# The need for adaptive leadership in the recovery arena.

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Co-Founder and Executive Director

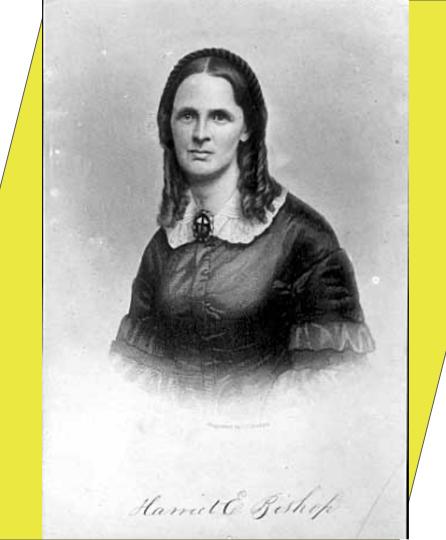


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# **Harriet Bishop**

1817 -1883

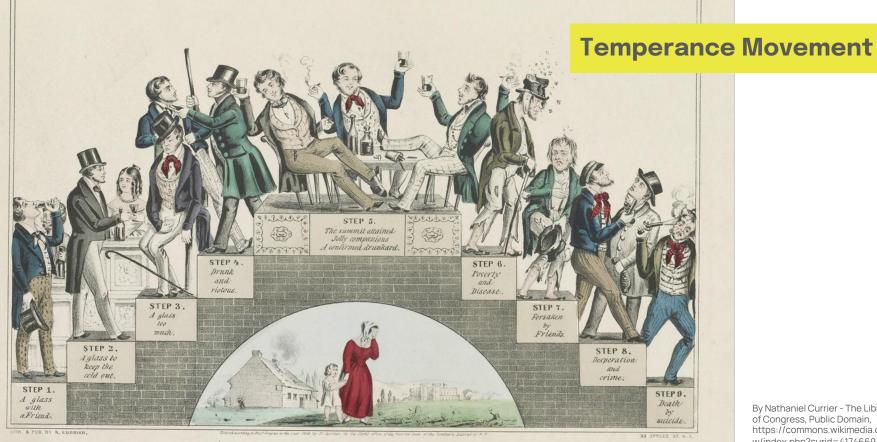
- Born in Panton, Addison County, Vermont
- Minnesota's first public school teacher





# "Harriet Bishop" Statehood Day Program

Minnesota State Capitol, 1990



By Nathaniel Currier - The Library of Congress, Public Domain, https://commons.wikimedia.org/ w/index.php?curid=4174669

PROGRESS.

FROM THE FIRST GLASS TO THE GRAVE.

# **First Wave**

1820s - 1850s

- Personal morality
- Moderation and abstinence

Image: A drunken man fights with his family, all ruined through his drinking habit. Etching by G. Cruikshank, 1847, after himself. (Wellcome Collection)



# **Second Wave**

1870s - 1933

- Close the saloons
- Ban the production, sale and transport of alcohol

**Volstead Act/18th Amendment** 

Prohibition (1920 - 1933)

THE TEMPERANCE CRUSADE. FOUR HOURS IN A BAR ROOM. 2 P HOUR IN HOUR MOCKERY AND DEFIANCE. CYNICAL INDIFFERENCE. 3 HOUR 4TH HOUR RAGE AND DESPAIR. UNCONDITIONAL SURRENDER. Extend according to Act of Confesse in the year 1876 by A.J. Finker, in 1990 of the Liberton of Confesse at Windows

Image: The temperance crusade. Four hours in a bar room / F. Beard del. Library of Congress (1874)

# What challenge(s) was the Temperance Movement trying to solve?

#### Social Issues

- Domestic violence
- Poverty
- Crime

**Adaptive Challenge** 

### Supply and Demand Issues

- Production of alcohol
- Sale of alcohol
- Consumption of alcohol

**Technical Challenge** 

### **Adaptive Challenges**

### **Existing solutions are insufficient**

- New learning
- Changing mindsets
- Shifting behaviors

# Technical Challenges

#### Known solution exists

- Get experts
- Apply the known "fix"
- Authority intervention

- Ronald Heifetz, Harvard Kennedy School

What's the Work?

Who Does the Work?

Technical Challenge

Apply current know how

**Authorities** 

**Adaptive Challenge** 

Learn new ways

The people with the problem

Linsky, M., & Heifetz, R. A. (2002). Leadership on the Line. *Harvard Business School*.



# Minnesota Substance Use Disorder Reform

2016 - Present



### **GOAL:**

Transition Minnesota from an acute, episodic model of care to to a person-centered, chronic disease model.

- Direct access
- Person-Centered, Chronic Disease Model
- ASAM Guidelines
- Expanded Services: Peer Recovery Support, Care Coordination, etc.
- 1115 Demonstration Waiver

# **Peer Recovery Support**

2016 Context



Ratio of Treatment Providers to Peer Recovery Support Services Providers

Licensed Treatment Providers

Recovery Community Organizations





400+

2

# Minnesota RCOs: A Brief History

RCOs in Mankato and Moorhead also established with DHS support, but subsequently closed.

Minnesota Recovery Connection (MRC) in Saint Paul is established by concerned citizens to provide informal support services MRC incorporates as a nonprofit and is able to acquire a physical location and hire staff due to DHS support. Recovery Is
Happening in
Rochester is able to
become an RCO due
to DHS support.

Minnesota Alternatives, WeCovery, Continuum Care Center and Twin Cities Recovery Project become RCOs and ARCO members.

2001



2010

2014



2018

2010 - 2016 MN DHS RCO Initiative with Federal Block Grant \$

2016 SUD Reform adds PRS to Medicaid benefit set - RCOs are "eligible vendors"

## Peer Recovery Support Services

- All Pathways
- Non-hierarchical
- Strengths-based
- Non-clinical
- Lived experience is expertise

Adaptive solution for an adaptive challenge



Photo: Minnesota Recovery Connection's Walk for Recovery, 2019

# How Did Minnesota "Scale" Peer Recovery Support Services?

- Define "peer recovery support services" in statute
- Add peer recovery support services to the Medicaid benefit set
- Determine who could be an "eligible vendor" (who could bill Medicaid)
  - Licensed treatment providers
  - Tribal behavioral health systems
  - Recovery Community Organizations (RCOs)

### **Technical Solutions**

Authority (MN DHS) applying existing know how

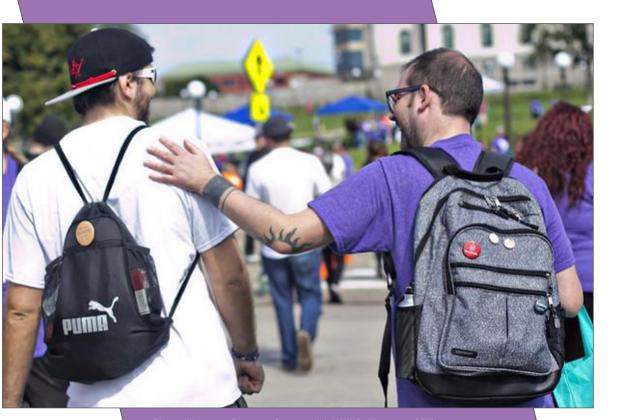
# What Happened? The bad and the ugly ....



Peer Recovery
Support Services
Medicaid Fraud

Recovery, Inc.: The Rise and Fall of Kyros

KARE 11 Investigates: Feds launch probe into Twin Cities addiction treatment center



#### Photo: Minnesota Recovery Connection's Walk for Recovery, 2019

## Peer Recovery Support Services

- Billable unit
- An "add on" to the old ways
- Misuse in the name of "peer recovery support"
- Peer workforce is artificially inflated without regard to qualifications and performance

The "new ways" learned were almost exclusively about making money

# What Happened? The good ....



The grassroots recovery movement in Minnesota got organized.

# 2025



Since 2016, the number of RCOs has increased from 2 to over 26, the fastest growing rate in the country.

# 2018



Informal Community of Practice of Individual RCOs

- Competition for resources
- Mistrust
- Feeling threatened by the "big" RCO
- Personality and ego
- Collaboration, partnerships and alliances within the group
- New RCOs joining the mix
- New RCO leadership in the mix and tragedy
- COVID 19

# External THREATS to RCO existence in MN

- Coordinated advocacy
- Develop a Board of Directors and start process to create a new, statewide RCO
- One-time legislative funding appropriation for RCOs
- DHS RFP for statewide RCO
- MARCO gets the RFP contract

2023



Separate, independent 501c3 Nonprofit with a state contract

# **MARCO development SWOT Analysis**

#### Strengths

- Diverse geographic and cultural RCO representation
- Strong political connections to help with legislative changes
- Reflective and adaptive leadership style across most RCOs
- Could use MRC's resources to get rolling

#### Opportunities

- RCOs able to bill Medicaid for Peer Recovery Support Service - yields some ongoing funding opportunities
- Timing of RFP from MN DHS statewide RCO was not part of original plan but added in response to "threats"
- Media investigation of RCOs and PRS billing
- Establishment of Office of Addiction and Recovery

#### Weaknesses

- Chaotic SSA (MN DHS) with high turnover inconsistent RCO support
- Most RCOs were new and led by founders inward focus at first
- Lots of cooks multiple leaders
- Lack of overall experience in statewide issues
- Scarcity mindset at first

#### Threats

- MN DHS eliminated block grant funding for RCOs
- Medicaid billing opportunity is exploited by entities with profit motives
- Conflation of Peer Recovery Support Services with RCOs
- Lobbying by non-RCOs to change statutes regarding RCOs

# **Today**

- 23 MARCO Certified RCOs
- 18+ additional in process

https://marcomn.org/connect-with-an-rco/



### AFRICAN AMERICAN SURVIVOR SERVICES

285 Dale St N St Paul, MN 55103 aasurvivorservices.org

LEARN MORE



#### **BEGIN ANEW**

7533 Sunwood Dr. NW Suite 220 Ramsey, MN 55303 beginanewrecovery.org

LEARN MORE



#### **JUST HOPE**

550 Rice St. St Paul, MN 55103 www.justhopemn.org

LEARN MORE



#### AGAINST THE ODDS RECOVERY AND REENTRY

Carver County area. atoministries.org

LEARN MORE



### COMMUNITY & LIFE SERVICES

119 N Broadway Suite A Pelican Rapids, MN 56572 cl.services

LEARN MORE



#### LIGHTHOUSE BEGINNINGS

8055 Industrial Park Rd. Baxter, MN 56425 lighthousebeginnings.org

LEARN MORE



### AMETHYST RECOVERY SOLUTIONS

759 Winslow Ave, West St Paul, MN 55107 amethystrecoverysolutions.org

LEARN MORE



#### DAMASCUS WAY

1515 East 66th Street Richfield, MN 55423 damascusway.com



#### MISSION RESTART

815 NW 4th St Grand Rapids, MN 55744 missionrestart.net

LEARN MORE



- In 2023, got the FAVOR RCO standards identified in statute
- In 2024, got language in statute that prohibits eligible vendors from classifying or treating peer recovery specialists as independent contractors
- In 2025, MARCO is identified in statute as the only organization that can certify Minnesota RCOs.
  - MARCO certification is required to be an eligible vendor

# More Importantly . . .

### Investing in adaptive solutions:

- New learning
- Changing mindsets
- Shifting behaviors

### Through our core strategies:

- Professional development and mentorship
- Public education
- Advocacy



Photo: MARCO Community Recovery Summit World Cafe (2024)

# What could have been done differently?

#### Slow Down

- Step back and look at the broader landscape
- Identify where there are adaptive versus technical challenges

# Support the Work Where it Needs to Happen

- New learning and culture change among providers
- Building support for ongoing partnership with the people affected
- Who is already doing this? Support them!

### **Adaptive Leadership Core Principles**

- Get on the balcony: Step back from the situation to observe patterns and get a different perspective, rather than being solely in the middle of the action.
- Identify the adaptive challenge: Distinguish the core adaptive challenge from technical problems and look for its root causes.
- Regulate distress: Manage the emotional and psychological stress that comes with change to prevent the team from being overwhelmed, while still keeping them engaged.
- Maintain disciplined attention: Encourage the group to stay focused on the tough issues and not avoid them. This includes a willingness to discuss conflicting perspectives openly.
- Give the work back to the people: Empower individuals to take ownership of the problem and its solution. Adaptive leaders provide the framework, but the group must do the work of adapting.
- Protect voices from below: Encourage and listen to junior staff and those with dissenting opinions, as they often have crucial insights and perspectives that can be ignored or dismissed.



# **Questions:**

- What is the problem you are trying to solve by adding peer recovery support services to the Medicaid benefit set?
- What are you losing and gaining with this "solution?"
- Where are technical solutions needed versus what are the adaptive challenges?
- Have you stepped "on the balcony?"

