ERIE COUNTY REGIONAL RECOVERY HUB NEEDS ASSESSMENT

Prepared for the Erie County Department of Drug and Alcohol Abuse by the Mercyhurst University Civic Institute

February 2024

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SECTION 1: NEEDS ASSESSMENT SYNOPSIS

The Erie County Department of Drug and Alcohol Abuse, with support by the Pennsylvania Department of Drug and Alcohol Programs (DDAP), convened a process to develop a Regional Recovery Hub (RRH). Through this state-wide initiative, funded agencies seek to develop models that are community-specific to support those in recovery from substance use disorders.

The first phase of the RRH development consists of a community-wide needs assessment. To assist in the strategic planning and needs assessment steps, the Mercyhurst University Civic Institute (MCI) was contracted to work with the RRH staff hired to oversee the local endeavor. The MCI is a local agency with substantial history working with local government and non-profits in capacities related to system improvement. In developing the needs assessment, MCI and RRH staff agreed that this should be a multi-pronged approach. Information gathered for this step would be collected via multiple methods. The following were included in the process:

- Surveys specifically designed to gather feedback from target audiences including:
  - Certified Recovery Specialists
  - Consumers and supports of consumers
  - Erie County treatment and recovery providers
  - Representatives from forensic, legal, and secondary service providers
- A Series of focus groups / listening sessions targeting different populations, including:
  - Certified Recovery Specialists (2 sessions)
  - Erie County treatment and recovery providers (1 session)
  - General drug and alcohol community members (2 sessions)
  - Forensic, legal, and secondary service providers (1 session)
  - A community roundtable hosted by Secretary Dr. Latika Davis-Jones (1 session)
- Key stakeholder interviews with leadership from various programs and agencies
- Data analysis
  - Collected from a host of sources including DDAP documents, Erie County Dept of Human Services, American Community Survey, and others.

Throughout the process, the RRH Needs Assessment team captured a significant amount of information, both qualitative and quantitative, to support the ongoing planning process. Some highlights of participation include:

- Over 200 responses to the surveys distributed to target audiences
- 119 attendees to the listening session, representing dozens of local agencies and programs
- Multiple new contacts made and shared via the process, many which are benefitting staff of agencies presently

Upon completion of the various stages of information gathering, the RRH work team and Erie County Department of Drug and Alcohol Abuse leadership reviewed materials to identify key findings and develop initial strategic focus areas to address in Phase 2, which will see development of a strategic plan. As a result of these discussion, the following areas were determined to be the key areas of focus:

Tentative Strategic Areas for Erie County Regional Recovery Hub

- *CRS targeted expansion, support, and capacity enhancement*
  Potential objectives to address: Address job-specific roles for county-funded CRS positions; work with providers to increase capacity and staff levels; development of ongoing support network.
  Barriers and Challenges: Creating systemic norms, funding, CRS pay.
- *Engagement of diverse communities to address cultural and linguistic differences during treatment and recovery*
  Potential objectives to address: Staffing at agencies at direct service levels; CRS to meet needs of BIPOC/LGBTQ; usage of translator services.
  Barriers and Challenges: Cultural perceptions and understanding of recovery, developing more diverse workforce.
- *Enhance recovery social activities*
  Potential objectives to address: Center for resources for those in need; hub for social activities and support-center; develop website; increase trainings/educational offerings.
  Barriers and Challenges: Funding, administrative support, long-term brick/mortar project.
- *Explore solutions to significant barriers to treatment and recovery*
  - Transportation
    Potential objectives to address: Take service to clients and meet people where at; mobile units/satellite offices; implantation of ride-services including Danny's Ride, Hanson's, etc.; encourage and entice supports to help.
    Barriers and Challenges: Costs, accessibility.
  - Childcare
    Potential objectives to address: Encouraging partnerships, incorporating child-friendly treatment services.
    Barriers and Challenges: Capacity/waitlist for daycare centers, funding, hours of operation of daycare centers, staffing, impact on clients of daycare's financial model.
  - Housing
    Potential objectives to address: Halfway house bed capacity; ¾ models; reentry into community from jail; create wrap support services for short-term housing relief.
    Barriers and Challenges: Funding, creating partnerships with other users, client access.
  - Reentry
    Potential objectives to address: Smoother transitions back into the community; explore and expand supportive and wrap-around services.
    Barriers and Challenges: Funding, staffing challenges at partnering agencies, deficit in collaborative efforts.
- *Expand and strengthen youth programming*
  Potential objectives to address: Partner with schools; expand offerings to community centers; explore educational outreach opportunities.
  Barriers and Challenges: Schools are already overloaded with outside services, youth accepting of programming, parental attitudes.

These topic areas will be presented for discussion in further planning sessions. Once agreed upon, further development of strategic action steps will take place.

The following information in this document contains the results of the surveys, listening sessions, and data analysis that was conducted from October through December 2023. Each topic area is included in its own section for easy navigation. In addition, at the conclusion of the document is a table titled 'Highlights'. This document contains the highlights from the listening sessions and surveys.

SECTION 2: LISTENING SESSION AND FOCUS GROUP SUMMARIES

Treatment Provider Listening Session Summary – October 3, 2023

The first Erie County Regional Recovery Hub Listening Session was held on October 3, 2023. The meeting was held at the Blasco Library Admiral Room, from 1pm to 3pm.

The focus of this session was gathering information regarding the treatment and recovery community from **DRUG AND ALCOHOL TREATMENT AND RECOVERY PROVIDERS.**

In attendance were the following:

Name	**Agency**
Dawn Joy	CCCAS
Steve Goss	CCCAS
Wendy McCullough	New Directions
Carol Szczesny	New Directions
Ciana Kaczmarek	New Directions
Isela Smith	UPMC Hamot Magee's Women's Hospital
Levii Beardsley	Gaudenzia
Elizabeth Gilkinson	Stairways Behavioral Health
Kate Beehner	UPMC
Jessi Montie	Safe Harbor
Lisa Herrmann-Bradley	Gaudenzia
Anne Hoehn	CCCAS
Calla Savoia	CCCAS
Connie Weaver	Stairways Behavioral Health
Jodie Klus	Gaudenzia
Molly Wagner	WBHS
Leanne Haupt	Pyramid
Brandy Cortes	Regional Recovery Hub
Kaylee Stone	Regional Recovery Hub
Jen Redenius	Erie County Drug and Alcohol
Scott Coughenour	Erie County Drug and Alcohol
George Fickenworth	Mercyhurst Civic Institute

The session began at 1pm.

1. Welcome

Scott Coughenour, Director of the Erie County Office of Drug and Alcohol, began by thanking everyone for taking the time to attend the meeting. A brief overview of how Erie County was chosen as a Pennsylvania Regional Recovery Hub location was also given.

2. Introductions

Jeanette Redenius, Program Director, followed with more opening remarks and asked attendees to introduce themselves and note the agency they were representing.

3. Overview of Process

Following introductions, Regional Recovery Hub staff Brandy Cortes and Kaylee Stone provided a thorough overview of the process and the steps that will be involved. The current stages of the initiative will see completion of a county-wide needs assessment. This process will consist of multiple listening sessions and focus groups, one-on-one interviews, as well as widely disseminated surveys aimed at various populations. The needs assessment will focus on gathering information from drug and alcohol treatment and recovery providers, Certified Recovery Specialists, consumers and supports, and organizations in the community that may not serve those in recovery directly but do in some way interact. Following completion of the needs assessment process, interested parties will reconvene for a series of sessions aimed at creating a strategic plan for the Erie County Regional Recovery Hub. The plan will be based off the qualitative information gathered during the listening sessions and interviews, results of the multiple surveys being created and distributed, as well as any quantitative data that can be identified.

4. SWOT Exercise and Community Discussion

George Fickenworth, Assistant Director of the Mercyhurst University Civic Institute, followed the process overview by informing the attendees of the format of the meeting. The Mercyhurst University Civic Institute was contracted to assist with the needs assessment and strategic planning process for Erie County. He noted that as the providers in the room are a mixture of treatment and recovery, the first part of today's session would be to conduct a SWOT exercise (Strengths, Weaknesses, Opportunities, Threats). The following is a summary of results from this portion of the session. Detailed responses can be found at the conclusion of this summary.

Strengths

Attendees were asked to identify what the strengths are of the local recovery and treatment community. There is a general sense that the Erie community works well together and is invested in drug and alcohol treatment and recovery, evidenced by how long people remain working in the field. There are many providers which cover the spectrum for continuous care. Staff tend to be eager to learn, and they care deeply about the clients. Provider meetings held regularly allow those working in the field to learn about what other agencies are doing; they also allow staff to network with each other. Regarding staffing, the county has multiple higher education institutions which allows for a continuous feed of new employees. Programmatically, the county has many offerings to serve those in need and also have coalitions that work toward improving the systems. Strong collaboration with law enforcement has led to successful

interventions such as Treatment Court, LETI, COAST program at Millcreek, and Crisis Car implementation with the City of Erie police. Warm Hand Off procedures are established, as well.

Weaknesses
Staff turnover causes many problems. While staff aren't necessarily leaving the field, many do leave for other agencies for better pay, or may enter private practice once they receive proper certification. There are many private practices in the community, but getting them to the table with everyone else is difficult. For those in recovery, it was said there are no 'safe spaces' and the community lacks social supports. The community also lacks transportation options, housing services, childcare, and gender-specific programming. Insurance issues are problematic for many people in need. While the county SCA provides for those without insurance or on Medicare, some with private insurance have a difficult time finding services. A lack of 'one stop shop' also leads to difficulty in obtaining everything that those in recovery may need. Increased case management would allow for other recovery components such as mental health to be addressed. Staff also discussed burdensome paperwork requirements that take significant time to complete.

Opportunities
Respondents noted that while we do have weaknesses, what we do well and have as a community offer many opportunities. Improving Certified Recovery Specialist staff levels would allow specific audiences to be targeted. MAT services need to be more widely accepted, and the community should increase education regarding these options. Care for adolescents should be increased, as well. There is also an opportunity for better engagement of insurance programs and primary care physicians. Taking services to the clients is also something that could be explored (i.e., mobile units).

5. Long-Range Community Vision

Upon completion of the SWOT exercise, the attendees moved to a discussion on long-range vision for recovery services in Erie County. The group was asked to identify what, in an ideal world, recovery services would look like or include within three to five years. The following is a summary of their responses. Detailed responses can be found at the conclusion of this summary.

Attendees envisioned a community with mobile service delivery, as well as a one-stop-shop where all services can be obtained. Included in this model is a recovery center which includes social and peer support. The community would recognize an increase in halfway house beds, possibly seeing collaboration with the homeless system. MAT services would be offered in the local jail, and bridging the gap with the ESL population could also be addressed.

6. Further Comments/Next Steps

Attendees were thanked for attending the meeting. It was noted that there will be further sessions held with other groups. Once the needs assessment is completed and approved, further planning sessions will be held to create a strategic plan related to the local recovery system. Attendees were also encouraged to fill out the provider survey that has been created to gather more in-depth information.

7. Adjournment

The listening session concluded at 3pm.

Drug and Alcohol Community Members Listening Session Summary – October 5, 2023

The second Erie County Regional Recovery Hub Listening Session was held on October 5, 2023. The meeting was held at the Blasco Library Admiral Room, from 1pm to 4pm.

The focus on this session was to gather information from the **GENERAL DRUG AND ALCOHOL COMMUNITY.**

In attendance were the following:

Name	**Agency**
Graeme Perkins	Millcreek Police Dept.
Evan Daley	Millcreek Police Dept.
Megan Paterson	Veterans Affairs
Sarah Suhan	Erie County Drug and Alcohol
Amy Machinski	Erie County Department of Health
Maria Miller	Taylor's Hope
Vicki Church	Pyramid
Ashley Robson	Erie County Care Mgmt
Carlene Boykin	Stairways Behavioral Health
Liz Slaby	Catholic Charities
Marie Colon-Gonzalez	DHS-CAO
Beth Konzel	Stairways Behavioral Health
Gerald James	Gannon
Tom Lenox	Erie Police Department
Stephen Durant	Snug Harbor
Sandra Mantsch	Highmark Caring Place
Mark Jasinski	Erie County Care Mgmt
Autumn Brown	Heart to Heart
Melissa Torres	New Directions
Kelly Rohan	Erie County Drug and Alcohol
Mary K Eisert	Road Crew
Brandy Cortes	Regional Recovery Hub
Kaylee Stone	Regional Recovery Hub
Jen Redenius	Erie County Drug and Alcohol
Scott Coughenour	Erie County Drug and Alcohol
George Fickenworth	Mercyhurst Civic Institute

The session began at 1pm.

1. Welcome

Scott Coughenour, Director of the Erie County Office of Drug and Alcohol Abuse, began by thanking everyone for taking the time to attend the meeting this afternoon. A brief overview of how Erie County was chosen as a Pennsylvania Regional Recovery Hub site was also provided.

2. Introductions

Jeanette Redenius, Program Director, followed up with more opening remarks and asked attendees to introduce themselves.

3. Overview of Process

Following introductions, Regional Recovery Hub staff Brandy Cortes and Kaylee Stone provided a thorough overview of the process and the steps involved. The current stages of the initiative will see completion of a county-wide needs assessment. This process will consist of multiple listening sessions and focus groups, one-on-one interviews, as well as widely disseminated surveys aimed at various populations. The needs assessment will focus on gathering information from drug and alcohol treatment and recovery providers, Certified Recovery Specialists, consumers and supports of consumers, and organizations in the community that may not serve those in recovery directly but do in some way interact. Following completion of the needs assessment process, interested parties will be reconvened for a series of sessions aimed at creating a strategic plan for the Erie County Regional Recovery Hub. The plan will be based off the qualitative information gathered during the listening sessions and interviews, results of the multiple surveys being created and distributed, as well as any quantitative data that can be identified as useful.

4. SWOT Exercise and Community Discussion

George Fickenworth, Assistant Director of the Mercyhurst University Civic Institute, followed the process overview by informing the attendees of the meeting format. The Mercyhurst University Civic Institute was contracted to assist with the needs assessment and strategic planning process for Erie County. He noted that as the providers in the room are a mixture of treatment and recovery, the first part of today's session would be to conduct a SWOT exercise (Strengths, Weaknesses, Opportunities, Threats). The following is a summary of results from this portion of the session. Detailed responses can be found at the conclusion of this summary.

Strengths

The community offers a wide variety of services through many providers. There is a belief that options in the community exceed what other counties in the state offer. There is a functional intake and assessment process which allows consumers to receive quick access to services. Collaboration is strong amongst not just providers, but across systems. There are dynamic partnerships with law enforcement agencies, veteran affairs agencies, and the county prison where those with addiction battles can benefit. The community has made harm reduction more widely available, including Narcan and MAT services. The AA/NA community is widely utilized, and while transportation for clients may be missing, many of the providers are on direct public transportation lines. Agency collaboration also allows for better communication and referrals for additional services.

Weaknesses

Transportation is a major issue for many clients, prohibiting clients from making appointments. Many clients need housing and employment opportunities, and providers struggle to address these gaps. Though some attendees understand that services are available, providers of support services could do a better job educating the community on what is available. Gender-specific and ESL programming is in short supply. Treatment delivery was discussed as many feel that services are offered from older, outdated models and don't address the reality of today's clients. Follow-ups with clients once discharged are also rare. Staff often face burnout, which leads to resignations and programs being short staffed. Hospitals are often left to care for many, though they are not able to provide proper services and tend to be unsympathetic to addiction struggles. Families and the public in general need to be better educated on engagement and supporting those in addiction recovery.

Opportunities

Erie County has many community centers, which if approached could provide a role in educating the community on addictions matters. There is a need for increased programming for youth and those of diverse backgrounds. While we have prevention programming, there are areas that it is not offered and could be focused on. Overall, the need to increase education and outreach to various populations was noted multiple times. Hospitals, schools, community centers, and other providers would all benefit from an increase in training and outreach. The attendees also agreed that a one-stop-shop of programming options would be of great benefit to those in recovery.

5. Long-Range Community Vision

Upon completion of the SWOT exercise, the attendees moved to a discussion on long-range vision for recovery services in Erie County. The group was asked to identify what, in an ideal world, recovery services would look like or include within three to five years. The following is a summary of their responses. Detailed responses can be found at the conclusion of this summary.

Respondents had many thoughts of what the ideal recovery community would look like. The one-stop-shop concept was once again brought up, as was improving transportation, childcare and pro-social activities in the community. The recovery system would see more open communication among providers. Staff would be paid better wages, become licensed faster, and have increased supervisor support. Funding would be increased, which would support housing and other programming. To accomplish this, the community would need more money, better communication, increased collaboration, community commitment, and increased involvement from the community as a whole.

6. Further Comments/Next Steps

Attendees were thanked for attending the meeting. It was noted that there will be further sessions held with other groups. Once the needs assessment is completed and approved, further planning sessions will be held to create a strategic plan related to the local recovery system. Attendees were also encouraged to fill out the provider survey that has been created to gather more in-depth information.

7. Adjournment

The listening session concluded at 4pm.

Community Roundtable Listening Session – October 11, 2023

1. Welcome

Secretary Dr. Latika Davis-Jones opened the meeting by thanking everyone for attending. She commented that this stop was one of several across the state in support of recovery and treatment efforts that communities are undertaking.

2. Introductions

Attendees went around the room introducing themselves and the agencies/programs that they represent.

3. Group Discussion

Attendees were asked to discuss multiple topics throughout the meeting. Secretary Dr. Davis-Jones and her staff encouraged people to speak their minds. The following are some of the highlights from the meeting.

- There are no limitations on CRS caseloads; a suggestion was made of no more than 35.
- CRSs spend more time navigating the system as opposed to helping people and sharing their lived experiences.
- Regulations restrict where and how methadone can be provided.
- There is a lack of integrated care between systems, with mental health and drug and alcohol often pointing fingers at each other.
- There is nothing like '302' for addiction.
- It would be beneficial to see better integration of social services.
- Salaries of CRSs are below par.
- CRSs must be based in agencies.
- Outpatient treatment plan paperwork needs to be updated every 90 days, which cuts into time spent with clients.
- Efforts are in place to train more people to become CRSs.
- DDAP is focused on expanding Medicated Assisted Treatment programs.
- The state is exploring treatment slot management system for the entire continuum of care, similar to what Delaware is doing.
- Inquiry of what the best communication method between state and providers is -text alerts, chat boxes, website?
- State legislative bill being written that may lead to involuntary commitment for 120 hours after someone overdoses.
- WITS poses issues for some, and there is a need for trainings.
- Issues with cultural sensitivity and representation of BIPOC community; seeing language barriers and how it impacts various levels of care.
- Several CRSs shared their lived experiences and professional feedback.
- DDAP staff provided a QR code to take a survey and continue communication with DDAP.

4. Adjournment

The session ended at 11am.

Drug and Alcohol Community Members Listening Session Summary – October 25, 2023

The third Erie County Regional Recovery Hub Listening Session was held on October 25, 2023. The meeting was held at the Blasco Library Admiral Room, from 5pm to 8pm.

The focus on this session was gathering input from the **GENERAL DRUG AND ALCOHOL COMMUNITY.** This was the second of two sessions planned to meet with this target audience.

In attendance were the following:

Name	**Agency**
Cassandra McAdory	Community Advocate
Syreeta Allen	Serenity Resource and Recovery
Elizabeth Wilson	PA CareerLink
Carlene Boykin	Stairways Behavioral Health
Yadisha Santiago	MCPC
Parris Baker	Gannon
Jolene Ottaviani	Erie Home for Children and Adults
Lisa Kobusinski	Erie Home for Children and Adults
Clara Holden	Salvation Army
Shannon Getz	SafeNet
Katie Wickert	Erie United Methodist Alliance
Kelsey Nowosielski	Stairways Behavioral Health
John Welsh	Gateway
Anna Brzozowski	Mercy Center for Women
Jennie Hagerty	Mercy Center for Women
Lauren Kullen	UPMC Hamot
Donna Checchio	Erie County Drug and Alcohol
Curt Huston	Infinite Possibilities
Salena Gavin	JFK Center
Miriam Brisley	Crime Victim Center
Andrea Moffett	YMCA Teen Center
Brandy Cortes	Regional Recovery Hub
Kaylee Stone	Regional Recovery Hub
Jen Redenius	Erie County Drug and Alcohol
Scott Coughenour	Erie County Drug and Alcohol
George Fickenworth	Mercyhurst Civic Institute

The session began at 5pm.

1. Welcome

Scott Coughenour, Director of the Erie County Office of Drug and Alcohol Abuse, began by thanking everyone for taking the time to attend the meeting this afternoon. A brief overview of how Erie County was chosen as a Pennsylvania Regional Recovery Hub location was also given.

2. Introductions

Jeanette Redenius, Program Director, followed up with more opening remarks and asking for introductions from the attendees.

3. Overview of Process

Following introductions, Regional Recovery Hub staff Brandy Cortes and Kaylee Stone provided a thorough overview of the process and the steps involved. The current stages of the initiative will see completion of a county-wide needs assessment. This process will consist of multiple listening sessions and focus groups, one-on-one interviews, as well as widely disseminated surveys aimed at various populations. The needs assessment will focus on gathering information from drug and alcohol treatment and recovery providers, Certified Recovery Specialists, consumers and supports, and organizations in the community that may not serve those in recovery directly but do in some way interact. Following completion of the needs assessment process, interested parties will be reconvened for a series of sessions aimed at creating a strategic plan for the Erie County Regional Recovery Hub. The plan will be based off the qualitative information gathered during the listening sessions and interviews, results of the multiple surveys being created and distributed, as well as any quantitative data that can be identified.

4. SWOT Exercise and Community Discussion

George Fickenworth, Assistant Director of the Mercyhurst University Civic Institute, followed the process overview by reviewing the next steps of the session. The Mercyhurst University Civic Institute was contracted to assist with the needs assessment and strategic planning process for Erie County. He noted that as the attendees represented many different systems, the first part of the session would be to conduct a SWOT exercise (Strengths, Weaknesses, Opportunities, Threats). The following is a summary of results from this portion of the session. Detailed responses can be found at the conclusion of this summary.

Strengths

The community has an abundance of treatment providers and social support programs which can be utilized by clients. Many are staffed with Certified Recovery Specialists, Intensive Case Managers, and other staff that assist in helping to link clients with their needed services. There are many unique programs in place, such as drug court, Law Enforcement Treatment Initiative (LETI), CROMISA, warm hand-off processes, and ties to mental health providers. Drug and Alcohol staff were said to be quick and responsive to the needs of clients. There is an acceptance of harm reduction, and trauma-informed principles are emphasized to not further harm those in recovery. Community collaboration is strong, as are partnerships with OVR, CareerLink, the criminal justice system, and educational services.

Weaknesses

One of the most discussed areas of concern was a lack of housing. Fair housing regulations do not consider substance use disorder as a disability, and many private landlords are not accepting of this population, as well. Many clients have a history in the criminal justice system, often making them ineligible for housing, further leading to homelessness. There are a few halfway houses or transitional programs, but they are typically full. There are also systemic issues that make it difficult for clients to secure housing. This population also has a difficult time securing employment, and when they do, the jobs often do not afford the flexibility needed for treatment and recovery. Prevention is offered in some capacities but misses the mark in many ways. It was said that the community should be more proactive with prevention strategies and should also work on parental attitudes, building emotional intelligence in youth, and addressing the increasing number of grandparents now raising children due to loss of life from addiction. There is also a need to have better cultural representation among our workforce as well as address language barriers.

Opportunities

Attendees cited multiple ideas to help improve the recovery community. Expanding harm reduction opportunities to include safe-use spaces, mobile wound vans, and syringe services could prove beneficial. Housing could be increased by incentivizing landlords and streamlining housing processes to make it easier to apply for programming. The community also has many empty school and church buildings, and there are housing models such as the Mercy Anchor Center that could be mimicked. Increasing education on availability of support services when available would open access for more clients. There is also an opportunity to expand the CRS position and roles in the community, such as incorporating this position within treatment court.

5. Long-Range Community Vision

Upon completion of the SWOT exercise, the attendees moved to a discussion on long-range vision for recovery services in Erie County. The group was asked to identify what, in an ideal world, recovery services would look like or include within three to five years. The following is a summary of their responses. Detailed responses can be found at the conclusion of this summary.

Three-to-Five Year Outlook

Attendees would like to see a one-stop-shop of recovery services in place, including linkages to more recovery-oriented social events. Basic needs and life skills can be taught in this setting. Those in recovery would also be able to access childcare, which is often a hinderance in clients being able to attend meetings. The community would see stronger collaboration between schools and prevention programs, as the need to work with adolescents continues to grow. The collaboration between the criminal justice and drug and alcohol systems will strengthen; judges will be more aware of the recovery system, jails would offer more services, and there would be an increase of people using services such as the LETI program. Staff who work in the D&A field would also be offered a bigger variety of trainings, and there would be an increase in self-care opportunities.

Needed to Achieve

To achieve the long-range vision, respondents noted that there needs to be more money brought into the system. The competitive nature of providers also gets in the way and would need to be addressed. A

central hub of services would help with referrals and linking to services. A Release of Information for all treatment agencies would also allow for more open communication regarding clients.

6. Further Comments/Next Steps

Attendees were thanked for attending the meeting. It was noted that there will be further sessions held with other groups. Once the needs assessment is completed and approved, further planning sessions will be held to create a strategic plan related to the local recovery system. Attendees were also encouraged to fill out the provider survey that has been created to gather more in-depth information.

7. Adjournment

The listening session concluded at 8pm.

Certified Recovery Specialist Listening Session – November 20, 2023

The fourth Erie County Regional Recovery Hub Listening Session was held on November 20, 2023. The meeting was held at the Blasco Library Admiral Room, from 1pm to 3pm.

The focus on this session was gathering input from **DRUG AND ALCOHOL CERTIFIED RECOVERY SPECIALISTS.** This was the first of multiple ongoing sessions planned to meet with this target audience.

In attendance were the following:

Name	**Agency**
Joseph Currier	Allegheny Health Network
Tiffany Walker	Stairways
Grove Blanchard	Serenity Resource
Lisa Babo	Community Care
Charlie Johnson	Stairways Behavioral Health
Theresa Abbey	Mental Health Association
Vicki Church	Pyramid
Heather Konetsky	Independent
Rebecca Richards	New Directions
Alexandria Blystone	New Directions
Kelsey Nowosielski	Stairways Behavioral Health
Stephen Durant	Snug Harbor
Maureen Brainard	Stairways Behavioral Health
Kate Beehner	Women's Recovery Center
Megan Paterson	Veterans Affairs
Charlie Harkins	Veterans Affairs
Cortney Long	Erie County Drug and Alcohol
Margaret Simms	Mental Health Association
Melissa Torres	New Directions
Brandy Cortes	Regional Recovery Hub
Kaylee Stone	Regional Recovery Hub
George Fickenworth	Mercyhurst Civic Institute

1. Welcome

Brandy Cortes of the Regional Recovery Hub welcomed everyone to the meeting. She stressed how important it is for the individuals in the room to participate. The RRH initiative has a strong focus on Certified Recovery Specialists and their input is imperative to moving the effort forward. Brandy also gave a brief overview of the steps involved and what is hoped to accomplish.

2. Introductions

Kaylee Stone continued to offer input regarding the process and encouraged attendees to speak honestly and have an open mind regarding what others have to say. Attendees were then asked to introduce themselves.

3. Group Discussion

George Fickenworth of the Mercyhurst University Civic Institute gave an overview of what the afternoon would entail. As opposed to previous, structured conversations, a loose agenda was in place to encourage a wider scope of conversation. Attendees were encouraged to comment and talk about whatever is on their mind; however, there would be certain prompts to gather important feedback. The following is a summary of the conversations and thoughts shared during this listening session. Bullet point answers are included at the end of this report.

Certification Process
Thirteen of the meeting attendees noted that they have received certification for being a recovery specialist. Regarding the licensing process, most felt it was very manageable. Most received their trainings on weekdays, and costs were typically covered by their employers. Not all agencies reportedly pay for recertifications, however. Attendees received their certification from many locations, including Erie County Drug and Alcohol, Crawford County Drug and Alcohol, Mental Health Association, and Community Care Behavioral Health. Most agreed that the course schedule has little flexibility; while understood, they believed that greater course flexibility may encourage more people to become certified. Many were also unaware that OVR will pay for CRS certification, as well as other continuing education courses. Attendees noted gaps in what should be included in the process. There is a need for more trauma focus, increased knowledge of the mental health aspect, and incorporating problem gambling awareness trainings.

Job Duties and Roles
Roles of CRSs varied among agencies, but in most cases, CRSs felt that they are tasked with doing things not necessarily in their job description. Some are asked to conduct warm handoffs even though they're not qualified, as well as conduct crisis intervention. In other cases, they are asked to 'babysit' clients. Clients often want to work on things, but it's not a billable service (such as offering support in a community meeting, taking someone to the gym, etc.). While recovery planning is typically done every 3-6 months, some agencies do it more frequently and it takes away from other things they can be doing with clients.

Boundary Issues
All agreed this is a problem, and both sides must be accountable for the relationship. Many clients feel that they are 'buddy-buddy' with their CRS and often push back or try to take advantage of the relationship. Some clients expect the CRS to also serve as their sponsor. CRSs must separate themselves and recognize that transference can occur.

Pros and Cons of CRS
The attendees reported having a great feeling of being able to help others and see them grow. Seeing the day-to-day struggles helps to keep their own sobriety a focus. Clients can also see that recovery and sobriety is possible – the CRSs offer hope. Burnout and pay are widely reported as downsides of this role. Burnout has led some to quit (but eventually come back). Agencies often tend to forget that the staff are in recovery themselves and ask too much of them. Some agencies also are more focused on 'keeping the slots filled' and less about saving lives.

What DDAP needs to Know
To conclude the session, attendees were asked to note one thing they would like DDAP to know about their role. Administratively, increased pay, reduced paperwork, better technology, and addressing criminal records would be welcome. Safety in homes and transportation settings are needs to be addressed. Supervisors should be given increased trainings to support CRS staff.

4. Final Remarks

At the conclusion of the meetings, CRSs were encouraged to fill out the brief survey to gather more input for the needs assessment. The attendees were also asked if they would like to continue meeting on a regular basis to provide input as well as network and support each other. Overwhelmingly, they agreed to this.

5. Adjournment

The session ended at 3pm.

Forensic and Secondary Service Community Discussion – November 30, 2023

The fifth Erie County Regional Recovery Hub Listening Session was held on November 30, 2023. The meeting was held at the Blasco Library Admiral Room, from 3pm to 5pm. The focus on this session was gathering input from **SECONDARY SERVICE PROVIDERS INCLUDING EMPLOYMENT, EDUCATION, LAW ENFORCEMENT, ETC.** In attendance were the following:

Name	**Organization/Agency**
Ron Bryant	Erie County Prison
MC Anderson	Northwest Intermediate Unit #5
Aaron Lopez	PA State Parole/Re-Entry
Melissa Kuffer	PA State Parole/Re-Entry
Cassandra Kilgore	PA State Parole/Re-Entry
Donna Checchio	Erie County Drug and Alcohol /Treatment Court
Mark Jasinski	Erie County Care Mgmt
Ashley Robson	Erie County Care Mgmt/CROMISA
John (“Jake”) Kelton	Erie County Re-Entry Support and Services Alliance
Allen Brown	Erie County Re-Entry Support and Services Alliance
Kelly Rohan	Erie County Drug and Alcohol
Jill Wallace	Erie County Drug and Alcohol
Elizabeth Gilkinson	Stairways/Erie County Prison
Beth Hirz	DA Office
Bill Fryling	Erie County Drug and Alcohol
Leslie Jones	Erie County Drug and Alcohol
Carlene Boykin	Stairways/CROMISA
Tom Lenox	Erie Police Department
Renee Kirby	Gateway
John Welsh	Gateway
Miriam Brisley	Crime Victim Center
Curt Huston	Infinite Possibilities
Craig Montgomery	Adult Probation
Letty Acosta	Career Link
Syreeta Allan	Serenity Resources & Recovery Center
Stephen Durant	Snug Harbor
Sue Mack	Magisterial District Judge/PA Courts
Doug Meyner	Erie County Juvenile Probation
Brian Arrington	PA State Police
Megan Paterson	Veterans Affairs
Sheila Silman	Erie County Re-Entry Support and Services Alliance
Jen Redenius	Erie County Drug and Alcohol
Brandy Cortes	Regional Recovery Hub
Kaylee Stone	Regional Recovery Hub
George Fickenworth	Mercyhurst Civic Institute

The session began at 3pm.

1. ***Welcome***

Jeanette Redenius, Program Director of the Erie County Office of Drug and Alcohol Abuse, began by thanking everyone for taking the time to attend the meeting. A brief overview of how Erie County was chosen as a Pennsylvania Regional Recovery Hub location was provided.

2. ***Overview of Process***

Regional Recovery Hub staff Brandy Cortes provided a thorough overview of the process and the steps involved. The current stages of the initiative will see completion of a county-wide needs assessment. This process will consist of multiple listening sessions and focus groups, one-on-one interviews, as well as widely disseminated surveys aimed at various populations. The needs assessment will focus on gathering information from drug and alcohol treatment and recovery providers, Certified Recovery Specialists, consumers and supports of consumers, and organizations in the community that may not serve those in recovery directly but do provide support in some way. Following completion of the needs assessment process, interested parties will be reconvened for a series of sessions aimed at creating an Erie County Regional Recovery Hub Strategic Plan. The plan will be based off the qualitative information gathered during the listening sessions and interviews, results of the multiple surveys being created and distributed, as well as any quantitative data that can be identified as useful.

3. ***Introductions***

Kaylee Stone of the Regional Recovery Hub asked for the attendees to keep an open mind and be respectful of everyone's opinions and thoughts during the conversation. She then asked everyone to introduce themselves and identify what organization they are representing.

George Fickenworth, Assistant Director of the Mercyhurst University Civic Institute, followed the introductions by reviewing the discussion points for the meeting. He noted that as the providers in the room are primarily secondary service providers to the drug and alcohol service system, they should provide for unique viewpoints of what they are observing.

4. **Interaction with the Recovery System**

To begin the discussion, attendees were asked to comment on how their program interacts with people in recovery. CareerLink offers a significant number of services to help people prepare themselves for obtaining a job with livable wages; learning interview skills, resume writing, and job search are only a few of their offerings. Additionally, they will provide funds for employment-related materials. They recognize that this population struggles with many of the needed skills. Many in the room were unaware of the extent of services available through CareerLink. Representatives from the ECRSSA discussed how they interact with individuals transitioning from prisons that may have substance use issues. Most of their efforts focus on linking clients to other services. State Parole introduced their two staff that are focused on seeing clients get the services they need. Many of their clients have substance use issues, and the staff have established relationships with many providers in the room. There was also discussion of other services, including a housing program that provides a safe and sober living environment where life skills are taught; a newly established recovery center that offers many services, including some faith-based; and services focused on trauma and victimhood and how it pertains to addiction struggles.

5. Cross System Collaboration

Attendees were asked to talk about how well their programs work with others. There is a great deal of collaboration, evidenced by an abundance of specialized programs that operate with many agencies at the same table. What was apparent is that, while there is collaboration, many of the offerings are not known to everyone in the room. One respondent noted that while we have many services available in our area, a lot of people fall through the cracks. Insurance can also determine who gets what level of care. There seems to be a need to engage with emergency rooms and medical care facilities. As housing is an issue for this population, many attendees cited the need to better collaborate with housing providers and the homeless care system. The local jail is also willing to work with outside agencies in providing needed services to those incarcerated. During this portion of the meeting, there was much discussion regarding the LETI initiative. While it has many community partners involved, it has been slow in taking referrals. Many attendees were unsure of how this process worked and are genuinely interested in utilizing it.

6. Issues Facing Clients

Attendees were asked to note some of the primary issues clients in recovery face. One respondent noted that youth tend to be overwhelmed as they must juggle educational attainment with the criminal justice, treatment, and other systems. Many youths also have language and cultural barriers which make recovery even more difficult. Housing and childcare were cited often as well. Some clients have a difficult time obtaining legal IDs. Other issues noted were facing high expectations, working on trauma, not accessing services in a timely manner, and facing gaps in the service delivery system. After-hours assistance also limits getting help when needed for clients.

7. Adjournment

The listening session concluded at 5pm.

Certified Recovery Specialist Listening Session – December 13, 2023

The sixth Erie County Regional Recovery Hub Listening Session was held on December 13, 2023. The meeting was held at the Blasco Library Admiral Room, from 1pm to 3pm.

The focus on this session was gathering input from **DRUG AND ALCOHOL CERTIFIED RECOVERY SPECIALISTS.** This was the second of multiple ongoing sessions planned to meet with this target audience.

In attendance were:

Name	**Agency**
Joseph Currier	Allegheny Health Network
Steve Simmelkjaer	Gaudenzia Crossroads
Grove Blanchard	Security Resource
Lisa Babo	Community Care
Charlie Johnson	Stairways Behavioral Health
Tiffany Walker	Stairways
Stephen Durant	CRS
Kate Brooker	UPMC
Melissa Torres	New Directions
Dennis Hultberg	EUMA – Liberty House
Brandy Cortes	Regional Recovery Hub
Kaylee Stone	Regional Recovery Hub
George Fickenworth	Mercyhurst Civic Institute

1. Welcome

Brandy Cortes of the Regional Recovery Hub welcomed everyone to the meeting. She noted that this session was going to build on a series of get-togethers for the Certified Recovery Specialists in Erie County. Many of the CRSs had expressed interest in having on-going support meetings to discuss topics that impact their jobs and lives.

2. Introductions

Kaylee Stone thanked everyone for attending and followed by asking the attendees to introduce themselves.

3. Group Discussion

The meeting was less structured than the previous listening sessions held during the Needs Assessment process. The idea was to let the attendees speak freely about topics of concern. The following is a summary of what was discussed.

Trainings
CRSs in attendance believe they would benefit from self-care trainings. Incorporating WRAP (Wellness Recovery Action Plans) was also of interest. Other potential training topics included trauma and 'unblurring' the lines between case management and peer support.

Recovery Celebration
Brandy brought up the topic of having to plan a recovery celebration as part of the recovery hub process. Some suggestions were made, and those involving kids' activities seemed to gain the most interest. There is a possibility of bringing in live farm animals, as one of the CRS's family has access. Any planning must recognize that certain activities can be trauma triggers, and they must plan accordingly.

DDAP Priorities
The attendees were asked to identify areas they thought DDAP should focus some of their upcoming efforts. Many agreed that information sharing across agencies would help with the assessment process. There is also concern that the D&A, mental health, and homeless care systems do not interact well. CRSs should have more stringent regulations regarding job duties and how many clients they can interact with. The attendees also brought up warm hand-offs, stigma, and transportation.

4. Adjournment

The session ended at 3pm.

SECTION 3: SUMMARY TABLE OF SURVEY AND FOCUS GROUP RESULTS

The following table illustrates some of the key findings from the **four surveys designed to collect input** from various stakeholder groups. While there was similarity among questions posed on each survey, some were group specific. If a cell has no information, this question (or a similar one) was not presented on the specific survey. These findings are not definitive and are a reflection of respondent answers. For a full listing of respondent answers, see the individual survey summary reports.

	Providers	**CRS**	**Consumers/Supports**	**Forensic / Legal**
Recovery Services offered, made available, received.	All were selected	All were selected	All were selected	
Summary of Recovery Services available in the community/ how your program interacts with those in recovery	Available in the community: multiple outpatient programs, counseling and other group offerings, partnerships with agencies, AA/NA, onsite education, vocational services, peer support, transitional housing, space, CRS services, Warm Hand Off, afterschool programming, clothing vouchers, case management, benefit referral, vocational services, peer supports, variety of treatment offerings, MAT services.		Various homeless housing programs; food kitchen; OP programs; social service programs; ICM services; Mental Health Association interaction was common.	Agencies in this category are not direct providers of services – most engage with other agencies and link to other providers when needed; often the service providers in this category are 'first line' interaction; initial screening and coordination may be done to make sure that person in question is being referred for the proper services.
CRS services offered/received	Recovery planning and support; community linkages and advocacy; shelter; transportation; development of independence with clients; emotional support; experienced feedback.	Recovery planning and support; meeting clients at meetings; treatment; transportation; connecting clients to needed services; providing resources; sharing lived experience.	Access to various services; recovery planning and support; transportation; help w/ life skills; working on accountability; helps addressing needs.	Many respondents noted that their population is not specifically D&A, but they do work with this group; part of collaboratives and may be secondary services provided in recovery plans; rental assistance; SMART groups, case management; warm hand offs; drug/veterans court; LETI; and other community programs were noted.
Missing Pieces of Recovery Services	Increased transportation; youth recovery services; easy access to services; housing; childcare; long-term supports; various LOC programming; increased support groups; drop-in services; increased harm-reduction; programs such as needle exchange or mobile units.	Transportation; gambling/sex/money addiction education; more pathways to recovery; housing; drop-in center; community events centered on recovery; harm-reduction offerings.	Transportation; MAT in outlying areas; improved group offerings; different treatment modalities; increased supports for addressing life skills and needs; family programming; housing services; ESL assistance; youth programming; supports; health activities; mental health services; help staying away from influential people; long-term recovery supports; addressing insurance coverage.	
Housing types	Three providers offer Recovery Housing; 2 offer Gender-specific housing, none said they offer Family Recovery Housing (though 20 said it was provided by others).	2 respondents noted their agency provides Recovery House, but not gender specific or family housing, they all acknowledged it is available in the community.	Consumers noted that they participated in all choices offered -many who noted 'other' cited multiple homeless programs in the community.	
Services received while in recovery housing			Job services; AA/NA; meeting requirements of recovery plan; groups; life skills; counseling; support groups; different therapeutic offerings; relapse prevention; case management.	
Services missing while participating in recovery housing			Childcare; staff did not 'push' or were not helpful; lack of housing availability and assistance; job search; compassion; one: one counseling; empathy from staff and counselors.	
View of recovery housing options in Erie County	Need more such as gender specific and family; limited options; not enough beds; no rural options	Long wait times; need more training to address trauma; not enough for women or families; should accept those on MAT; increase drug testing requirements.	Good or even great – however there are not enough options; a need gender specific programs and family-oriented programs; lack of beds; a few persons noted they felt it was not effective.	Plenty of services but need for more variety and differentiation; need more housing; improved communication on what is available; lacking a

	Providers	CRS	Consumers/Supports	Forensic / Legal
				central conduit or hub for services; not enough for youth; transportation an issue
Barriers to being successful in recovery	Transportation; internal motivation and inability to apply what is learned; childcare; lack of knowledge of services; dealing with dual diagnoses; housing; sober social outlets; stable housing; livable wages; lack of healthy supports.	Acknowledgement of having issue; lengthy process of recovery; lack of housing; stigma; hopelessness; environmental factors.	Jobs; staying busy; feeling overwhelmed; childcare; housing; language barriers; need supports; other people's influence; transportation; not knowing what is available to help.	
Peer workforce supports offered	Prevention programming; reimbursement for continuing education; ongoing training; peer supports; networking with peers.	Lack of benefits for some; need more education; need better training on working with difficult clients; more time needed for working with clients; address MH needs of staff.		
Training and educational topics available	Youth development; DDAP trainings; continuing education credits; many online trainings and webinars; a wide array of services but done differently; some have in-house training departments; while others go outside or encourage staff to seek out what they need.	Trauma; coping skills; clinical; ethics; confidentiality; DV; need more training on LGBTQ, diversity, pathways, MI, ethics, gender topics, harm reduction.		
State of recovery programming	Many client-centered services; supportive as a full continuum of care; need more rural services; agencies typically work together but need to be more collaborative; need for more CRSs in the community; opportunities for growth			
Current SUD population	Urban but seeing an increase in rural; diverse; forensic population or tied to mandated services; lower-class; increasing in number; need employment; lack transportation; often face homelessness or housing insecurity.			
Needs for being more successful in working with clients in recovery / community needs to help those in recovery	Increased collaboration with other agencies; more staff/CRSs; higher wages to keep staff; education on services within community; program funding; options for transportation; housing for clients;	Bus passes for people to get to meetings; collaboration; clinical trainings; working with clients to express themselves.	Housing resources and accessibility; transportation; addiction education; timely access to resources; increased levels of services; availability to outlying communities; increased levels of support; more frequent meetings; reduction of stigma; access to life-needs resources; social activities; recovery center; harm reduction; more options.	Updated listing of resources; housing assistance; transportation; housing assistance; youth programming; specialized trainings for entire community; one-stop-shop approach; 'meet where they are' approach; improved communication.
Technical Support needs	In-person trainings; harm-reduction approaches; navigating paperwork; hear personal stories about recovery; increased peer mentorship; adoption of electronic records and increased technologies.			
Services Most Important for Recovery		MH treatment; sober/drug free recreation/social activities; and support specialists were the three with the highest number of 'most important' responses.		
Additional Comments	See each survey summary for listing of additional general comments			

The following table consists of key findings from the **focus groups and listening sessions** held in October and November 2023. Not all sessions consisted of the same format and topics. If a cell has no information, this topic (or a similar one) was not presented on the specific survey. These findings are not definitive and are a reflection of respondent answers. For a full listing of respondent answers, see the individual survey summary reports.

	D&A Providers	D&A Community Stakeholders	CRS	Forensic, Legal and Secondary Supports
Strengths of D&A treatment and recovery in Erie County	Erie Community works well together and is invested in drug and alcohol treatment and recovery; dedicated and caring staff, staff are eager to learn; many providers which cover the spectrum for continuous care; provider meetings held regularly allow those working in the field to learn about what other agencies are doing and network with each other; Erie County has multiple higher education institutions which allows for a continuous feed of new employees; Erie County has a lot to offer in terms of services; community coalitions are in place; strong collaboration with law enforcement has led to successful interventions such as Treatment Court, LETI, COAST program at Millcreek, and Crisis Car implementation with the City of Erie police; Warm Hand Off procedures are established as well.	Wide variety of services through many providers, exceeding what other counties offer; many CRS and ICM to assist clients in various capacities; quick access to services due to a strong intake and assessment process; collaboration is strong across systems; dynamic partnerships with law enforcement, veteran affairs, and county prison; many beneficial programs in place, such as drug court, LETI, CROMISA, warm hand-off processes, and ties to the mental health providers; harm reduction items are becoming more widely available, including Narcan and MAT services; AA/NA community is widely utilized; many of the providers are on direct public transportation lines; agency collaboration also allows for better communication and referrals for additional services; D&A staff are responsive; strong support by CareerLink and OVR		
Weaknesses of D&A treatment and recovery in Erie County	Staff turnover, often to other agencies for better pay; lack of private practices at the table; there are no 'safe spaces' and the community lacks social supports; lack of transportation, housing services, childcare, and gender-specific programming; insurance issues; a lack of 'one stop shop' makes it difficult for obtaining everything that those in recovery may need; level of case management; burdensome paperwork requirements.	Clients lack transportation, housing, and employment opportunities; many private landlords are not accepting of this population; few halfway houses or transitional programs; providers of support services need to better educate on what is available; jobs do not afford the flexibility needed for treatment and recovery; gender-specific and ESL programming is needed in the community; services offered tend to be older, outdated models; lack of follow-ups with clients once discharged; staff face burnout, often leading to resignations and programs being short staffed; hospitals are not able to provide proper services and tend to be unsympathetic to addiction struggles; families and public need to be better educated on recovery support; not a lot of proactive prevention strategies in place; parental attitudes; grandparents raise a lot of children today; lack of diverse or cultural representation		

	D&A Providers	D&A Community Stakeholders	CRS	Forensic, Legal and Secondary Supports
Opportunities for recovery	Improve upon Certified Recovery Specialist programming; educate the community on MAT services for wider acceptance; childcare; outreach to insurance programs and primary care physicians; take services to the clients (i.e. mobile units).	Utilize community centers for addiction education; need for increased youth and diversity programming; increase education and outreach to hospitals, schools, community centers, and other providers; a one-stop-shop of programming options would be of great benefit to those in recovery; expansion of harm reduction i.e. safe-use spaces, mobile wound vans, and syringe services; incentivize landlords and streamlining housing processes to make it easier to apply; take advantage of empty school and church buildings to model programs such as Mercy Anchor Center could be explored; expand CRS position and roles in the community, such as incorporating this position within treatment court.		
Ideal recovery community in 3-5 years	Mobile service delivery; a one-stop-shop where all services can be obtained; a recovery center which includes social and peer support; an increase in halfway house beds, possibly seeing collaboration with homeless system; MAT services would be offered in the local jail; bridge the gap with ESL population.	A one-stop-shop; improving transportation, childcare and pro-social activities; more open communication among providers; higher pay, quicker licensure, and increased support for staff; more funding for housing and other programming; improved life skills; access to childcare, which is often a hinderance in making meetings; stronger ties between schools and prevention programs; collaboration between the criminal justice and drug and alcohol systems will strengthen with more awareness on the CJ side of the recovery system; increase of people using services such as the LETI program; an increase in self-care opportunities.		
What it will take to create the ideal recovery community		There needs to be more money brought into the system; competitive nature of providers also gets in the way; a central hub of services would help with referrals and linking to services; a standardized ROI for all treatment agencies; improved communication, collaboration, and commitment.		
Certification Process			Overall very manageable; trainings usually held on weekdays, and typically paid by agencies; not all agencies pay for	

	D&A Providers	D&A Community Stakeholders	CRS	Forensic, Legal and Secondary Supports
			recertifications; certification offered via many locations, including Erie County Drug and Alcohol, Crawford County Drug and Alcohol, Mental Health Association, and Community Care Behavioral Health; course schedule has little flexibility, which may prohibit some from seeking certification; lack of knowledge that OVR will pay for CRS certification and other continuing education courses; a need for more trauma focus, increased knowledge of the mental health aspect, and incorporating problem gambling awareness trainings.	
Job Duty Clarification			CRSs often tasked with doing things not necessarily in their job description; some conduct warm handoffs and crisis intervention even though they're not qualified; asked to 'babysit' clients; clients want to work on things, but it's not a billable service (such as offering support in a community meeting, taking someone to the gym, etc.); inconsistency of how often recovery plans are updated.	
Boundaries			A problem; both sides must be accountable for the relationship; too many clients feel that they are 'buddy-buddy' with their CRS and often push back or try to take advantage of the relationship; some clients expect the CRS to also serve as their sponsor; CRSs must separate themselves, and recognize that transference can occur.	
CRS internal views			A great feeling of being able to help others and see them grow; seeing the day-to-day struggles helps to keep some of them clean; clients able to see that recovery and sobriety is possible; burnout has led some to quit (but eventually came back); agencies tend to forget that the staff are in recovery themselves; some agencies also are more focused on 'keeping the slots filled' and less about saving lives.	
What should DDAP know			Increased pay, reduced paperwork, better technology, and addressing criminal records	

	D&A Providers	D&A Community Stakeholders	CRS	Forensic, Legal and Secondary Supports
			would be welcome; safety in homes and transportation settings is imperative; supervisors need to better support CRS staff.	
Interaction with those in recovery				CareerLink offers a significant amount of services to help people prepare themselves for obtaining a job with livable wages - providing Interview skills, resume writing, and job search, and also provide funds for employment-related goods; recognize that this population struggles with many of the needed skills to find work; many are unaware of the extent of services available through CareerLink; ECRSSA (Reentry program) works with individuals transitioning from prisons that may have substance use issues, linking to other services; State Parole has a team focused on linking clients to needed services, many of their clients have substance use issues, and the staff have established relationships with many service providers; a housing program that provides a safe and sober living environment where life skills are taught; a newly established recovery center that offers many services, including some faith-based; and services focused on trauma and victimhood and how it pertains to addiction struggles.
Collaboration with other systems				A great deal of collaboration, but many of the offerings are not known to everyone; while we have many services available in our area, a lot of people fall through the cracks; insurance too often determines who can access services; a need to engage with emergency rooms and medical care facilities; need to better collaborate with housing providers and the homeless care system; the local jail is also willing to work with outside agencies in providing needed services to those incarcerated; LETI initiative has strong collaborative partners but has been slow in taking referrals.
What issues clients face				Youth tend to be overwhelmed as they have to juggle educational attainment with the criminal justice, treatment and other systems;

	D&A Providers	D&A Community Stakeholders	CRS	Forensic, Legal and Secondary Supports
				language and cultural barriers which make recovery even more difficult; housing and childcare; difficulty in obtaining legal ID's; facing high expectations; trauma; lack of timely access to services; gaps in the service delivery system; little afterhours assistance when help may be needed.

SECTION 4: DATA ANALYSIS

Erie County, PA is a Third-Class urban population county located in the Northwest corner of the commonwealth. Though classified as urban, much of the county and its residents live in many smaller, rural communities. These outlying areas often lack day-to-day services which make life's challenges easier to navigate. Access to food, transportation, healthy activities, medical services, employment, childcare and other life necessities is more difficult for those who live outside the urban core. Substance Use and Mental Health services are also largely relegated to the primary Erie/Millcreek urban core. The following table contains demographic information related to Erie County. As a whole, Erie County is seen as being less-wealthy compared to other communities. Statistically, the region lags behind others in many demographic, economic, and social indicators. The following table contains an overview of chosen demographic and economic indicators that give an overview of 'who Erie County is'. Comparative data on Pennsylvania and the United States is shown when available for comparison purposes. Note: Total Population is broken down into Erie/Millcreek (the urban core of the county) and all other. This split is referenced in other data found in this document to note the urban/rural divide that is found in some cases.

Table 1: American Community Survey Data

Socio-Demographic Data (US Census Bureau American Community Survey)			
	Erie County	Pennsylvania	United States
Total Population	272,046	12,970,650	-
Erie/Millcreek	148,896 (55%)	-	-
All Other	123,150 (45%)	-	-
White	83.1%	75%	59.5%
Black	6.7%	10.5%	12.2%
Hispanic	4.6%	7.9%	18.4%
Other	5.6%	6.6%	9.9%
Age <15	17.5%	17.1%	18.6%
Age >65	18.1%	18.2%	16%
Completed HS	91.7%	91.4%	88.9%
Completed College	28.8%	33.1%	33.7%
Poverty Rate	14.9%	11.8%	12.6%
Labor Force Rate (16+)	59.7%	62.8%	
Disability (under age 65)	11.6%	10%	
Median Rent	$851	$1,110	
Median Housing Owner costs w/mortgage	$1,350	$1,671	
Median Household Income	$59,396	$73,170	
Persons w/out health ins. (under age 65)	6.2%	6.5%	

Table 2 consists of multiple data points relating to Substance Use Disorder treatment, overdoses mortality, naloxone administration, and prescription use and dispensation. Multiple sources were utilized to gather this information. Sources are identified under each category.

Table 2: Substance Use Disorder and Related Data Points

Substance Use Disorder Treatment (data from SAMHSA)			
	Erie County	Pennsylvania	United States
Substance Use Tx Facilities per 10,000	4.8	2.7	3.7
Buprenorphine Providers per 10,000	16.6	17.1	13.6
Mental Health Provides per 100,000	246.5	251.8	321.7
Continuum of SUD Support (data from SAMHSA, amfAR, and SMART search)			
	Erie County	Pennsylvania	United States
Residential Tx Facilities per 10,000	6.3	2.0	1.8
Average Distance to Nearest Syringe Service Program (in miles)	77.7		
NA or SMART meetings per 100,000	6.6	7.3	4.0
Drug Overdose Mortality (Years 2018-2021 average – data from CDC Wonder)			
	Erie County	Pennsylvania	United States
Drug Overdose Mortality Rates per 100,000	43	55.8	36.8
Opioid Overdose Mortality per 100,000	29.7	21.1	17.1
Naloxone Administrations (PA Opioid and Substance Use Disorder Stigma Campaign)			
	Erie County	Pennsylvania	
Total Administrations	5,105	NA	
Of the total, # with known source	1,021	17,400	
Provision of Medical Care (PA Opioid and Substance Use Disorder Stigma Campaign)			
Care Providers	19		
Individuals seeking 3+ prescribers and 3+dispensers (2022)	222	17,602	
Individuals with Daily MME >90 (2022)	1,500		
Individuals with overlapping opioid/Benzo prescriptions (2022)	2,509	1,169.5	
Opioid Dispensations (PA Opioid and Substance Use Disorder Stigma Campaign)			
Opioid Prescriptions (2022, Q2)*	44,601	2,911,678	
Opioid Prescription (2022, Q2) per 10,000*	1,654		
Buprenorphine Prescriptions (2022, Q2)	7,089	321,556	
Buprenorphine Prescription (2022, Q2) per 10,000	262.8	254.3	
Individuals on Medicaid with Opioid Use Disorder (2021)	2,686	251,728	
Individuals on Medicaid on MAT (2021)	1,063	100,210	

*Opioids not including Buprenorphine

According to the Recovery Ecosystem Index Score, Erie County received a 3.0 of 5 (5 strongest, 1 weakest) for recovery services. The following figures were provided by NORC.org regarding services for Erie County. Pennsylvania and United States figures are also included for comparison purposes.

The following table consists of overdose data but shown by age, race, and gender.

Table 3: Overdose Data by Age, Gender, and Race

Overdose Death Demographic Data (PA Overdose Surveillance Interactive Data Report)				
	Erie County		Pennsylvania	
Rate per 10,000 population	2021	2022	2021	2022
Female	1.8	2.6	2.4	2.4
Male	5.1	5.5	5.8	5.6
White	3.6	4.1	3.7	3.4
Black	3.7	5.6	6.8	7.7
Age 15-24	-	1.6	1.6	1.3
Age 25-34	8.7	8.8	7.2	6.3
Age 35-44	10.7	9.6	9.2	8.7
Age 44-54	3.8	5.2	7.2	7.2
Age 55-64	3.5	5.0	5.5	6.0
Age 65+	-	1.3	1.1	1.1

The following table illustrates results from the 2019 SAMHSA National Survey on Drug Use and Health. Figures for Erie County and Pennsylvania are included.

Table 4: National Survey on Drug Use and Health Results

	PA	Erie County
Alcohol Use Disorder	5.0%	5.6%
Any Mental Illness	18.4%	20.4%
Illicit Drug Use Disorder	2.8%	3.2%
Needing but not rcvg Tx for Alcohol	4.8%	5.4%
Needing but not rcvg Tx for ILLICIT DRUG USE	2.4%	2.6%
Needing but not rcvg Tx for SUBSTANCE USE	6.2%	7.0%
Pain Reliever Use Disorder	0.7%	0.8%
Past Month Alcohol Use	55.7%	57.3%
Past month binge Alcohol Use	26.5%	29.2%
Past month Illicit Drug Use	-	11.2%
Past year Cocaine Use	2.1%	2.6%
Past year Heroin Use	0.6%	0.7%
Past Year Marijuana Use	14.0%	14.0%
Past year Methamp. Use	0.4%	0.5%
Past year misuse of pain relievers	3.9%	4.1%
Received mental health services	16.5%	18.1%
SMI	4.4%	5.2%
Substance use disorder	7.0%	7.9%

The following table lists the D&A Facilities fully licensed within Erie County. Program type and capacity as well as Rural/Urban denotation is also included.

Table 5:

Erie County Drug and Alcohol Facilities (As Noted by PA Dept of Drug and Alcohol Programs)			
Agency	*Program*	*Capacity*	*Urban/Rural*
Catholic Charities	Outpatient	65	Urban
Corry Memorial Hospital	Inpatient Detoxification	3	Rural
Esper Treatment Ctr	Outpatient	70	Urban
	Outpatient Maintenance	280	Urban
	Outpatient Other Chemotherapy	0	Urban
Esper Treatment Ctr - Corry	Outpatient	70	Rural
	Outpatient Maintenance	70	Rural
	Outpatient Other Chemotherapy	0	Rural
Gage House	Inpatient Non-hospital	16	Urban
	Inpatient Other Chemotherapy	0	Urban
Gateway	Inpatient Non-hospital	48	Urban
Gaudenzia, Inc	Inpatient Non-hospital	125	Urban
	Inpatient Detoxification	7	Urban
	Inpatient Other Chemotherapy	0	Urban
	Outpatient	150	Urban
Gaudenzia, Inc -Edinboro	Outpatient	35	Rural
	Outpatient Other Chemotherapy	0	Rural
Gaudenzia, Inc -Corry	Outpatient	70	Rural
	Outpatient Other Chemotherapy	0	Rural
Gaudenzia, Inc -Girard	Outpatient	70	Rural
	Outpatient Other Chemotherapy	0	Rural
Glenbeigh	Outpatient	105	Urban
Millcreek Community Hospital	Inpatient Hospital Detoxification	16	Urban
	Inpatient Hospital Chemotherapy	0	Urban
	Inpatient Non-hospital Detoxification	16	Urban
New Directions	Outpatient	210	Urban
	Outpatient Maintenance	455	Urban
	Outpatient Other Chemotherapy	0	Urban
Pyramid Healthcare	Outpatient	210	Urban
	Outpatient Other Chemotherapy	0	Urban
	Partial Hospitalization	40	Urban
Snug Harbor	Inpatient Non-hospital	32	Urban
	Inpatient Non-hospital Detoxification	10	Urban
	Inpatient Non-hospital Other Chemo	0	Urban
Stairways	Outpatient	315	Urban
	Outpatient Other Chemotherapy	0	Urban
	Partial Hospitalization	10	Urban
UPMC Western @ Safe Harbor	Outpatient	245	Urban
	Outpatient Other Chemotherapy	0	Urban

Not including any 'Chemotherapy' offerings (as all have Zero caseload noted), there are the following:

- Partial Hospitalization: 2 providers max 50
- Inpatient Detoxification: 3 providers max 26
- Inpatient Non-hospital: 4 providers max 221
- Inpatient Non-hospital Detox: 2 providers max 26
- Outpatient: 12 providers max 1,615
- Outpatient Maintenance: 3 providers max 805

The geographic outlay of providers is illustrated below.

RURAL / max capacity / % Capacity of County

Partial Hospitalization / 0 / 0%
Inpatient Detoxification / 3 / 12%
Inpatient Non-hospital / 0 / 0%
Inpatient Non-hospital Detox / 0 / 0%
Outpatient / 245 / 15%
Outpatient Maintenance / 70 / 9%

URBAN / max capacity / % Capacity of County

Partial Hospitalization / 50 / 100%
Inpatient Detoxification / 23 / 88%
Inpatient Non-hospital / 221 / 100%
Inpatient Non-hospital Detox / 26 / 100%
Outpatient / 1370 / 85%
Outpatient Maintenance / 735 / 91%

The following tables consist of data derived from Erie County Department of Human Services relating to overdose deaths and service utilization. Tables 6 through 9 relate to **Overdose Deaths in Erie County**, while Tables 10 through 13 related to **Service Utilization in Erie County.**

Table 6: Overdose Deaths by Region

By region	**2022**	**2021**	**2020**	**2019**
TOTAL	108	96	80	67
Erie/Millcreek	71 (66%)	69 (72%)	54 (68%)	48 (72%)
All Other	37 (34%)	27 (28%)	26 (32%)	19 (28%)

Regarding regions, Girard, North East, and Union City had the highest number of overdose deaths in the All Other category. The zip codes in the Erie/Millcreek category that had the highest number of overdoses was 16502 and 16503.

Table 7: Overdose Deaths by Race

By race	**2022**	**2021**	**2020**	**2019**
TOTAL	108	96	80	67
White	92 (85%)	81 (84%)	67 (83%)	58 (87%)
Black	11 (10%)	11 (12%)	10 (13%)	7 (10%)
Hispanic	4 (4%)	4 (4%)	3 (4%)	2 (3%)
All Other	1 (1%)	-	-	-

Table 8: Overdose Deaths by Gender

By gender	**2022**	**2021**	**2020**	**2019**
TOTAL	108	96	80	67
Male	73 (68%)	72 (75%)	58 (73%)	45 (68%)
Female	34 (31%	24 (25%)	22 (27%)	22 (32%)
Unknown	1 (1%)	-	-	-

Table 9: Overdose Deaths by Age

By age	**2022**	**2021**	**2020**	**2019**
TOTAL	108	96	80	67
>20	2 (2%)	0	0	1
21-60	91(84%)	89 (93%)	74 (93%)	60 (90%)
61+	15 (14%)	7 (7%)	6 (7%)	6 (10%)

Regarding the age categories, those in the 31-40 category accounted for 34% of overdose deaths, and those in the 41-50 age group accounted for 22% of the overdose deaths.

Erie County Data Analysis shows the Utilization numbers and percentages Unduplicated Clients in Erie County.

Table 10: Service Utilization by Region

By region	**2022**	**2021**	**2020**	**2019**
TOTAL	4368	4186	4354	4772
Erie/Millcreek	3205 (73%)	3041 (73%)	3099 (71%)	3439 (72%)
All Other	1163 (27%)	1145 (27%)	1255 (29%)	1333 (28%)

Regarding the 'All Other' category, North East, Corry, and Girard had the highest numbers of users of services. Within Erie /Millcreek, the zip codes of 16502 and 16503 had the highest number of users.

Table 11: Service Utilization by Race

By race	**2022**	**2021**	**2020**	**2019**
TOTAL	4368	4186	4354	4772
White	3347 (77%)	3172 (76%)	3311 (76%)	3608 (76%)
Black	689 (16%)	700 (17%)	709 (16%)	780 (10%)
All Other	332 (7%)	314 (7%)	334 (8%)	384 (4%)

Table 12: Service Utilization by Gender

By gender	**2022**	**2021**	**2020**	**2019**
TOTAL	4368	4186	4354	4772
Male	2814 (64%)	2637 (63%)	2771 (64%)	3047 (63%)
Female	1552 (36%)	1547 37%)	1583 (36%)	1725 (37%)
Transgender	2	2	-	-

Table 13: Service Utilization by Age

By age	**2022**	**2021**	**2020**	**2019**
TOTAL	4368	4186	4354	4772
>20	588 (13%)	402 (10%)	488 (11%)	698 (15%)
21-60	3633 (83%)	3739 (87%)	3651 (86%	3965 (83%)
61+	147 (4%)	133 (3%)	127 (3%)	109 (2%)

Regarding the age categories, 21–30-year-olds accounted for 26% of all utilization and 31–40-year-olds accounted for 32% of all utilization.

Appendix: Survey Results

Service Provider Survey

The Erie County Regional Recovery Hub project team developed and distributed a survey aimed at those who provide services to those in or seeking recovery. This was one of four data tools developed and utilized for gathering information during the Needs Assessment process. The survey was developed in SurveyMonkey for easy utilization. Survey links were distributed via email to providers, as well as offered access via QR codes, which were included on hand-out cards and flyers. Paper copies were also made available if requested. The following is a summary of the results of this survey.

The Service Provider Survey was distributed between mid-October and December 13, 2023. A total of 32 individuals representing 30 agencies completed the survey during this timeframe.

Question 1: Which of the following recovery services does your program either provide or have access to via other providers?

	#	%
Certified Recovery Specialists	18	56%
Recovery Community Organizations	2	6%
Family Support Services	19	59%
Food Banks	18	56%
Clothing Banks	17	53%
Job Readiness Activities	17	53%
Recovery Planning	16	50%
Specialty Courts	10	31%
Other	15	47%

Those that responded 'Other' noted the following:

- Youth Development
- Corry Counseling of LECOM Health
- Therapy, court advocacy to those who have been victims
- Benefits/ referrals
- Transportation (Bus Passes) for appointments and job travel
- MAT/Counseling, Color Code
- Inpatient 3.5 Loc
- Peer support
- Treatment court
- Title I: Adult Program & Dislocated Workers; Title I: Youth; Title II: Adult Education & Family Literacy; Title III: Wagner-Peyser Employment Services; Title IV: Voc Rehab; Veterans/Disabled Veterans Services; JobCorps, TANF Services, Trade, Apprenticeship
- Pyramid Healthcare drug and alcohol counseling
- Domestic Violence Services
- Vivitrol
- IOP and OP D&A treatment
- Variety of treatment services, education/training, crisis intervention, case management, medical

Question 2: Please provide a more detailed summary regarding the recovery services available in your community.

- We have multiple OP programs, Methadone/Suboxone/naltrexone clinics, and multiple AA/NA meetings daily at all times of the day.
- Corry Counseling of LECOM Health has served children and adults with mental and developmental disabilities in the Corry area for over 4 decades.
- Counseling/ therapy and groups addressing the history of victimization and its impact on addiction and recovery.
- Erie has many sources of support and resources to provide an individual with the necessities and direction to get on their feet if they have a sincere wish to do so. The key is connecting these resources which is what we try to do. Success is not only from having access to these resources but also getting the individual to be able to access them easily. Resources are useless if the map to them is too complicated.
- Center of Excellence (CRS and Case Mgmt - 4 FT Case Managers)
- Space for meetings, works w/ transgender community, no bullying
- I reflect on the levels of care in ASAM and feel that the Erie Region provides these well but could use a sleep over partial program or more sober living opportunities especially for those without funding and/or forensic backgrounds
- Clients have access to treatment resources, strong recovery community
- Utilize CRS from Gaudenzia, UPMC, Stairways, Crawford County; Erie Family Center, Family Services of NW PA; Second Harvest Food Bank; Rainbow Connections, Erie Free Store, Salvation Army; OVR, Dress for Success; Nesting Families (Gaudenzia SAMHSA grant program); Drug Courts from multiple counties, Family Dependency Court
- We offer a weekly family program.
- We do not have any currently. we attempt to refer out
- There are drug and alcohol services ,CRS services and rehabs ,half way houses women or men specific D&A housing available in the community that we can access
- Transitional housing for homeless women and children with case management services and education.
- We work with all local agencies and organizations in the community to serve our needs of our patients.
- We access assessment services, individual and group counseling and education, and referral recommendations for post discharge.
- We provide an encompassed approach of medical treatment, social work, and peer support. We provide MAT management and care coordination.
- I feel that Erie is full of resources, however I feel that there is terrible communication and collaboration between organizations. Erie has rehab services, counseling, MAT, etc.
- Erie OP is a Center of Excellence, case management and Recovery Support services
- We offer Certified Recovery Specialist- peers with lived experienced. Our peers work directly within our treatment services, in our Warm Hand off Program, and in a grant project to help individuals who have a goal to get back into the work force develop soft skills geared towards work.
- Erie has counseling services, inpatient, outpatient and ongoing
- We have AA/NA/Celebrate Recovery meetings locally, numerous options online. We have inpatient, outpatient, and detox services available in the community. We have CRS, PRS, BCM, ICM, PRS, MMM, ACT, RTFA, LTSR available locally. There are drop-in centers through MHA, Upper Room and Alcanon Club. There are numerous food banks, clothing pantries, free meals, free showers, free laundry services, annual give aways for winter items, household items through Rainbow and Sal Val. Some housing support through ECCM, GECAC, St. Martin's Center, halfway houses, 3/4 houses, faith-based recovery houses, Mercy Center, FWL. There are many more, but that's a good overview.
- We utilize several PHP, IOP and OP programs in the area to schedule aftercare for our discharging clients. We have Central Outreach visit once a month to educate clients on services and offer testing on site. We offer a Fatherhood group once weekly through the Erie Family Center. We assist clients with signing up for vouchers through Rainbow Connection and Salvation Army to acquire clothing if needed. We invite CareerLink on site once monthly to present to clients and offer services. We have an in-house case manager for case management related needs and also work with BCMs, ICMs and CRS staff in the area to provide clients with additional support as needed.
- Stairways Behavioral Health offers a wide range of D&A and MH services. Other providers such as SafeHarbor and pyramid also do the same. MAT providers that do not include PCPs included Esper Treatment Center, New Directions and Crossroads. All have access to service or refer to CRS, Case management services, inpatient,

outpatient, MAT and recently started having access to harm reduction supplies such as fentanyl/xylazine testing strips and Narcan.
- CRS, Inpatient and outpatient treatment, various recovery pathways to include 12-step, smart recovery via zoom, celebrate recovery
- I work with students ages 5 to 18 at an afterschool program. This program provides academic tutoring, mentoring, and assistance with homework. I am in the area of prevention services because with the right social emotional learning, conflict resolution, and character education. My job is to provide my students with positive coping skills so they will not utilize drugs. I hand out lock boxes to the parents of our students which consist of Narcan, Dispose Rx, and fentanyl testing strips.
- The Salvation Army has a food pantry as well as, clothing vouchers for those in need.
- This primarily seems to be certified recovery specialists working in conjunction with other programs. We also have an array of self-help networks. We are missing a 'drop in' type of element.
- VA offers individual and group therapy, IOP, MAT, Peer Specialists, SUD case management, employment support, housing supports

Question 3: When thinking about CRS staff - what specific services do they provide clients in recovery? (treatment court, recovery planning, transportation, etc.)

- Recovery planning
- Transition services
- Without being seen as a food bank-welfare office, we try to offer a system to provide an answer but with the requirement that the individual be held accountable for completion of the pieces we provide for success.
- Recovery supports
- A treatment group and individual feedback from experience
- Recovery planning, recovery support, community linkages, advocacy
- Transportation, recovery planning, connection to 12-step community
- CRS staff provide transportation, recovery planning, going to meetings ,12 step work, support for people in treatment court and pretty much any goal they would like to complete with in guidelines of their company.
- Support
- Shelter, recovery planning, referrals to medical and behavioral health, jobs, food banks, clothing and helping to apply for insurance and assistance benefits.
- CRS Staff are not located in the PA CareerLink offices.
- Representation at treatment court, recovery planning, peer support, counseling.
- They provide peer to peer support to the patients and have a real lived life experience. They are able to provide counseling and representation for their external services.
- case management, transportation to important meetings or 12 step meetings, accompany client to treatment court or CYS or legal meetings, take them to a 12-step meeting, etc
- Recovery Planning, working toward developing independence in the community, they meet folks where they are at in their recovery, link to available resources in the community, offer support, coordinate services, ect.
- All of the above
- CRS' provide recovery planning, education on various styles and types of recovery available, education on the 12-step community, meeting etiquette, overview of early recovery, expectations, aftercare review, explanation of sponsorship, modeling sober/clean behavior.
- CRS staff bridge the gap for individuals struggling with SUD by giving access to local resources as needed to set them up for success in their recovery journey.
- Transportation, recovery planning, emotional support, expanding knowledge of resources
- Recovery planning, sober support, exploration of recovery pathways
- I am in the Prevention field.
- Recovery planning, treatment court, support in rehabilitation settings, after hours/phone and flexible support, harm reduction, warm hand off, advocacy/bridging across services
- Treatment court, recovery planning

Question 4: Regarding recovery services, what pieces are missing that would be of benefit to those in recovery? (supports, unique programming, treatment modalities not currently offered, etc.)

- We would benefit from having CRS on staff
- Transportation modes
- Access to recovery services for the youth
- As a newer person in these programs, what I see as the biggest hurdle is NOT resources; it's obtaining them easily. For example, if the individual is directed to see ten people at ten different locations, at ten offices spread out over a city (especially if they are new to the area)...you will set them up for failure as it is a daunting task. Especially if one office directs them to another office for the same thing. They may just give up.
- Trainings
- Issues w/ confidentiality, funding, contracts, Vets having to get meds through VA
- Erie could use a sleep-over partial program or more sober living opportunities especially for those without funding and/or forensic backgrounds
- More housing
- Recovery housing for women, recovery housing for women with children, funds for contingency management
- Easier access to MAT such as Sublocade or Vivitrol.
- Any services would be helpful as we do not provide any
- Not enough daytime meetings (AA-NA meetings)
- Childcare to attend outpatient services or virtual options
- Transportation-there is a huge lack of reliable and affordable transportation. There are no options to those living on non-bus routes.
- Longer Term Support Systems that allow additional "Check ins" to improve employment retention for community members with multiple employment barriers (including drug & alcohol recovery recipients).
- Drug and alcohol support groups within a residential program that is not drug and alcohol licensed for adolescents
- Housing, transportation, decreased stigma in the community, the need for harm reduction methods-such as safe rooms, needle exchange, wound care, access to services in the streets
- No harm reduction program-meaning no mobile services, no safe use rooms, no needle exchange site, no mobile wound care.
- More on harm reduction, stigma, meeting folks where they are at in their recovery process.
- Options for single parent with children that need inpatient services, A CRS staff that is able to come to our facility for individuals in need
- More options for stepdown LOC with housing. Halfway house, 3/4 house, sober living.
- I personally feel as though Erie County offers a lot of resources, more than in other counties/states I've worked in. I would like to see more trauma informed care in general in the community. We currently utilize the Crime Victim Center when needed which is very helpful, however if more agencies were aware of and offered trauma services, I feel this would be very beneficial to those in recovery in the community.
- More halfway housing, 3/4 housing and insurance coordination. Need more harm reduction and prevention. Clients need more treatment/education on basic skills such as budgeting, time management, transportation and more homeless shelters for coordination for Erie County Prison release.
- Increased and more varied in person recovery support groups
- I believe more money and initiative needs to be focused on prevention with our adolescent and teen population.
- I feel that the rehab stay is not sufficient. A 30- or 45-day stay is not long enough for someone who has been battling drug or Alcohol addiction. A 90-day stay should be the minimum.
- Drop in settings similar to what we see with clubhouses in mental health; greater emphasis on career and job readiness - things that extend beyond social services, justice, and treatment settings to the 'real world' of recovery.
- Transportation

Question 5: Please answer all that apply regarding recovery housing:

	#	%
Recovery House - Provide by our agency	*3*	*9%*
Recovery House - Provided by others in Erie County	*26*	*81%*
Gender Specific Recovery Housing - Provide by our agency	*2*	*6%*
Gender Specific Recovery Housing - Provided by others in Erie County	*24*	*75%*
Family Recovery Housing - Provide by our agency	*0*	*-*
Family Recovery Housing - Provided by others in Erie County	*20*	*63%*

Of those that answered their agency provided recovery housing, one deemed it to be licensed; 2 noted it is in the process of becoming licensed, 2 noted it isn't licensed, and 4 were not sure.

Question 6: Regarding recovery housing options in Erie County in general, what is your overall view of what is offered? What works? What is missing or can be improved upon?

- As an agency we are not real familiar with what recovery housing options are offered
- Having available, affordable outpatient counseling services close to home with minimal/no wait times would be very beneficial to successful recovery for our community members.
- Again, I believe simplified communication is the first step. Sex offender housing will continue to be a hurdle.
- Gender-specific and mothers-with-children and dual-diagnosis
- There is not enough beds, and they do not accept many clients that I have worked with due to their background
- We need more housing
- Limited options, money available but many landlords unwilling to rent to high-risk population, options are often in neighborhoods not conducive to recovery, several programs preclude individuals using MAT forcing individuals to choose between housing and personal recovery plan
- They are horrible. Even with the new houses opening up, clients have complained how bad they are.
- Not enough people with shared lived experience that work in places like these.
- It works be helpful to have an option in between outpatient and inpatient for people who have relapsed, but are not at the level to need inpatient treatment
- No comments.
- I deal with teens so I am not aware of any recovery options for them in terms of housing.
- We need more of them. We do not have enough places for people and their children and we certainly do not have enough for women.
- Not even places for women and their children, cannot accommodate all children
- Need more in general, gender specific
- There are not enough beds available to serve Erie County, there are no rural options. Some (3/4) require payment prior to clients being able to return to workforce, limited funds available to assist with that.
- Erie county is limited in options for Recovery Housing. I would like to personally see more Recovery Houses be accepting of MAT individuals.
- There is not much offered. The unlicensed facilities seem to be the last step for people before they return to living on their own because they have more freedom, have to know how to access services on their own and it seems that nontraditional treatment is more effective for those who have been in and out of the system for years. At some point the standard treatment isn't effective for people who have been in rehab numerous times. They need real life experiences and need to learn basic skills.
- More recovery housing is needed
- I am unaware of any recovery housing that is not tied to the Salvation Army.
- More is needed

Question 7: Which of the following peer workforce supports are available in your program/agency?

	#	%
CRS Supervisors	*6*	*19%*
Training/Education Opportunities	*20*	*63%*
Reimbursement for ORIGINAL CERTIFICATION	*13*	*41%*
Reimbursement for RECERTIFCATION	*12*	*38%*
Livable Wages	*13*	*41%*
In-depth training from employer to understand role	*14*	*44%*
Other	*6*	*19%*

Question 8: Please provide us with a more detailed summary of the peer workforce supports in your agency.

- Our strategy is to offer programming focused on prevention. We have the ability to offer workforce support
- We all collaborate in helping hone our skills, provide objective feedback on difficult cases, and have been helping one another towards licensing goals and other credentials.
- Can get reimbursed for continued certification and are given a bonus for new certification to encourage that more than covers the initial costs. This includes expenses for supervision for LPC.
- Internal training institute, Online training system. access to community trainings.
- Gaudenzia values training and the Gaudenzia Training Institute offers multiple trainings monthly, reimburse for state licensure and PCB certifications, weekly supervision for first 6 months of employment
- Peer support and we help people with their mental health but, could also cross with D&A issues. Learning coping skills, Going to meetings or groups ,where to get housing or help with different situation, transportation(riding bus, finding rides through insurance, uber, taxis..)
- There are too many to list here. If needed, we can supply a separate supplement.
- We only have one peer in our program, we provide her with educational trainings, webinars and the opportunities to gain extra certification
- please reach out to Jessica Barr who additional information as I do not supervise the CRS employees.
- We offer lots of support to our peers, ongoing supervision, monthly group supervision, lots of training opportunities.
- Many of our peer workforce supports are in recovery themselves, with a minimum of two years of consistent sobriety, actively working a variety of 12 Step programs. Several of our peer workforce supports are also Certified Recovery Specialists.
- Stairways pays for our initial certification and also will pay for any trainings that are appropriate to job development. We also have access to free Relias trainings throughout the year.
- CRS
- Ongoing education, teaming, networking with peers across agency and in community. career ladder for promotional opportunity, yearly merit increase.
- VA offers compensated work therapy, and an employment specialist that has a focus on SUD

Question 9: What specific training and educational opportunities are available to CRS staff? What training topics are needed that would benefit CRS staff?

- Training has a heavy focus on youth development and safety
- Continuing education Units.
- Arc Modules, Mental health training, Human trafficking training, Suicide prevention, LGTBQ training
- more training opportunities
- Many through a training website (relias). DDAP trainings, encouragement to find local ones that would benefit the program or apply to the population.

- Internal training institute, Online training system. access to community trainings. In need of more DDAP MI trainings required for licensing
- Internally provided: Verbal De-escalation, Mental Health First Aid, Nurtured Heart Approach, DDAP required trainings, Narcan rescue, group counseling skills Community/Online: Frist Aid/CPR, Recognizing and Reporting Child Abuse, DDAP required trainings, Narcan rescue, Emotional Intelligence, Motivational Interviewing Availability of online trainings has been helpful; however, some topics would benefit from being in person; need more mini-regional DDAP training events; sometimes difficult to pull staff from residential programs for trainings due to personnel/staffing issues and program schedule/treatment requirements/client needs. Needs: MAT, transitioning from peer to staff
- We pay for CEUs and offer in house training.
- Staff is encouraged to seek out training on their own.
- Only what is needed for peer support certification, crisis interventions, agency trainings compliance trainings.
- We have access to several free online trainings. We can improve in this area.
- Training is available regardless of the designation: staff, worker, etc. The criteria is established by state and federal guidelines. Our case workers/counselors handle all training and educational opportunities on a 1:1 basis. ANY person may attend ANY workshop we offer (online or in person or 1:1) without cost to the participant. ANY person may visit any PA CareerLink to access technology, copiers, faxes, etc. at no cost to the participant. We have (2) physical locations within the NW PA area and multiple mobile sites throughout the 6-county NW PA area.
- Online webinars, there are no in person opportunities, but they are needed
- Online webinars through recovery is beautiful, DDAP, harm reduction coalition
- Please reach out to Jessica Barr who additional information as I do not supervise the CRS employees.
- We have on going trainings throughout recoveryisnwpa.org, Comprehensive crisis mgmt., Applied suicide intervention training, lots of in-house trainings.
- All the above are available to staff. Additional training topics would be more hands on/situational trainings with ethical situations, self-care in the peer role, how to ask for help (peers often want to be seen as equal and don't ask for help when getting overloaded).
- We offer bi-weekly and monthly in-house training opportunities for all staff to attend. Staff are informed, encouraged and some are required to attend trainings both in the community and online.
- DDAP and TRAIN PA offer in person and online training courses towards certifications. Stairways has a once-a-month lunch with a Vivitrol representative to stay up to date on any changes. CPR/First aid is offered in person at Stairways. All the training offered appears to be flexible and easy to access however sometimes registering on DDAP makes it difficult because you have to email a provider and the number of open seats is not always current.
- Staff are able to identify and attend trainings to enhance their skills and support their work with clients (in person trainings through DDAP as well as online resources)
- This is extensive - too much to list. mental health, substance use, crisis related, professional development. in person, online, in and out of the agency. More is needed to support the peer specific role here locally to drive that networking that comes with it.
- Training opportunities are available as identified/ required

Question 10: What else would you like to share regarding the overall state of recovery programming within your agency? Within Erie County?

- Our agency has a client centered approach. We offer individual support, and recently have been granted funds to begin providing OP Groups. We also offer tele-health, which has helped cut down missed appointments and also with the clients' resistance for treatment. Erie has several options to fit a multitude of needs for the individuals in order for them to find the best possible fit while trying to get clean and sober.
- Non existent to my knowledge.
- OP LOC Treatment; 23 staff (50% BIPOC) and client #s 180-200, including LGBTQ and BIPOC
- See meeting minutes
- It seems to be supportive.
- We offer a full continuum of care for clients. Multiple entry points into treatment. Offices in rural areas where transportation is more difficult.

- Erie is great at offering options for recovery services. Most agencies/staff work well together to meet clients' needs; Need more CRS staff in the community
- Would like to start CPS meetings again to support peer support .
- We are not a drug and alcohol licensed organization. We contract with a community provider for drug and alcohol services to our teen residents. We notice a change in facilitators and need to educate them about residential clients in a mental health program.
- We need more cohesiveness between organizations
- I feel that collaboration is needed for successful care, it's not "stealing" clients, it's about ensuring that they have all the resources and assistance they need to be successful
- We need more drop-in stations that are staffed with CRS staff and CPS staff. There needs to be some rural options as well.
- I believe Erie County as well as our agency specifically are making great strides to set individuals suffering from SUD up for success and sustaining long term recovery. I am very encouraged by the progress the county and state are making to help these individuals.
- There is a wide range, but we are really lacking prevention, harm reduction, community engagement and recovery housing. All current treatment is more focused on traditional treatment that most of our clients have heard numerous times and come to a loss of not knowing what else to do.
- We do not provide direct recovery programs at this location; however The Salvation Army Adult Rehabilitation Program provides residential recovery programs. Our location provides support services, such as, food and clothing.
- We have a lot of opportunity for growth.
- SUD services within the VA system continue to expand, including peer and employment supports

Question 11: Thinking about clients within your program, how would you describe the current population of SUD service users? (think about demographics, socioeconomics, rural/urban, etc.).

- Urban youth who come from disadvantaged circumstances and live in poverty. A majority coming from a single parent household
- The majority of mine are white males, ages 30-50, alcohol and amphetamines are the overwhelming majority of substance abuse, and most are lower income within the community.
- Diverse
- 15 clients max
- High amount are tied to forensic needs. Meth use while on MAT is a common combination.
- We see clients in both rural and urban settings. Our population is majority males; 20-50.
- Average demographic: White, 25-35, low income, extensive trauma history, limited employment history, justice/OCY involved, rural, pregnant and/or parenting with multiple children by various partners, IPV history, co-occurring MH and SUD
- We are seeing more and more methamphetamine users.
- largely transgender or otherwise queer-identifying clients. additionally, a smaller % is older and addicted to prescription pain killers.
- I believe we have a high population when it comes to this.
- Our numbers are increasing.
- Customers with barriers to employment.
- Demographics are across race, gender and socioeconomics.
- Rural, low income/unemployed, unhoused
- Rural, low socioeconomic
- 70% mandated by someone (legal, OCY, parent, etc). middle and lower class. do take private insurance but majority of population are those who have Medicaid
- Both rural and urban
- Primarily urban, lower income

- Most clients are in poverty, city living or county with no transportation available and limited service providers for client choice. Many are generational users. Most are involved in the legal system and financially/educationally underserved.
- Our detox clients are both male and female ages 18 and above suffering from SUD. Our residential clients are male only ages 18 and above. Majority of our clients have previously attended in treatment and have legal issues either pending or previous. The majority of the population we service are dual diagnosis, do not have current employment, reliable transportation or stable housing.
- Most of the people in the Erie County Prison come from low-income urban areas however we do have some that come from rural areas that range from middle to low-income families. Crack users are more of the older generation African American males. Meth users come in a wide variety however is seen in a higher number of white individuals. Over the past 3 years there has a been a shift in men and women transitioning from heroin to meth because it is "safer". They also are switching to stimulant use because you can still use stimulants while on MAT. Now fentanyl is in almost every substance including cocaine and cannabis.
- Many of the clients we see are homeless due to drug and alcohol addiction. The majority seem to be white males ages 20-35.
- Varied. in our agency, we see mostly lower income folks from the immediate Erie area.
- Rural populations really struggle with lack of transportation to meetings and overall programming in the community

Question 12: What are the biggest needs of current clients that are prohibiting them from being successful in their recovery? What are the primary barriers or challenges that they face?

- Transportation to treatment/work/meetings etc. also a lack of internal motivation to want to change or get sober.
- Having available, affordable outpatient counseling services close to home with minimal/no wait times would be very beneficial to successful recovery for our community members.
- The ease of getting services. Potentially people who can help them coming to them if needed as opposed to making them come to an office that could be difficult to get to. The bus system isn't the greatest so getting to mental health services especially can be a challenge.
- Transportation, more support, help
- Known available services and resources.
- Transportation
- Discharge resources & stage of change of the client.
- Housing, Recovery friendly social activities
- Stable housing in a safe community, employment opportunities transportation barriers, lack of childcare options, need basic documents (state ID/driver's license, SS card, birth certificate)
- Transportation!
- Mental health / dual diagnosis treatment or collaborative care
- Housing and limited income and not enough BCM, wages for staff 9CPS,CRS,wellness coaches, CPRP...) phones, tablets
- Housing options, livable wages, access to outpatient treatment and support for people with children
- Transportation and lack of mental health services
- Our clients face myriad of barriers from housing, livable wages, drug/alcohol recovery, employment re-entry, etc....
- Mental health and family relationship issues
- Transportation, employment, financial deficit, lack of housing
- Transportation and lack of finances
- Sober housing, safe sober places to go to, lack of CRS services for adolescents
- Transportation, financial, housing, ect
- Financially, transportation
- More aftercare options including stepdown level of care with housing included, ability to learn job skills and ADLs while in a supervised setting due to the generational nature of addiction.

- We see a lot of institutionalized thinking within our clients that prohibit them from being successful even with counseling. Another challenge is failure of application of the knowledge learned by the individual. Lack of housing options is a big need for current clients. Family members without addiction knowledge and poor boundaries.
- Housing-most of our clients go back to the same environment or utilizing rehabs, halfway housing in other counties but come back to the same environment. They are ineligible because of their credit, income or criminal record. For women co-dependency is a major barrier. They find appropriate housing but do not follow the rules or leave to go back with their significant other. Family involvement is also a barrier in treatment. Recovery programs are a mixture of first-time treatment clients and clients who have had numerous amount of treatment and may need a more advanced level of care/curriculum. They are overwhelmed with the amount of appointments to attend in different places. Examples, probation, MH, D&A, OCY, employment. It makes it difficult with transportation and time having to go to so many places.
- Housing, transportation, childcare
- Housing and extended rehabilitation opportunities.
- Transportation. Stigma. Competing demands of life that people with less social capital and economic resources feel more acutely - for example, working at a job where you can't take time off easily or dealing with sharing a vehicle or many additional stressors like legal involvement.
- Lack of childcare, healthy supports, transportation, housing

Question 13: What do you need as an agency/program to be more successful in working with clients in recovery?

- Continued collaboration with all agencies in the area.
- Another therapist that is experienced in working in recovery and with victimization.
- Certified Recovery specialists
- Wants to hire another PT CRS
- Trainings that look at basic information in addictions for newer staff to learn (addictions 101 advanced versions)
- Reduced redundancy in paperwork, funding for projects, rate increases with increased costs
- Higher wages, more staff, less stringent timeframes for documentation, longer authorizations from managed care
- Access to transportation.
- Training and referral assistance
- Funding, reliable vehicles, training supplies to hand out, supplies for peers for in the home or the homeless ,help with becoming electronic record
- Someone with experience in residential treatment, training, access to outpatient treatment for mothers
- Increased funding and transportation services for our patients
- Understanding the disease concept and how addiction impacts the individual psychologically.
- Getting the word out about our program and the services we have and have the opportunity to work with other local agencies to better our clients' lives
- Transportation services to rural communities
- Employee turnover has been difficult over the years and candidates not wanting to accept offers due to salary amount offered, without employees we cannot grow or add more services
- Access to resources, funding, activities for folks to engage in.
- More education and updated information
- Funding for housing, stepdown level of care, vocational options, increased salary to maintain quality employees.
- Additional training opportunities in the community.
- Housing to transition people out of incarceration, homeless shelters for those who cant access housing, medical assistance coordination,
- More resources for housing, transportation, jobs with livable wages for clients, educational opportunities for clients, central hub to link clients to resources

Question 14: As the community moves forward in developing a Regional Recovery Hub model, some of the offerings will include technical support to service providers by RRH staff? Are there any areas that you can identify which would be helpful to receive staff assistance?

- Recovery services
- Trainings
- Having electronic records, mini laptops
- Enrollment into state health plans/services; including crisis and mental health management.
- Our staff would like to understand the curriculum and model that the contracted provider uses with our clients in counseling.
- In person trainings
- Harm reduction approaches
- Please reach out to Jessica Barr who additional information as I do not supervise the CRS employees.
- Any information would be very helpful
- Less duplication of documentation. Clients become overwhelmed and annoyed repeating their history and clinicians are swamped in paperwork duplicating documentation in 2-5 different systems depending on where the service is provided. Easier scheduling- a lot of places moved to call centers and it makes it extremely difficult and time consuming to schedule aftercare appointments.
- I really would like for those in recovery (mentoring) to come and share their story with my students in order to aid in the Prevention part of Drug/Alcohol.
- Peer training and mentorship.

Question 15: Any other comments or thoughts you would like to share with us that would be helpful in developing a Regional Recovery Hub?

- Our agency focus is youth. It would be helpful if there was more funding available for prevention strategies.
- I would like to pose an idea, at the meeting or further meetings following this one. A joint effort combining the specific attributes of many in a more effective manner, bringing a more successful outcome.
- COE helps with coordination of care
- Educate community members to reduce stigma around individuals with SUD
- Regional recovery hub network, to talk and share ideas, get information, link to services or find information
- Harm reduction and collaboration
- Prevention

Certified Recovery Specialist Survey

The Erie County Regional Recovery Hub project team developed and distributed a survey aimed at Certified Recovery Specialists in the community. This was one of four data tools developed and utilized for gathering information during the Needs Assessment process. The survey was developed in SurveyMonkey for easy utilization. The survey was distributed via email links, QR codes which were included on hand-out cards and flyers distributed at various locations in the community, and paper copies when requested. The following is a summary of the results of this survey.

The Certified Recovery Specialist Survey was distributed between mid-October and December 13, 2023. A total of 14 individuals completed the survey during this timeframe.

Question 1: Which of the following recovery services does your program either provide or have access to via other providers?

	#	%
Certified Recovery Specialists	12	86%
Recovery Community Organizations	12	86%
Family Support Services	12	86%
Food Banks	9	64%
Clothing Banks	12	86%
Job Readiness Activities	7	50%
Recovery Planning	9	64%
Specialty Courts	5	36%
Other	0	-
None of the Above	0	-

Question 2: What specific services do CRS staff in your program provide clients in recovery (treatment court, recovery planning, transportation, etc.)?

- At this point, my agency mainly provides CPS services to the population we serve
- Meet at 12 step meetings referrals recovery planning
- NA/AA/MARA, recovery planning, referrals, MAT
- Treatment, recovery planning
- Recovery Plans, transportation, sharing lived experiences, find a pathway that works for the client, help build sober supports-personal & professional
- If a client doesn't have transportation, I am allowed to meet them or pick them up for our session. I also after their intake make a recovery plan
- 28 days rehab, 90-day rehab
- We help people learn the importance of support in their recovery and life without drugs and alcohol as well as learning coping skills to live a life without drugs or alcohol.
- I assist clients in sustaining recovery. I help them find a pathway that works for them, since recovery is not linear or cookie cutter. The clients that have social anxieties I can take out to social settings and aid them through the anxiety aspect. I can transport them to meetings or places in the community if we are to have an appointment. I can go as support to certain court hearings as well. We do an individual recovery plan usually at the second appointment. These are goals that are attainable for them and apply to their current situation.
- SUPPORT TO GET CONNECTED TO SERVICES CLIENTS FEEL THEY NEED
- Support, resources

- Transportation in community for our appointments, individual recovery plans, strength-based assessments, sharing lived experiences, connecting clients to a pathway that works for them since recovery and growth are not cookie cutter.
- Recovery planning and support along with "counseling"

Question 3: Regarding recovery services, what pieces are missing that would be of benefit to those in recovery? (supports, unique programming, treatment modalities not currently offered, etc.)

- Transportation
- Transportation
- Gambling training for addiction, sex addiction, money addiction
- More pathways offered, more programs for parents with children, housing, transportation, job readiness
- Somewhere to go instead of calling 814-shelter
- I feel personally that we should offer multiple types of MAT under one roof, a "one stop shop" if you will. I do see that more providers and facilities are embracing the "harm reduction" aspect and I would just like to see more of that. Having easier access to other pathways of recovery I believe would also be very beneficial.
- HOUSING FIRST, WITH LIVED EXPERIENCE IT IS STILL VERY DIFFICULT WITH A LOT OF BARRIES IF A CLIENT HAS BEEN INVOVLED CRIMINAL JUSTICE SYSTEM TRYING TO GAIN EMPLOYMENT TO MAKE A LIVING WAGE TO SUPPORT THEMSELFS.
- Drop-In centers, more events centered around recovery
- Easily accessible transportation, more pathways offered, more acceptance of harm reduction, and more recovery implemented in the counties- not just the city.
- More harm reduction

Question 4: Please answer all that apply regarding recovery housing:

	#	%
Recovery House – Provided by our Agency	2	14%
Recovery House – Provided by Others	13	93%
Gender Specific Recovery Housing - Provide by our agency	0	-
Gender Specific Recovery Housing - Provide by Others	10	71%
Family Recovery Housing – Provide by our Agency	0	-
Family Recovery Housing – Provide by Others	12	86%

Question 5: If you answered Yes to providing any recovery housing in your agency, what services are offered? (job readiness, recovery meeting requirements, specific populations, etc.)

- Recovery meetings for women's/ men's infinite homes
- LTSR, RTFA & Fair Weather Lodge, each program is different
- Recovery meeting requirements
- The Fair Weather lodge, LTSR, and RTFA are all branches of Stairways. I believe they are not solely focused on recovery, however.

Question 6: Regarding recovery housing options in Erie County in general, what is your overall view of what is offered? What works? What is missing or can be improved upon?

- Wait time is long

- More traumatic training
- It is hard to get clients into a lot of places most wait lists are years long
- Wait time is to long
- Increased drug testing requirements for community meetings, mental health evaluations
- Not enough for women, not enough for parents with children
- Need more info-it maybe in your handout
- There are more options for males and I would like to see more places for single women, women with children, and if at all possible housing for families.
- THERE IS NOT ENOUGH OF HOUSING AVAILABE IN ERIE COUNTY FOR WOMEN AND CHILDREN/FAMILIES
- There isn't any to my knowledge that accept people on medically assisted treatment
- There are not enough housing options for mothers/families and children.
- Barely any options for women except Gaudenzia programs and mercy center.

Question 7: Which of the following peer workforce supports are available in your program/agency?

	#	%
CRS Supervisors	*8*	*57%*
Training/Education Opportunities	*10*	*71%*
Reimbursement for ORIGINAL CERTIFICATION	*6*	*43%*
Reimbursement for RECERTIFCATION	*10*	*71%*
Livable Wages	*3*	*21%*
In-depth training from employer to understand role	*9*	*64%*
Other	-	-

Question 8: Please provide us with a more detailed summary of the peer workforce supports in your agency. Are there any supports not offered that would benefit you as a CRS?

- There aren't any benefits unless you are working as a CRS because it doesn't pertain to your position
- Once again, more education
- NDHC supports for us as a CRS I truly feel is pretty well. I have supervision once a week where i can discuss anything I may be struggling with and even if I have a need outside of supervision my supervisors always welcome me to come to them for questions or advice or whatever I need
- Suggestions on how to help difficult clients
- I want to become a CPS as well. I think more sessions that involve family would be good too
- MY AGENCY HAS MORE MENTAL HEALTH SUPPORTS AVAILABE FOR THOSE WE SERVE THAN CRS I WORK IN THE CAPACITIY AS A CRS WHEN NEEDED SINCE I AM DUAL CRTIFIED
- More time for meeting clients
- I think that the trainings that we must take for Stairways can also carry over into CRS roles. We also belong to the PaPSC which offers trainings to both CRS and CPS.
- MY AGENCY HAS MORE MENTAL HEALTH SUPPORTS AVAILABE FOR THOSE WE SERVE THAN CRS I WORK IN THE CAPACITIY AS A CRS WHEN NEEDED SINCE I AM DUAL CRTIFIED

Question 9: What specific training and educational opportunities are available to CRS staff? What training topics are needed that would benefit CRS staff?

- Anytime there is a training in Erie, NDHC lets me know, we just attended a domestic violence training through SafeNet

- Trauma, Coping Skills, Clinical trainings, Schizotypal training
- Ethics, confidentiality, etc. More trainings regarding minorities, LGBTQ+ and other recovery pathways
- Stairways D&A clinic is good on giving us the training we need
- Mental health training CPS legal housing info
- I think more trainings on the different pathways would benefit the more "close-minded" individuals. Inside and outside this agency.
- Motivational Interviewing
- There isn't much it's like if you're a CRS in this field that's what you will be till you retire or decide to do something else
- More options for in person ethics training, as well as updated information on research chemicals that won't show up on drug tests.
- Harm reduction, women's health, single dad support

Question 10: As a CRS, what do you view as the biggest challenges or barriers that current clients face that get in the way of successful recovery?

- Acknowledging that they have an issue
- The long process of getting new clients services to begin
- Homelessness, transportation, lack of support outside of clinic
- Hopelessness, not fast enough recovery
- Stigma. Only having "recovery" in the city. Transportation issues
- They don't want it, soon as they get off of Probation, they stop
- Housing-work training
- Housing for mom and their kids, being held accountable, being able to go to different meetings with clients for support
- My current caseload it seems the biggest barrier is their social anxieties. Having anxiety makes it more difficult to gain sober contacts etc. The clients that would like to do online zoom meetings may not have internet access either. Isolation, whether self-induced or due to past behaviors in addiction, also plays a role.
- THE STIGMA THAT IS VERY MUCH A BARRIER FOR CLIENTS AND CRS, FUNDING TO SUPPORT HOUSING AND OTHER TREATMENTS NEED TO HAVE A STRONG AND HEALTHY FOUNDATION IN RECOVERY
- The want to be clean or any motivation to be clean
- Stigma against SUD. Insurance only paying for certain treatments. Clients being pulled in so many different directions and getting overwhelmed with appointments. Lack of affordable childcare.
- Poverty, domestic violence, and poor mental health treatment

Question 11: As a CRS, what specifically do you need to be more successful in working with clients in recovery?

- Bus passes to get people to mtgs
- More collaboration with others in the community to CRS staff
- Being able to get clients' transportation would be the biggest help at this point
- More clinical training
- Working in IRP's (Individual Recovery Plans)
- More understanding of drugs and what to look for in people
- I would like to figure out somewhere I could take clients to express themselves. Like an art studio or some kind.. Poetry, clay pottery, stained glass, painting etc.
- MORE EDUCATION/RE-EMBRUSEMENT TO BETTER SERVE THE POPULATION I WORK WITH
- More rehabs in my area

- Just continue to be open-minded and learn as much as possible.

Question 12: What role do CRS staff have in recovery celebrations within your program?

- I have been given the assignment to talk about what peer professional "CPS/ CRS" mean to me
- We attend all events in our area as long as it's possible
- Outreach, promotions participation
- We address big & small victories for each client
- We participate in as many as functions as possible.
- If we want to attend one, we just tell/ask our boss.
- I HAVE BEEN CHOSEN TO REPRESENT MY AGENCY THAT EMPLOYEES ME AT THE LAST RECOVERY CELERBRATION AS A CPS
- I have only been employed here for 6 months so I am unsure.

Question 13: As a CRS, what support services do you view as being most important for recovery?

	Not important at all	*Not too important*	*A little important*	*More important*	*Most important*
Recovery or Supportive Housing		*1*		*8*	*4*
Sober/Drug free recreational/social activities				*2*	*11*
Support Specialists			*1*	*4*	*8*
Education around addition and recovery				*7*	*6*
Help w/ job skills and finding employment				*5*	*8*
12-step and other support groups				*6*	*7*
Access to Medication Assisted Treatment		*1*	*1*	*4*	*7*
MH Treatment including counseling and psychiatry					*13*
Other recovery support services not listed					

Question 14: Any other comments that you would like to share.

- Being dual certified for most jobs
- More livable wages
- More livable wages (I am not doing this for the money but)
- I feel Erie County as a whole lacks resources for people in recovery.

Forensic, Legal, and Other Support Service Survey

The Erie County Regional Recovery Hub project team developed and distributed a survey aimed at those who provide services to those in or seeking recovery. This was one of four surveys developed and utilized for gathering information during the Needs Assessment process. The survey was developed in Google Forms for easy utilization. Survey links were distributed via email to providers and also offered as paper copies, if requested. The following is a summary of the results of this survey.

The Forensic, Legal, and Other Provider Survey was distributed between mid-November and December 13, 2023. A total of 28 individuals completed the survey during this timeframe.

Question 1: How does your agency interact with people in or seeking recovery from substance use disorders?

- Works with organizations that do reentry work in the community. That causes us to have connections with individuals in recovery. The ministry interacts with people in recovery through services, community events, etc.
- We work with those returning to the community from incarceration and support them through case management to access and attain whatever services they may need, including D&A referrals for assessment.
- We provide a safe, secure, sober living environment.
- Directly engage with recovery population to link services and provide case management.
- State Parole supervises those that are in active addiction/recovery; CRPA does COG groups and individual sessions.
- We supervise and interact with everyone service a state parole sentence.
- We supervise and interact with everyone release from a state prison.
- Client calls office or referral source, then we screen/assess; refer to D&A treatment. We provide ICM service and case management.
- We refer them to D&A counseling or have them place in a facility that will have D&A counseling; clients are drug screened randomly
- We go out into the community, feed the homeless, pass out Narcan, offer NA/AA walk-by-faith meetings every week. We offer food bank twice a week, we would like to link up our clients with other clients up to 3 years out of recovery and/or incarceration.
- Refer out to Erie County D&A, Esper, MH Services, Detox, or jail Depending on supervision history. Tx Court works directly with D&A/MH case managers.
- Full service employment and training assistance.
- We provide mentoring to address living obstacles and direct them to agencies specializing in D&A.
- Offer treatment groups while incarcerated; coordinate probation/parole regarding discharge to rehab/op treatment. Referrals to ICM, CRS, ECRSSA, CVC
- We provide screenings, assessments, referrals and funding for those who are not insured or underinsured and cannot pay for D&A tx Services.
- Providing a 3.5 LOC inpatient program
- Through a referral process. Individuals are in our Adult Ed program that typically have SUD's.
- Calls to our 814-SHELTER line; Self Start
- a lot of the people in my court are suffering from addiction and MH disorders. They are parents, students, criminal cases, summary offenses.
- We complete the assessments and set up tx for those in need.
- Task them to consider the loss they employ if risky behavior or social connection. Will remove them from the lives of those whom invested in them while in prison. Ask questions like what about your kids, parents, siblings?
- group settings, referrals
- The Pa State Police has frequent interactions with people with substance abuse.

- By completing assessments and making tx recommendations. We approve funding for those who qualify. Answering phone calls from community members and assisting them with any drug and alcohol related questions. Assisting community members in accessing any resources needed to support there recovery.
- Provide screenings and assessments to link to treatment. Ongoing case management to link to non-treatment resources.
- Individuals who have been charged w/ crimes and present w/ SUD's and have been sentences and are on probation/parole and continue with treatment
- a. At the Erie VA we offer outreach, coordination, and treatment of SUDs. We have a SUD peer, SUD employment services, case management. Levels of care: OP, IOP, and Residential
  We offer groups as well, including relapse prevention; Outreach events; We conduct both in person and virtual interactions
- Our officers are often the first point of contact with someone who is having an issue that is suffering from SUD. Our officers make referrals daily for those suffering.

Question 2: Please list specific programs your agency has that could benefit individuals in or seeking recovery.

- We do not have any specific programs for individuals who are in recovery.
- Nothing specific regarding D&A, but we have a peer mentor who has lived experience as a reentrant. He is able to talk with clients to help reduce stress or desperation.
- GECAC and rental assistance for our residents.
- ICM/ongoing case management; SAP referrals
- COG groups, Smart Recovery, Supervision
- SMART recovery groups; Carey guides
- SMART Recovery, CBT interventions, NCTI
- CROMISA, ICM, CRS, Tx Court, FD Court, GECAC Housing funding
- Our AA meetings, NA meetings, walk-by-faith, food bank, help with God Planning, transportations, bringing awareness, plans of opening reentry home.
- We refer offenders for D&A and MH assessments. We have a DRC program which brings in CareerLink, BNI, Anger Mgmt and other groups. However, the DRC is underutilized as judge recommends on orders.
- Mock interviews; answering employer questions; resume development; job search; financial assistance to gain employment; apprenticeship; tons of training.
- MAT program, aftercare, CRS, group therapy/individuals
- CROMISA, ICM, Tx court, Family Dependency Court
- Trauma, Coping skill development, pro-social skill practice, motivational interviewing, use of MDT w/ recovering addicts and professionals to build programming, MAT, MH, PCP, Housing, CRS, specialty in forensics
- Adult Education, GED classes, ESL
- Self Start PSH - housing for those that qualify; 814-SHELTER - for those seeking shelter; referrals for rent help.
- Warm hand offs at our offices with police stations; pre arraignment assessment; doors to door where the client is to treatment.
- we offer funding for those w/ no insurance; we fund tx and some MAT.
- could help to humanize those entering addictions effort.
- IOP/OP group, vivitrol, CROMISA, assessments, CRS
- The Pa State Police doesn't use a specific program but could benefit from knowing treatment centers that are open 24/7.
- ICM; Assessments; Narcan dispersal; Funding
- Case management, treatment funding
- Drug Tx Court, Veterans Court, LETI
- LETI, New Directions, Millcreek Behavioral Health, Gaudenzia, et

Question 3: What is your overall view of recovery services in Erie County?

- I think that there are several recovery services available for individuals in our community. I feel there needs to be better coordination and unifying of those services and better funding as well.
- Decent OP, Poor IP, especially for women.
- Plentiful but timely in delivery.
- I am new to recovery services, but Erie County seems to provide and array of recovery options.
- I feel that Erie County has services, but not much of a variety for the approach
- There are a variety of recovery services available. However, other services like housing are lacking.
- Abundance, but not variety
- Good, but need more for women (half0way, 3/4 houses, and veterans)
- Don't believe that there is enough for juveniles throughout Erie County; transportation and parental cooperation is also an issue.
- Not enough close and personal treatment, need more Peer and recovery support system; not enough transportation to recovery resources meetings.
- Overall good, better than most counties. Maybe need more HWH, 3/4 houses, etc
- Lacking a central conduit for services.
- I think they are somewhat bifurcated and there seems to be a lack of efficient communication.
- Many options but they need to be more population-specific. Too many services in different areas. We need a central hub.
- We have a vase number of recovery services, but there are gaps that need to be filled.
- There is a lot but stepdown services w/ housing is a gap.
- Operates in silos - our organization should be working with all of the stakeholders in the meeting today; however, we were not aware of their services and vice versa.
- Erie has many helpful programs.
- we have some great providers, need to support them.
- I think we have a ton to offer and Erie Does a great job in terms of D&A services; we need more housing outside of inpatient (others are aware of this issue).
- Greater human perspective on who they are dealing with - you have a hurt person before you find them help.
- OP/MAT services are available to most; however, inpatient treatment facilities for women are severely lacking.
- Recovery services are good in Erie County, but the information needs to be communicated better.
- Mostly good for early stage recovery services
- Could definitely be improved w/increased sober activities, easier access to activities/supports.
- It appears Erie is rich in resources but we could be better connected and educated how to utilize them, and support them in a more efficient manner
- I personally feel there are a lot of resources available. I feel those seeking treatment and engaging in recovery would benefit from increased support for childcare, transportation, ect… to have programming be most effective. Collaborative care works best beyond professional efforts.
- not enough programs for extended Inpatient

Question 4: What do you need to better serve individuals in or seeking recovery from SUDs?

- Updated lists of resources and support groups for those in recovery.
- Would love to send staff to SUD training to better support clients, recognize relapse signs, and understand addiction in general.
- Rent assistance, transportation, job/career training.
- If more funding can be obtained, we have a need for more structured transitional.
- Availability of service, transportation, 24/7 approach

- Not sure
- Funding for those w/out financial means to seek other means of care
- MH services - many have been on a waiting list for therapist; D&A options for rural areas/satellite offices in NE, Edinboro, Girard, etc.
- More programs that would provide counseling to youth with D&A issues
- Meet them where they are at before they get released from recovery rehab or jail
- HWH and 3/4 housing; consistent urine testing facility/agency; housing; employment for those w/ felony charges.
- Specialized trainings, development of training specific programs
- Contacts; one-on-one interaction
- Make less referrals - would prefer to do one referral for multiple services; transfer of client info needs to be easier.
- Need more help navigating the gaps that people fall into when seeking services. For example, assisting those who may have insurance but also have high deductibles. Need for housing, transpiration.
- Housing! Stepdown services such as HWH and 3/4 housing.
- A 'one stop shop' approach to provide a variety of services for individuals.
- more information on services available.
- Access, door-to-door service, early intervention, pre-trial, refer to tx as a condition of bond.
- I need to actively stay aware of the different programs in the community. Also stay aware of things like warming shelters, clothing/food pantries, etc.
- funding that is conducive to persons to live affordable in the community and not return to drug use and criminal behaviors. Also, more collaborative efforts w/ other providers. Faith-based resources.
- More information on recovery programs.
- We need more halfway houses for specific populations. More transitional employment and housing programs.
- HOUSING resources
- organized and comprehensive way to connect with all the services
- I feel ongoing efforts to improve overall communication and continued training to best support peers
- more training for front-line workers as it pertains to recognizing signs of SUD

Question 5: Any other comments?

- We need a central location where people with SUD's can be sent with multiple resources/agencies can serve their needs.
- More funding for social recovery events; NA convention in Erie was a pay-to-enter event - clients felt frustrated to be turned away due to not being able to afford it.
- Great need for SUD D&A Tx follow-up care and MH Tx
- The elephant in the room - release now sugar-coated failures; success numbers are great to laud, but true, honest accurate report of failures.
- There are many resources, however the process of obtaining them is extremely slow and/or hard w/ transpiration.
- Thank you - I would appreciate the contact information from other participants and their programs!
- focus on diversion; peer specialist intervention.
- I would love to be the community liaison for pyramid when I switch to that position.
- always look beyond who is before you, see what the need is that allows them to become worth of being a person - you do not mind having as a next door neighbor.
- I feel feedback and engagement with AL Anon and families that have loved ones addicted would be beneficial to the RRH.
- It would be nice to have a forum for treatment providers to discuss current drug trends and resources they use. Also to discuss frustrations experienced due to redundant paperwork
- You are all amazing & I love these focus groups!

Consumer and Supports Survey

The Erie County Regional Recovery Hub project team developed and distributed a survey aimed and those in or seeking recovery or those supporting people in or seeking recovery. This was one of four data tools developed and utilized for gathering information during the Needs Assessment process. The survey was developed in SurveyMonkey for easy access and utilization. Survey links were distributed via email distribution lists to providers who had access to consumers. QR codes were also created and included on hand-out cards and flyers distributed at various locations in the community. Paper copies were also made available to locations if requested. The survey responses were left anonymous unless the person completing wished to be contacted later with results of the Regional Recovery Hub planning process. The following is a summary of the results of this survey.

The Consumer and Supports Survey was distributed between mid-October and December 13, 2023. A total of 134 individuals completed the survey during this timeframe.

Category of Respondent	# of respondents
In or Seeking Recovery	124
Supporting a Person in or Seeking Recovery	10

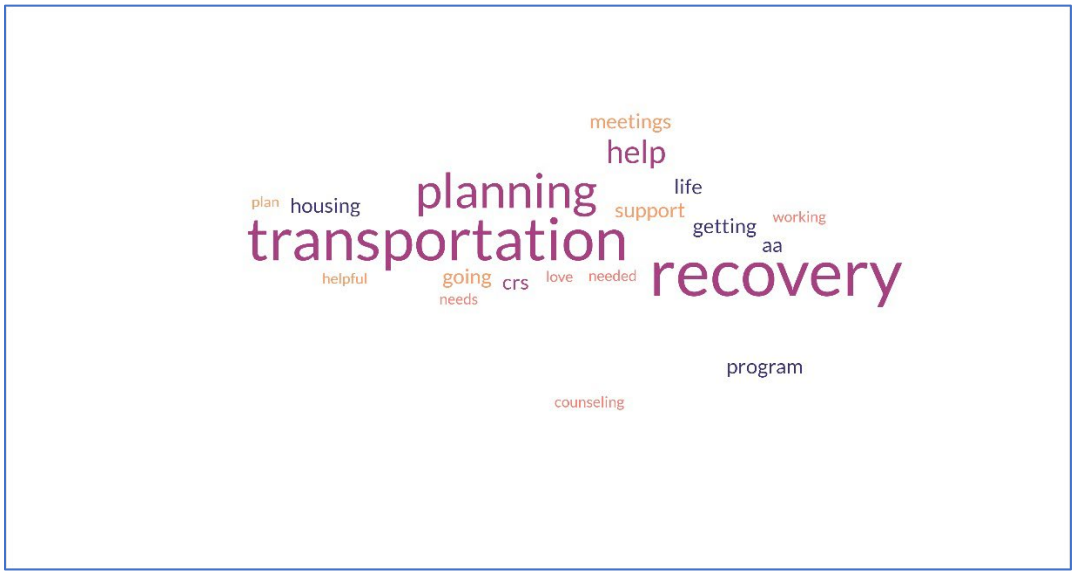
Questions 1 through 12 pertain to those individuals who answered they were *In or Seeking Recovery*:

Because of the large number of responses for open-ended questions, quantifying information into 'like' categories proves difficult and often leads to more subjective categorization. To identify common themes, a Word Cloud generator was utilized to identify the most occurring topics that were included in answers. For a full bullet-point listing of respondent answers, please see the detailed listening following the Supports portion of this survey section.

Question 1: Thinking about the MOST RECENT PROVIDER OF RECOVERY SERVICES that you have engaged with, which of the following recovery services have you been able to access?

N = 124	N	%
Certified Recovery Specialists	39	31%
Recovery Community Organizations	13	10%
Family Support Services	17	14%
Food Banks	39	31%
Clothing Banks	35	28%
Job Readiness Activities	12	10%
Recovery Planning	34	27%
Specialty Courts	9	7%
Other	43	35%
None of the Above	25	20%

Question 2: When thinking about Certified Recovery Specialist (CRS) staff - what specific services have you received from them in your recovery (treatment court, recovery planning, transportation, etc.)?



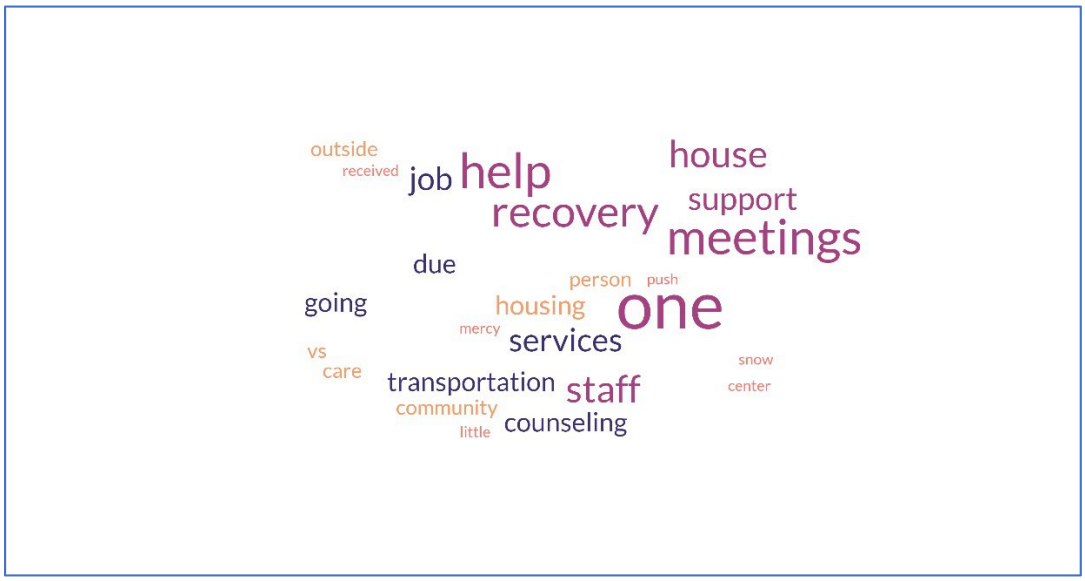
Question 3: Regarding recovery services, what pieces are missing that would be of benefit to those in recovery? (supports, unique programming, treatment modalities not currently offered, etc.)

Question 4: Please note which of the following you have been a participant in:

N = 124	#	%
Recovery House	19	15%
Gender Specific Recovery Housing	9	7%
Family Recovery Housing	4	3%
Other	33	27%
None of the Above	51	41%

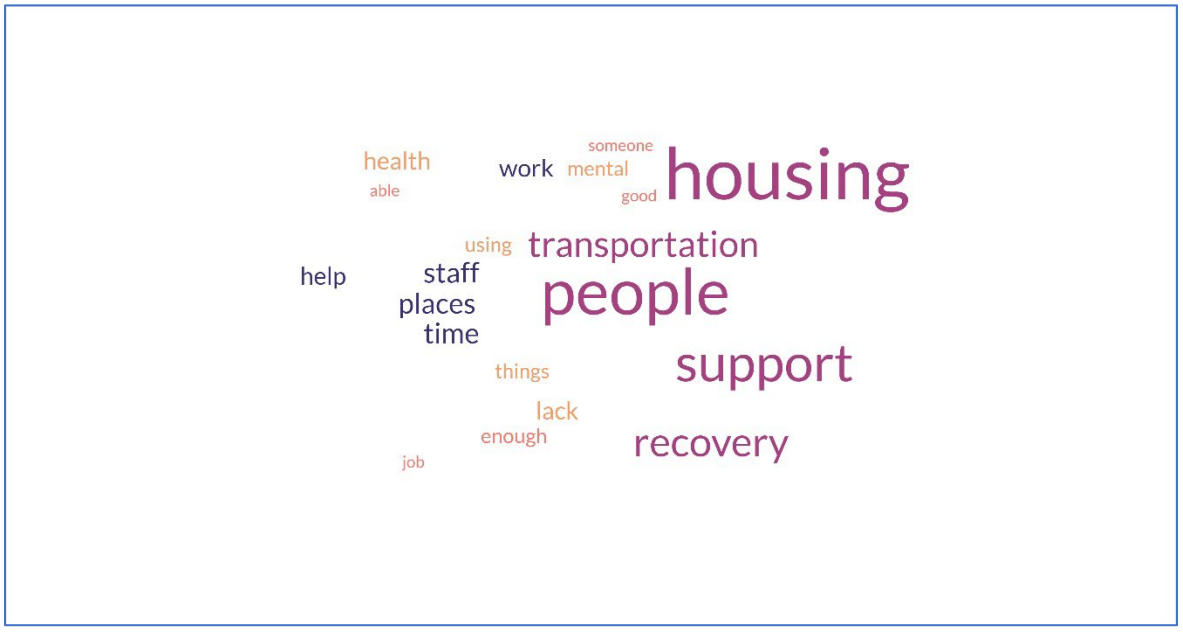
Q5: If you responded to being a participant in any recovery housing, what services did you receive during your time in the program (job readiness, recovery meeting requirements, specific populations, etc.)?

Q6: What services were missing while you participated in the recovery house? What could have been improved upon?

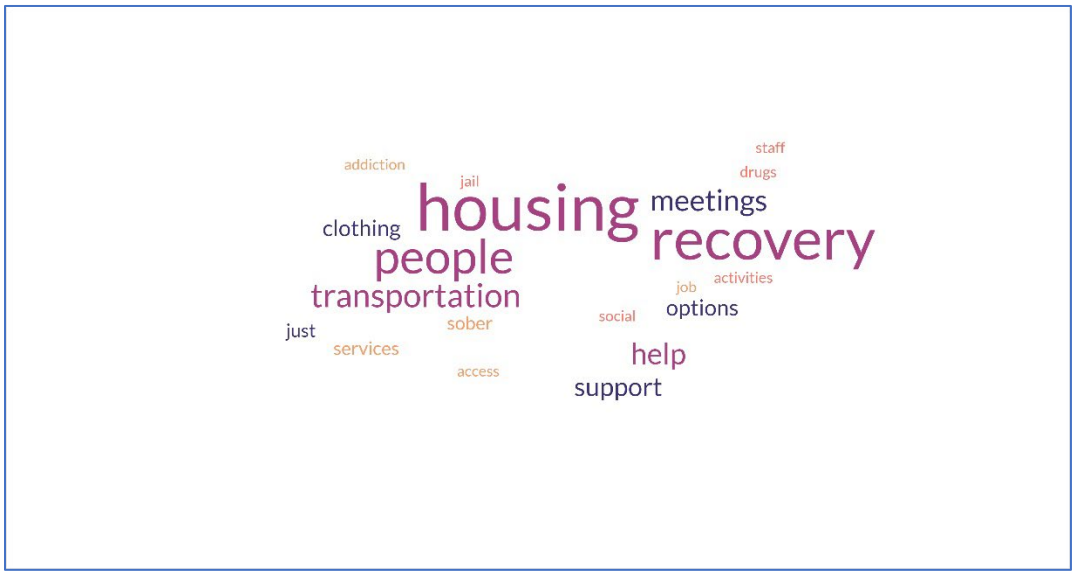


Q7: Regarding recovery housing options in Erie County in general, what is your overall view of what is offered?

Q8: As a current person in recovery, what are the biggest barriers that you face that hinder your chances of being successful in recovery?



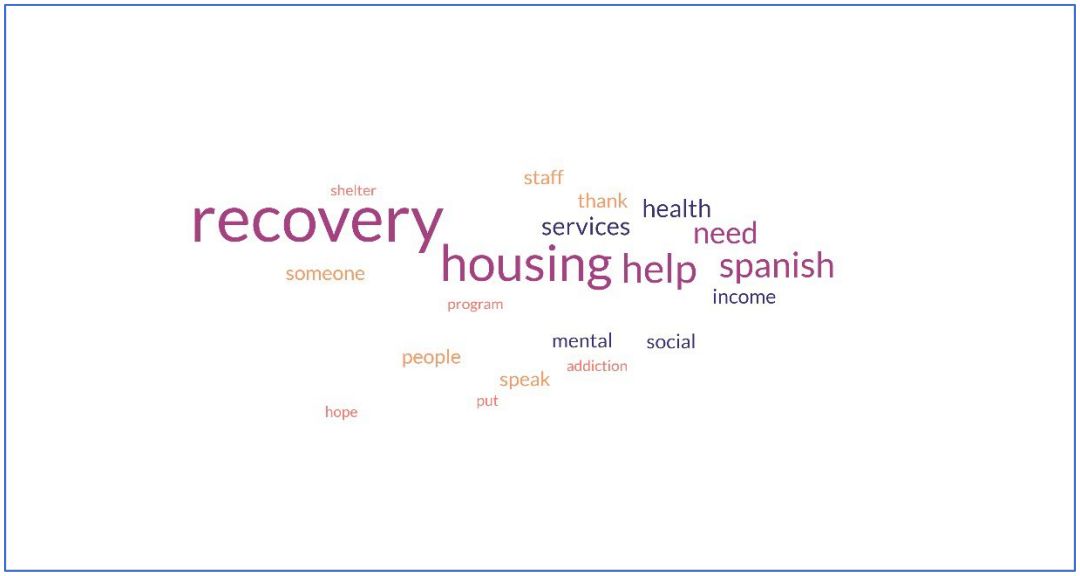
Q9: What would you like to see in our community to better help those in recovery?



Q10: Have you participated or been invited to participate in any recovery celebrations? If so, please identify.

No	36	29%
Yes	48	39%

Q11: Please provide us with any additional comments or thoughts you would like to share with us that would be helpful in developing improved recovery services in Erie County.



Questions 12 through 22 pertain to those that responded *Supporting a Person In or Seeking Recovery.*

Because of the lower number of respondents (10), bullet point answers were included in this summary.

Question 12. Regarding the person you are supporting in recovery, which best describes your relationship to them?

N = 10	**#**	**%**
Family Member	5	50%
Peer/Mentor	2	20%
Friend	1	10%
Other	2	20%

Question 13: Relating to the person that you are supporting who is in recovery, which of the following recovery services were they able to access?

N = 10	#	%
Certified Recovery Specialists	1	10%
Recovery Community Organizations	1	10%
Family Support Services	1	10%
Food Banks	2	20%
Clothing Banks	2	20%
Job Readiness Activities	1	10%
Recovery Planning	1	10%
Specialty Courts	1	10%
Other	-	-
None of the Above	1	10%

Question 14: What role did you and have with these services in assisting the person you are supporting in recovery?

- Supportive person/Coach
- Referring them from 3.5 level of care
- Initial call
- Mentioned services
- going to meeting

Question 15: Regarding recovery services, what pieces are missing that would be of benefit to those in recovery? (supports, unique programming, treatment modalities not currently offered, etc.)

- Long term recovery support
- Halfway house for women and children
- Local AA meeting
- More sharing with families and feedback to families. HIPPA restricts a lot even for teens and what they share is not always the full story.
- More case management & MH services

- Gap in what health insurance covers
- More personal, it's not the businesses. Try better, be more productive.

Question 16: Has the person you are supporting in recovery ever been a program participant in any of the following:

N = 10	#	%
Recovery House	2	20%
Gender Specific Recovery Housing	1	10%
None of the Above	3	30%
Other	2	20%

Question 17: If you responded that the person you support in recovery has been a participant in any recovery housing, what is your overall impression of the services they received while in the program?

- Not effective
- Phenomenal
- Good
- Good. With the exception of family involvement and feedback to family. Though at the time didn't know how to help.
- Regressive. It doesn't help. It's all about money and less about helping the person. The person doesn't matter. Not about saving lives, about making money.

Question 18: Can you identify any services that were missing while the person you supported participated in recovery housing? What could have been improved upon?

- Patient led servicing would be helpful
- Case managers being able to drive them
- Lack of family services and medical support
- Physical safety, securing the building, monitoring. More of a prevention focus. Having staff who care.

Question 19: Regarding recovery housing options in Erie County in general, what is your overall view of what is offered?

- Very limited
- We need more
- They (people using substances) get the housing first. They're helping them, and then they're back on the street.
- Ya got to find the good. Distinguishing between people who care and people who are just clocking in and out.

Question 20: What else would you like to share regarding the overall state of recovery programming within our community?

- Ease of access, uplifting culture
- Halfway houses, case managers, housing

- Help get rid of stigma for those that need help. We need a group shot of all those who have struggled and all families affected so people REALLY see the magnitude and impact and that people aren't afraid to admit it, so they shouldn't be afraid to ask for help! But I guess VisitErie wouldn't like that despite every little town and big city could do the same picture.
- See people get the help they need, keep the city clean. A lot of trash around.
- More rehab (detox and inpatient) and counseling services. Not just for the short-term but long-term help.
- Events for people in recovery or going into recovery, more job opportunities
- Less crime
- Take initiative to know themselves

Question 21: Have you participated or been invited to participate in any recovery celebrations with the person you are supporting in recovery? If so, please identify.

Yes	3
No	3

Question 22: Please provide us with any additional comments or thoughts you would like to share with us that would be helpful in developing improved recovery services in Erie County.

- Prevention is key, providing positive activities for youth.
- We need to pay the people in drug and alcohol more money so they can better take care of those suffering and retain staff… methamphetamines are going to take over and the mental health is going to be huge with long lasting effects.
- Live your life and be happy
- Good Luck! Appreciate anything you can do!
- Grab them by the ears and take them. It's sad to see.
- Give them (those in or seeking recovery) an incentive or reward to encourage them to keep going (acknowledge their progress

Bullet Point Answers for Consumer Survey

The following are the submitted answers by those who participated in the Consumer portion of the survey. Answers in these sections were used to generate the Word Clouds found in the survey report summary.

Question 1: Thinking about the MOST RECENT PROVIDER OF RECOVERY SERVICES that you have engaged with, which of the following recovery services have you been able to access?

Respondents that noted 'other' noted the following services:

- Liberty House for Homeless Veterans
- Stairways 2910 state street, Liberty House (homeless veterans shelter)
- MAT, Dual Diagnosis programs, Veteran Homeless Shelter
- Meetings
- Detox (Gaudenzia)
- House of Healing
- Mental health (NAMI), victim services (CVC), Penn State nutrition program, parenting
- custody modify
- Groups (IOP) then OP at Stairways On Probation
- ICM
- City Mission
- AA Groups & 12 Step Recovery
- Erie City Mission New Life
- ICM
- Housing, bus tickets, support for getting my ID, help with appointments.
- Stairways
- EMMAUS Food kitchen
- Need homeless food banks!
- EMMAUS food kitchen
- EMMAUS food kitchen
- EMMAUS food kitchen/ hot meals
- my own place
- just got out of Cove forge
- Pyramid for Recovery planning and "Total Changes"
- Gage House, Tx court
- TASC program
- jail
- Mental Health RCO/ MHA & treatment at Gaudenzia OP, CRS
- I work at MHA and I'm in recovery
- MHA
- Babies First, Erie Family Center
- Currently in LTSR Stairways, Went to Rainbow Connection and CVC
- Currently attends Mental Health Association NA groups.
- Have been in treatment centers, ie. Gage House, Cove Forge, IOP
- ICM caseworker
- ICM from Erie drug and alcohol NA/AA
- Erie County Drug and Alcohol
- Pyramid and ECDA
- Also have an ICM
- AA, NA
- ICM
- Cps in jail
- ICM services

Question 2: When thinking about Certified Recovery Specialist (CRS) staff - what specific services have you received from them in your recovery (treatment court, recovery planning, transportation, etc.)?

- Wrap Plan was and is very helpful for me (Wellness Recover Action Plan-WRAP)
- Transportation is a must, the VA needs to provide transportation to and from appointments etc.
- CRS helped me to get into Millcreek Behavioral Health program
- recovery planning, help with transportation, help with housing, filling out applications
- My recovery plan is excellent and on pace for me and my 2 kids. Transportation is much appreciated and I love our RSPS they catch me when needed
- I am working on getting a CRS
- Meeting with CRS, AA
- Recovery planning
- Counseling, life skills planning
- housing assistance
- She's very helpful, productive and supportive.
- transportation
- recovery planning
- Recovery planning
- transport, recovery groups
- Housing
- Love and caring
- Jim has been willing to go above and beyond since I entered this program. Transportation and job services.
- recovery planning
- Stayed clean for a little bit
- recovery support
- This city really needs to stop allowing the mentally dangerous to walk around
- Transportation
- getting an apartment, going to AA/NA, getting marijuana card
- They would help with transport to meetings, and support
- was at Gage House 90 days, completed program, I want to become a peer specialist
- I haven't had services, but friends have and it seems jail is the answer for some people
- transportation as needed (I'm in a wheelchair), support, she goes to AA/NA meetings with me
- help with making changes in my life, making amends, working on me
- Going to meetings, able to call her to speak freely about anything
- Counseling
- We just started. Looking into my legal charges
- Recovery planning
- Funding medication related recovery treatments.
- Recovery Planning
- Help with life skills
- None yet. Intake will be scheduled.
- Being more self accountable. Finding a sponsor. Transportation. Learning new habits.
- I became one
- Clothing, transportation
- Talked about what I'm going through. How to curb cravings

Question 3: Regarding recovery services, what pieces are missing that would be of benefit to those in recovery? (supports, unique programming, treatment modalities not currently offered, etc.)

- arts & crafts would be helpful. I have found doing crafts to be helpful for me in a number of ways. It has helped me to be sober, the information and cut out my craves and deal with other mental issues
- employment references and employment transportation to and from work while at the Liberty House
- I would like to be involved in some sort of outpatient/group type setting
- Supports
- MAT in my town and transportation
- Supports
- Transportation
- More in house & out of house meetings
- Meetings/Groups IOP
- Definitely supports. I don't have many. Also, housing.
- An work out class witch were waiting for results on our proposal. Also hope for a childcare staff on Saturday for groups.
- Better groups
- Life skills (financial planning, domestic skills, parenting), exercise, wellbeing (yoga, acupuncture, guided meditation), introduction to hobbies/interests
- CRS, RCO, getting ready for a job, all the above on question one.
- Treatment modality
- More information about pen dot rules and regulations and able to get in touch if we have any questions about pen dot.
- unique programming to young at-risk people
- Integrated supports
- supports for families
- programming or training specific to 6 to 12 months or more of clean time, and ways to continue sobriety
- housing
- Continue staying away from people, places and things.
- Supports for jobs, housing, childcare.
- Staying away from people I have met that used Drugs.
- I wish there was more local drug & alcohol meetings in smaller towns to be able to attend
- transportation
- going to outside meetings
- more supports, 3/4 houses
- clothing (winter)
- unique programming
- More programming that involves families
- More class and CED
- Expedited financial solutions. Housing programs that help get furniture.
- Moving services. Help with reformed criminals with felony charges (limited access to housing and benefits), more rent assistance, affordable housing.
- I feel like we (the clients at LTSR) have all the tools we need to stay clean
- People going out into the community on the spot treatment people coming out to the community
- people who speak Spanish, help coming out of jail
- The ones that act in constant threatening and physical situations
- comprehension of substances, etc.
- a placebo substance
- More housing supports & options
- love, respect, more Spanish-speaking staff and services
- I don't feel this is for me
- somewhere to live with cheap/ affordable rent for a year, with help on job placement and transportation/ also educational if wanted. with enough free time to work NA/AA/ D&A. Also positive planned outings to reintegrate back into a positive society
- need more inpatient facilities
- more OPC places
- not enough places to go! In both male and female places
- frustrated, with me being in jail and not in treatment. I want to give up and keep using because of being frustrated
- housing options (address homelessness), awareness program, more community programs for recovery with mental health
- !Hope <3 Being equipped 4 full spectrum substance use disorder clients & patients providing them what little service support they can
- Aftercare, rides to appts, house cleaning
- more info on recovery and what resources are out there
- To get rides to groups and meetings
- Housing affordability and availability
- modalities
- Animal supports, exercise, outdoor activities.
- Help to stop smoking cigarettes, gaps in healthcare, physical mobility issues
- Will be starting meetings and going with my CRS. Transportations to meetings, IOP. I had a car before, however maintaining it was difficulties. Needing gas, general maintenance.
- More support funds to get things I need
- long term treatment
- More Local meetings on the Bus line. I live in West Millcreek and the bus lines don't run on Sunday. MHA offers alot of resources for my recovery.

- I'm in AA and I have completed and done the programs, however I continue to relapse. I haven't' figured out what is going to work for me.
- Housing
- nothing missing
- Supports
- MORE RECOVERY HOMES FOR WOMEN, REACHING OUT MORE TO COMMUNITY, LIKE COMMUNITY EVENTS OF ADDICTION FOR ALL PEOPLE NOT JUST ADDICTS, NOT MAKING THE COMMUNITY EXCLUDED BY THE ADDICTS SO THE COMMUNITY CAN UNDERSTAND US BETTER. MORE ADVOCATES TO PLACES SUCH AS THE JAIL OR COURT OR POLICE STATION TO GIVE A LEAD OR SEMINAR. THINGS LIKE THAT. AND MORE CRS'S....AND A FAMILY RECOVERY HOUSE FOR MEN, WOMEN, AND THEIR CHILDREN.
- I think assistance with rental application fees would be a good idea.
- transportation and employees understanding that every addict is different. Actions do not fit the words staff may say. Not running the same group repeatedly. More variety. Hands on learning on why we do what we have done.
- Nature oriented time, exercises like yoga, meditation, and more social activities
- BLOOM through Stairways. It was a good release and good for my mental health
- Continuing support.
- Transportation to appointments and meetings of AA or NA
- faster funding for ID and lost ID
- Family Shelters, more women focused shelters, more case workers
- CRS/Cps while in jail and when you come out of jail . CRS/Cps recovery houses / living
- Car
- Assistance with job when I'm in treatment
- Support
- Support funds to help with getting ID and to help with utilities from past bills due

Question 4: Please note which of the following you have been a participant in:

Those that answered Other noted the following:

- 1/2 way house and CCC at 2nd street Erie PA (from prison)
- NA & AA
- Partial
- NA
- Recovery House, Gender Specific Housing, Family Recovery Housing
- Recovery House and Family Recovery Housing
- Forensic CRU
- House of Healing
- recovery house, gender specific housing & family recovery housing (survey would not allow picking all 3 categories)
- Rehab in Florida for about a week.
- Recovery House - Gaudenzia- It helped me thru life
- City Mission
- Recovery House, CRS, CVC
- Recovery House and Gender Specific Recovery Housing
- New Life
- Gender Specific Recovery Housing and LT Rehab MH
- Gender specific recovery housing and co-ed rehab
- Homeless shelters and linking shelters statewide would be a wise idea!
- inpatient, outpatient, NA/AA meetings
- Snow house
- was at the Snow House
- Community House
- jail
- I'm at the Center (Erie CCC)
- Ltsr
- Pyramid, gage house, house of healing
- Deer Field, Community House
- House of Healing, Community House, Mercy Center
- Gage house and The Mercy Center
- 35 years of recovery sober/clean in AA and NA
- Rehab
- Community house. House of Healing Mercy center for Women
- Inpatient treatment

Q6: If you responded to being a participant in any recovery housing, what services did you receive during your time in the program (job readiness, recovery meeting requirements, specific populations, etc.)?

- AA/NA Meetings, groups with different topics, work program . Budgeting , networking,
- Counseling
- CareerLink should come to the House of healing to explain the WIOH program or other service they can help women and children with
- Counseling, meeting,
- Counseling, rides to meetings
- Detox only
- Drug and alcohol meetings, one and one and group counseling med management transportation
- ECCM helped pay my rent, got me furniture, etc....
- ECM
- Erie CCC
- Family oriented time.
- group meetings in house
- Groups, therapy, counseling?
- How about feeding the non-shelter homeless on weekends?
- I know how to clean now. But other than that I didn't get life skills, job readiness, or anything like that.
- i like the opportunity for someplace to go
- ICM, counseling, group,
- Job readiness, groups. FEW in & out of house meetings, counseling, mental health
- job readiness, resumes, and job applications
- Life skills, support groups, social skills
- Different types of therapy, like art therapy, etc
- Med management, therapy, group and one and one.
- Meetings (4 answered Meetings only)
- meeting requirement, limited counseling, urine testing
- Meeting requirements
- Meeting requirements
- Meeting requirements, service work, transportation, drug testing, education, meals
- MEETING Requirements. GOAL REQUIREMENTS. PROBATION/PAROLE LIFE SKILLS COUNSELING OUTSIDE SERVICES JOB LEGAL HELP
- meetings- AA/NA, seminars on parenting and wellness, MH
- Meetings, groups, coping classes, cooking classes, parenting also
- Meetings, mental health therapy and drug and alcohol therapy, art therapy
- Meetings, relapse prevention, NA meetings
- NA (11 answered NA only)
- recovery meeting requirements (6 answered RMR only)
- recovery meeting requirements, women's recovery needs, job readiness, life skills training
- recovery meetings, transportation
- Snow House had a good support team
- The ability to say no to drugs.
- They showed me where meetings were. They helped me have a routine, which I didn't really have.
- Was in rehab at Gaudenzia. Felt it was a joke. There were a lot of people from Jail or avoided Jail and really didn't want to be there. Went to Crime victims Center and enjoyed the 1:1 time and had a group from NAMI
- were about to really find out. NA/AA program urines

Q7: What services were missing while you participated in the recovery house? What could have been improved upon?

- At the Mercy center they didn't push meetings or help with transportation to meetings.
- At the snow house I received very little in the way of support services
- Childcare on the weekend and workout or YMCA trips
- counseling
- Counseling
- feels like Erie is strong with recovery services
- Felt staff didn't have tact and were unhelpful at times. Knows clients were able to sneak substances in. Can't respect staff when they don't follow the rules.
- Full spectrum substance use disorder patient addicts help support services too, we matter too not all hope is lost
- going out to meetings, having no staff to take us places
- Having a balance between working and recovery. When someone may cut themself due to struggling you may be discharged due to being a likability vs. helping.
- help with housing afterwards, help with transportation, and job placement
- help with jobs
- human services (EBT, Medicaid)
- I didn't feel supported by what I was going through and also trying to help another person at Community House. I got into trouble and my free time was taken due to staff not taking care of another person in recovery.
- I like discussion meetings vs. lead meetings.
- it was okay
- Job readiness, family-oriented programming
- Job searching, budgeting without going to another agency or provider. More in house in the Recovery House.
- Lacking structure-sometimes.
- let the curtains slide and witness recovery
- Meeting with people that have shared lived experience. Learning daily living skills, community resources, banking, paying bills
- missing one on one support
- MORE COMPASSION. MORE ROOM. MORE HOMES.
- More counselors
- more housing options
- more one on one
- More therapy
- one on one
- one on one counseling
- One on one service
- Other addictions like gambling
- Outside meetings, More outside program availability, housing help, and job training.
- Recovery in house
- same foods, extra guidance
- staff support
- Staffing
- transportation to meetings and appointments
- work referrals and transit

Q8: Regarding recovery housing options in Erie County in general, what is your overall view of what is offered?

- A recovery house dedicated to women without children. I share a room with 3 other women, and it would be nice having my own room. No transportation offered in some Recovery homes, or lack of staff or vehicles at some of the Houses.
- Abysmal. As a recovering addict with felony drug charges, I am excluded from all public housing and even some private options.
- A lot of meetings are available and close to bus lines.
- an excellent array of services
- as a single male it was good
- clean time
- Could be more
- currently I am waiting for a bed at the mission- need more recovery housing
- Currently there is Mercy Anchor Community Center, which was NOT available when I had my children. There was no place for me and my children after recovery. Also ZERO supports for men with children. Another MACC would be helpful for ALOT of families.
- depression
- doesn't know what's offered
- Everything need some things wanted like what I said above
- Everything so I hear
- Expensive and not all recovery safe
- going to find out, hopefully good
- good
- good
- Good
- good but we need more quantity of structured housing, waitlist high.
- good help
- Good rehabs to offer not many three-quarter houses
- GOOD. JUST NEED MORE COMPASSION AND Understatement. MORE PEOPLE TO FIGHT WITH US
- great recovery
- I believe Erie is doing its best and in comparison, to the rumors I've heard of other cities, even better.
- I believe options for long-term recovery programming is limited vs. what is needed
- I don't have one
- I don't know im not an addict of drugs or alcohol
- I need to be made more familiar with this program
- I think staff genuinely want to help, but I think there's not enough staff.
- I think that is okay & will meet my needs
- I'm not sure
- It needs some help
- It would benefit to have more women with children houses and more room. It can be crowded in the current Recovery houses with women/children. There are no men with children houses.
- it's alright
- Lacking! Start connecting statewide!
- limited
- Limited availability
- More children's and woman's programs. Not having enough room in the Women's Recovery houses. They are too crowded.
- More housing for women
- My recovery services were pretty good - if you want them they are good at getting you enrolled - gatehouse
- need more
- No comment
- not enough
- Not enough
- Not enough housing , CRS/CPS workers to work at these places
- not enough 3/4 houses
- not enough housing available to reside in a sober clean-living space that would be affordable for them
- Not nearly enough. Mercy Center for Women is the only option for women with children. That is not enough! Why should we send clients with families to a shelter?
- not sure
- not sure
- options are good
- People in recovery need safe affordable housing not prison like group homes.
- Recovery
- Sense of Loyalty. More training for staff and to help problem solve. Need more positivity I'm Gluten free and they honored and accommodated this.
- supervised agendas with goals focused on recovery
- that's what I need

- There aren't nearly enough options for women, especially for women with young children
- There is not enough room for people. Addiction is on the rise right now and a lot of people are trying for recovery and not getting it cuz of bed availability
- There's not enough beds for the ones in need.
- they can get help people get houses & jobs
- They have very good options to those in need of treatment.
- They offer a lot but more needs to be offered in the mental health aspect
- think there is enough, but I never used them
- think we have enough, depends on the person
- Too little
- very limited
- very low
- we need more housing
- X never

Q9: As a current person in recovery, what are the biggest barriers that you face that hinder your chances of being successful in recovery?

- a good job that has a pleasant environment
- arts and crafts, anything to stay busy, having a support someone to talk to you and help you through the issues in recovery
- availability
- bad information
- Bed availability, homelessness, support services
- Being able to re-enter the workforce
- Being around people who glorify using
- being homeless in Erie and continuing to come to jail
- Being overwhelmed
- being separated from my family, not having visits
- car, housing
- Childcare on weekends or 6:30 groups.
- Child support order, people, places, and things.
- Childcare, losing a job, housing
- Community and communication
- Complacency and continued support.
- Complacency of myself. I procrastinate.
- Cravings and low self-esteem
- Denial on my part; family enabling
- Emotional support and understanding from staff (Better trained staff to support those in recovery). Proper housing and income help. The process is slow regarding housing. You have to be destitute to get help,
- everyday triggers
- Feel like I've been successful, staying around positive people
- Finding someone to talk to
- Finding work , housing , transportation,
- Finding work, boredom, depression
- frustration and probation/prison is a barrier
- getting out of my own way
- going back to old neighborhood
- hopeless feeling opportunity
- Housing
- Housing
- Housing
- housing,
- housing, jobs
- I don't speak English (Spanish), no housing
- I need to leave the area because I know too many people. Mindset when people are off paper.
- I think it's up to me if I want it or not.
- Idle time, people
- impacting environments through repeated use!
- INCOME! Do I focus on my recovery or getting a job, which I am not ready for. No FUNDS for housing.
- It is very slow to obtain housing for the homeless in recovery. It perpetuates the cycle. Housing options where one could continue recovery and know that they have a place to live/stay. Having SOOO many appointments can be overwhelming, and it makes it hard to be able to work and work on my recovery.
- I've had good support from my resources and support from my mom.
- lack of counseling and time to have other insights for a more solid scheduling of towards relapse prevention
- Lack of staff to transport to meetings
- language barriers (Spanish is 1st language)
- language issues/ barriers
- Learn and offered more resources in the community.
- Med management and transportation, someone to help me balance this thing called life and money.
- mental health
- Mental Health #1 needs support and taken care of Physical Health being supported and cared for is #2
- Mental health linked. Full spectrum substance use disorders as well as regular addiction
- money
- more volunteers-people to help us
- motivation is an issue
- my ego
- My mental health, no support system
- myself, idle time, lack of access to activities (sober fun)
- necessary rides consistently, closer monitoring, drug tests randomly
- Negatives/lack of support
- no
- no barriers, my mind is made-up, I am never using again, although years I fought addiction
- Not being able to have the option to FaceTime sessions if I can't make it in or if I'm sick

- Not completing step work
- Not enough on 1:1 time.
- not knowing what's out there
- not making it all the way
- Not sure
- People I know from my past. People, places and things. Transportation at time. I ride my bicycle to get to appointments.
- People in ECM
- people, places and things-learning to "deal" with them at a place with a little more sober time, not just the beginning phases
- people, places, things
- people, places, things
- PROBATION/PAROLE UNGRATEFULNESS ATTITUDES JUDGMENT NON-EMPLOYMENT NOT ENOUGH HOUSING NOT ENOUGH COMPASSION NOT ENOUGH RECOGNITION
- Relapse
- Relationships and housing
- safe housing and transportation to meetings
- Separation of non drug/alcohol from those using!
- staying away from family members who are currently using
- Staying away from negative influences such as certain people and places.
- Stigma, lack of community support
- Still working on therapy and not sure addiction basically
- Stress/anxiety/multitasking
- The biggest barrier I face is going back into the real world when I graduate New Life Program
- The commute/ bus lines. Reliable staff. Meetings/events being canceled due to staff shortages. Staff talking down to clients and not treating those in recovery with respect.
- The neighborhoods income-based and recovery houses are located
- the people I choose to allow in my life daily
- think people got in their own way
- transportation
- transportation
- Transportation, come to my home
- transportation, money for clothing, hygiene, etc. Myself
- Unsure at this point being I'm still in a recovery house
- very good
- Weekend appointments with a counselor are not available

Q10: What would you like to see in our community to better help those in recovery?

- 1.) housing 2.) job readiness-get in recovery and can't support themselves
- Access to resources and for them to be timelier.
- Additional clothing supports, long term housing options, car/ transportation help
- award recovery button for achievements
- Better access to clothing. When you don't have transportation it is difficult to get to second hand stores etc. Having something like a Mobile Clothing store. Another idea is to be able to order clothing from a secondhand store.
- Better transportation options
- Education on addiction
- Everyone's support
- felony forgiveness & more options to be social besides meetings
- Funding
- GED class
- Have more meetings
- help coming out of jail, housing, staff that speak Spanish
- help get transportation
- housing assistance, more interpreters
- Housing, permanence
- Housing. Recovery beds
- Housing-lack of Recovery Houses
- I pay a lot of co-pays on my Medicare. This can be very burdensome financially
- In Hospital evaluation and introduction to acutely recovering
- In our community I would like to see more recovery-based projects and activities
- Job training, educating the families of those suffering from drugs/alcohol abuse.
- Just actually listen
- just keeping doing what you are doing
- less stigma
- Love, compassion, dedication
- MAT in my town
- Meetings
- more access to sober activities, transportation
- More available
- More available funds for housing
- More children and parent recovery housing, and support.
- MORE COMPASSION. MORE RECOGNITION. MORE HELP MORE Understatement MORE KNOWLEDGE MORE ACCEPTANCE
- More continuing supports such as more CRS.
- more drug & alcohol meetings available to those in smaller towns
- More food drives, clothing drives, volunteering. More resources for housing.
- more help in housing and getting jobs
- more housing
- More housing-like Mercy Center-being able to move into Mercy Center Apartments
- more meetings
- more meetings and the public being more proactive
- more opportunities for transitional living
- more options
- more options to get people into recovery
- More people helping themselves. Not forcing people into treatment (more choice & autonomy). At inpatient treatment, more opportunities to be outside of facility (not just standing right outside the door).
- More people like me in recovery running a recovery house run by people in recovery
- more people off the street
- More presenting of recovery as a cool thing especially to younger people at risk
- More recovery events and more visuals for sick and suffering who are losing. More grief counseling. More outreach. They come out of jail and may have lost 10 friends and don’t know how to move.
- More services
- more shelters
- more shelters and recovery housing
- more sober/clean housing and transportation to meetings
- More social things for NA and Dual recovery
- More speaker events
- more sponsored programs via health care coverage that embrace the arts department like pottery classes
- More streetlights for the evening. Ability to go to the services. Having someone to transport. I'm not homeless, yet I don't have a lot of money for bus etc. I'm destitute. and can't by deodorant with food stamps.
- More support and more na meeting places
- More support services
- More three-quarter housing
- more women and children's programs and housing.
- need more one on one counseling, not just groups

- no slot machines
- no stipulations on going to the Mental health Association, some people may benefit from coming here, but aren't on mental health meds, which is only way they can be members
- Not getting turned away from services. My drug of choice didn't meet criteria for detox.
- Not sure
- nothing, I think that the staff here are doing a good job
- places to do crafts that don’t cost. sober places to go and hangout with others like-minded people
- Prayer/Christian counselling
- program for the adverse, unique, or rare addiction problemed addicts & regular addiction help too
- Provide safe affordable housing
- Recovery center Harm reduction
- Rental application fee assistance. As a convicted felon I have hesitation applying for housing and the fees aren't the easiest to budget.
- responsibility
- Said it already
- see above
- Sober social events/ activities
- staff that speak Spanish
- support groups
- think its up to the person
- think people need to help more people
- to get people to come that are not addicts to befriend addicts
- To take a step back and looking at life culture of living in Erie. How easy it is to get into trouble. Alot of bars and opportunities to get into trouble with drugs. Going to jail has prevented me from buying drugs. I was in prison and do not want to go back.
- transportation
- Transportation has been the biggest barrier regarding treatment
- Women's shelters similar to men

Q12: Please provide us with any additional comments or thoughts you would like to share with us that would be helpful in developing improved recovery services in Erie County.

- A place to assist with social skills.
- ANNOUNCE ADDICTION AND RECOVERY MORE FOR EVENTS.
- Continue to do what you are already doing concerning education on recovery
- Drug use in the shelter-Community Shelter Services
- Expand shelter services statewide!
- harm reduction services
- Hope I have a better experience in Erie, than Beaver County
- Hope, love, & understanding with one another more Alt variants too the regular program 4 "Mental Health Linked" Full Spectrum Substance Use Disorder patient clients Mental Health
- I am a Gulf War Veteran, 89-91 Desert Storm
- I am on the Autism Spectrum, Applying for Social Security Disability and until I have some income It's living in shelter and sometimes with my mom who lives in subsidized housing.
- I don’t think you should put someone in recovery just because they have a family history of addiction and that person doesn’t have any addiction
- I have been accepted into a long term program but requires Rehab first
- I love house of healing even when I hate it I’m thank full
- I'd like to see more help with the Mental health aspect of recovery and more nature based
- I'd pay these staff more and they'll probably be more helpful.
- If we can get more places like MHA that is open to the public that provides sober activities during the day
- me myself would like to befriend addicts so they stay sober being around me
- more classes of the preforming arts at health insurance expense
- More counselors with drug and alcohol experiences and mental health recovery
- more funding to help those in recovery and in transition. to get items needed
- more housing
- More housing options
- more housing supports, income help, treatment & counseling with staff that speak Spanish, Spanish groups, more MH Treatment, re-entry programs 9I just got out of jail again), CRS speaks Spanish
- more opportunities for recovering addicts to be employed in the field
- More options and resources to be given, help with job applications or childcare. More finance resources
- need housing assistance (for rent) like 1-2 months, staff that speak Spanish treatment and social services
- Overall, more housing support
- peer support, arts & crafts has helped me so much in my recovery
- put no stipulations on belonging at MHA, only MH RCO, need income-based housing, include people with no income too, financial assistance, I don't have any money, only food stamps, waiting for social security, hygiene supports
- Really need access closer to home for MAT and rides coming to pick us up
- Recovery institutions are a revolving door for failure, they rely on insurance to pay over and over. They need to be held accountable. Medical community does the same , example they put clients on suboxone and continue to supply for years , I know of 9 years for one person and 13 years for another. The doctor should be removed from practice.
- Remind people that Recovery is revolving. Everyday is a struggle. Always have a hotline, someone to listen to me. If someone can reach a hotline.
- Safe affordable housing for people in recovery that are coming out of recovery facilities is lacking.
- see above, more housing, less waitlist, more funding to get needs like ID and housing items.
- Someone wanted to go to rehab for crack and was told they weren't eligible. Neither they nor staff here understood why. That person didn't get help he was looking for.
- Thank you
- Thank you for helping me. I realize that I am the sole reason for my problems and it is fortunate there are those still willing to help.
- The Resources are out there, however you have to look for them.
- This Liberty House (Erie, PA) for Veterans IS A BLESSING!! For IT IS HOPE TOWARDS RECOVERY!
- try and de sensitive to your client's needs
- We need Spanish group & individual therapy, and AA/NA groups for people who speak Spanish, CRS who speak Spanish and MAT
- women and children's program and more recovered addicts in the field.
- Wrap groups , technical assistance to agencies, and service providers, workshops on recovery