted prior to the Summit.

The Summit speakers were clear about the importance of emphasizing the value of recovery, not only for individuals with lived recovery experience working in the service systems, but just as importantly for those that seek and receive help within the service systems. We need to work together to increase public awareness of the value of recovery in the lives and of families and communities. Although Pennsylvania leads the United States in some areas of peer support services, there are significant parity discrepancies in the areas of inclusion of people in policy making and the workforce, adequate funding, opportunities in the workforce, and, moving forward, the development of standardized measures to measure efficacy in policies and in treatment accessibility, particularly for substance use disorder peer services provided by Certified Recovery Specialists.

These elements were noted throughout the summit, and were part of the specific comments of SAMSHA Special Assistant to the Director, Tom Hill, in his presentation. These themes were touched on by the conference co-hosts, William Stauffer, Executive Director of PRO-A, and Lynn Keltz, Executive Director of PMHCA. The need to increase public awareness and recognize the value of persons with lived recovery experience resonated in all presentations throughout the day. Secretary of the Pennsylvania Department of Human Services, Ted Dallas, recognized that the real work and the real recovery is going on because of those with lived recovery experience, and that without those individuals, the work could not be done. There are

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positive changes that are taking place in the addictions and mental health areas, which include the new Centers for Excellence and the Medicaid expansion instituted by Governor Wolf in 2015, but this is only the beginning. Secretary Dallas acknowledged the importance of ensuring that our voices are together in ending parity discrepancies and healing our communities. He shared with registrants that Governor Tom Wolf's Executive Order: 2016-03 – Establishing "Employment First" Policy and Increasing Competitive Integrated Employment for Pennsylvanians with a Disability is part of their commitment to ensure that all individuals have the opportunity to use their abilities in paid employment.

As noted by SAMSHA Director of SAMSHA's Center for Mental Health Services, Paolo del Vecchio, SAMHSA defines recovery as a journey for individuals to improve their health and well-being, to live an independent life, and to strive to achieve an individual's full potential. This includes workforce opportunities. We need to value the importance of those with lived recovery experience in every level of our service system, including the design, policy development, implementation, delivery, supervision and evaluation of services. He reminded us that the Affordable Care Act is bringing some 17.5 million Americans seeking mental health and substance abuse treatment services into the healthcare system, and that peers and peer workforce are a solution to the growing workforce strain. He reinforced the fundamental concept that persons with lived recovery experience play a vital role in our services across our communities. In evidence-based practice, persons with lived recovery experience can help most importantly in the issue of engagement. Mr. del Vecchio related his own recovery experiences, helping to make the point that recovery is possible. Tom Hill, Senior Advisor at SAMHSA, reinforced that peer supports are a vital component in recovery-oriented systems of care. SAMHSA's Director talked about BRSS TACS, Bringing Recovery Supports to Scale Technical Assistance Center Strategy, initiated by SAMSHA, which strives to promote integrating recovery-oriented supports, services and systems for individuals in recovery.

To address the goal of improving recovery success, the summit presentations explored challenges and inspirations in training, employment and career pathways. Throughout the conference, challenges were identified, which remarkably mirrored the results of the survey. These challenges were inclusive of the barriers that presenters recognized repeatedly throughout the Summit. They include systemic stigma and discrimination, workforce shortage problems, parity discrepancies in funding and peer supports, criminal justice records as a barrier for persons in recovery to gain employment, and lack of training and work opportunities for those with lived recovery experience.

Secretary Tennis reminded us that nationally, the resources for drug and alcohol treatment have been approximately 10% of what is actually needed. Policy and funding remained stigma-skewed, as can be evidenced by the recent Institution for Mental Disease regulation change that only allows residential rehab treatment for 15 days a month in a facility that has 16 beds or more. Secretary Tennis noted this was a parity violation under the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, as no other medical service has a limitation based on the number of beds in a facility. The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) has decreased by 26% over the last decade in the face of our largest public health crisis. The final avenue to improve recovery success lies in informing public policy on peer based recovery support services.

Liz Woodley, CPS, Forensic Peer Support Specialist, PMHCA, and Michael D. Donahue, CADC, ICADC, Human Services Director of Luzerne County highlighted the successes and challenges of peer supports. (Both are

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persons in recovery.) Donna Dmitrovic, Consumer Affairs Director of Optum, and Peter C. Ashenden, Director of Consumer and Family Affairs of Optum Behavioral Health Solutions identified continued barriers for persons with lived recovery experience. These speakers reiterated the fact that stigma holds individuals back due to overt and covert discrimination, and that such discrimination can result in significant limits and barriers to many of life's opportunities, including in the workplace, while they also emphasized the value that people in recovery offer to the system.

Connie B. Karasow, MSW, retired Executive Director of Libertae, Inc. and activist for the Bucks County Women's Advocacy Coalition testified to the importance of sharing resources, and that interconnectedness of individuals is paramount in moving forward in our collective advocacy efforts. Certified Peer Specialist Brian Stubbs, also the CEO of Decide 2 Evolve, suggests that we need to see a paradigm shift and utilize peer supports in our services, as those in recovery have an instant connection with others. Networking and creating a model where we work together as equal partners are paramount for the future of our recovery-oriented behavioral health system.

The Summit included a discussion panel that spoke to the successes and challenges of the workforce, from training and employment, to viable career paths. The panelists included: Michael D. Donahue; Dana Baccanti, MA, CRC, Chief, Special Programs Division of PA Department of Labor and Industry, Office of Vocational Rehabilitation; Tracy A. Carney, CPRP, CPS, Senior Recovery/Resiliency Specialist for Community Care Behavioral Health; Chris Jacob, BA, CRS, Counselor of Treatment Trends, Inc.; Sharon LeGore, President and founder of MOMSTELL; Devin Reaves, MSW, CRS of Young People in Recovery, and Tracy Shultz, MS, HealthChoices Project Manager of Behavioral Health Services of Somerset and Bedford Counties, Inc. (BHSSBC). Topics addressed the issues of advocating for peer supports in our service systems, raising the bar with parity for substance abuse treatment, and social justice issues. Also discussed were the need for more trainings, to include cross-trainings, the importance of supervision for peer supports, and funding for those receiving services and to enhance the workforce. Suggestions were made for a focus on activity-based recovery, especially with young people. Through this panel discussion, the importance of making a difference resounded. As Mike Donahue stated, "There is hope; and it's called recovery."

Many participants noted throughout the day that bringing our communities together is of great value, was a long time coming and that we need to continue to move the conversation forward. Millions of Americans are in recovery and there was recognition that we increase our assets when we collaborate. Some of those stories were shared throughout the day, echoing the value of involving those in recovery in a strength-based, recovery-informed service system.

Perhaps the most significant byproduct of the event was the ability for people to network. Positive initiatives have already begun, which we plan on emphasizing as we move towards a second year of the SAMSHA's Statewide Peer Recovery and Resiliency Grants. Many practical and viable solutions were proposed at the Summit, supporting the goals of collaboration and interconnectedness.

Moving forward, to sustain our effort, we are recommending the following themes in our collaborative work:

- Utilize strength-based resources and shared learning where appropriate to bring our communities closer together and to sustain and strengthen our collaborative efforts.

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- Work together to eliminate parity discrepancies, to increase awareness of the viable role that persons with lived recovery experience offer, and to ensure these individuals are presented sufficient career pathways.
- Collaborate to develop accessible and practical avenues for those in recovery to enter the peer workforce and have opportunities to earn fair and living wages while also developing career pathways and access robust services and trainings in all areas of the state.
- Develop basic standardized measures across the mental health and drug and alcohol fields to determine best and promising practices relative to peer supports.
- Assure the inclusion of family focused recovery organizations such as NAMI and Momstell in discussions and planning.

These steps would ensure that we are continually working towards a recovery-oriented and inclusive systems of care model that will meet the needs of all individuals striving towards recovery and the ability to maintain that recovery over the life span.