FACES & VOICES OF RECOVERY

ADVOCATE. ACT. ADVANCE.

ASSOCIATION OF RECOVERY COMMUNITY ORGANIZATIONS (ARCO)

ARCO
Association of Recovery
Community Organizations

PROGRAMMATIC EVALUATION 2021

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BACKGROUND

The Association of Recovery Community Organizations (ARCO) at Faces & Voices of Recovery was created in 2011 by Faces & Voices of Recovery leadership. ARCO was created to unite and support a growing network of local, regional, and statewide recovery community organizations (RCOs).

HISTORY OF WHERE WE HAVE BEEN

From 2011 to 2015, ARCO applicants were reviewed and determinations on membership were made by Faces & Voices of Recovery staff members. In 2015, the ARCO Review Committee, comprised of 5 ARCO members, was formed to implement a peer-review process for ARCO applicants.

In 2018, the RCO Best Practices, 8 Criteria was developed to ensure fidelity to the RCO model. Faces & Voices of Recovery adopted the criteria as national best practices for RCOs and as a standard for ARCO membership. Also, during 2018, a recommendation for provisional membership was developed for new and emerging ARCO applicants. These applicants had many of the elements of an authentic RCO, but the ARCO Review Committee identified that there were some elements needing further development, or that these applicants were not in existence long enough to properly evaluate them based on the criteria. This development allowed provisional ARCO members access to ARCO membership resources and additional support for their continued development.

WHY ARE WE EXAMINING ARCO MEMBERSHIP

On April 24, 2020, Faces & Voices of Recovery accepted the charge to promote antiracist practices, addressing discrepancies for underrepresented populations in community-based recovery support services, recovery leadership, and across the broader recovery arena. Historically RCOs and peer services in general have been underfunded, creating a disparity in community-based recovery support services (RSS). Disparate systems, that were not intentionally built with all populations in mind created further disparities for groups of people historically identified as underrepresented, underserved, or hard-to-reach. Access to funding for building organizational capacity is especially challenging for new and emerging RCOs, which has caused many ARCO applicants to be denied membership in the past. This is particularly evident in applications from small non-profit organizations that provide ancillary services that are outside common RCO traditional models and/or primarily represent and serve underrepresented and underserved populations.

Faces & Voices of Recovery is committed addressing diversity, equity, and inclusion (D.E.I.); lifting voices from communities of color and other underrepresented groups; and advocating for fair and equitable distribution of funding to organizations led by and serving primarily black, indigenous, and people of color, and other underrepresented populations. There is a wealth of untapped expertise that diverse organizations can bring to the ARCO network. We aim to be inclusive, and it is our responsibility to examine barriers to membership and take actions that will promote authenticity and fidelity to the RCO model while creating a bigger tent at ARCO.

BEST PRACTICES

Best practices provide a roadmap for new and emerging RCOs as they create organizational and programmatic structures aligned with the integrity and authenticity outlined in the national standards. With increasing interest in designating RCOs as recovery support service providers by payors such as local, state, and federal governments, clear guidance on what defines an RCO is necessary. Best practices are intended to support diverse, equitable, and inclusive practices; distinguish the role of an RCO from clinical and other non-clinical service providers; and to highlight the unique roles RCOs play in a recovery-oriented system of care.

RCO DEFINITION

This definition was born out of work conducted in 2007 by Phillip A. Valentine, William L. White, and Pat Taylor, in "The Recovery Community Organization: Toward A Working Definition and Description". This early work to define recovery community organizations concluded that:

"a recovery community organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery".

These organizations

- organize recovery-focused policy advocacy activities,
- carry out recovery-focused community education and outreach programs, and/or
- provide peer-based recovery support services (P-BRSS)

RCO BEST PRACTICES, 8 CRITERIA

The RCO Best Practices, 8 Criteria, was identified as problematic in its ambiguity and limited understandability. This resulted in a lack of uniform adoption of the criteria and created barriers to membership. ARCO applicants who were determined ineligible for ARCO membership reported that they needed additional support in understanding the requirements.

NEXT STEPS

Faces & Voices of Recovery is moving to promote antiracist practices, diminish racial discrepancies and underrepresentation of marginalized groups in our ARCO membership, improve ARCO membership experience, and increase engagement opportunities for ARCO members. We are committed to quality improvement.

OVERVIEW

Work on the ARCO programmatic evaluation began in May of 2020 through conversations with organizations seeking ARCO membership and through conversations with the ARCO review committee to identify trends and gain qualitative insight on the ARCO application process, value of the work conducted, and the overall experience of engaging with Faces & Voices of Recovery's ARCO program. This work continued throughout 2020 and concluded in December of 2020 with a review of the recommended changes to the RCO Best Practices, formerly identified as the 8 Criteria for RCOs, by William White and key Faces & Voices of Recovery staff members. At the beginning of this project, ARCO membership consisted of more than 130 ARCO members.

Throughout this evaluation, Faces & Voices of Recovery implemented a series of participatory processes to promote involvement, engagement, and consultation of current ARCO members, previous ARCO members, and ineligible organizations that had sought ARCO membership. These processes included one-on-one meetings, workgroups, polling members in attendance at the monthly ARCO All Member Meetings, the ARCO Review Committee, and the RCO Best Practices – Considerations Survey. The workgroups were comprised of former ARCO members, current ARCO Members, provisional ARCO Members, and ineligible ARCO applicants. The ARCO Review Committee was, and continues to be, comprised of people who are employed by current ARCO members. The ARCO Review Committee and each workgroup consisted of people representing various populations, service types, organizational structures, and length of membership.

Limitations

The processes for collecting quantitative data included polling members in attendance at the ARCO monthly all member meetings and the RCO Best Practices – Considerations Survey. Poll results from the ARCO All Member Monthly Meetings were limited to one unique submission per attendee with some organizations having multiple staff members in attendance. The RCO Best Practices – Considerations Survey yielded a response rate of 24.113% of ARCO members, or 34 ARCO members, represented in the survey results.

Data discrepancies were identified within the data of the RCO Best Practices – Considerations Survey. All respondents of the RCO Best Practices - Considerations Survey were required to identify as I am a current ARCO member; I have applied for ARCO membership but have never received ARCO Membership status; I previously was, or I currently am, a provisional ARCO member; or I was an ARCO member in the past and did not renew my ARCO membership. The survey yielded 44 responses with respondents identifying in the following manners.

| RCO BEST PRACTICES – CONSIDERATIONS SURVEY	
I am a current ARCO member	30
I have applied for ARCO membership but have never received ARCO Membership status	10
I previously was, or I currently am, a provisional ARCO member	1
I was an ARCO member in the past and did not renew my ARCO membership	3
Total Responses	44

The following data discrepancies were identified.

- One respondent identified that they applied for ARCO membership but have never received ARCO Membership status. However, there was no record of an ARCO application on file.
- Two respondents completed the survey multiple times for the same organization.
- Three organizations reflected two data sets, as there were two employees who completed the survey.
- Four provisional ARCO Members completed the survey as a current ARCO member.
- Two provisional ARCO Members completed the survey as I have applied for ARCO membership but have never received ARCO membership status.

Conclusion

The updates to the ARCO Program serve to improve the ARCO experience, support growing the network of recovery community organizations, and to increase the national and international impact of RCOs; peers; and recovery allies. This work builds on previous work conducted by Phillip A. Valentine, William L. White, and Pat Taylor and serves to strengthen fidelity to the recovery community organization model, while diminishing barriers for RCOs and increasing inclusivity among the network of recovery community organizations, peers, and recovery allies. Understanding the unique characteristics of our membership and the challenges faced by peers, family members, and recovery allies will serve to strengthen Faces & Voices of Recovery's ability to represent and support their needs in a responsive way. The ARCO programmatic evaluation and subsequent changes resulting from it provide mechanisms for Faces & Voices of Recovery to be responsive and creates a pathway for future research and dialogue about recovery community organizations and peer networks.
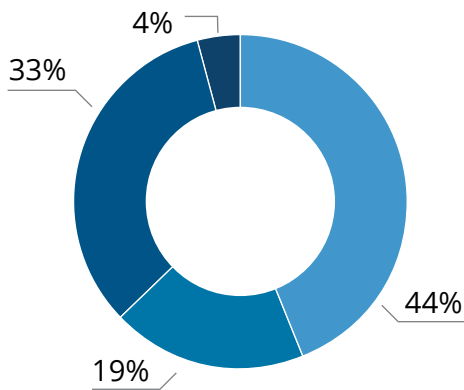
HOW DO YOU IDENTIFY YOUR RCO	
Local	23
Regional	10
Statewide	17
National	2
Total ARCO members who participated	52
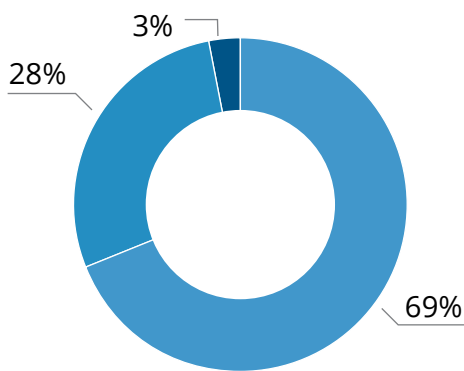
WHAT TYPES OF COMMUNITIES DO YOU SERVE	
Metropolitan/Urban	22
Urban Cluster	9
Rural/Small Towns	1
Total ARCO members who participated	32

This data is limited in that organizations were not able to select more than one option. It does not accurately reflect regional, statewide, or national RCOs.

Metropolitan/Urban > 50,000 (1,000 persons/Sq. mile)
Urban Clusters 2,500 – 49,999 (1,000 persons/Sq. mile)
Rural & Small Town < 2,500 (> 500 persons/Sq. mile)
According to USDA Economic Research Service: What is Rural?
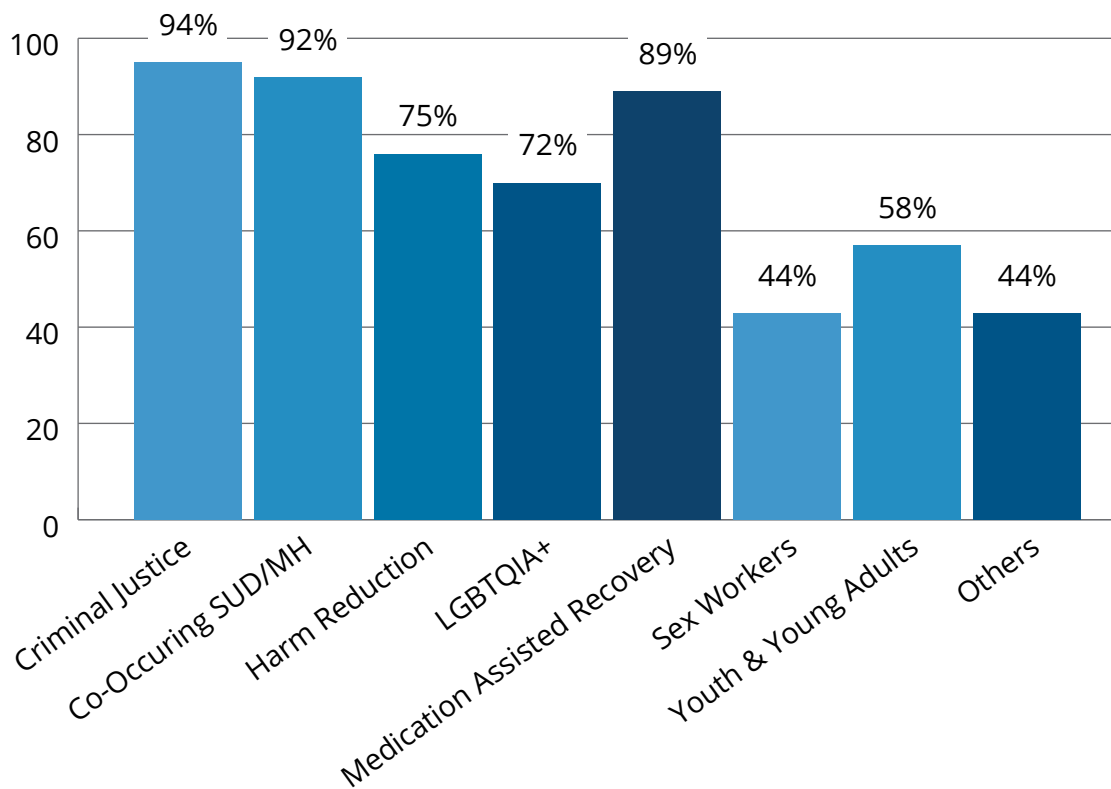
SERVICES PROVIDED

36 members in attendance indicated they provide services to the following populations*	
Criminal Justice	34
Co-Occuring SUD/MH	33
Ham Reduction	27
LGBTQIA+	26
Medication Assisted Recovery	32
Sex Worker	16
Youth & Young Adults	21
Other	16

*Respondents were able to select all options that apply

RCO BEST PRACTICES – CONSIDERATIONS SURVEY

ARCO membership at the time of the survey consisted of 141 current members. Of those who completed the survey, there were 24 current ARCO members that completed the survey as a current ARCO member. Data for the organizations which were identified as provisional ARCO members at the time of this survey have not been aggregated into the RCO Best Practices – Considerations Survey section of the report.

SURVEY RESPONDENTS: 24 CURRENT MEMBERS

LENGTH OF MEMBERSHIP	
less than 1 year	4
1-2 years	4
2-5 years	9
5-7 years	6
no response	1

ROLE OF FISCAL AGENT	
respondent currently has a fiscal agent	1
respondents had a fiscal agent, but do not now	5
respondents are an independent non-profit, who have never had a fiscal agent	16
respondents did not answer	2

BOARD COMPOSITION	
respondents identified that their Board of Directors comprised of more than 50% of individuals in recovery	20
respondents identified that the organization's Board of Directors is not comprised of more than 50% of individuals in recovery, but the organization's Advisory Board is comprised of more than 50% of individuals in recovery	3
respondent did not answer	1

TYPES OF SERVICES*	
respondents do not provide peer services	3
respondents provide substance use disorder (SUD) peer recovery support services	18
respondents provide mental health (MH) peer recovery support services (i.e., co-occurring)	11
respondents provide family peer recovery support services	15
respondents provide clinical services (i.e., therapy, SUD/MH counseling, prescribing medication, medication management, DUI assessments, intakes)	3
respondents do advocacy, education, and outreach	23

*Respondents were able to select more than one option

Respondents indicated that if budget or other barriers were not a concern, additional services they would like their organization to provide to their community included:

DESIRE TO PROVIDE ADDITIONAL SERVICES*	
basic medical services to the indigent	1
clinical services	2
emerging leadership for peer recovery professionals	1
housing	9
mental health	2
other	1
reentry services	6
working with youth and young adults	1

*Respondents were able to select more than one option

Of the question, does your organization use Participatory Processes (PP) in your decision making, program development, and advocacy efforts? Participatory Processes (PP) are specific methods employed to achieve active participation by all members of a group in a decision-making process.

PARTICIPATORY PROCESSES	
respondents indicated that they use participatory processes	15
respondents indicated that they do not use participatory processes	3
respondents indicated they did not know what participatory processes were	3

Participatory processes were defined as:

- *"Everyone has a voice, and that voice is counted."*
- *"Have board or committee study a subject getting input from others, then come together and make a decision based on all of the best-known information."*
- *"We operate in collaboration with our board of directors, 12 peer-based recovery center directors and state funder our decision-making processes - we've adopted the RACI model"*
- *"Including stakeholders in decision making and development"*
- *"Assuring varying voices. The number of voices caries with the type of decision. Utilization of the BOD, a steering team. and staff leadership team, and all staff: again, circumstances dictate differing involvements"*
- *"The process includes listening to peers express needs during our individual and group meetings, when they provide feedback either at the end of individual or group meetings, and via surveys; it includes looking at local, state, and national data about use and services; it includes discussing needs, gaps and program feedback with staff, internal committee, and the board."*
- *"Having ideas develop organically using an appreciative inquiry process which allows for buy in from all parties involved."*
- *"Having "buy in" from all our staff members/peer supporters/Board. Their input is essential in our planning for all our future endeavors."*
- *"Board, Advisory Board, steering committee, etc. participates in the process of program development and implementation"*
- *"Allowing all to have a voice, important for everyone to be heard and have buy-in"*
- *"We engage our participants and other community stakeholders to help direct improvements to current service delivery, provide input and in some cases be involved with new service planning."*
- *"I ask all stakeholders to participate in the discussion on a topic. When a decision is needed on a subject related to the stakeholders their opinions are heavily weighed."*
- *"The participatory process means to involve everyone in your community to open discussions about the needs of the community or communities your agency serves and to hold focus groups, have advisory boards, and board members that also participate in creating the programming or programming changes within your agency."*
- *"Board Members, senior management, and staff participate in the program design, development, and/or expansion"*
- *"Community Listening Sessions, Recovery Advisory Group, Statewide convener of RCOs, Administrator of Peer Certification Program for state"*
- *"Our organization believes in the statement "Nothing About Us Without Us". We are part of a large movement and we all have a part to play in making positive change happen in our communities. Every voice matters at our organization - even when we have to have difficult conversations and learn from each other about how to communicate effectively and bring awareness to sensitive issues around race, politics, and program development. I know that my voice matters at GCSA. I am part of a team of leaders."*

Code of Ethics and Grievance Policies:

- Of the question, "With 1 being least important and 4 being most important, how important is it that RCOs have a Code of Ethics and grievance policies?", 21 respondents indicated 4; 2 respondents indicated 3, and 1 respondent indicated 2. No respondents indicated a rating of 1.
- Regarding the survey question, should ARCO members be required to report founded grievances to the ARCO Review Committee, 8 respondents indicated no, and 15 respondents indicated yes. One respondent did not answer.

EVALUATE AND ASSESS THE BEST PRACTICES

Much has changed in the national landscape since the widely respected, foundational work conducted in 2007 by Phillip A. Valentine, William L. White, and Pat Taylor. RCOs have grown organically, are more widespread, have a broader reach, provide more services, help more people, and conduct more work than they did initially. RCOs have also had to adapt their programs and practices in response to trends and opportunities within their own states.

WORKGROUP RCO BEST PRACTICES: RCO DEFINITION AND 8 CRITERIA FOR RCOS

TASK 1:
Review the RCO definition for clarity

The definition is problematic for organizations who engage in advocacy efforts, organize recovery-focused community education and outreach programs, or provide peer-based recovery support services (P-BRSS), but who do not provide these services to the broader community. Examples of these organizations include Collegiate Recovery Programs (CRP's), Collegiate Recovery Communities (CRC's), treatment entities, and recovery residences who only provide these services to individuals who are enrolled in their programs and who do not make these services accessible to all community members. Recovery Community Organizations provide services to the broader community as a whole.

TASK 2:
Assess the 8 Criteria for RCOs for inclusivity

Criteria 1 and 2: Nonprofit Organization; Led and Governed by the Recovery Community

Nonprofit vs. not-for-profit vs. for-profit

- Nonprofit organizations are formed explicitly for the public good, are run like a business, and try to earn a profit. However, they do not distribute that profit for anything other than furthering the advancement of the organization. Nonprofits receive 501(c)3 tax exempt status from the IRS and are required to make their financial and operating information public so that donors can see how their contributions are being used.
- Not-for-profit organizations are also governed by the IRS 501c tax code but are not required to operate for the benefit for the public good and can simply serve the goals of its members. Examples include recreational sports clubs and other civic or social organizations.
- A for-profit organization operates with the goal of making money by selling products or services. The business owner earns an income from the business and may also pay investors and shareholders form the profits.
- The key phrase to be considered in the RCO criteria is "for the public good." The nonprofit is the only one of these three types of organizations that operates solely for "the public good".

Non-profit models: It's not uncommon for an RCO to operate with the assistance of another organization. In these instances, an RCO may operate as a program under the umbrella of another organization or engage in a contractual relationship for the purposes of fiscal/fiduciary or administrative services.

- In these instances, in the RCO model, the RCO operates in self-autonomy. The entity with which they are otherwise engaged with should also operate for the public good, free from self-serving conflicts, to support autonomy and the mission of the RCO.

- There is a lack of clarity in the RCO criteria for current and future ARCO members who do not operate as a stand-alone nonprofit with their own 501(c)3 status.
- Clarity is needed to further establish best practices of autonomy for RCOs, in business arrangements of a shared 501(c)3 status or contractual relationships for fiscal, fiduciary, or administrative services. Best practices in these arrangements support the RCOs leadership and members in having authority over business matters of the RCO and its functions, without interference or manipulation from the other business entities.

Board Development: Authenticity of voice is a core principle of RCOs.

- This criterion delineates a board of directors to meet this criterion. However, in some instances, organizations under a fiscal agent may have advisory boards who serve in the capacity to make programmatic development and funding decisions for the applying organization.
- According to the 2020/2021 BCOR eligibility requirements, "The statute limits eligibility for this program to RCOs that are domestic private nonprofit entities in states, territories, or tribes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To ensure that recovery communities are fully represented, only organizations controlled and managed by members of the addiction recovery community are eligible to apply."

Criteria 3: Primary Focus is Recovery from Substance Use Disorders

- Recovery Vision is a core principle of RCOs.
- The word recovery is used across mental health and substance use disorder fields, especially in peer work. Therefore, a clear reference to "substance use disorders" in the organization's mission and vision statement demonstrates a primary focus.

Criteria 4 and 5: Grassroots and Participatory Processes

- Accountability to the recovery community is a core principle of RCOs.
- Of current ARCO members, 25% of current ARCO member survey respondents did not use or did not know what participatory processes were.
- Of Current ARCO members, 37.5% of current ARCO member survey respondents did not provide an example of how they use participatory processes.

Criteria 6: Non-clinical Services

- 3 survey respondents indicated that they do provide clinical services (i.e., therapy, SUD/MH counseling, prescribing medication, medication management, DUI assessments, intakes).
- In resource-scarce communities densely populated by racial or ethnic groups and in resource scarce rural communities, community member needs may necessitate offering supplemental clinical services in a recovery community organization setting.
- Some counseling entities or otherwise treatment entities may operate an RCO arm as an extension of their services.

Criteria 7: All Pathways of Recovery

- Would this be better expanded to create inclusive spaces for all pathways and people, regardless of identity markers?

> *There will always be marginalized members and groups in any community, and they deserve to be included and to have others stick up for them. If I am in a more privileged position, it is my responsibility to hold the door open for others and to help them up the rungs of the ladder.*
>
> **Tom Hill (2012)**

Criteria 8: Recovery-Friendly Language

- This criterion specifically mentions "designing RCO websites and materials". Since the establishment of ARCO, social media, blogs, podcasts, use of videos, YouTube, and other digital platforms are more widely used.

Code of Ethics and grievance policies

- More than 85% of survey respondents ranked the importance of a RCO having Code of Ethics and grievance policies at the highest level.
- Regarding reporting founded grievances to the ARCO Review Committee

    - 33.33%, 8 respondents, indicated no,
    - 62.5%, 15, respondents indicated yes

TASK 3:

Develop recommendations for change

PARTICIPATORY PROCESSES: ARCO MONTHLY ALL MEMBER MEETING FEEDBACK

What is an RCO not?

- *"They are not a gov. or tx. led group."*
- *"Example of what an RCO is NOT.... housing or other community provider where a power differential exists between "peer leader" or "recovery coach" and the consumer receiving services. (e.g., A recovery house with recovery coaches where open disclosure by consumer could violate housing policies and result in consequences.) ...or loss/ restriction of other services"*
- *"An RCO is not treatment! It is not clinical"*

What is an RCO?

- *"A recovery community organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy activities, carryout recovery-focused community education and outreach programs, and/or provide peer-based recovery support services (P-BRSS). The broadly defined recovery community – people in long-term recovery, their families, friends and allies, including recovery-focused addiction and recovery professionals – includes organizations whose members reflect religious, spiritual and secular pathways of recovery. The sole mission of an RCO is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from alcohol and other drug addiction. Public education, policy advocacy and peer-based recovery support services are the strategies through which this mission is achieved. 51% of those in SUD Recovery should comprise RCO BOD Minimal power differential"*
- *"A Recovery Community Organization can have programs that offer clinical services if the RCO meets all the criteria for being peer led."*
- *"Led by people in recovery - 51% of governing Board in recovery. I think we lose something if we get too diluted."*
- *"What about Valentine, White and Taylor's definition: The broadly defined recovery community - people in long-term recovery, their families, friends and allies, including recovery-focused addiction and recovery professionals - includes organizations whose members reflect religious, spiritual and secular pathways of recovery."*
- *"Nonclinical"*
- *"I think that an RCO also has a different culture and organizational structure. That is reflected in The Council on Accreditation of Peer Recovery Support Services (CAPRSS) standards"*
- *"An RCO should have by-laws as well as a Board"*

- Regarding the use of and role of a fiscal/fiduciary agent, the board has the primary fiduciary duty for the organization. RCOs must be autonomous in programming, advocacy, and funding.
- Ethics and Grievances:

  - Of note, a founded grievance was not defined in the RCO Best Practices – Considerations Survey, and survey respondents answered questions regarding ethics based upon their interpretation. A founded grievance is identified as a claim that results in legal recourse and subsequent settlement in favor of the claimant.
  - We will need to identify a process for developing a structure that prevents retaliation and future systemic barriers for organizations who may otherwise identify a relationship with historically marginalized communities and populations.

- Not-for-profit and for-profit organizations may carry out RCO work, who are governed by recovering persons, but be excluded from membership due to their charity or non-profit status.

ENHANCE DIVERSE, EQUITABLE, AND INCLUSIVE (D.E.I.) PRACTICES

When thinking about race and ethnicity, we don't always think about how culture affects our overall perspective. Our differences make us stronger. Working together makes us stronger. To address racism and the other "isms" that pit our differences against one another, we have elected to celebrate the diversity of our membership and use this as a framework to build a foundation of equity and inclusion.

Data alone does not give a complete representation of the community. While data is important to further research, funding, and the advocacy and legislative priorities of Faces & Voices of Recovery, we recognize that data is limited when assessing intersectionality and the human condition. Additionally, the relationship between data and groups that have a long history of marginalization, is one of dominant cultures use of data to perpetuate stigma, to identify groups as less than, and to maintain systems that support subordination. Data is derived from essentialism and intersectionality theories, both of which assess groups based upon individual or intersecting identity markers, and data collection is frequently conducted by dominant cultures through studies that limit guidance or oversight by the populations being studied or impacted by the studies; thus, data alone does not give a complete representation of the community.

As part of our participatory processes, we surveyed participants on race/ethnicity, self-identification of underrepresented and marginalized identity markers, knowledge of cultural make-up in their communities, and the ability to address needs in a culturally congruent manner. We acknowledge the limitations of essentialism, intersectionality, and dominance theories that drive data collection. Therefore, the we collected was for the purpose of identifying where our organization can improve diverse, equitable, and inclusive policies and practices within our ARCO constituency. This data is not all encompassing or entirely reflective of the human condition and how human experiences are impacted by socio-economic factors, systemic racism, or other forms of oppression.

WORKGROUP: ARCO DIVERSITY, EQUITY, AND INCLUSION (D.E.I.)

TASK 1

Identify benchmarks for a roadmap resource to assist ARCO members in working towards implementing D.E.I. practices.

TASK 2

Identify elements to be incorporated into a simplified community assessment map, to be used by ARCO members.

TASK 3

Develop recommendations for future resources to support D.E.I. practices in our ARCO membership.

PARTICIPATORY PROCESSES: D.E.I. BASELINE AMONG ARCO ENGAGED MEMBERS

We surveyed ARCO engaged members regarding underrepresented and marginalized identity markers; knowledge of the cultural make-up of their communities; and how they rate the effectiveness of their organization in addressing the needs of special race, religion, and LGBTQIA+ populations in their community. Of all ARCO engaged members who completed the survey, 43 survey respondents replied with the following D.E.I. related results.

With the option of leaving the field blank, we left the race/ethnicity field open for individuals to self-identify and type in their answer.

- Survey Respondents self-identifying as a dominant culture of Caucasian, 10 survey respondents; Caucasian Non-Hispanic, 2 survey respondents; White, 10 survey respondents; and White/non-Hispanic, 1 survey respondent; comprised 53.488% of the survey responses.
- Survey Respondents self-identifying as a BIPOC community member in the following manners African American, African American /Black woman of color, Black, Hispanic, Multi-racial, Native American, Native American/White, Native descendent not enrolled, comprised 20.930% of the survey responses.
- Just over seventy-nine percent, 79.069%, of the survey respondents opted to self-identify. Nine survey respondents, comprising 20.930% of the survey responses, opted to leave this field blank.

SELF-IDENTIFIED RACE/ETHNICITY	
African American	2
African American /Black woman of color	1
Black	1
Dutch, Irish	1
Hispanic	1
Human	1
Multi-racial	1
Native American	1
Native American/White	1
Native descendent not enrolled	1

- Individuals were able to report identification of underrepresented and marginalized identity markers with the option of leaving the field blank. Underrepresented and marginalized identity markers were identified as veteran status, LGBTQIA+, race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), and disability and genetic information (including family medical history).

- All survey respondents answered the question pertaining to veteran status, with 7 survey responses, 16.279% of the survey respondents, identifying as a veteran.

- Of survey respondents answering the question pertaining to identification as a member of the LGBTQIA+ community, one survey respondent opted to leave this field blank. Of respondents who answered this question, 8 respondents, 18.604% of the responses, identified as a member of the LGBTQIA+ community.

UNDERREPRESENTED AND MARGINALIZED IDENTITY MARKERS*	
individuals identified race	9
individuals identified color	8
individuals identified religion	9
individuals identified national origin	6
individuals identified disability and genetic information (including family medical history)	6
individuals identified sex (including pregnancy, sexual orientation, or gender identity)	9
individuals identified age (40 or older)	30

*protected classes from employment discrimination under the U.S. Equal Employment Opportunity Commission (EEOC)

- With the option of leaving the field blank, individuals were able to report if they identified with a population not identified as a protected class by the U.S. Equal Employment Opportunity Commission. There were no answers provided.

- Of those answering the question, how knowledgeable are you of the cultural make-up of your community, there were 39 survey responses; 90.69% of survey respondents answered this question. Of those responses, 11 responses, more than 25% of the survey responses, provided answers that imply a need for additional resources with the following responses.

  - *"Feel like I am not educated in that area. I need much training in this area."*
  - *"Not very"*
  - *"Very culturally competent of my communities. I could use some education on Ability, Age, and Religion."*
  - *"We try to be diverse and inclusive"*
  - *"Pretty Familiar"*
  - *"Fairly Familiar"*
  - *"Somewhat knowledgeable."*
  - *"Although I don't have many good comparisons to draw on, we do intentionally train around and seek to have a racial equity and culturally competent lens in all of our actions, policy, procedures, and programs."*
  - *"Good"*
  - *"Relatively knowledgeable"*
  - *"Not at all knowledgeable"*

ADDRESSING THE NEEDS

How effective do you think your organization is in addressing the needs of special race, religion, and LGBTQIA+ populations in your community? *	
2 respondents indicated 1	4
12 respondents indicated 2	13
15 respondents indicated 3	15
12 respondents indicated 4	11

*Scored 1- 4; 1 being the least and 4 being the most,

PARTICIPATORY PROCESSES: ARCO REVIEW COMMITTEE AND PROGRAMMATIC WORKGROUP CONSIDERATIONS

- Desired areas of improvement: ARCO members should have community-based relevant programming and outreach, even for underrepresented groups in their communities; improve their understanding of culture; and recognize systemic implications of labels.
- Suggested measurement: use of a simplified community assessment map to be used by ARCO members.
- How do we assess ARCO members for Diversity, in their internal organizational functions and in their program and service offerings?

  - Is diversity a core value of the organization?
  - Is there a direct line that reflects diversity and inclusivity from the organization's vision, to the mission, to the goals, to the objectives, and to the outputs and outcomes?

- How do we equip ARCO members to implement successful D.E.I. strategies?

  - Increase non-English resources offered to ARCO members through including translation services or supports and by improving access to non-English material and resources through possibly providing translation resources in the ARCO member benefits package.

    - *"Google translate averages about 80% accuracy".* – Luis Rosales

  - Identify and define diversity, equity, and inclusion. Help ARCO members to understand these terms and the importance of these concepts.
  - Speak and provide information on diversity and inclusion that makes it easy to understand and accept concepts like racism and equity.
  - Provide access to E-Books: 2 suggestions included, Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-First Century and Don't Label Me: An Incredible Conversation for Divided Times

ASSESSING THE VALUE AND NEEDS OF ARCO BENEFITS

ARCO membership benefits have historically included a yearly National HUB Event called Rally for Recovery held during National Recovery Month.

The ARCO membership benefits package will be updated to reflect the National HUB Event as a benefit. The National HUB event is hosted by an ARCO member organization, selected through an application process, to deliver a recovery-centered program that focuses on and celebrates recovery of individuals; families; and entire communities across America. This event occurs once yearly during September. All current ARCO members may apply, but ARCO membership does not guarantee that the member will be selected for the event.

WORKGROUP VALUE AND NEEDS: ARCO MEMBERSHIP BENEFITS

TASK 1

Review the current ARCO member benefits

- Public policy representation on Capitol Hill: Front line information on issues in Washington, D.C. through Advocacy Action Alerts on critical public policy and funding issues affecting RCOs and their constituents.
- Annual Hill Day Event for ARCO Members: ARCO members can participate in a Hill Day, organized by Faces & Voices of Recovery, each year, in conjunction with the ARCO National Leadership Summit where members make appointments to meet with their Senators and Representatives.
- Heightened National Audience/Profile: Prominent listing on the ARCO members on the map, and ARCO members have a profile on the Faces & Voices of Recovery website.
- ARCO National Leadership Summit: Includes a 2-day in-person meeting for all affiliates to attend; nationally recognized speakers and workshops; when in Washington, DC, includes complimentary ticket to America Honors Recovery ($200.00 value); up to 5 members per organization are invited to attend.

    - Registration fees apply; travel and lodging not included.

- Monthly ARCO Member Meetings Via Zoom: Held on the second Tuesday of each month at 3:00 pm EST. Topics include a monthly policy update and special topics presented by staff, ARCO members, and other guests.
- Members-Only ARCO E-Newsletter: with new member updates, resources, trainings, and notices of funding opportunities.
- Faces & Voices of Recovery Webstore Merchandise Discount: 20% off all online purchases.
- Closed Facebook Group: ARCO Member-only closed group for intra-organizational discussions
- Welcome Packet: This includes an ARCO certificate and use of ARCO branding.
- Access to GrantStation Online Grant Search Website: FREE full subscription to the all-in-one platform for all your grant seeking needs, from finding grantmaking leads to submitting the proposal that will win awards ($169 VALUE).
- Recovery Data Platform: Includes a 50% licensing discount
- National Recovery Institute (NRI) Trainings: Includes a 20% discount on trainings

TASK 2

Assess the value and needs of existing ARCO membership benefits and review suggestions for updated benefits

TASK 3

Develop recommendations for an updated benefits package

PARTICIPATORY PROCESSES: ARCO MONTHLY ALL MEMBER MEETING FEEDBACK

Of 35 ARCO members polled:

- The most beneficial benefits were documented as public policy representation, ARCO National Leadership Summit, and Monthly ARCO All Member Meetings via zoom.
- Discounted rates for GrantStation, Recovery Data Platform, and NRI Trainings were not viewed as the most or least beneficial.
- The least beneficial benefits were found to be the Members-only ARCO E-newsletter, Web-store Merchandise Discount, and the Closed Facebook Group.
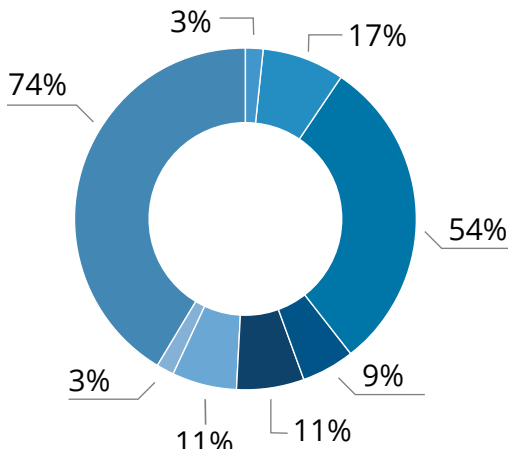
LEAST BENEFICIAL BENEFITS	
Public Policy Representation on Capitol Hill	1
Members-only ARCO E-newsletter	6
Closed Facebook Group	19
Recovery Data Platform (Discounted Rates)	3
NRI Trainings (Discounted Rates)	4
GrantStation	4
Monthly ARCO Member Meeting Via Zoom	1
Web-store Merchandise Discount	26
ARCO National Leadership Summit	0
Total ARCO members who participated	35

*Respondents were able to select more than one option

PARTICIPATORY PROCESSES: ARCO REVIEW COMMITTEE AND PROGRAMMATIC WORKGROUP CONSIDERATIONS

Mentorship is costly. What is offered to support the growth and development of provisional members?

- BRSS TACS has ended
- RCO Boot Camps could be offered but may be out of reach due to facilitation costs
- In regard to the common practice of using a fiscal agent, TAs could be helpful in building infrastructure.

ARCO APPLICATION AND RENEWAL

Beginning in 2015, applicants were reviewed through the use of a peer review process to have ARCO members review applications and make recommendations for ARCO membership. The ARCO Review Committee made determinations for ARCO applicants to be accepted, or recognized applicants as emerging and recommended reapplying at a later date or determined applicants to be ineligible.

Beginning in 2018, the identification of emerging applicants changed to provisional. This change allowed for RCOs who did not meet all of the criteria to become ARCO members, receive additional support, have access to ARCO benefits, and guidance on deficient areas with 12-months to take steps to address the deficiencies.

PARTICIPATORY PROCESSES: ARCO REVIEW COMMITTEE AND PROGRAMMATIC WORKGROUP CONSIDERATIONS

- Review for the initial application is limited to what is submitted on the application and to what the organization's digital, social media, and website, content is.
- There is no interview process.
- Does the application ask questions that yields collecting the information needed to adequately make ARCO membership determinations?
- The committee would like to better identify specifics of the nature of the relationship with a fiscal/fiduciary agent, if it exists. Is the nature of this relationship to provide technical support, funding support, or others?
- if a relationship with a fiscal/fiduciary agent exists, what is the level of their involvement in the RCO's services? What are the benefits of this relationship?
- The committee noted that some funders may require a fiduciary relationship.

RECOMMENDATIONS AND ACTIONS

"My compliments to Faces and Voices of Recovery and the Association of Recovery Community Organizations on this effort to define and describe authentic recovery community organizations and to distinguish them from allied organizations that also address substance use disorders and related problems. These principles will help keep RCOs focused on recovery-focused values and activities." – William White

UPDATES: RCO DEFINITION AND BEST PRACTICES

The workgroup took time to celebrate where we have been and recognize where we are going. They identified areas and made recommendations for expanding the current 8 criteria for clarity and inclusivity. The updates to the RCO definition and best practices, formerly identified as 8 criteria, are intended to reflect the work occurring more accurately with RCOs across our nation and to support RCOs ability to self-identify. The RCO best practices - 8 criteria updates move away from identifying RCO criteria into an identification of best practices for RCOs.

- Updates to the best practices outline categories of best practices in RCO governance; in programs & activities; and in diversity, equity, and inclusion.
- Updates to the language of best practices aims to enhance the understanding of fiduciary relationships, grassroots, and participatory processes; increase the use of recovery-focused language and incorporate culturally informed best practices.

- Utilizing a trauma informed and culturally sensitive lens for updating the best practices influenced the adoption a new best practice for diverse, equitable, and inclusive policies, practices, and services and a new best practice for code of ethics and grievance policies.
- Updates in following sections are *italicized blue color*

RECOVERY COMMUNITY ORGANIZATION DEFINITION

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

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

10 BEST PRACTICES FOR RECOVERY COMMUNITY ORGANIZATIONS (RCOS)

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

GOVERNANCE

1. Non-profit Organization

The organization is a non-profit with current 501(c)3 status. *In some cases, a recovery community organization will have a fiscal agent where a fiduciary relationship exists between an RCO and another agency. In these instances, the role of the fiduciary agent is limited to managing assets and distributing funds to the recovery community organization, free from conflicting self-interests, for the purposes of supporting the recovery community organization's mission. The recovery community organization is autonomous in their decision-making, program development, recovery services provided, and advocacy efforts through the leadership of an executive or advisory board.*

2. Led and Governed by the Recovery Community

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

PROGRAMS AND ACTIVITIES:

3. Primary Focus is Recovery from Substance Use Disorders

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

4. Grassroots

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

5. Participatory Processes

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

6. *Peer Recovery Support Services*

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

DIVERSITY, EQUITY, AND INCLUSION:

7. All Pathways *towards* Recovery

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

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

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

9. *Recovery-Friendly Language*

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

10. *Code of Ethics and Grievance Policies*

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

ENHANCE DIVERSE, EQUITABLE, AND INCLUSIVE (D.E.I.) PRACTICES: NEXT STEPS

There is a bridge that crosses the gap between privilege and intentional or unintentional racist and discriminatory practices. Some RCO's have successfully navigated their way across the bridge –

> *"I identify as a person in long term recovery from addiction and mental health challenges. I recognize and advocate for immediate actions to eliminate racial and social barriers of recovery. I will educate and train the recovery community on implicit bias, microaggressions, racial/social equity, and inclusion. I will always promote to provide diverse and equitable Recovery Oriented Systems/communities of Care. I will honor and advocate to increase cultural values, principles, and paths of recovery for BIPOC. I will speak my Truth and knowledge of the generational traumatic history and healing for BIPOC. I will continue my journey to improve my health, and recovery in my home, and be self-directed life to reach my full potential."* – *Joe Powell, President/CEO, Association of Persons Affected by Addiction*

– while others are crossing the bridge, and still others are trying to figure out how to cross the bridge.

Faces & Voices of Recovery, in our commitment to promote antiracist practices, will be developing tools to help ARCO members create and enhance diverse, equitable, and inclusive practices to heal themselves and their communities.

To facilitate implementing the workgroup recommendations, Faces & Voices of Recovery will be creating a monthly workgroup consisting of ARCO members, with field expert guests included by invite-only, who will develop and aid in accomplishing tasks related to supporting D.E.I. practices in our ARCO membership. Tasks for this workgroup are to

1. Aid in developing topics for a monthly learning community for D.E.I. that will be open to all ARCO staff, ARCO volunteers, and ARCO service recipients.

2. Aid in D.E.I. resource development.

3. Develop a D.E.I. designation for ARCO members that is incentivized through membership benefits. Only ARCO members who attain this designation will be considered for Faces & Voices of Recovery awards and HUB event recipients.

4. Faces & Voices of Recovery will utilize the ARCO application, the renewal self-appraisal tool, and the ARCO annual survey to collect information on D.E.I. needs.

ROADMAP TO IMPLEMENT D.E.I.

Create a roadmap resource to assist ARCO members in working towards implementing D.E.I. practices. Benchmarks for this resource include

- Education: Provide education to create a conversation which can then facilitate opportunities for engagement, inclusion, and ultimately belonging.

  - Education on terminology: diversity, equity, inclusion, implicit bias
  - Education with representation to undue harm: retelling stories, providing cultural historical context

- Self-Reflection: Implementing the use of tools for self-reflection.

  - Why are we doing this?
  - Why is this work important?
  - What would we like to see?
  - What is our hope?

- Self-Assessment/Inventory: Implementing the use of tools for self-assessment or self-inventory.

  - What is currently working?
  - What resources do we have available, what do we need?
  - Where are resources most needed?

- Community Engagement: Seeking community input & validation that is positive and reciprocal.

  - Who are we holding the door open for?
  - Who is our community?
  - Listen to the community and provide a space for the community to share.
  - Ask, what has the community's experience been?
  - What is their greatest need?

COMMUNITY ASSESSMENT MAP

Create a community assessment map and accompanying resources to aid ARCO members in identifying underrepresented and underserved populations in their community.

- Identify what you want in your community that your community does not have.

  - The solution for the community is within the community itself.
  - Seek out community input and representation with authenticity.

- What is important to the community?

  - Ask the community what does it want that it does not have?
  - Allow the community itself to share as individuals.
  - What does the community feel are their assets & resources? What is working well?

- Identify resources already available in the community that can help achieve organization and community goals.

  - Identify what resources are needed.
  - Seek assistance, where do you go for help in achieving organization & community goals?
  - Assess the usefulness of resources. When seeking help from the resources identified, how would you rate the resources on a scale usefulness.

D.E.I. RESOURCES

Actions RCOs can take to support Diverse, Equitable, and Inclusive (D.E.I.) Practices include:

- Educate yourself on terms, concepts, and dominant culture. There are some suggested readings and a podcast below to help you grow your understanding.

  - 'Not Racist' Is Not Enough: Putting In The Work To Be Anti-Racist
  - White Dominant Culture & Something Different a Worksheet
  - Why Diversity, Equity, and Inclusion Matter

- Assess your policies, programs, and practices: Utilize The Annie E. Casey Race Matters Racial Equity Impact Analysis: Assessing Policies, Programs, and Practices
- Utilize this tool to increase knowledge of racial disparities and drive culturally relevant outcomes that are inclusive of and lift voices from communities of color and other marginalized groups, and to advocate for fair and equitable distribution of and access to recovery supportive resources for black, indigenous, and people of color.
- Become an Ally: Just like the recovery movement embraces the importance of allies and a shared responsibility of people in recovery and allies alike, antiracist and equitable practices should not fall solely on the shoulders of people most impacted by racism. Allies must help to do the work and assume social responsibility. To learn how to become an ally, read For Our White Friends, Desiring to be Allies
- Practice mindful meeting, committee, and taskforce greetings and closings: It is important to be honor one another and be conscious of how we enter and exit our interactions and communications.

  One-way to facilitate this is already being implemented in the ARCO Review Committee by beginning each committee meeting with a quote that focuses on diversity, equity, and inclusion. The committee members reflect on this quote and share their thoughts. In this way, the committee establishes a level-setting and supports a priority of diverse, equitable, and inclusive decision-making.
- Create safe and brave spaces in trainings, at the beginning of each training, by creating ground guidelines rooted in safe and brave space. Ask for feedback from all training attendees, acknowledge and validate the experiences of the training attendees.

"A safe space is a place or environment in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm. It's a place where a person can feel comfortable and open to share traumatic experiences or seek counsel for a multitude of issues, both positive and negative. A brave space is a space where participants feel comfortable learning, sharing, and growing. A brave space is inclusive to all races, sexes, genders, abilities, immigration status, and lived experiences. Everyone in the space acknowledges that there may be some discomfort due to discussing topics that may be uncomfortable in nature. In the established brave space, participants honor each other's experiences and opinions with respect to achieve a place of understanding. The most important part of a brave space is the inclusion of all." – Joseph Green

- As you facilitate trainings and moderate workgroups and committees be intentional in your awareness of who is not speaking. Underrepresented populations and persons who have a history of being excluded based on race, ethnicity, and culture are frequently overpowered by dominant white populations in attendance. Create space for attendees to speak by asking to hear from others who have not yet had the opportunity to share and sit in the pocket of silence to give them the opportunity to do so.

TOOLKIT RESOURCES

- Charities Review Council and YWCA Eliminating Racism Empowering Women, a tool to assess organizations for diversity and inclusion: Diversity and Inclusivity Organizational Self-Assessment Tool
- Disability: IN, a benchmark tool for disability and inclusion measures: Disability Equality Index (DEI)
- Gathering of Native Americans (GONA), a community-based community needs assessment: GONA/GOAN Curriculum and Facilitator Guide Toolkit
- Healthy City community mapping toolkit: Participatory Asset Mapping
- Public Health Reports, healthy community assessment: Assets-Oriented Community Assessment
- The Annie E. Casey Foundation Racial Equity and Inclusion Framework: Race Equity and Inclusion Action Guide Embracing Racial Equity: 7 Steps to Advance and Embed Race Equity and Inclusion Within Your Organization
- Rural Health Information HUB rural asset mapping toolkit: Asset Identification

D.E.I. FUTURE CONSIDERATIONS

There is a difference between public health data and a community needs assessment. Public health data is available and accessible through multiple platforms. One workgroup member recommended that Faces & Voices of Recovery could become a resource in helping people access data through public health resources, with a further suggestion for Faces & Voices of Recovery to partner with CDC and SAHMSA to assist organizations in getting public health data and obtain micro-assessments on their community. Recommendations for future resources to support D.E.I. practices in ARCO membership include:

- Develop human resources: The power of stories, our stories are our greatest resource.
- White Bison
- Generation Red Road
- HIR Wellness Institute

ARCO MEMBERSHIP BENEFITS PACKAGE

Based on the feedback, the ARCO membership benefits package will remain largely unchanged but will be enhanced to

- improve communication and knowledge of existing benefits
- increase knowledge of existing resources and develop additional resources to support RCO advocacy though the Faces & Voices of Recovery website and the closed ARCO Facebook page
- grow national recognition and provide more networking opportunities for ARCO members

We will be discussing ways to enhance benefits, with the feedback in mind, and work to make enhancements over the course of 2022. The bullet points marked with an asterisk have already been implemented.

IMPROVE COMMUNICATION AND KNOWLEDGE OF EXISTING BENEFITS

Welcome Packet

- Create a "you are here" onboarding dashboard or create an onboarding checklist to be used with the FAQs tip sheet
- Create on-boarding catalog of all the processes, resources, and FAQs tip sheets
- Utilize short videos to engage new and returning members on a weekly basis to explain

  - the ARCO membership portal
  - e-newsletter, social media, & monthly call communications
  - GrantStation benefits
  - resources
  - advocacy
  - RDP benefits
  - NRI, mentorship, and technical assistance benefits
  - onboarding complete

Renewing members

- Email members upon renewal with reminders of key ARCO benefits *

Monthly ARCO Member Meetings Via Zoom

- Increase the use of expert speakers and content experts *
- Plan speakers and topics and share the schedule in advance *
- Increase buy-in, and create take-away opportunities to continue the conversation *
- Invite ARCO members to provide feedback about the topics they want to hear *

Members-Only ARCO E-Newsletter

- Increase resources on retention and recruitment, engagement, and sustainability by adding a section that includes monthly updates on funding opportunities *
- Highlight ARCO benefits
- Highlight members
- Highlight mentorship opportunities

Closed Facebook Group

- Increase content related to ARCO benefits
- ARCO newsletters
- ARCO All Member Meetings
- ARCO Member Annual Survey
- NRI, GrantStation, & RDP updates
- ARCO Review Committee updates
- Sustainability Resources
- Resource, toolkit, and guides in downloadable files
- Infographics

INCREASE KNOWLEDGE OF EXISTING RESOURCES AND DEVELOP ADDITIONAL RESOURCES TO SUPPORT RCO ADVOCACY

Public policy representation on capitol hill

- Develop resources to:

  - provide more information to emerging and newly advocating RCOs in easy to understand, layperson's language
  - provide directions for the most effective ways to advocate

- Provide legislative updates that include key updates to provide members with the ability to choose what topics that want more information on.

  - Use drill down links that lead to the call-to-action on what ARCO members can do.
  - Use 30-120 second videos tied to the call-to-action and add these to Faces & Voices of Recovery social media pages.

Annual Hill Day Event for ARCO Members

- Provide tip sheets on how to set-up individual state-level and local-level appointments

  - Increase ARCO members understanding of what to say
  - Make sure ARCO members are informed on current issues
  - Make sure ARCO members know what to ask for
  - The ARCO meeting should provide an opportunity with an expert speaker before Hill-Day to do a dry-run or role play

Closed Facebook Group

- Share ARCO members only files, videos, and advocacy content
- Add advocacy resources, call to action items, and legislative updates to the ARCO Facebook page

GROW NATIONAL RECOGNITION AND PROVIDE MORE NETWORKING OPPORTUNITIES FOR ARCO MEMBERS

National Audience/Profile

- Continue the use of ARCO member profiles on our website. Develop and implement the use of a tool to be used at the renewal period as a mechanism to communicate ARCO member changes and provide updates on recent activities conducted by ARCO members to Faces & Voices of Recovery.
- Enhance the ARCO members on the map with Statewide RCO stars and create a mechanism on the ARCO members map for RCOs who have more than one site.

Enhance national recognition and networking opportunities

- Develop Regional Projects
- Highlight Executive Director and ARCO member blog posts
- Use the ARCO Member E-Newsletter and Closed ARCO Facebook group to highlight RCOs each month by providing an organizational bio that lists who they are and what they do
- Highlight new ARCO member profiles

National Leadership Summit

- Increase opportunities for networking
- Provide more expert panels and leaders from other RCOs.

  - Topics should include usable information and relevant topics for day-to-day operations
  - Reduce lectures type presentations in favor of presentations that provide a continuation of discussions
  - Consider providing workgroups or policy labs where attendees have a take-away

DISCOUNT PROGRAMS

- Faces & Voices of Recovery Webstore Merchandise Discount: No change, maintain 20% discount
- Access to GrantStation Online Grant Search Website:

  - Maintain and incorporate a video into the onboarding process
  - Request GrantStation to present once-yearly to for the ARCO All Member Meeting, record and add to ARCO membership portal or Faces & Voices of Recovery website

- Recovery Data Platform: No change, maintain 50% discount, incorporate a video into the onboarding process and add video to the ARCO membership portal or Faces & Voices of Recovery website
- National Recovery Institute (NRI) Trainings: No change, maintain 20% discount, incorporate a video into the onboarding process, and add to the ARCO membership portal or Faces & Voices of Recovery website.

UPDATES TO ARCO MEMBERSHIP BENEFITS

For nearly the past decade, a vital part of ARCO benefits has included the Rally for Recovery National HUB event. The ARCO membership benefits package will be updated to reflect the National Rally for Recovery HUB Event as a benefit. The National HUB event is hosted by an ARCO member organization, selected through an application process, to deliver a recovery-centered program that focuses on and celebrates the recovery of individuals, families, and entire communities all across America. While this event is hosted by an ARCO member organization, ARCO membership does not guarantee selection as the host organization for The Rally for Recovery HUB event.

Faces & Voices of Recovery is exploring ways to offer affordable healthcare coverage to ARCO members via an association healthcare plan. This will be an opt-in benefit; ARCO members will not be required to utilize this benefit.

In January of 2021, Faces & Voices of recovery rolled out The RCO Emergency Preparedness Toolkit for ARCO members use. While this will ultimately be available widely to all RCOs, regardless of ARCO membership status, ARCO members received early access. The RCO Emergency Preparedness Toolkit consists of downloadable templates, policies and procedures, and handouts that are a collection of materials that have been provided by multiple resources and compiled in order to be easily accessible for the public needs. Faces & Voices has collated these resources to guide RCOs and other agencies in their Emergency Preparedness planning.

For more information please email info@facesandvoicesofrecovery.org.

Enhance online resources for ARCO members on the Faces & Voices of Recovery website, ARCO membership portal and social media. Suggested areas for improvement include:

- ARCO Member annual survey
- Create a video library that includes the ARCO Monthly All Member Meetings, onboarding videos, and other prerecorded webinars and add links to the ARCO Member E-Newsletter
- Add a resource section for organizational opportunities
- Remove ARCO member website profile and convert it to the renewal self-appraisal tool
- Build out tools for job, internship, and volunteer postings
- Provide organization development templates: application for board membership, a vetting guide/ranking guide for processing board applicants, volunteer application template, standardized P&P templates
- Provide free guides (toolkits, info-graphs, and videos): Multi-Pathway infographic about different types of meetings (MARA, 12-step, Refuge, Smart, Celebrate, etc.) in print friendly and social media post formats, and logos for standard events
- Provide sustainability Resources: Glossary of terms, keys to financial sustainability, 3-types of fundraising, healthy ratio of state to federal funding, and understanding foundation grants
- ARCO members will receive an ARCO transparent window cling

ARCO APPLICATION AND RENEWAL

COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION

The ARCO Review Committee has a commitment to diversity, equity, and inclusion. Ongoing strategies to ensure D.E.I. in the committee, ARCO membership, and ARCO programming include level setting with a quote, self-reflection, and discussion at the beginning of each ARCO Review Committee.

"The committee is purposeful in renewing the committee with committee members who represent the diverse needs of underrepresented populations in ARCO membership. All communities have groups of people who experience marginalization who are deserving of inclusion. The committee will develop and enact culturally informed plans, as appropriate, to diminish inequity in ARCO membership."

ARCO APPLICATION

The updated application still includes the core principles of RCOs section. The application has been updated to reflect the updated RCO definition and the categories of best practices in RCO governance; programs & activities; and in diversity, equity, and inclusion. The updated application asks additional questions pertaining to:

- autonomy in fiduciary relationships
- the amount of funding derived from clinical services and special considerations in resource-scarce communities for providing clinical services in an RCO setting
- diversity, equity, and inclusion

ARCO REVIEW COMMITTEE RESPONSIBILITIES

The ARCO Review Committee is assuming additional responsibilities, concerning recommendations for ARCO membership, to conduct interviews with applicants when additional information or clarity is needed, and to support provisional members.

ARCO RENEWAL

The ARCO Programmatic Workgroup recommended a self-assessment tool be developed for renewing ARCO members to complete at the time of renewal. In alignment with the RCO Best Practices, this tool also contains the categories of best practices in RCO governance; programs and activities; and in diversity, equity, and inclusion. This tool will replace the ARCO member profile currently listed in the ARCO member portal.

"The renewal self-appraisal tool would be useful in sharing with my board to assess how we can better serve our community and further develop the infrastructure of our RCO." – Alexia Jones, Executive Director, R2ISE, Inc.

This tool should be completed yearly, and sent to Faces & Voices of Recovery, upon completion. This will ensure that we have the most up-to-date information for contacting your organization. Faces & Voices of Recovery will also use this information to update your ARCO Member profile on the Faces & Voices of Recovery website. This tool provides your organization a mechanism for an internal assessment and will be used to communicate to Faces & Voices of Recovery:

- updated contact information and updates to the organization's mission statements and logo
- information on recent work conducted by the organization
- knowledge to support D.E.I. in ARCO membership and to learn trends among ARCO membership

ARCO RENEWAL SELF-APPRAISAL RESOURCE

SECTION 1: GENERAL ORGANIZATION INFORMATION

Organization Name

Address

Address Line 1

Address Line 2

City, State

ZIP Code

Phone

Email
Website

Are you a statewide RCO? (if you are unsure, please leave this blank): Yes/No

What is the organization's mission statement?

If you have an updated logo, please upload your logo.

Executive Officer Title*

CEO

COO

Executive Director

Other

Name

Email

SECTION 2: SELF-ASSESSMENT GOVERNANCE
Best Practice 1: Non-profit Organization

501(c)3 status:

Current

Revoked

Inactive

Best Practice 2: Led and Governed by the Recovery Community

Please describe your governing board composition: including number of board members and percentage of board members in recovery from their own substance use disorders

Does your organization have a fiduciary Relationship: Yes/No

- If applicable, please describe how your board has maintained autonomy in your fiduciary relationship with your fiscal agent?

SECTION 3: SELF-ASSESSMENT PROGRAMS AND ACTIVITIES:
Best Practice 3: Primary Focus is Recovery from Substance Use Disorders

Our organization has maintained a primary mission and vision to promote recovery from substance use disorders. (Max: 500 words)*

Best Practice 4: Grassroots

Please share the highlights of key recovery-focused activities and grassroots engagement highlights that you are most proud of accomplishing, over the past 12-months. (Max: 500 words)*

Best Practice 5: Participatory Processes

Please tell us about any special projects, occurring over the last 12-months (townhall meetings, listening sessions, surveys, committees, task forces, and volunteer opportunities), and how the information gained from these special projects were implemented to create change in your programs, communities, systems, and/or public policies. (Max: 500 words)*

Best Practice 6: Peer Recovery Support Services

Our Organization provides clinical services.: Yes/No

In resource-scarce communities, RCOs sometimes offer clinical services to better meet the needs of their community. If your organization provides clinical services, what special conditions should be taken into consideration for providing clinical services in an RCO setting? (Max: 500 words)*

SECTION 4: SELF-ASSESSMENT DIVERSITY, EQUITY, AND INCLUSION:
Best Practice 7: All Pathways Towards Recovery

Please share with us any special efforts your organization engaged in, over the past 12-months, to support strategies and ideas aimed at supporting harm reduction strategies, reducing negative consequences associated with drug use, and/or improving health and wellness for people who use drugs and/or alcohol to promote multiple pathways toward recovery. (Max: 500 words)*

Best Practice 8: Diverse, Equitable, and Inclusive Policies, Practices, and/or Services

Over the past 12-months, what efforts did your organization take to meet the diverse needs of underrepresented and marginalized populations in your community, and what positive changes did these efforts bring about? (Max: 500 words)*

Best Practice 9: Recovery Promoting Language

Our organization has conducted an audit to ensure our websites, materials, and other online platforms use current recovery promoting language. Date: mm/dd/yyyy

Best Practice 10: Code of Ethics and Grievance Policies

Over the past 12-months, our organization has had legal recourse taken against our organization that resulted in a founded complaint or arbitration of discriminatory actions: Yes/No

If the answer is yes, please describe the legal recourse and the organization's corrective actions. (Max: 1000 words)*

ACKNOWLEDGMENTS

Our team at Faces & Voices of Recovery could not have completed this work without our former and current ARCO members and other stakeholders. We are grateful for their dedication to this work. We want to acknowledge those who volunteered time and efforts to support us in this work.

ARCO REVIEW COMMITTEE MEMBERS AND PROGRAMMATIC WORKGROUP MEMBERS

Alexia Jones Executive Director R2ise, Inc. 	**Brandi Vore** Site Manager Oklahoma Citizen Advocates for Recovery & Treatment Association (OCARTA)
Christopher "Crister" Moynahan Director of Community Services Rebel Recovery Florida 	**Joe Powell** President, CEO Association of Persons Affected by Addiction (APAA)
Laurie Johnson-Wade Founding Director Lost Dreams Awakening RCO 	**Luis Rosales** Former Executive Director, Trilogy Recovery Community
Rebecca Allen Director of Recovery Support Services Connecticut Community for Addiction Recovery (CCAR) 	**Sara Barkley** COO Fellowship Foundation Recovery Community Organization
Ty Bechel Executive Director, Amare 	

WORKGROUP RCO BEST PRACTICES: RCO DEFINITION AND 8 CRITERIA FOR RCOS

ARCHway Institute

Dawn Nickel, She Recovers Foundation

Greg Smith, Missouri Coalition of Recovery Support Providers (MCRSP)

Jaimie Estep, Peer 360 Alliance

Jenn Priddy, Thriving United

Joey Supina, Sandusky Artisans Recovery Community Center

Mark Shields, Missouri Coalition of Recovery Support Providers (MCRSP)

Owen Dougherty, Former Deputy Executive Director, Georgia Council on Substance Abuse and current adjunct faculty, Faces & Voices of Recovery

Ricardo Bowden, Peer 360 Alliance

WORKGROUP ARCO DIVERSITY, EQUITY, AND INCLUSION (D.E.I.)

Annie Loyd, Recovery Communities of South Dakota

Dora Dantzler-Wright, Chicago Recovering Communities Coalition (CRCC)

Gretchen Bergman, A New PATH

Shamike Stiles, Turning Point Recovery Community Center

WORKGROUP VALUE AND NEEDS: ARCO MEMBERSHIP BENEFITS

Dana Smith, New Life ll "Teaching You Another Way" Ministries

Fawn Montanye, Vermont Recovery Network *(former)*

Ginny LaRue, Floridians for Recovery

Jennifer Langston, Reboot Jackson

Justin Wright, Sunrise Community for Recovery & Wellness (SCR&W)

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ARCO
Association of Recovery Community Organizations

FACES & VOICES OF RECOVERY
ADVOCATE. ACT. ADVANCE.

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