



PRO-A
Preliminary Report to DDAP
Special Needs Population
and Training Assessment
Survey Results
June 2018

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I. Introduction

There is growing recognition that persons with lived recovery experience are uniquely suited to engage with and develop a therapeutic alliance with individual and families impacted by substance use conditions. This has led nationally to the development of substance use condition specific peer services and the recognition that development of substance use recovery capital is of paramount importance to recovery efforts in all of our communities. We are learning that peer services established by and for our communities of recovery are effective in connecting individuals and their families with treatment and improving overall recovery rates from substance use conditions.

Pennsylvania, in no small part due to the leadership of our state Department Drug and Alcohol Program was an early national leader in the recovery movement, supporting the establishment of a statewide recovery organization to ensure that we continually have representation of the faces and needs of the individuals and families distinct from stakeholders in the direct service arena two decades ago. Then, a decade ago, Pennsylvania supported the development of drug and alcohol peer services through the establishment of the CRS, one of the first states to do so in the nation. However, since then, systemic funding limitations and other barriers have made it difficult to systemically implement and support these services in a cohesive manner statewide. As a result, the establishment of cohesive and accessible statewide substance use condition peer recovery support services that meet the needs of diverse communities has been challenging. Progress in being made, but we have a long way to go. PRO-A conducted this survey at the request of DDAP to more fully understand our service and training needs in diverse, special needs communities as part of the effort to strengthen peer services across Pennsylvania.

Each day, fourteen Pennsylvanians lose their lives due to overdose. More and more research has demonstrated the tremendous impact that connections with those who have lived recovery experience have on individuals with Substance Use conditions. In addition to general needs, there are a range of special populations with specialty service needs in the community. Further information on the special concerns and availability of services for these populations can help to steer funding and policy efforts to areas that are most useful.

Alexander et al. (2017) finds: "The trend in race-specific opioid death rates over 2000-2015 can be divided into two periods: 2000-2010 and 2010-2015. The increase in 2000-2010 was more substantial for the white population and was driven by prescription painkillers. Since 2010, the rates of opioid-mortality increase for both the white and black populations have been similar and largely due to heroin and fentanyl-type opioids. For the white population, death rates due to heroin and fentanyl-type drugs decrease with age, but for the black population, the opposite is true. In addition, the number of deaths that involve more than one opioid drug has increased over time, with the rate of increase coinciding with the overall rate of increase in opioid deaths."

According to the national Substance Abuse and Mental Health Service Administration's National Survey on Drug Use and Health (2017), of those with illicit drug use in the past year, only 63% were White and 27% were of other races (Latinos were the next highest with 15%). Among those with alcohol use disorder in the past year, they found 77% were White, and 23% were of other races (Latinos were the next highest with 17%). Similarly, Hedegaard et al. (2015) finds substantial growth in overdose death among Latinos due to heroin between 2000-2013 from approximately one death per 100,000 to approximately 2.5 deaths per 100,000 individuals. Pennsylvania's Department of Drug and Alcohol Programs Annual Report indicates that in 2014-2015, 81% of those receiving treatment services were White, similar to national trends.

As Mary Jo Mather, the Pennsylvania Certification Board Chair stated at the Recovery Works Summit 2016, "The connection and value of lived experience among people may be the single biggest factor in

sustaining recovery." The role of the CRS in the warm hand off process is vital in fighting this epidemic. Ensuring CRSs feel supported in their role in every aspect is crucial for continued progress and growth.

II. Executive Summary

PRO-A created this survey specifically for Certified Recovery Specialists, to explore the demand for and interest in CRS training for special populations across the state. The objectives for this survey included acquiring data relative to Certified Peer Support Services in Pennsylvania, determining if Special Needs Populations were being serviced, and what Special Needs Populations are underserved.

Total responses for this survey was 202. The sample reflected a range of age, region and educational achievements, with a slight emphasis on from the Philadelphia region, and with high school diplomas. Two thirds of respondents have been in recovery for 5 years or more. Across this survey, the differences between answers were very close, making the variation between survey questions narrow. This may suggest that the CRS workforce sees all communities as needing focus across our system. The survey was closed on March 15th, 2018.

- **Identified Special Needs:** Respondents reported relatively similar needs across all special populations. However, the top three identified needs were for adolescents, criminal justice, and veteran populations. The lowest three populations were older adults, LGBTQ, and communities of color. The response pattern, along with some of the narrative responses seems to reflect an attitude that everyone is deserving of help, rather than a single target.
- **Services for Persons of Diverse Communities:** Approximately 71% reported that they believed there were adequate services for persons of diverse communities. This is notable in the context that there was a general theme that services were lacking overall.
- **Support for Becoming a CRS if non-English speaking:** Only 20% reported that there was support available for those needing assistance becoming a CRS if they did not speak English.
- **Diversity Training:** Only about 61% of respondents reported that there is adequate training in diversity. As noted above, further research may examine whether this varies in more or less experienced respondents.
- **Commitment to Diverse Populations:** About 78% of respondents report that there is adequate commitment to engagement of diverse populations.
- **Underserved Concerns:** Respondents generally reported concerns about funding and overall need for additional services.

III. Implications or Services and Policies

Based on these findings, recommendations include:

- **Support Service Availability:** Development of additional recovery support services is needed in all areas.
- **Funding:** Funding was a noted gap which impacts the availability of programs, staffing of programs (salaries) as well as service delivery (e.g. transportation)
- **Special Populations:** Trends indicate that there is a general need as well as a specific need among those with special population experiences.
- **Non-English Speaking Populations:** There was a noted gap in non-English speaking services, both for CRS and the individuals being served. It is not clear at what specific languages or dialects are needed.
- **Training:** Training and supervision may be expanded to grow the skillset of those delivering services to the local communities. A range of special population services and trainings seem to be indicated and should be specifically tailored and funded based on local need.

IV. Survey Objectives and Methodology

The Pennsylvania Recovery Organizations Alliance created this survey specifically for Certified Recovery Specialists, to explore the demand for and interest in CRS training for special populations across the state. The responses were confidential, with no individual identification disclosed. The survey, entitled Special Populations Needs and Training Assessment, was conducted via SurveyMonkey links sent to all CRS in the Commonwealth. The survey began on 01/25/18 and closed on 03/15/18. Total responses for this survey was 202.

The objectives for this survey included acquiring data relative to Certified Peer Support Services in Pennsylvania, determining if Special Needs Populations were being serviced, and what Special Needs Populations are underserved. Measures were taken to ensure the best possible random sampling to be utilized, and sufficient time and comment areas in to best analyze the needs of diverse populations.

Areas of interest and data collected:

Demographic questions included: Age, Gender, Zip Code, Region of State, Recovery Status from Substance Use Condition, and Highest Level of Education. In addition to these demographic questions, data included views from respondents relative to Special Needs Populations. Specific areas of inquiry included whether respondents identified that Special Needs Populations are being addressed, whether there is a specific Special Needs Population being served, and if the respondents felt that there were any needs that required to be able to actively and robustly engage as a CRS. The survey also asked the respondents if the organizations that they worked or volunteered had an active commitment to respond to the strengths and needs of diverse individuals. Additional comments were encouraged for the last question, relative to the needs of the individuals that are served in the Drug and Alcohol community, specific to needs and diverse populations.

Questions to Certified Recovery Specialists relative to Special Needs Populations and Trainings connected to CRS Recovery Support Services included:

- What they considered to be a Special Population
- If citizens from diverse communities had equal access to Drug and Alcohol Services in their area
- if Drug and Alcohol Peer Services were readily assessable for all members in their community
- If their community provided access to Drug and Alcohol Peer Services for persons with English as a second language, or speak a language other than English
- if the agency they worked/volunteered for offered Drug and Alcohol Recovery Support Services in the languages most prevalent in their community
- If they believed that there was enough focus on inclusion of non-White persons in recovery in their region's recovery community
- If they believed that other CRS'S working their community were adequately trained to work with the diversity of people in their area seeking help for a Substance Use condition
- If there was outreach to include persons in recovery from diverse backgrounds in the planning, development, implementation and evaluation of Drug and Alcohol Services, including Drug and Alcohol Recovery Support Services
- if the agency they worked/volunteered with had a clear commitment to respond to the strengths and need of diverse individuals seeing Drug and Alcohol Recovery Support Services in their community
- if there was a population or service that is underserved in their community
- if there was anything that they needed to be able to more actively/robustly engage in CRS work
- if there were specific needs for intervention, engagement, or support specialty CRS Service in their community
- Additional comments were encouraged and received

V. Results

Total number survey respondents through 03/15/18 were 202.

SURVEY QUESTIONS: DEMOGRAPHIC INFORMATION

- Question 1: AGE**

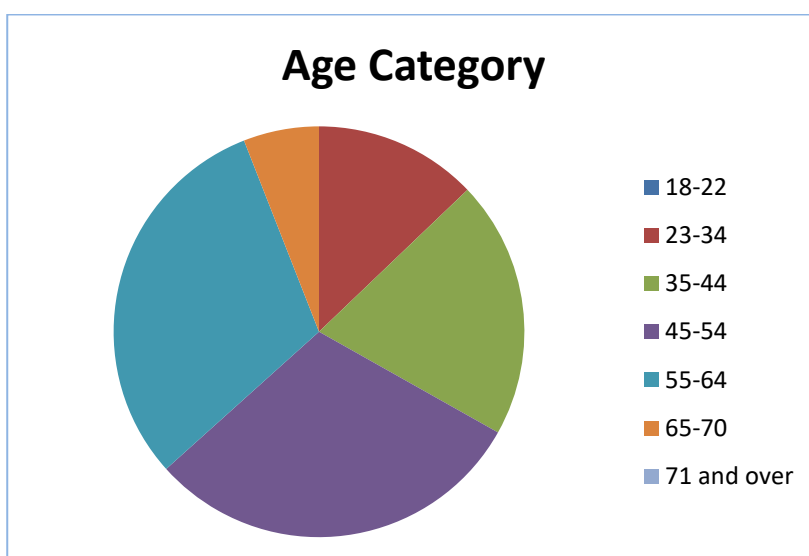
- Reported Average Age Category of Respondents:**

Average reported age category of respondents: 51

Skipped responses: 0 Total responses: 202

Largest age brackets were between ages 45-54, and 55-64, with over 30% in each category.

Answer Options	Response Percent	Response Count
18-22	0%	0
23-34	12.86%	26
35-44	20.30%	41
45-54	30.2%	61
55-64	30.7%	62
65-70	5.94%	12
71 and over	0%	0

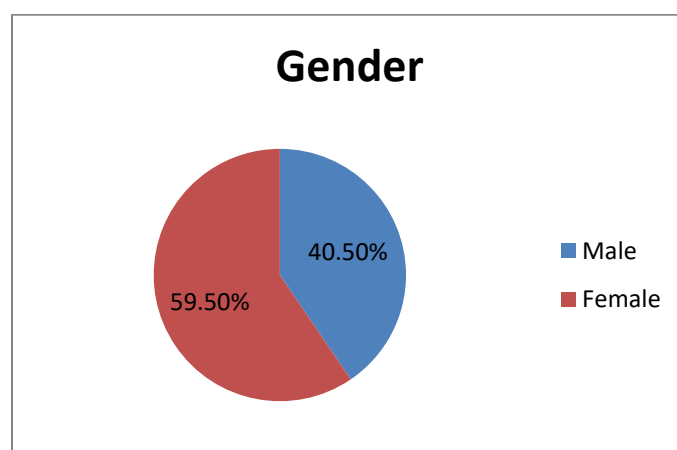


- Question 2: GENDER**

- Reported Gender of Respondents:**

Skipped responses: 2 Total responses: 200

Gender	Response Percent	Response Count
Male	40.50%	81
Female	59.50%	119
	answered question	200
	skipped question	2



- Question 3: ZIP CODE**

- Reported Zip Codes of Respondents:**

Skipped responses: 0 Total responses: 202

151 Zip Codes were represented from respondents. There were 7 responses from zip code 17701 (Lycoming County), the most common response. Thirteen zip codes were identified by three or more respondents.

- Question 4 : REPORTED REGION OF THE STATE**

- Reported Region of the State:**

Total Responses: 201 Skipped Responses: 1

The Southeast Region had the most respondents, with 66, or 32.84%.

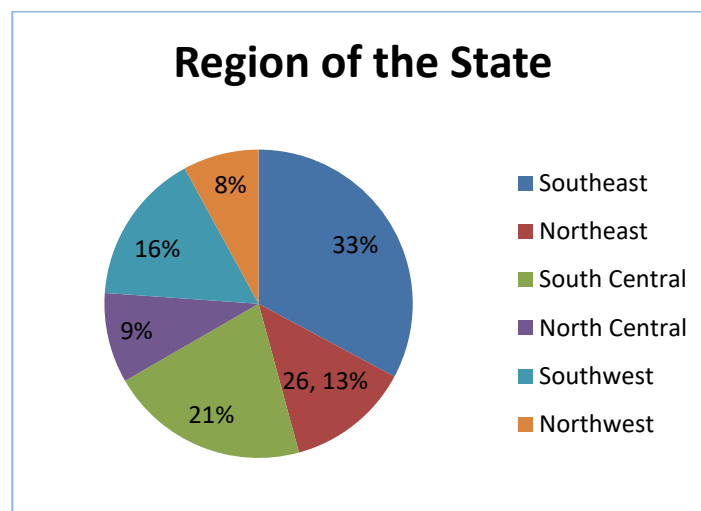
66 responses or 32.84% **Region 1: Southeast** –Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, Philadelphia Schuylkill

26 Responses or 12.94% **Region 2: Northeast** – Bradford, Carbon, Lehigh, Lackawanna, Luzerne, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne, Wyoming

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42 Responses or 20.90%	Region 3: <u>South Central</u> – Adams, Blair, Bedford, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, York
19 Responses or 9.45%	Region 4: <u>North Central</u> – Cameron, Centre, Clearfield, Clinton, Columbia, Elk, Jefferson, Northumberland, Mckean, Montour, Lycoming, Snyder, Potter Tioga, Union
32 Responses or 15.92%	Region 5: <u>Southwest</u> – Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
16 Responses or 7.96%	Region 6: <u>Northwest</u> – Butler, Clarion, Crawford, Erie, Forrest, Lawrence, Mercer, Venango, Warren

Region of the State		
Answer Options	Response Percent	Response Count
Southeast	32.84%	66
Northeast	12.94%	26
South Central	20.90%	42
North Central	9.45%	19
Southwest	15.92%	32
Northwest	7.96%	16
answered question		201
skipped question		1

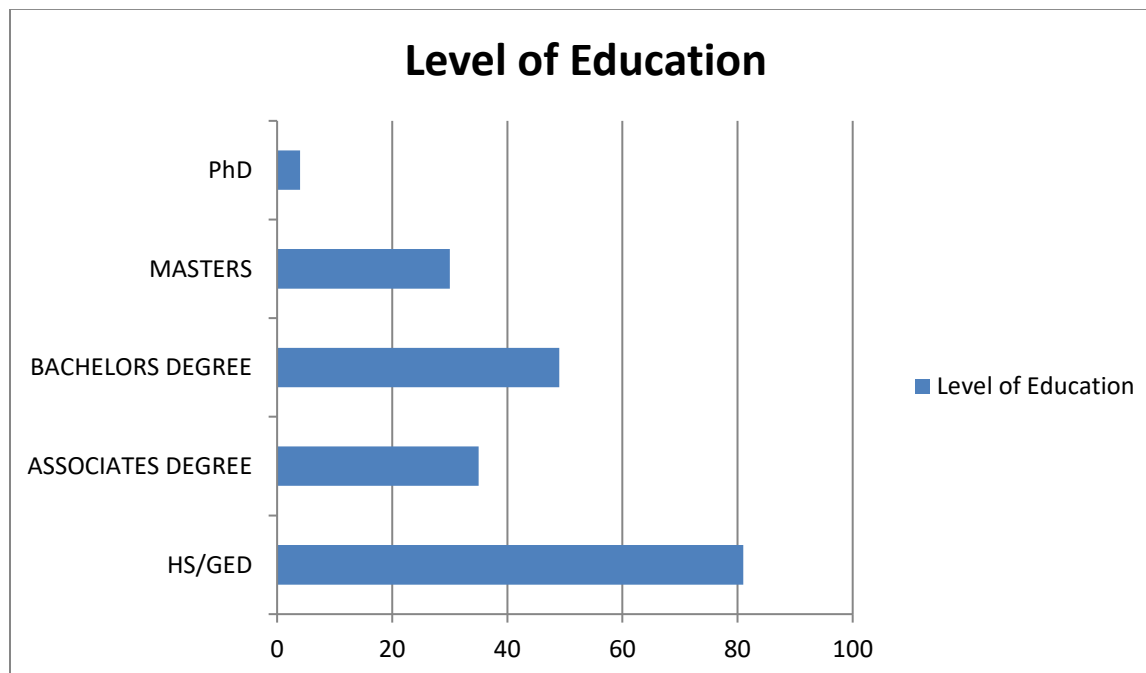


• Question 5: HIGHEST LEVEL OF EDUCATION

Highest level of education - 199 Responses 3 Skipped

The highest percentage group of Highest Level of Education was High School Diploma/GED, with 81 respondents, or 40.70%.

Answer Options	Response Percent	Response Count
High School Diploma/GED	40.70%	81
Associates Degree	17.59%	35
Bachelor's Degree	24.62%%	49
Master's Degree	15.08%	30
Doctorate Degree	2.01%	4

**SURVEY QUESTIONS**

- Question 6: ARE YOU IN RECOVERY FROM A SUBSTANCE USE CONDITION?**

Answered: 199 Skipped 31

Answer Options	Response Percent	Response Count
YES	79.90%	159

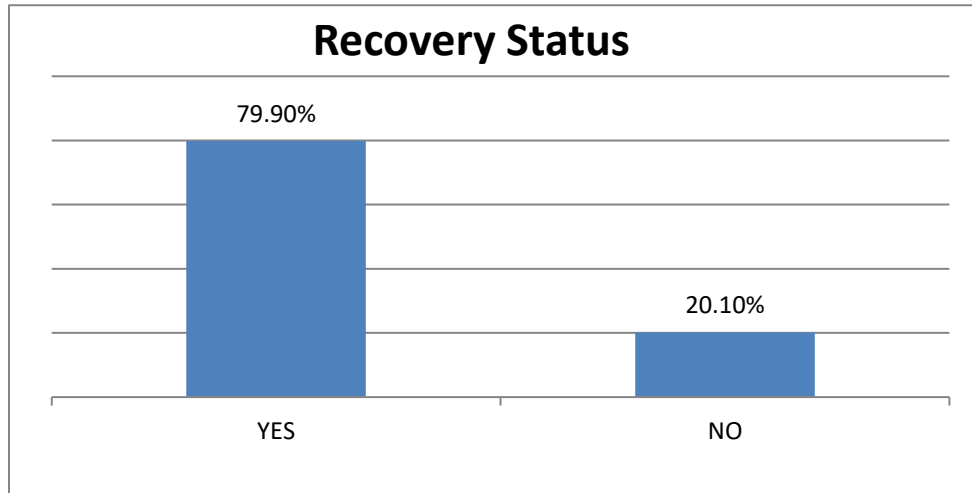
NO

20.10%

40

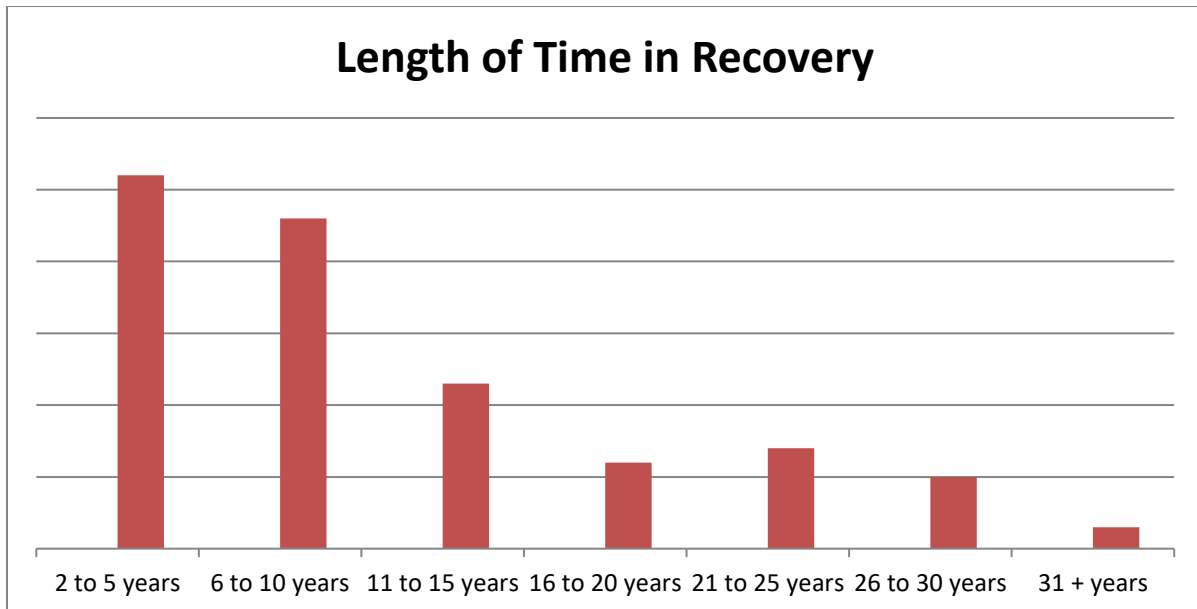
Answered: 199

Skipped: 3



Out of the 199 respondent who answered YES to being in Recovery, 161 individuals responded with their time in Recovery:

18 months to 5 years:	52
6 to 10 years:	46
11 to 15 years:	23
16 to 20 years:	12
21 to 25 years:	14
26 to 30 years:	10
31 or more years:	3



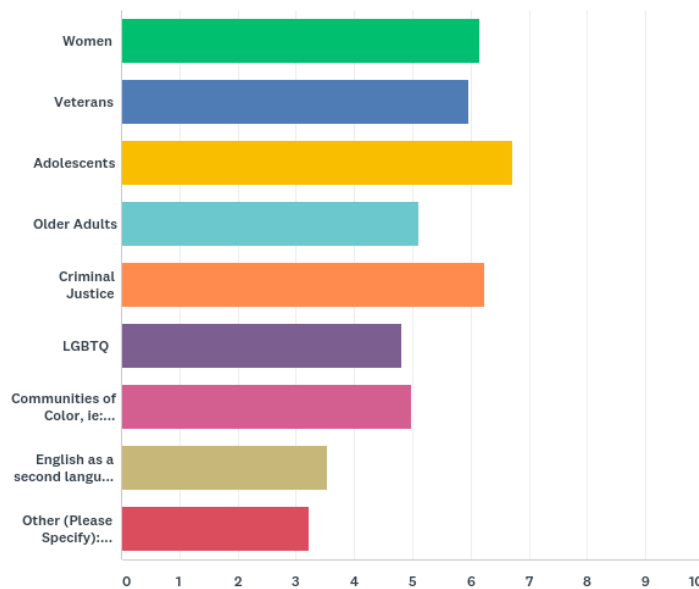
Question 7: Which of the following would you consider as special populations that need to be focused on for drug and alcohol peer services in your area? (Please rank in order of importance):?

201 responses 1 Skipped

This answer allowed multiple choices

Answer Options	Order of Importance	Response Count
Adolescent	1st	173
Criminal Justice	2nd	173
Veterans	3rd	161
Women	4th	160
Older Adults	5th	160
LGBTQ	6th	157
Communities of Color	7th	156
Other	n/a	78

Q7 Which of the following would you consider as special populations that need to be focused on for drug and alcohol peer services in your area? (Please rank in order of importance):



• **Question 8: Please explain your answer to Q7:**

Answered 184 Skipped = 18

Most common Special Population in the Comments section identified Adolescents, Criminal Justice Clients, Older Adults, Spanish Speaking and People of Color.

Comments (184):

Sample of Comments:

- A lot of adolescents are exploring with friends more today than previous years. They fall into peer pressure, or they really trust their friends who are experimenting and go along with them. I don't believe they fully understand the consequences or the addiction that forms from even one use. More teens are using daily and those numbers are growing.
- I see that veterans need the most help since a lot of them are homeless. Most people that need help are usually people of color, especially women.
- Just an approximation and I believe EVERYONE needs to be focused on based upon each situation and circumstances of each individual
- There has been an uprise in the number of older adults, baby boomers, that need our attention. Medicare does not cover rehab facilities, adolescents are getting an education at school. Vets receive services. Special areas of ESL have no one to translate as well as deaf and blind.
- The adolescence population of Clinton county are growing up in the middle of this "drug epidemic". The majority of the ones at risk, know no other way of life. The best case scenario is these children will grow to be adult addicts if they don't die first. If our focus is only on the addicted over 18, we will continue to see this problem over many generations.
- Not many people of color or different ethnic groups in this area
- Spanish speaking peers needed in the Reading area, Norristown area
- My train of thought was targeting people that feel hopeless and/or alone
- I do believe we need to focus on adolescents, providing education in all areas of addiction.
- Adolescents are 20% of our population but are 100% of our future
- I see that Veterans need the most help since a lot of them are homeless. Most people that need help are usually people of color, especially women
- I believe that the youth are the most susceptible to experimenting with drugs and potentially becoming addicted. Early education and prevention are extremely important.

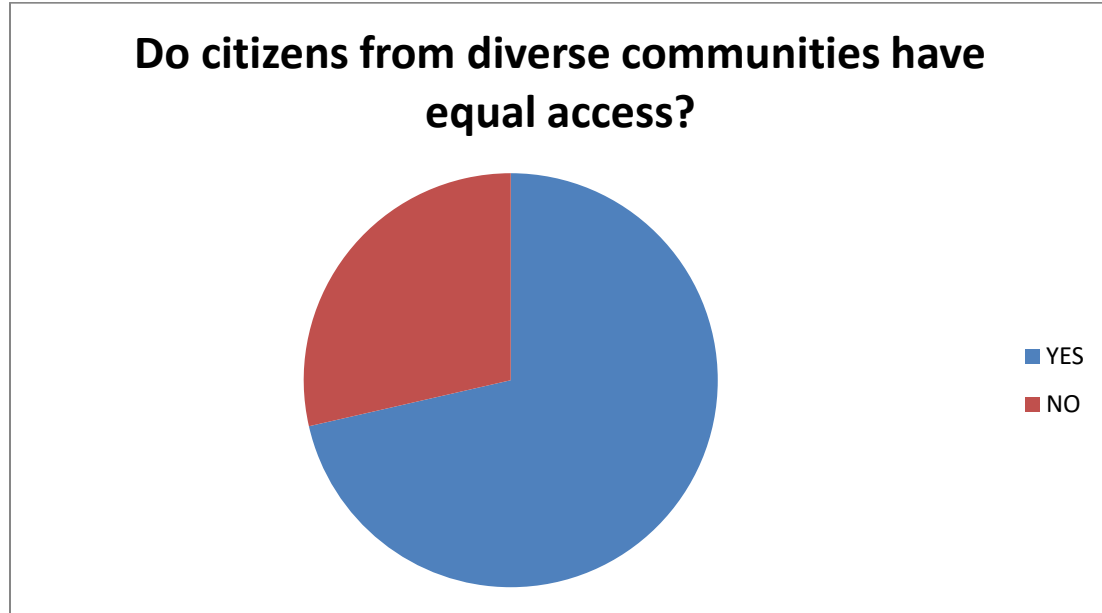
Question 9: Do citizens from diverse communities (Race/Language, Gender, Age, Sexual Identity, etc.) have equal access to Drug and Alcohol services in your area?

Answered: 196 Skipped: 6

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	71.43%	140

No 28.57% 56

Answered: 196
Skipped: 6



Comments (119): Common responses included access topics that included limited access for Individuals of Color, Insurance, Limited Treatment Availability, Resource issues, and Lack of Opportunities.

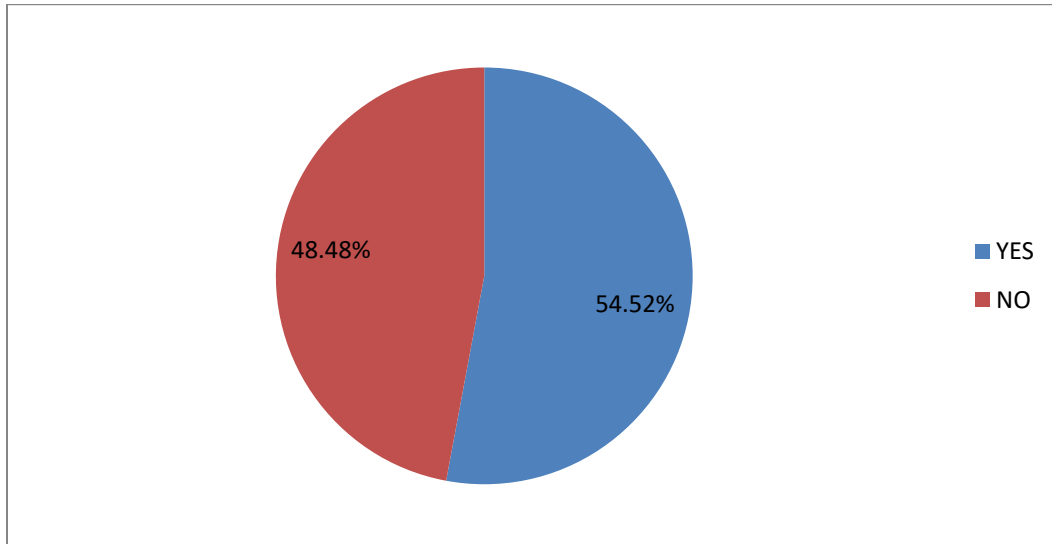
Sample Comments:

- Everyone is accepted at our D&A providers.
- The resources are limited to the Hispanic community because of the language barrier
- Could always be more resources but also white males are the biggest population so while it is very important to cater to each group, we need more services across the board.
- Statistically speaking, people of color are a small portion of our community. They are more poor and may have more barriers to applying for assistance that would help them have more access to Drug and Alcohol services.
- I have been working in rehab as a Recovery Coach, and have worked with very few of color, that tells me that people of color don't get what they need to recover
- Mental health has become the priority will allows D/A to be ignored
- It's difficult to get lower income population inpatient recovery treatment. It's either a detox or outpatient
- Because the parents and adults feel that going outside the Pennsylvania area will help them
- Economics in some diverse populations as well as language and gender can be a barrier

• **Question 10: Are Drug and Alcohol peer services readily accessible for all members of your community?**

198 responses 4 Skipped

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
YES	51.52%	102
NO	48.48%	96
		Answered: 198
		Skipped: 4



Comments (126): Some of the comments included the Need for More Trainings, Spanish Speaking CRS's and Trainings, Transportation Issues, and Insufficient Providers.

Sample Comments:

- But.....we need more, and we also need more education and training.
- Not enough CRS or peers working in the field. Not enough jobs available
- More non-English speaking services mostly Spanish speaking are needed.
- We have a limited number of D & A certified peers and a disproportional need for services. We struggle with access to training, continued training in ethics and confidentiality (specifically for CRS recertification). We have single parents as peers who cannot travel long distances. Bradford County is too far from large cities such as Scranton and other PA areas to have local access to training.
- I got trained to be a CRS with nine other people, and so far only two of us have been able to find jobs. There are no CRS people in the community. There are only counselors
- CRS are available through the SCA making them accessible beyond the doors of a Tx facility and free to meet with anyone before during and after Tx and in lieu of Tx if that is what the individual is willing to do.
- Yes but not a lot of employment for CRS in Pittsburgh area
- Our area is just gaining speed on CRS. Others have not surfaced yet.

- Not enough CRS or peer working in the field. Not enough jobs available
- Not enough trained recovery staff

- **Question 11: Does your community provide access to Drug and Alcohol recovery support services for persons with English as a second language or speak a language other than English?**

181 responses 21 skipped

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
YES	50.83%	92
NO	49.17%	89
		Answered: 181 Skipped: 21

Comments (120): Some common comments included a need for Translators, Bilingual Peers, and all Language availability.

Sample of Comments:

- No AA/NA/SMART meetings in area
- Not that I know of.
- Not sure
- To my knowledge no CRS staff speak a language beyond English. One CRS may speak limited Spanish but is fluent in ASL. We would seek alternative support to fill this gap if it arises. And there are translation tools for the interim.
- I believe we are just english
- Haven't seen, none available
- Some of them do but it's hard to find on in these areas
- Limited though due to lack of CRS who speak Spanish

- **Question 12: Is there access to training for CRSs in your community for persons who wish to become a CRS who speak with English as a second language or speak a language other than English?**

Answered: 199 Skipped: 3

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
YES	20.60%	41
NO	45.23%	90

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UNSURE/SOMETIMES

34.17%

68

Answered: 199

Skipped: 3

Comments (68): The majority of respondent in the Comments Section reported that they did not know, were unsure, or there is access for Spanish Speaking, but not other Special Needs.

Sample Comments:

- CRS trainings are at an all-time low in our area. It seems like the closest CRS trainings are at least 2 hours away, which can be an issue for a lot of people.
- Haven't heard of any trainings for English as a 2nd language
- I am not sure about that one.
- Not sure about this population

- **Question 13: Does the agency you work or volunteer for offer Drug and Alcohol recovery support services in the languages of the most prevalent groups in your community?**

Responses 196 Skipped 6

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
YES	61.73%	121
NO	19.90	39
I AM NOT CURRENTLY WORKING OR VOLUNTEERING AT AN AGENCY	18.37%	36

Comments (61): Many of comments identified that they did

Sample Comments:

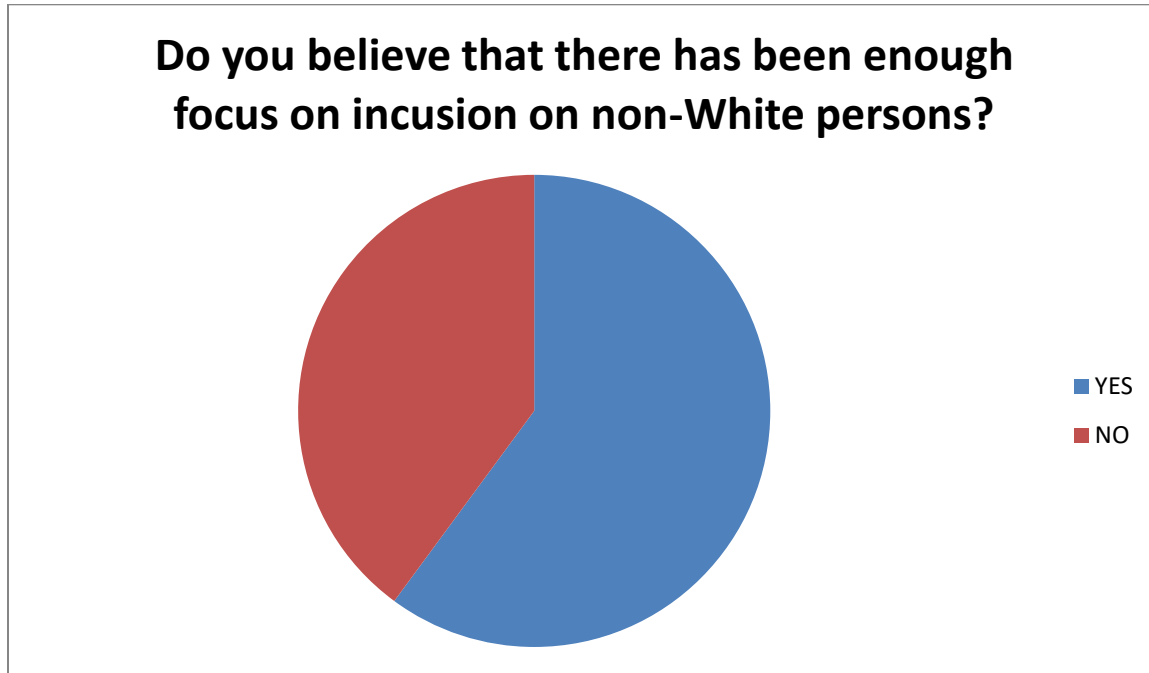
- No, we do not have anyone who can speak another language other than English.
- No CRS services available in my agency, must refer elsewhere
- We have Spanish speaking services and have made accommodations for Nepalese speaking individuals
- We are mostly English speaking.
- All English speaking

- **Question 14: Do you believe that there has been enough focus on inclusion of non-white persons in recovery in your regions recovery community?**

Responses = 193 93 skipped

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
-----------------------	-------------------------	-----------------------

YES	60.10%	116
NO	39.90%	77



Answered: 193
Skipped: 9

Comments (68):

Sample Comments:

- I am sure there can always be improvement for people who have a different culture.
- But also there are not nearly enough non white people in recovery. I'm seeing over 95 percent of individuals and professionals are white so it's not really that white people aren't trying but there is lack of leadership in other communities.
- Non-white people are a small part of our community, they are largely seen as non-existent by white folks, therefore, their unique needs are not addressed.
- Most services are geared towards non Spanish speaking individuals
- It is the cultural beliefs preventing access
- Our office sees a diversity of people
- 50% or more of CRS's trained in our region are non-white.
- I think this is an area that is severely lacking
- I think the limited services in our area affect everyone.

- **Question 15: Do you believe that other CRS's working in your community are adequately trained to work with the diversity of people in your area seeking help for a Substance Use condition?**

responses 196 skipped 6

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
YES	61.22%	120
NO	38.78%	76
		Answered: 196 Skipped: 6

Comments (80):

Sample of Comments:

- I also think that there are not enough job opportunities for CRS's in my community.
- LGBTQ trainings, sensitivity to Women's and Minority issues
- People of color need peers who have had extensive anti-racism training in order to 1. appeal to people of color for services and 2. not to do more harm to the person of color. Micro aggressions and the white privilege white peers are blind to can do more damage.
- Yes myself and most of my colleagues have been in this field for many years.
- Outside of the language barrier and understanding completely the beliefs for each culture
- Yes in most cases, however not all agency properly train their staff well
- There is a lot more training needed
- I think a lot of the ones on MATs need more time in recovery before they work in the field.
- Absolutely not! There is so much more that a CRS should be able to do and do not have the experience or training as a mentor
- More ethics and boundaries

- **Question 16: Is there outreach in your community to include persons in recovery from diverse backgrounds in the planning, development, implementation, and evaluation of Drug and Alcohol recovery support services, including Drug and Alcohol recovery support services?**

186 Responses 16 skipped

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
YES	59.14%	110
NO	40.86%	76
		Answered: 186

Skipped:	16
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Comments (67):

Sample Comments:

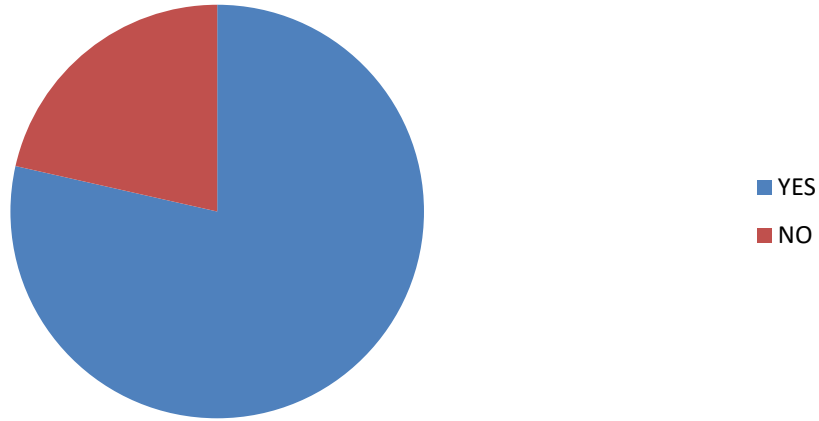
- Outreach is there, just lack of diverse volunteers, professionals, and people in recovery.
- I have never seen it
- But I do not think it is enough. Like I said services in our area are limited
- Not that I am aware of
- At the AREA level.
- I'm not sure. I'm not part of the planning.
- It's small but growing.
- There are not enough bilingual CRS that are willing to do this

- **Question 17: Does the agency you work with or volunteer have a clear commitment to respond to the strengths and needs of diverse individuals seeking Drug and Alcohol recovery support services in your community?**

191 responses 11 Skipped

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	78.53%	150
No	21.47%	41
		Answered: 191
		Skipped: 11

Does the agency your work/volunteer for have a clear commitment to respond to strengths and needs of diverse individuals?



Comments (53):

Comment Sample:

- I'm currently not working as a CRS.
- There are individual treatment plans and the angel program and the outreach for homeless
- To everyone
- We have training resources to help all people as best as we can.
- I do not work/volunteer for a company as of yet.
- They train their staff
- I'm not currently employed at this point. I can't answer this question accurately.
- I am not sure.

• Question 18: Is There a population/service that is underserved in your community?

Answered: 183 Skipped: 19

Answered: 183
Skipped: 19

Comments (183):

Sample Responses:

- Even though we have a great number of services for D&A, we honestly need more. We also need more for single fathers with their children. I have had many clients in this situation, and there isn't nearly enough help for them vs. single mothers.

- Minority
- Transportation
- I don't think
- No
- I would say adolescence. SAP is in place along with prevention but recovery support service is something that isn't available for the youngsters.
- English as a second language, veterans
- LGBT have a lot of trouble getting this population into rehabs
- Supportive services for those in active addiction
- No. We offer service to all who seek it
- Older adults
- Poor people
- Working poor in any category

• **Question 19: Is there anything you need to be able to more actively/robustly engage in CRS work?**

Answered: 179 Skipped 23

Answered: 179
Skipped: 23

Responses (179):

Sample Responses:

- More defined job descriptions and goals.
- Yes, I have the training but I would like to engage more in my community with the company I work for. I don't know how to do that
- Identified people who can provide supervision for CRS's
- Spanish speaking translators, and more training in the paperwork of a CRS worker, and clear message of what a CRS worker does
- More available jobs
- Just up to date resources in order to help others succeed.
- The chance to actually use my CRS
- Less red tape and more communications with other providers
- More lenient HR standards when it comes to criminal backgrounds.
- Supervisors need to have more lived experience
- Better pay and less judgment of those working in CRS services.
- Opportunities to use my experiences would serve a more direct reach.
- Better pay and less judgement of those working in CRS services
- I'm hoping to get a job soon as I just got certified but I think to do the work you need to be open-minded, empathetic and very good at time management and Communications with others. Also

another important thing is to never be afraid to ask for help from a supervisor or something if you don't know what to do in a particular situation.

- On job training is hard to find for our clients/ patients. Transportation issues Vocational programs Jobs with clients who have criminal back grounds.
- haven't started CRS yet
- Funding
- More CRS jobs
- A position working as a CRS
- Identified persons who can provide supervision for CRSs
- Continued training opportunities
- Communication skills for motivational interviewing. A one-day training is not adequate.

- **Question 20: Is there a specific need for an intervention, engagement, or support specialty CRS service in your community?**

174 responses 28 skipped

Comments (174):

Sample Comments:

- More friendly engagement
- Just the knowledge that it is available
- Somewhat
- Yes, I am interested in my CIP certification
- Mental health accessibility
- Drug court in my opinion
- Yes there needs to be more employment for CRS in the Erie area
- Yes they need it bad
- More friendly engagement
- Ease of accessing services
- Adolescent services
- Definitely could use interventions on some clients
- If the need is there, the volunteers are available
- Engagement and support is always needed
- Transportation is a major issue along with housing for those individuals with legal issues do to addiction
- Bilingual-southern Chester county.
- Yes

Answered:	174
Skipped:	28

- **Question 21: Please feel free to add any additional comments about access to and quality of services of training for Drug and Alcohol recovery support services in your community.**

92 responses 110 Skipped

Comments (92):

Sample Comments:

- CRS is the best certification to bridge the gap...Thank You!
- Harm Reduction Trainings desperately needed
- We need more CRS training courses and jobs within the field as well as CFRS classes. Families need help too
- It might be useful to develop "prototype" job descriptions for CRS personnel.
- My training helped me get a job
- This test implied people outside of straight white males were the only ones who matter, addiction doesn't judge its victims so why do you, this test was no more than liberal fecal matter and a massive part of what's wrong with America, please stop creating division
- We do a good job
- Not much access to training. Usually have to travel to get CRS training. We do some basic training at my facility, but the trainings are few and far between. In two years we have only had CPR, HIV, Addictions 101, and Naltrexone administration trainings.
- I feel that medication assisted recovery services enable individuals to continue using and there needs to be more accountability when receiving this type of treatment
- Training should be free for active CRS volunteers
- It might be helpful to develop a prototype job description for CRSs

VI. Survey Limitations

The survey was limited to the experiences of CRS. With 202 respondents, this can be considered to be a representative sample of those with a CRS (approximately 1,000 CRS in Pennsylvania). Due to the broad geographic sampling of respondents, this may be considered representative of CRS in the Commonwealth of Pennsylvania.

- These results cannot be assumed to generalize beyond CRS. If there are others who do similar work but have not dedicated to Certification in these duties (such as certified peer specialists, sponsors, volunteers etc.), these trends may or may not apply. Similarly, these results may or may not be generalizable to other similar peer services outside of the Commonwealth of Pennsylvania.
- In self-report surveys there is no way of checking to assure accuracy, honesty, or reliability of responses. However, it is assumed that anonymity of responses limit this concern. The detailed nature of the responses also support the validity of the trends identified, as well as the strength of consistency of responding.
- Self-selection limits participants to those who volunteered to share their experiences and may result in an individual not choosing to participate who could add important data to the research. The detail of spontaneous responses and descriptions reflects a motivated respondent pool, which is reflective of the types of responses received.
- This survey represents a snapshot of experiences at this moment in time. In the context of a rapidly changing SUD environment, these findings may also change over time. This would suggest that recommendations should be implemented in a timely manner in order to most effectively address issues identified in this snap-shot.
- Since there is no common language for the duties provided by CRS's, as well as a variety of ways in which these services are implemented, it is unclear which of these practices or service activities produce these results. For example, those providing warm hand offs from hospitals may have a different experience than a peer working within an SUD treatment facility.
- The survey represents overall views of the field. However, it does not examine specific subsectors. For example, needs for programming for non-white individuals may vary based on location in the Commonwealth. Also, personal desire for education on this issue may vary between those surveyed who have only been in the field for two years as compared to those who have been taking continuing education for 20 years.

VII. Conclusions

Based on these results there are a number of conclusions that may be drawn that reflect the current status as well as guide future directions.

- **Age:** With about 50% of the respondents between age 35 and 54, there is a gap of those who are younger as well as older adults. Both of these demographics represent a valuable resource.
- **Region:** With about 33% of respondents from the Philadelphia region, it is important to consistently grow services across the Commonwealth.
- **Education:** With about 40% of respondents holding a HS diploma, survey results are heavily weighted to this population. It is unclear if this subset may respond to training needs differently, or not. Further research would be needed to determine this.
- **Time in Recovery:** With approximately one third of respondents with less than 5 years of recovery, and approximately one third with five to ten years in recovery, there is a young to moderate recovery in the sample. Assuming that there is typically recovery time prior to beginning employment in the field, this sample has a relatively shorter experience time.
- **Identified Special Needs:** The respondents reported relatively similar needs across all special populations. However, the top three identified needs were for adolescents, criminal justice, and veteran populations. The lowest three populations were older adults, LGBTQ, and communities of color. The response pattern, along with some of the narrative responses seems to reflect an attitude that everyone is deserving of help, rather than a single target.
- **Services for Persons of Diverse Communities:** Approximately 71% reported that they believed there were adequate services for persons of diverse communities. This is notable in the context that there was a general theme that services were lacking overall.
- **Services for Persons whom English is not their Primary Language:** Approximately 51% reported that there were services available for individuals of other languages. This is notably lower than the report of available services for persons of color.
- **Support for Becoming a CRS if non-English speaking:** Only 20% reported that there was support available for those needing assistance becoming a CRS if they did not speak English.
- **Support in the Prominent Language:** About 61% of respondents reported that their organization offered services in the most prominent language(s) of their community. This is higher than the general concern that there are not enough language specific services, suggesting that there may be communities where there is little identified diversity of language in some regions of the state. Further research could examine the role of region in terms of available language services.
- **Adequate Inclusion:** About 60% of the respondents reported that there is adequate inclusion of non-white individuals in their community. This is similar to the numbers regarding language, but relatively low overall.
- **Diversity Training:** Only about 61% of respondents reported that there is adequate training in diversity. As noted above, further research may examine whether this varies in more vs less experienced respondents.
- **Outreach:** About 59% of respondents reported that there was adequate outreach and engagement of diverse communities in the planning and implementation processes.
- **Commitment to Diverse Populations:** About 78% of respondents report that there is adequate commitment to engagement of diverse populations.
- **Underserved Concerns:** Respondents generally reported concerns about funding and overall need for additional services.

Appendix I: Blank Survey PRO-A Special Populations Needs & Training Assessment for

Drug and Alcohol Recovery Support Services (DARSS) The Pennsylvania Recovery Organizations – Alliance is conducting a needs assessment in Pennsylvania to explore the demand for and interest in CRS training for special populations across the state. We appreciate your time and effort to complete this short 20 question survey. Thank you!

1. Age (numerical Value)
2. Gender (M/F)
3. Zip Code
4. Region of the state (1-6)

Region 1: Southeast –Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, Philadelphia Schuylkill

Region 2: Northeast – Bradford, Carbon, Lehigh, Lackawanna, Luzerne, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne, Wyoming

Region 3: South central – Adams, Blair, Bedford, Cumberland, Dauphin, Franklin, Fulton, Huntington, Juniata, Lebanon, Mifflin, Perry, York

Region 4: North Central – Cameron, Centre, Clearfield, Clinton, Columbia, Elk, Jefferson, Northumberland, Mckean, Montour, Lycoming, Snyder, Potter Tioga, Union

Region 5: Southwest – Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland

Region 6: Northwest – Butler, Clarion, Crawford, Erie, Forrest, Lawrence, Mercer, Venango, Warren

5. Highest level of education

☐ High School / GED ☐ Associate Degree ☐ Bachelor Degree ☐ Master's Degree ☐ PhD

6. Are you in Recovery from a Substance Use Condition? Yes / No

If Yes, number in years in recovery (numerical value) ____

7. Which of the following would you consider as special populations that need to be focused on for drug and alcohol peer services in your area (please rank in order of importance):

☐ Women

☐ Veterans

☐ Adolescents

☐ Older Adults

☐ Criminal Justice

☐ LGBTQ

☐ Communities of Color ie: nonwhite

☐ English as a second language community or speak a language other than English (if so what community has the biggest need in your community) _____

☐ Other (Please specify) _____

Explain your answer _____

8. Do citizens from diverse communities (race/language, gender, age, sexual identity, etc) have equal access to drug and alcohol services in your area?

Yes / No Please Explain your answer _____

9. Are drug and alcohol peer services readily accessible for all members of your community?

Yes / No _____

Explain your answer _____

10. Does your community provide access to drug and alcohol recovery support services for persons with English as a second language or speak a language other than English?
Yes / No Please Explain your answer _____
11. Is there access to training for CRSs in your community for persons who wish to become a CRS who speak with English as a second language or speak a language other than English?
Yes / No Please Explain your answer _____
12. Does the agency you work or volunteer for offer drug and alcohol recovery support services in the languages of the most prevalent groups in your community?
Yes / No / I am not currently working or volunteering at an agency
Please Explain your answer _____
13. Do you believe that you that there has been enough focus on inclusion of non-white persons in recovery in your regions recovery community?
Yes / No Please Explain your answer _____
14. Do you believe that other CRS's working in your community are adequality trained to work with the diversity of people in your area seeking help for a substance use condition?
Yes / No Please Explain your answer _____
15. Is there outreach in your community to include persons in recovery from diverse backgrounds in the planning, development, implementation, and evaluation of drug and alcohol recovery support services, including drug and alcohol recovery support services?
Yes / No Please Explain your answer _____
16. Does the agency you work with or volunteer have a clear commitment to respond to the strengths and needs of diverse individuals seeking drug and alcohol recovery support services in your community?
Yes / No / I am not currently working or volunteering at an agency
Please Explain your answer _____
17. Is there a population/service that is underserved in your community?
Text Box
18. Is there anything you need to be able to more actively/robustly engage in CRS work?
Text Box
19. Is there a specific need for an intervention, engagement or support specialty CRS service in your community?
Text Box
20. Please feel free to add any additional comments about access to and quality of services or training for drug and alcohol recovery support services in your community:

APPENDIX II: ALL COMMENTS COLLECTED FROM SURVEY

Q8: Please Explain Question #7, which was: Which of the Following Would You Consider as Special Populations That Need to be Focused on for Drug and Alcohol Peer Services in Your Area? (Please rank in order of importance):

(184 Comments):

- *I think that populations are just as important as another. We can't treat this disease by separating it. I also think that pushing people into categories we aren't focused on the bigger issue.*
- *Don't know*
- *Growing non English population and more African American male and female peer support*
- *In this conservative area, women are held to their traditional roles which inhibits their perceived growth and keeps them in cycle of addiction.*
- *Due to the area is one reason. Another reason is this is the most frequent type of people that I come into contact with who I provide services to inside and outside of my work*
- *I feel the certification for Forensic Peer Specialist is vital...with adolescence population for the upcoming generation should be closely monitored*
- *Just looking at holes in levels of cultural competency and minority in my area. Obviously a language barrier is a HUGE barrier. Not one I encounter but have considered the possibility and reality.*
- *Multiple relapse, OD, IV users*
- *The population I deal with and observe are the highest population of drug use I see. Most criminal activity is because of addiction. With adolescence its become more acceptable for smoking weed by parents even parents with a significant amount of clean time.*
- *#1: Family Members*
- *Ages 19 thru 64 all gender and race*
- *I believe that people of color are forgotten,*
- *N/A*
- *Based on area of need*
- *A lot of adolescents are exploring with friends more today than previous years. They fall into peer pressure, or they really trust their friends who are experimenting and go along with them. I don't believe they fully understand the consequences or the addiction that forms from even one use. More teens are using daily and those numbers are growing.*
- *No comment*
- *Most vulnerable to relapse.*
- *Just an approximation and I believe EVERYONE needs to be focused on based upon each situation and circumstances of each individual*
- *There has been an uprise in the number of older adults, baby boomers, that need our attention. Medicare does not cover rehab facilities, adolescents are getting an education at school. Vets receive services. Special areas of ESL have no one to translate as well as deaf and blind.*
- *The adolescence population of Clinton county are growing up in the middle of this " drug epidemic". The majority of the ones at risk, know no other way of life. The best case scenario is these children will grow to be adult addicts if they don't die first. If our focus is only on the addicted over 18, we will continue to see this problem over many generations.*
- *Not many people of color or different ethnic groups in this area*
- *Personal experiences*
- *Not sure*

- *Everyone else*
- *My train of thought was targeting people that feel hopeless and/or alone*
- *I do believe we need to focus on adolescents, providing education in all areas of addiction.*
- *Anyone else not included*
- *I see that Veterans need the most help since a lot of them are homeless. Most people that need help are usually people of color, especially women*
- *I believe that the youth are the most susceptible to experimenting with drugs and potentially becoming addicted. Early education and prevention are extremely important. I also believe that there is an important need for recovery centered around women. A lot of women experience trauma before and during their addiction and should have safe environments in recovery where they can truly open up. I know that a lot of women can feel uncomfortable speaking openly in front of men and also do not want to be approached by males, especially in their early recovery. Ultimately, all of the communities addressed above should have places or recovery groups that cater to their individual needs. Addiction is a disease that affects people from all walks of life and recovery should be equally as inclusive.*
- *We need early intervention for teens--brains are underdeveloped and at risk. Veterans have served this country and we owe them.*
- *It's important to service kids they seem to be left out along with women.*
- *There is a very high opioid epidemic in Delaware county.*
- *I feel this is pretty accurate for my area*
- *I think we need to keep educating our youth because they are the ones that are testing the waters and experimenting and maybe do not know what they getting themselves into They are invincible*
- *I ranked to most likely to OD or commit suicide. IV drug abuses especially pregnant should be of high priority too*
- *N/a*
- *I live in a rural, predominately white area*
- *What I feel*
- *I believe that these populations are at times underserved.*
- *Other populations need other languages like Spanish and other community*
- *I chose adolescents and those in the criminal justice system because addiction is starting young. Too many people are ending up in the system and just coming back and forth to jail without getting the proper treatment.*
- *I think, cjc needs a lot of help, I notice it's hard for them to go from the structured life in jail. To a non structure environment.*
- *Just my observation from being a CPS for 4 years*
- *SUD intervention and awareness is needed early in the development of a young adult.*
- *It starts with our youth. If we can prevent the cause of addiction young maybe we would not see some many people addicted at an older age.*
- *All others*
- *Unknown*
- *With teens being so vulnerable at their ages, I feel they should be focused on first. Also, the parents and veterans.*
- *About 80% of criminal justice involved persons has heavy involvement with substance abuse. Understanding the experiences of ex-offenders is critical to forming effective relationships with them.*

- *In Luzerne county there are no services for women, no recovery houses , no halfway houses, criminals are viewed as a waste of time and resources. That's not just from society either that's from people in the field as well.*
- *Family support services*
- *No explanation*
- *individuals that have been impacted by trauma*
- *Spanish speaking population*
- *I feel we have a large population of women who are expecting that need peer support when it comes to drug abuse, as for adolescents if we could reach the to practice prevention it will be a great help in the war on addiction*
- *There are very little Spanish speaking resources.*
- *I feel, People newly into recovery need the most help in our area. I have seen many deaths for people newly in recovery and have a relapse and it kills them.*
- *I do have some reservation about the over-specialization of recovery support services. I am seeing some of that in the mental health system and I believe that having well-rounded and well trained CRS staff that accommodate anyone that walks into their door is the best approach. The one special population that I believe would require specific training, oversight, and qualifications is RSS for adolescents.*
- *We have a significant number of Spanish speaking individual in our area.*
- *The priority populations I chose seem to be missed in the recent focus on The Opioid Epidemic*
- *I gave numbers but to me the entire population should not be judged by ethnicity but by Overdose survivors, pregnant women, IV users and Veterans*
- *Women and veterans have the least amount of support and highest need.*
- *I work in housing working with those individuals and/or families who have a substance use disorder and/or mental health*
- *Not much service available*
- *There are very few women in recovery here, and very few young people.*
- *Not sure if I answered it correct*
- *it's my experience who needs the help the most to the leDy*
- *They are the forgotten*
- *Many people getting released from jail need immediate support in order to be successful. There are fewer women in recovery than men. If we reach adolescents we may be able to arrest the disease before it reaches the final stages. Veterans always need our support as most have P.T.S.D. and can make recovery more difficult. Older adults need to be connected just like everyone else. LGBTQ need additional support as well. Many find it difficult to be honest with others or themselves with who they are due to fear of stigma. We live in rural Pennsylvania and in a primary white and English speaking area. There isn't much diversity here.*
- *No answer*
- *Co-Occurring Disorders*
- *Parents/Families and young children 4th, 5th, 6th graders.*
- *Everybody needs help but if we can help the younger generation and get a heads up on this maybe we can make more of an impact.*
- *Mothers and babies*
- *Not sure*
- *Our biggest need is for this population.*
- *Na*
- *Opioid Dependent*

- *Spanish speaking community*
- *Anyone not listed above*
- *I have worked with the population of LGBT and the individuals asked where the connection to special services. Erie was the closest place, but transportation was an issue. Teens also don't have any meetings here in our little town*
- *I feel we need to focus a little more energy on the dual diagnosed population*
- *I have found there aren't enough supportive services in this area for females*
- *Too many youth to be plagued with the Pandemic Of Addiction*
- *Co-occurring addictions*
- *Spanish speaking peers needed in Reading area, Norristown area.*
- *Women here in Franklin county have no help or resources.*
- *Parents so they know what to look for*
- *Mental health issues*
- *I didn't like giving them number as to who is first - thought that they all deserve to be high on the priority list.*
- *We are seeing women in need of D & A services at an alarming rate daily either on the Behavioral Health Unit or the Emergency Department. Adolescent populations are increasingly in need of services as well in our outpatient Mental Health facility. All other populations pale in comparison by rank to these two groups.*
- *I work in the population ,with criminal justice and I was in jail and it seems that is the most popular area that needs the most help. I also fall in some of the other categories and have worked in mental health so I have seen a lot of areas . I have been a peer for working for 7 years now .*
- *Many many are opioid addicted very early*
- *Hispanic*
- *Adolescents are 20% our population but are 100% of our future.*
- *Younger target to deter usage. Communities of all colors and language are in need.*
- *Co- occurring*
- *Need to start w/ young people before they get into more trouble. The category of Older Adults is becoming a huge group. Veterans like to speak w/ veterans. LGBTQI group.. I don't know if there is as much a difference in training for SA w/ this group. May be wrong.*
- *I believe there needs to be more focus on adolescents and prescription drugs, and over prescribing of medications to adolescents. More education is needed in communities, especially smaller communities that think there is not a "problem in their community"*
- *Minorities are not getting high quality placements*
- *Targeting women for services mean that you target children and families also.*
- *Adolescents needs prevention programs to help them create conscience about the consequences of dealing and using drugs could bring to their life and their family.*
- *Too many in prison who are low level drug users who need treatment and jobs, not incarceration*
- *In our community a lot of people get sent to jail for failed drug tests while on probation and its known that the jails are overcrowded due to addiction rather than true crimes. Also, based on the statistics ages 25-44 are most likely to abuse alcohol and illegal drugs so I labeled accordingly.*
- *Any race color or creed, that needs help with life controlling issues. They are all important.*
- *Currently, there are many available resources that are being under utilized...of which are not a reflection of the service providers, but of the disease itself...keeping people engaged for the length of time required to establish sustainable change in their life is and has been a struggle ...*

- *Unfortunately they are all of importance. However the adolescents and older populations are in need of additional services. It is a difficult survey in terms of greater need.*
- *I believe all are critical. We all need to remain teachable no matter what group you put them in.*
- *These sub-populations that have difficulty finding supports.*
- *Veterans and adolescents are the population with the least amount of resources available. Someone with extensive knowledge of community based resources for these populations is needed*
- *Doctors need the most education. I feel children and veterans need educated to avoid being over prescribed. I know of a few veterans being prescribed many opiates and benzodiazepine scripts currently at the same time. Drug Courts need educated on all types of tx programs and to hopefully decrease some of their bias.*
- *Living in a small community there is not the diversity of a larger area.*
- *There is no good transition from child to adult services.*
- *I work with people w/substance abuse disorder and mental health diagnoses and a lot of them are suffering from co-occurring disorders which is a large population that is not receiving the proper treatment for their dual diagnoses. Also those in the criminal justice system need better treatment options other than drug court & jails*
- *Kids need more programs available to them*
- *I came out of state prison and was so institutionalized that all the stipulations to comply with state parole was very overwhelming and the assistance of. CRS would have made the transition so much easier*
- *I feel that recovery is available for all groups. Individuals involved with criminal justice system and / especially juveniles are, in my opinion, the highest priority.*
- *Adolescents are our future. If someone gets help early in life they can be spared from years of pain. The disenfranchised need much help too. I think older people are sometimes overlooked*
- *Woman are over represented in treatment and criminal justice systems nationwide*
- *I believe that there are plenty of services in Philadelphia but not enough active users are seeking the treatment or insurances are not paying for the longer-term rehab.*
- *I feel that prison is the hardest place to begin the process of change and recovery.*
- *Only the three top ranked have significant populations in this area of central PA. The others are "few and far between" residing in this area.*
- *Women need support being in recovery and having other responsibilities (taking care of children, house, etc). Veterans often come back from service with d&a problems and mental health issues. The rest seemed to be in order. I don't think it should be divided by color or sexual orientation - I believe all should be treated equal.*
- *Teens*
- *Older adults are a poorly understood and underserved population.*
- *Heroin is more prevalent in the white communities.*
- *I feel if we can reach the kids and young adults we can get a hold on this problem*
- *Teens need the most help, they are modest impressionable. There is not much awareness and education for them in Monroe County. Next I would say women, pregnant women to be specific, not only are they in harm but their children are. We should be able to help them without taking their children away.*
- *I don't understand the question... I mean obviously, I ranked them in the order I thought had the greatest need.*
- *Adolescents must be ushered into abstinence, so their frontal lobes mature and cultivate healthy decision life skills; the company they keep and genetic predisposition are two critical factors which must be reasoned.*

- *Latino*
- *Recovery from alcohol and drug abuse*
- *Homeless*
- *People are people no matter your skin color or age or gender we are all the same*
- *Young men 21-30 yrs*
- *Unknown*
- *Substance use is nondiscriminatory, we need to focus on the entire population*
- *The main area needing to be addressed, is criminal justice. There is a great need for Drug Court in Carbon County. We have a Veterans Treatment Court, up and running for one year now, and is very successful. Hoping this will lead the government officials to agree on terms and funding for Drug Court for all.*
- *75% of the prison population consists on non violent crimes, usually drug related crimes/offenses. Treatment should be an option, not just a prison term.*
- *Teenage males*
- *Working in the field provides me with insight about populations that are neglected Adolescents rate of addiction is high and this is where we should start*
- *Everyone needs this training.*
- *Older adults are the most susceptible population to addiction*
- *I actually think that there are not enough services for families, which was not one of those answers. I am interested in the CFRS certification.*
- *Spanish speaking*
- *Criminal justice because both are intertwined and are dependent on each other in a symbiotic manner.*
- *Children and Adolescents lack the resources that are currently in place.*
- *The younger generation have peer pressure to deal with and also a lot of them don't have the support to stay away from the drugs.*
- *Large Hispanic population*
- *These are the ones that feel they've been swept under the rug I'd like to extend a hand & olive branch*
- *Spanish*
- *No further explanation*
- *We have a large veteran population with the VA here, but demand outstrips available VA programs.*
- *It was hard to put a priority on one group vs. another group. I think women have special needs vs. men/veterans. I think elderly are the growing population, but adolescents are important too.*
- *target area. Young, white, males and the opiate epidemic. And the legal system and treatment alternatives.*
- *Everyone needs education*
- *This reflects my point of view based on the community I live in.*
- *N/A*
- *I ranked women as #1 because it isn't appropriate for them to have a male CRS. And I intuited the rest based on how many people might need that specific service.*
- *It seems most available services are for males. We have many females that need services i.e.: housing/ prenatal care/ help with job training, etc.*
- *n/a*
- *I tried to weight the numbers to the best of ability in the order of accordance with the following
1) Amount of people in that population in my community/city 2) Amount of impact recovery*

would have on that population IE: The Criminal Justice population without recovery have the highest potential to recidivate causing other impacts.

- To many people are incarcerated due to drug issues.
- I really think AT RISK KIDS NEED HELP>
- This is how I see it
- As well as the older adults women veteran also need a lot of help
- Jails do not offer any type of treatment inmates reenter society with no help
- We don't have LGBTQ meetings that adhere to that population. Adolescents don't find recovery because there are no ala-teen meetings in this area. I selected Communities of color because although we have a primarily white community we would benefit from having some alternatives for persons of color.
- I didn't like this question. I feel everyone is just as valuable as the next. I believe targeting the adolescent population could benefit in that early intervention could prevent future issues. Jail population needs services in that many individuals in jail have S.A. disorders and their behaviors associated with land them there.
- Older ppl r abusing rx meds
- Addiction does not discriminate.
- Young parents
- I think Family members need much more information and support than they are typically receiving now.
- Spanish speaking
- We must teach our children at a young age - PREVENTION
- Women who are pregnant need additional community supports to assist with the recover as well as child well being
- I feel children and vets are our country future they should come first
- All people
- I DO NOT SEE TOO MANY SPANISH GROUPS FOR SUPPORT IN OUR AREA EVEN THOUGH THE POPULATION FOR THE NEED IS HERE
- Less and less services are being provided to women only and they are in need of more resources in the community.

Q9: Do citizens from diverse communities (Race/Language, Gender, Age, Sexual Identity, etc.) have equal access to Drug and Alcohol services in your area?

Comments (119):

- Everyone is accepted at our D&A providers.
- Poverty
- Could always be more resources but also white males are the biggest population so while it is very important to cater to each group, we need more services across the board.
- Statistically speaking, people of color are a small portion of our community. They are more poor and may have more barriers to applying for assistance that would help them have more access to Drug and Alcohol services.
- The only barrier I've seen is communication with a deaf individual. The diversity isn't an issue.
- Not sure
- As far as I know they do
- Cultural beliefs preventing access.

- *I have been working in rehab as a Recovery Coach, and have worked with very few of color, that tells me that people of color don't get what they need to recover*
- *They may not know how to access*
- *It's difficult to get lower income population inpatient recovery treatment. It's either a detox or outpatient*
- *Because the parents and adults feel that going outside the pa area will help them*
- *Economics in some diverse populations as well as language and gender can be a barrier*
- *Self explanatory*
- *I don't know*
- *Many are not covered by insurance.*
- *Too many 12 step programs, nothing for lgbtq,*
- *Money is still a factor in acquiring treatment.*
- *Lack of residential beds for women, providers educated on lgbtq, services for veterans, enough psychiatrists*
- *The resources are there. All they have to do is want it*
- *Honestly, no. There are meeting and resources available in my area, but I don't believe that there aren't enough that are focused on the communities listed previously.*
- *All services are considered equal opportunity. We do not discriminate against any sexuality.*
- *Everyone has access*
- *They do only if refereed to the proper sources.*
- *I just believe there is not enough treatment available for anyone right now.*
- *No beds and poor services without insurance*
- *Anyone and everyone is welcome to ask for help with Blair County Drug and Alcohol.*
- *There are equal opportunities for all populations*
- *The county I live in, is not a diverse area.*
- *The individuals may not be made aware of the opportunities.*
- *NARP*
- *In my own experience, I have never seen anyone get denied treatment based on age, gender, etc..*
- *At our facility we see everyone*
- *There can never be enough. Resources, programs and funding are always at a minimum.*
- *I believe so, but I am not well acquainted with the Drug and Alcohol Services in the area.*
- *Technically, they do have equal access. but, they vary greatly according to their willingness and awareness to use the services.*
- *Hispanics ,African Americans and Mexicans for whatever reason have more resources available to them.*
- *They are available*
- *I feel the service is available to all, n\\many don't know it is available*
- *Addiction does not discriminate*
- *The biggest barrier to services in our area is transportation, not so much race, gender, or sexual identity.*

- *Because depending on the facility if they don't have private insurance they won't take them and have to go to a facility that takes people with public assistance or no insurance at all and get county funding*
- *I have not seen any less support because of these reasons.*
- *Same answer*
- *There are programs for everyone what isn't accessible is future tracings for CRS's to keep their certificate*
- *Recovery is all over in Phila*
- *I really am not sure due to living in a primary English speaking white population. I'm sure there wouldn't be discrimination if someone with a different ethnic background reached out for help.*
- *Small community that provides equal access for all. The need is for more choices for equal access. Homeless, halfway houses, three quarter houses etcetera. Also huge need for equal access learning options for those affected by loved ones in recovery.*
- *Berks County is very pro-active meeting bilingual needs*
- *In Lehigh County minimal / none is provided.*
- *There are a wide variety of services in the Philadelphia area*
- *I believe that there is equal access to treatment*
- *I find there are services regardless of where you come from*
- *There are not enough Spanish speaking therapist*
- *Equal access but less understanding of what is available.*
- *It's available*
- *West branch serves all people*
- *I'm not sure if they do or not. I don't believe that people that fall under the sexual identity have equal access.*
- *They need to access the services via transportation, which is the real issue as to why they do not. This rural area is extremely poor and extremely isolated.*
- *I don't think so ,there is only one place that is mobile ,the community is just starting to expand . We don't have any one to see adolescents. There aren't enough stable peers working .*
- *Many rural areas still lack population white*
- *Equal access yes, but equal information about available services no*
- *Usually through the SCA or TASC*
- *The service is there but often a must wait advance date set. I believe there is far more need then availability. Having providers that are trying to meet the needs sometimes reflect repeated negative results.*
- *Small town, but when accommodations are requested they are provided*
- *Opiate users and alcoholics (those who qualify for vivatrol) and court stipulations get priority placements in Medicaid paid for treatment centers*
- *Most are publicly funded and there is not much disparity present. There is much access to treatment when needed.*
- *I can see the availability of different detoxes, rehabs, half way houses and, recovery houses in Lancaster County and the surrounding areas.*

- *Adolescents are not served by peer support, nor are there local support meetings for this population.*
- *For the most part, I say yes...with the exception of the ESL population...the services we provide are done so with staff who represent a wide range of diversity & yet we continue not to see those individuals from those populations seeking services...with the exception of the ESL population...*
- *I am not current with this answer*
- *Where I work we turn no one away.*
- *Providers pick and choose people they wish to support.*
- *We do not discriminate against anyone needing tx at my work place.*
- *The only barrier I can see is language.*
- *I feel they have better services.*
- *I work with low income populations & Medicaid is terrible for those struggling. They have less treatment options and the care they do receive is way below the standards they deserve*
- *Nothing for kids in our area*
- *As far as I know*
- *For the most part yes but language can be a barrier*
- *Diverse*
- *Again, the services are there but getting individuals to commit to treatment is a task.*
- *For the most part. Language would be the primary barrier that I see but again, as mentioned in questions 6 and 7, there is not a whole lot of solely non-English speakers in this part of central PA*
- *I work in the field (own recovery homes) and see lots of diversity. No one is turned away because of race/language/sexual identity.*
- *I don't feel there are many resources in my area for anyone.*
- *the resources are limited to the Hispanic community because of the language barrier*
- *There is not much of that in Monroe County, whatever resources there are, people know nothing about.*
- *Unsure*
- *In York we have Spanish AA groups, and over 50 groups in our AA District NA has a strong presence as well, however, any person who needs change must want it before any real progress can happen*
- *In my area there is only one drug and alcohol counseling service. Most people probably don't even know about it. There's only two counselors for the whole place. This is in northern Dauphin county. Elizabethtown, pa 17023*
- *Harrisburg or York or Carlisle. Don't know of many in rural suburbia.*
- *I work for Carbon Monroe Pike Drug and Alcohol Commission, and, we provide a wide range of services for all.*
- *Mental health has become the priority which allows d/a to be ignored*
- *Treatment is offered to everyone*
- *Yes*

- *In my area, which is rural, NO one has access to services. We have to get people to the nearest city (Lancaster) to get them any real services.*
- *MA doesn't discriminate*
- *Insurance*
- *I feel there could be more resources here, such as an adolescent program which Indiana county does not have.*
- *Medical Assistance has limited sites but Commercial is very expressive also*
- *So many people feel hopeless*
- *There are very few bilingual recovery supports*
- *Limited providers speaking other languages. LGBT folks are concerned about seeking treatment from more religious/conservative providers*
- *I think so*
- *There are no agency that discriminate against anyone seeking treatment.*
- *insurance. transportation. motivation. childcare.*
- *Not sure. I would hope*
- *N/A*
- *People from Burma, Nepal, Bhutan, Egypt and Somalia live in Lancaster, sometimes need addition treatment, and cannot access it in their language. It's hard to recommend treatment for older adults who don't want to be in a group of people in their 20's.*
- *Research from any geographic location states that people of non WASP populations have less access to any specialized healthcare services, drug and alcohol treatment included. This regardless of the factor of diversity (Race/Sexual Orientation/Gender expression etc).*
- *Not allot of access period, unless you have really good insurance and someone has enough money to keep you in a program for over 30 days. Most beneficial to addiction rehab. is over 30 days preferred 90!!*
- *I work at a non-profit outpatient center. There are mixed races that come here, but right now the white population of heroin users is exploding.*
- *The available to everyone all you have to do is seek it out*
- *All agencies in this area are diverse and open to anyone who comes through the door. We have training that we keep up with for the diverse population, which is very helpful and educational.*
- *I'm not sure*
- *Many services available in hbg*
- *Need more treatment options for pregnant and parenting women*
- *I volunteer at the jail, it seems race plays a major issue when arresting someone*
- *It's everywhere*

Q10: Are Drug and Alcohol Peer Support Services Readily Assessable for All Members in Your Community?

Comments (126):

- *But.....we need more, and we also need more education and training.*
- *Prejudice*
- *More non English speaking services mostly Spanish speaking are needed.*
- *We have a limited number of D & A certified peers and an unproportional need for services. We struggle with access to training, continued training in ethics and confidentiality (specifically for CRS recertification). We have single parents as peers who cannot travel long distances. Bradford County is too far from large cities such as Scranton and other PA areas to have local access to training.*
- *Could be more resources*
- *CRS are available through the SCA making them accessible beyond the doors of a Tx facility and free to meet with anyone before during and after Tx and in lieu of Tx if that is what the individual is willing to do.*
- *CSEPA offers programs and resources to all English speaking members of the community.*
- *Yes but not a lot of employment for CRS in Pittsburgh area*
- *Our area is just gaining speed on CRS. Others have not surfaced yet.*
- *Not enough CRS or peer working in the field. Not enough jobs available*
- *Not enough trained recovery staff*
- *Depends on if they can pay*
- *Working poor cannot afford services. Poor have medical assistance, rich have insurance*
- *Not many are aware*
- *it is not allot of these peer special in these are*
- *No comment*
- *I don't know*
- *CRS in Allegheny County is not readily available.*
- *I am CRS coordinator*
- *Rural*
- *Far too few services available.*
- *There is only one provider in Northampton and Lehigh county*
- *Anyone can get help if they desire it*
- *Yes, but they aren't always super close which can make it difficult for people who do not drive, especially because public transportation isn't readily available.*
- *They are becoming more accessible but nowhere near "readily accessible" yet.*
- *There are education groups that are done for the community.*
- *Yes but there is a need to have more CRS people available to hospitals and schools.*
- *They are through the Council of southeast pa.*
- *There is not enough of them available. I am in the medical field and a CRS and when you say CRS most people do not have a clue what it means and what we do.*
- *Need more services, more grants and new positions for peers*

- *Anyone and everyone is welcome to ask for help with Blair County Drug and Alcohol.*
- *There aren't active peers in the area. No one can make a living putting that much time in to a low paying job.*
- *Over the past few years drug and alcohol service have began to expand services and the number kg people who have access.*
- *Availability*
- *Sometimes*
- *Yes, I have a few friends that work as CRS's & CPS's in bucks county. I don't know a whole lot about specific Services because I just became a CRS myself, so that is something that I will be looking into in the very near future to educate myself more and hopefully find employment.*
- *I try and be there for our d and a pts. even after normal business hours.*
- *Insurance barriers are at times daunting.*
- *Need more*
- *I would hope so, but again I am not sure.*
- *Yes, but primarily via peer support groups like AA, NA, SMART Recovery*
- *I work in the field in Hazelton and have a client who truly needs s CRS or peer specialist and one is not provided or available*
- *Available*
- *Difficult to find open slots in detox/rehab length of stay for rehab insufficient*
- *Not enough service providers*
- *We have highly populated rural areas*
- *In our area counseling services are quite limited therefore the services that are available are full.*
- *RSS is available to adults 18 and over as that is what is currently approved in our supplemental service description.*
- *Again depending on if the person can get two sets of three sources which is not always possible if they are homeless or the IV drug user they need transportation in the suburbs*
- *There are just not enough trained and insufficient knowledge released regarding contact and availability.*
- *Same answer*
- *I got trained to be a CRS, along with nine other people, and so far only two of us have been able to find jobs. There are no CRS people in this community. There are only counselors.*
- *You have to know where to go*
- *Not yet but we are getting there*
- *It's not publicized*
- *I live in Centre county but work as a C.R.S. in Clearfield and Jefferson counties due to another organization having the contract in Centre county. I'm pretty sure services are available but have only lived here for a few years. I haven't looked around much in my county.*
- *There are very few agencies that employ Peer Specialist in Schuylkill County*
- *Yes via Peer support & peers that self identify as recovering & within the last year CRS has exploded and is available. Some glitches in the immediate availability of CRS prior to release as opposed to after release and not being able to contact individuals. Impact is better and could be*

more successful with follow through if CRS's are introduced prior to release and not as an afterthought.

- *Our SCA only has 3 and there's a wait list for services*
- *Some areas of certain populations are not aware of CRS*
- *TASC does a very good job of addressing needs*
- *None available in Lehigh County*
- *I believe that every treatment center should have a CRS available for patients*
- *Due to insurance issues. Our county only gives 5 hours to individuals without insurance. Those who have insurance are not eligible for CRS services*
- *I don't hear allot about CRS allot more on peer support with mental health issues I find that people don't really utilize the CRS as much as they could*
- *Lack of funds and language barrier make it hard*
- *We help everyone*
- *It is slowly starting to integrate, but the need is tremendous*
- *I think it is improving. The more CRS's we have the more opportunities for the accessibility.*
- *We provide peer services at our CoE and at the D & Commission, but there is a greater need for more of the position.*
- *Not enough peers working that are stable.*
- *Wash PA has expanded*
- *See above....although private Insurance is primary*
- *Same as before question. When service is successful and a half way house is the only open for independent living there needs to be more support during that time. This could mean years....*
- *In the last 2 months SCA signed contract with 2 providers*
- *In Allegheny County yes. In Armstrong county No*
- *Most don't know what peer services are*
- *Not enough. the only place that I know of that employs CRS are the Centers of Excellence.*
- *Yes there's plenty of help*
- *I'm not sure*
- *Our county is way behind in resource availability for those in addiction. We need a methadone/suboxone clinic badly, the closest for those on state insurance is an hour away, there are only a few treatment centers and they are always full and unable to accept new patients. I am currently in the CRS training classes but we need more facilities that can help people get the MAT, MMT, and therapy they deserve.*
- *New programs are becoming available for all.*
- *In Lancaster many providers have peer services available AND we regularly refer to each other...again, most peer services do not have a waiting list...*
- *It appears so in some areas and not in others*
- *Some facilities that deal with D&A don't realize the help a CRS can give. They do not hire CRS certified because they cannot bill the service I think.*
- *There are waiting lists.*

- *Offered by Lawrence County Drug and Alcohol. I wish there was a peer member who can be at the hospital when an overdose comes in for treatment.*
- *There are 2 CRS's in the area which covers the majority of people wanting services.*
- *I feel that the lower income have more opportunity because if you have insurance they want you to use it and the deductibles are very high, so we lose.*
- *Only a certain few agencies offer peer services for those struggling with substance abuse disorder.*
- *They are just beginning to have access to CRS services but I do not feel enough*
- *I believe so, but can't be certain.*
- *Limited providers*
- *I think only as a matter of logistics - We could certainly use more CRS's in this area*
- *if they are on probation the services are there, but if someone just decides they need help it is very hard to find*
- *However there is a need for more peers who represent diverse populations (LGBTQ, older adults, persons of color, etc.).*
- *Nope.*
- *Anonymous fellowships transform people into kind, courteous, and productive members of society in spite of self centered and stunted belief systems.*
- *There's only one drug and alcohol counseling service in a ten+ town radius. A lot of people can't get to it because of transportation. (There's no bus or cabs up this way in Elizabethville, PA) others can't afford it and some don't even know about it.*
- *None that I am aware of other than Lemoyne. Forget the name, but it's on State St. in Lemoyne.*
- *Although peer services are available, it currently is limited. There are two CRS at my location, myself and one other.*
- *Services are available for drug and alcohol clients incarcerated or in outpatient services at SPHS. What about MH facilities, homeless shelters etc. Services should be available everywhere not just through one agency in our area.*
- *I'm not sure*
- *Not enough services*
- *I'm in a small town which has no services. The nearest town with services is 20 minutes away, which isn't that far, but when you're looking at a population that likely has no transportation, it's a real barrier.*
- *Only a phone call away*
- *All but adolescents*
- *CRS peer support is underutilized*
- *So much RED TAPE*
- *Only one facility in county offers services*
- *See above*
- *Grapevine center, ARC, and the VA have peer support services. Again though, I think need outstrips availability. The gap will continue to widen as awareness of mental health issues, (especially as it pertains to addiction) is in its infancy.*

- *I do not believe the homeless population have the same access to services as the general public.*
- *it's still not looked at as "qualified". and insurance dollars and MA treatment are prioritized.*
- *TW Ponessa has one or two CRS's, and the RASE Project has one. They can't possibly cover all of the county, and they are all white, English-speaking people.*
- *This would depend on the definition of readily accessible but, even in Philadelphia where our health system is robust, we do not have supply of treatment beds to meet the demand, the overdose rate is the highest in the country, and the amount of treatment beds is decreasing as these numbers increase. The largest strain is on the public system where beds are in lowest supply.*
- *Need money and really good insurance*
- *We have CRS'S.... *** WE DO NOT HAVE ENOUGH JOBS FOR ALL OF US.*
- *Lots of help available*
- *We could use more Certified Recovery Specialists in Venango, but we do have peer services available to all members. We just have a problem with having meetings that adhere to the diverse population*
- *Not enough card's being employed*
- *I'm not aware of any peer services as of yet, in my community*
- *Not sure*
- *Not enough places for our recovery addicts to go for support*
- *PA Counseling*

Q11: Does Your Community Provide Access to Drug and Alcohol Peer Support Services for Persons with English as a Second Language or Speak a Language Other than English?

Comments (120):

- *Not that I am aware of.*
- *Prejudice*
- *No AA/NA/SMART meetings in area*
- *Not that I know of.*
- *Not sure*
- *To my knowledge no CRS staff speak a language beyond English. One CRS may speak limited Spanish but is fluent in ASL. We would seek alternative support to fill this gap if it arises. And there are translation tools for the interim.*
- *Unaware of who*
- *Not many agency*
- *Not sure*
- *Idk*
- *Some of them do but it's hard to find on in these areas*
- *Limited though due to lack of CRS who speak Spanish*
- *I do not know*
- *I don't know. I think they try*

- *I am not sure what resources there are in this area*
- *At the Area level of AA and NA these services are available.*
- *Insufficient bilingual staff*
- *No*
- *I do not know*
- *Yes, but limited.*
- *There are currently no meetings etc offered*
- *To my knowledge, they is no drug and alcohol recovery services designed especially for those who speak other languages.*
- *I am not sure.*
- *I'm not sure--probably--but I'm sure they're more limited than English speaking services.*
- *Large cities do.*
- *I am not aware.*
- *I don't know*
- *As far as I know.*
- *There aren't recovery interpreters in our area.*
- *I don't believe so.*
- *At NARP*
- *I've never seen this happen in my experience.*
- *Yes at Ch-dc we have interpreters.*
- *I would hope so.*
- *Yes, but it is limited. Sometimes uses computer based translation.*
- *My company no but in our area yes*
- *I think they do*
- *Those services are very limited*
- *I'm not sure*
- *We have found ways to accommodate those that do not speak English when that situation comes up but it does not happen very often in my area.*
- *Many providers in our are have bilingual staff and counselors*
- *only for Spanish-Speaking population*
- *To be honest I'm not sure about that question*
- *I am not aware of any accurate answer.*
- *Same answer*
- *There are very few people in this community that speak a different language*
- *There are not a lot of Bi Lingual courses*
- *I'm not sure and I don't know how high the demand is. I reside in a primary white English speaking area.*
- *I am unaware of any Non-English support Services in Schuylkill County*
- *Really unsure but hopeful that this is happening Assuming there are interpreters in recovery as well.*

- *There is very little need and none of our specialists are bilingual. We would hire an interpreter if necessary*
- *TASC*
- *None available in Lehigh County*
- *There are places that have someone who speaks other languages*
- *I honestly don't know*
- *We don't have that population in this area*
- *At the present time we only have English speaking CRS's*
- *There are some in the community however not enough interpreters*
- *But there is a shortage of bilingual or Spanish speaking therapist*
- *Not that I'm aware of*
- *There was at one time a Spanish meeting. Not sure if it is still going.*
- *There is not much of this population in our area hence the lack of need and availability.*
- *They try with the use of interpreters*
- *I'm not aware*
- *Not that I'm aware of*
- *Although TASC has "peer support" services they are limited and there is so much more that could/should be done for the individual post TX. There are no family support services other than a few support groups that meet....*
- *Honestly don't know but assume there has to be in order to meet that targeted group.*
- *Not many individual in community have recovery time to be CRS. The few that do only speak English.*
- *Don't know*
- *I don't know*
- *I have no idea. Not many other languages in Western PA.*
- *We have a Spanish speaking rehab, and now a halfway house, although there's none for other languages,*
- *Not 100% sure, but I have not seen such availability*
- *Although we need additional qualified people for the ESL population*
- *I do not know this answer*
- *I work with another facility outside my workplace that provides interpretation for others.*
- *We would need a translator.*
- *Same as above*
- *I think so but I am positive it's not widespread & I doubt that there are many options*
- *I do not know but I think somewhat*
- *Not that I am aware.*
- *Not that I am aware of*
- *None at this time*
- *I do not know for certain*
- *I don't know the answer to this*
- *It does but its far and few between.*

- *Not sure*
- *Like I said limited resources in Monroe.*
- *it is hard because there is not that many interpreters and you have to wait to schedule when they have time and sometimes you can't understand them .*
- *We do at our organization.*
- *Mentioned earlier*
- *I'm not positive if they do. I'm going to bet they don't because there is only one drug and alcohol counseling service in my area and there's only two counselors that work out of it.*
- *I haven't heard of any.*
- *None at my location.*
- *I'm not sure*
- *I'm not certain of this answer*
- *No. Our town has a Hispanic population which receives no services.*
- *See directory*
- *I believe we are just English*
- *Somewhat*
- *But again so much RED TAPE*
- *None available*
- *IDK*
- *Not enough bilingual education*
- *We have bilingual staff*
- *Not as prevalent*
- *Not sure*
- *Just Spanish. Our SCA always says it's up to the treatment facility to pay for a translator, but I don't think that goes on very much, and in any case, the treatment wouldn't be culturally appropriate.*
- *One of our providers recently hired a CRS and I am not sure if they are bi-lingual, or not.*
- *We have bi lingual counselors.*
- *Haven't seen none available*
- *Unfortunately, we don't not have that service that I am aware of in this area.*
- *I'm not sure*
- *Gaudenzia has bilingual employees*
- *I'm not really sure to be honest*
- *Yes, but I believe it is very limited. More resources are needed.*
- *AA*
- *Not sure*

Q12: Is There Access to Training for CRS's in your Community for those With English as a Second Language or Speak a Language Other than English?

Comments (68):

- *I am not sure.*
- *IDK*
- *Not sure*
- *Unaware of who*
- *I do not know*
- *I don't know*
- *I am not sure.*
- *Yes, but not sure about the bilingual*
- *I'm not entirely sure*
- *I know there are trainings in English, I don't know about other languages.*
- *Not sure*
- *No idea, we do not have a large English as a second language population*
- *Not to my knowledge.*
- *I don't know. Probably not.*
- *At times the training's are not local, you have to travel*
- *I'm not sure.*
- *Unsure*
- *I don't know*
- *Unsure*
- *Not sure*
- *I would guess that there isn't due to limited demand but am unsure.*
- *Again unsure. At least in a training there wouldn't be 'hippa' or anonimity violations & interpreters could be provided.*
- *It's very expensive*
- *Unsure*
- *None available in Lehigh County*
- *I am not sure*
- *I don't know*
- *I'm not sure it's been awhile since I received my certification and things continue to change*
- *There are no training classes in another language that I know of.*
- *I don't know*
- *don't know*
- *Not that I'm aware*
- *I'm not sure about this population.*
- *I don't know.*
- *At Compass Mark we have the CRS training thru Pro-A*
- *I can't answer one way or another. This area is predominantly English speaking. I would hope so.*
- *I am not sure. This is the first class that I was aware of in our county.*

- *I believe so...*
- *Nothing is ever advertised*
- *I am not aware of any but there are barely any trainings available for English speaking individuals*
- *Idk*
- *I don't know*
- *I am certified because the training was held at your 444 N. 3rd street location. The rest of your trainings are scheduled at Penn State which only serves a majority of white individuals. Trainings were supposed to be offered at both Philadelphia location over the internet which never seemed to have happened knowing the programs like Skype, Hangouts, etc. are free.*
- *Again, I do not know*
- *Not that I have witnessed*
- *Yes for Spanish. Not sure about other languages. Lancaster has a significant refugee population. The need for addiction services among this population is not well studied.*
- *Not sure*
- *I had to go to Danville for the training.*
- *All CRS training is currently limited.*
- *I'm not sure*
- *Not sure*
- *I don't know what CRS means.*
- *???*
- *I can't speak 4 others*
- *IDK*
- *Unknown*
- *I don't know*
- *Unsure*
- *The training that I went to had limited numbers of Spanish speakers*
- *No- there isn't CRS training in our county period- let alone for non-English speakers.*
- *CRS trainings are at an all-time low in our area. It seems like the closest CRS trainings are at least 2 hours away, which can be an issue for a lot of people.*
- *Haven't heard of any trainings for English as a 2nd language*
- *I am not sure about that one.*
- *Not sure*
- *I don't know*
- *Not sure if this is the case.*
- *I am not sure*
- *Unsure*

Q13: Does the Agency You Work or Volunteer For Offer Drug and Alcohol Recovery Support Services in the Languages Most Prevalent in Your Community?

Comments (61):

- *No, we do not have anyone who can speak another language other than English.*
- *Racism*
- *We have Spanish speaking services and have made accommodations for Nepalese speaking individuals*
- *We are mostly English speaking.*
- *All English speaking*
- *Translator available*
- *No but should*
- *in some of the poverty area , but not a lot*
- *We don't have any bilingual staff currently.*
- *No*
- *Last volunteered at Pro-Act*
- *Not that I know of.*
- *I'm not sure. I do know they have employees that are bilingual that speak Spanish also*
- *English is most prevalent, and is available.*
- *Yes there is training and Bucks County as well as Montgomery County. I just got my certification recently after taking the CRS training at Penn State Abington and believe it or not I just got an email that they're offering the course again in the upcoming months.*
- *I believe they offer co-occurring groups and have CRSs*
- *Not my company but many in our area do*
- *Without a drivers license I cannot find work in this field*
- *However we are seeing increase of individuals that English is not their primary language*
- *English speaking individuals are by far the most prevalent group in my community*
- *Both in English in Spanish*
- *The company I work for does offer interpreters if needed*
- *Self-employed*
- *Unable to find a job despite the outrageous drug problem here.*
- *We all speak English.*
- *Support in the form of CRS & CPS.*
- *CoE*
- *We do have someone on staff that speaks Spanish*
- *I work in Lehigh County at a Child Welfare Agency and none is offered. I am attempting to develop a position that would assist client's with Recovery Support Services. This has been very difficult due to lack of support by management in D & A and OCYS.*
- *Most of our individuals speak English*
- *Most clients speak English however we do have Spanish speaking case manager*
- *There are no Spanish speaking trainers for the CRS Training.*
- *This is primarily an English speaking community and these services are offered to these specific groups.*
- *I work for an agency and it is primarily English but, if I need an interpreter I could get one .*
- *We have Spanish speaking staff*
- *Yes*

- *Recently had to transfer a Spanish speaking individual from Center City Facility to Lancaster due to lack of Spanish Speaking staff*
- *No CRS services available with my agency. Must refer elsewhere.*
- *Is for English speaking patients only*
- *Again, our agency has quite a diverse staff representation*
- *N/A*
- *We do!*
- *A majority of our clients speak English which is what we provide*
- *Yes*
- *However the prevalent language seems to be English. There is a need for Spanish*
- *We do not have a CRS currently at our agency. We are currently looking to get one on staff. We have had CRS services in the past. The most prevalent language is English*
- *We have Recovery Specialists who represent people of color, Latinos, LGBTQ, and women.*
- *Only aware of programs at Millersville and Villanova Universities*
- *I have been watching the training your program is offering and was happy to see a Saturday course offered in Lemoyne in January. I was hoping for a series of training. But training was limited in February.*
- *I cannot honestly say if there is or is not adequate training available*
- *English is primary.*
- *Yes...English*
- *Latino*
- *I've tried to help again RED TAPE*
- *I don't know that I have come across language as a barrier yet.*
- *Unsure -*
- *I volunteer with the Lancaster County Recovery Alliance, and we have not done a good job at reaching out to other cultures.*
- *I don't currently work in Drug and Alcohol services.*
- *This area is mostly English speaking community*
- *All jobs require valid dl*
- *Center of Excellence*

Q14: Do You Believe That There Has Enough Focus on Inclusion of Non-White Persons in Recovery in Your Region's Recovery Community?

Comments (68):

- *I am sure there can always be improvement for people who have a different culture.*
- *Racism*
- *But also there are not nearly enough non white people in recovery. I'm seeing over 95 percent of individuals and professionals are white so it's not really that white people aren't trying but there is lack of leadership in other communities.*
- *Though non-white people are a small part of our community, they are largely seen as non-existent by white folks, therefore, their unique needs are not addressed.*
- *not sure never really looked into it*
- *It is the cultural beliefs preventing access*
- *2*
- *mostly white, not able to respond at this time*

- *I don't know*
- *There has*
- *The area that I live in is predominantly white, and I am not aware of one meeting or group that is geared towards non-white recovery members.*
- *I think the community outreach focuses on all races and ethnicity*
- *Yes all equal*
- *I believe we offer services to all races.*
- *N/a*
- *Focus is not necessary in recovery*
- *Not that I have been able to see.*
- *I honestly do not believe I have enough information to answer this question.*
- *Our office sees a diversity of people*
- *Unsure*
- *50% or more of CRS's trained in our region are non-white.*
- *Smaller population than found in other areas*
- *Most services are geared towards non Spanish speaking individuals*
- *I think the limited services in our area affect everyone.*
- *Again depending on the facility whether they except public assistance or not or just private insurance*
- *N/A*
- *There is no core agency that caters to the A-A community*
- *There aren't many diverse populations in my area. However, I am sure they would not be discriminated against and would receive the same services and opportunities as the white, English speaking population.*
- *I work in an inpatient substance use disorder program which is very diverse*
- *Recovery community doesn't discriminate.*
- *IDK*
- *However we don't get many people of different cultures in this area*
- *English speaking clients have access, but those with a language barrier do not or those without the ability to hear*
- *Everyone has the opportunity to ask for help regardless of your background.*
- *I have not seen a broad spectrum of color/races*
- *Some classes are more diverse than others.*
- *There should be focus on special populations because they are extremely underserved, especially in rural areas such as this,*
- *Inclusion has not been used that often .*
- *Not that I've been made aware of - Hadn't been a ton of beef for that here that I'm aware of*
- *We are all people and deserve the same treatment.*
- *Everyone is welcome to training. Not all races are unrepresented equally.*
- *All media, commercials, news, etc...have white people as the models or examples.*
- *Yes there is a lot of help for the non white community.*

- *Our agency is has quite a diverse population receiving services*
- *N/A*
- *I am unsure.*
- *I think this is an area that is severely lacking*
- *But it could be more*
- *Yeah*
- *There has been inclusion but I do not know what you mean when you say "enough."*
- *I don't know*
- *In my community it is the white people who have trouble getting help.*
- *Yes but I still see where people of color are viewed differently and seem to be given less room for a slip up than a white person doing the same drug in the same program*
- *It's always disproportionately people who are white who work in the field, however we make sure our organization has members of all ethnicities and races.*
- *Absolutely; The disease does not discriminate*
- *The persons that I have known to pass from addiction are white. 3 + this year.*
- *Very Limited.*
- *Yes, there has*
- *Majority are non white*
- *We all suffered the same*
- *The defining criteria is need and not color.*
- *It doesn't seem to be the target audience, no.*
- *Yes, however there is a division in 12 step programs in the community.*
- *Absolutely not. I was at a Project Lazarus meeting when an African-American woman in long-term recovery stood up to speak. She said, "You're talking about Narcan, but did you know my people don't feel safe to call the police? We use ice and hope for the best." The leader of the group told her that people should call the police, and the discussion was over. We have no no-white CRS's working in community situations (not in rehabs) in Lancaster. We need some.*
- *This is of very high focus in my area and has always been an effort for every major project I have been a part of.*
- *In our county of LUZERNE (Wilkes-Barre) its predominantly white that are SUD ppl.*
- *Very diverse recovery populations*
- *Not sure*
- *All have access 2 resources*

Q15: Do You Believe That Other CRS's Working in Your Community are Adequately Trained to Work with the Diversity of People in Your Area Seeking Help for a Substance Use Condition?

Comments (80):

- *I also think that there are not enough job opportunities for CRS's in my community.*
- *Racism*

- *LGBTQ trainings, sensitivity to Women's and Minority issues*
- *People of color need peers who have had extensive anti-racism training in order to 1. appeal to people of color for services and 2. not to do more harm to the person of color. Micro aggressions and the white privilege white peers are blind to can do more damage.*
- *Yes myself and most of my colleagues have been in this field for many years.*
- *Outside of the language barrier and understanding completely the beliefs for each culture*
- *Yes in most cases, however not all agency properly train their staff well*
- *There is a lot more training needed*
- *I think a lot of the ones on MAT's need more time in recovery before they work in the field.*
- *I, myself am not paid.*
- *More ethics and boundaries*
- *CRS training does not cover the education relevant to the job*
- *They offer culture and diversity classes as part of the program*
- *As long as there is no language training.*
- *I think they have good background knowledge.*
- *Training for CRS did not adequately go over test questions or even subjects that were tested on. Better training could be possible - especially on diversity because no training was done on that subject.*
- *Follow up training is always good to keep individuals current.*
- *Absolutely, a CRS can work with just about anyone because no matter what age or gender we are, we all have one thing in common that we are in recovery from substance abuse or the client may still be in active addiction. I feel that that shared experience establishes a level of trust and confidence in one another that makes it easy for them to work together.*
- *Not sure, have not met other CRS in our community.*
- *The scope could be expanded*
- *I believe so because when I trained the CRS were from diverse backgrounds.*
- *The critical diversity is not so much differences in race, ethnicity, class, etc. as much as the diversity in readiness, willingness, and efficacy to pursue recovery. Suggest more training on Stages of Change and Change Strategies.*
- *Not at all the CRS don't have enough clean time, no one is verifying their clean time. There relapsing and sometimes with their clients*
- *Could use more fluent in Spanish*
- *There is often times a language barrier*
- *I think the training PCB offers for the CRS program is focused on diversity.*
- *CRS's are encouraged to attend Cultural Competency training and offered access to it and other training*
- *The training I received was a program that included having to do Field placement before I could get certificate from the program so that I could take my PCB Test I have worked with CRS's who just took the courses getting the number of credits needed to take the test but when put in the Field don't have the empathy and the direction to just simply meet the client where they're at*
- *Part of the studies and you learn through exposure.*

- *More information need to be given to organization about the CRS*
- *We do not have a diverse population to work with. However, we are not discriminatory towards others. I do believe I would be effective but maybe not able to fully to relate to the challenges a different ethnicity would present.*
- *Recovery doesn't discriminate and the 'lived experience' in recovery and peer support gets more respect and a bigger success rate than someone that doesn't have that history.*
- *Again, the need dictates the demand. Our recovery community id reflective of the local demographics of the population.*
- *No due to lack of training / or diversity within their own life.*
- *Yes we do have trainings to educate us on different cultures if we happen to encounter different cultures*
- *We could use more training in sign language and another language, although I will say as of yet we have not encountered anyone who required these specialized services.*
- *I believe through continuous trainings available they continue to be updated with changes being made.*
- *If they studied and tested with the curriculum I did, and experienced recovery themselves and have researched resources in the community*
- *I believe that they are aware of their biases.*
- *There are no cultural competency courses that are offered that correspond with D & A peer services.*
- *I am the only CRS in Erie*
- *Mixed feelings Some are great, some I personally Feel are in such early recovery themselves that it can make them struggle hearing from those in active addiction seeking change..*
- *Absolutely not!! There is so much more that a CRS should be able to do and do not have the training nor experience nor a mentor*
- *Need more people with Medical assisted treatment.*
- *The experience I have had has been positive when my son needed referral.*
- *Little experience*
- *All CRS that I know of are white. I don't know any other races except one Asian that I took classes with.*
- *There is only one other CRS that I know of in our county. He works for the county directly and is currently assisting with the treatment court.*
- *I do not think that credentialed CRS's have the experience upon hire required to work effectively with the diversity of individuals seeking services without agency...which is why we provide copious amounts of supervision AND make sure that supervisors are readily available*
- *Observation*
- *Training is sparse*
- *I am not sure since I haven't been through the training myself*
- *Yes and No. I feel more who went through Criminal justice system are greatly needed*
- *I am not impressed with many of the individuals who are becoming CRS in my community*
- *I don't know*

- *I don't run into a lot of bilingual people*
- *But they could always benefit from more. Needs are not static, they change.*
- *I'll say yes but our community is so diverse I'm not sure we are reaching everyone with the same message or services*
- *I don't know any CRS in my community, there are no CRS positions available in my community.*
- *You need an answer choice of "somewhat" or "maybe". I really don't know what other organizations do.*
- *Only if they want change*
- *The area I live is not a very diverse area. Majority white people.*
- *I don't have enough knowledge about the service in our area to fairly answer.*
- *Have been provided with excellent training.*
- *Yes*
- *We have no CRSs in our town*
- *It is difficult with Culture Diversity*
- *Can't find them*
- *Not really sure*
- *They do a good job*
- *Ignorance is bliss*
- *The lived experience is more important as a base of knowledge than training.*
- *Nope. There's so much to learn about other cultures. Lancaster leaves it up to minority groups to take care of their own. It's not working.*
- *My area is extremely diverse. This is a lot to ask of a person.*
- *It's getting better*
- *I was a CRS at one time before becoming a Counselor and I had the training for understanding other cultures. It was an outstanding training as it asked us to seek our own bias, which was very rewarding and made me more aware.*
- *I'm not aware of any CRS workers in my community*
- *Not sure*
- *Trained*
- *NOT ALL THOUGH*

Q16: Is There Outreach to Include Persons in Recovery From Diverse Backgrounds in the Planning, Development, Implementation and Evaluation of Drug and Alcohol Support Services, Including Drug and Alcohol Recovery Support Services?

Comments (67):

- *Racism*
- *Outreach is there, just lack of diverse volunteers, professionals, and people in recovery.*
- *I have never seen it*
- *Cross Roads of Tioga county*
- *Not that I am aware of*

- *At the AREA level.*
- *There are*
- *I'm not sure. I'm not part of the planning.*
- *It's small but growing.*
- *there are not enough bilingual CRS that are willing to do this*
- *Large city yes*
- *Less people of the diversified background trained*
- *I'm not sure.*
- *There isn't any bias, just no members other than the white community*
- *Not that I have seen.*
- *I don't really know the answer to this question.*
- *I would hope so.*
- *The SCA goes to lengths to get representation from diverse racial/ethnic sectors.*
- *Liberalism is a cancer All people should be treated as equals and peoples race creed or sexual identity should not be constantly highlighted*
- *But I don't think it's enough. Like I said services in our area are limited*
- *Our area is lacking with regards to outreach*
- *But not enough*
- *I don't know*
- *Not that I am aware of.*
- *I believe it's the recovery community that's making the strides and steps to enlighten the community we live in what we all need to do for a healthier neighborhood.*
- *NOT AT ALL TO MY KNOWLEDGE*
- *I don't know*
- *I would like to think that if there was a need my director and other agencies in the area would jump on the opportunity to assist them anyway they could*
- *I know people with different backgrounds that have utilized the CRS trainings*
- *Outreach can always be improved.*
- *There is slight outreach, but not in the areas of people with diverse backgrounds.*
- *I am the only CRS in Erie ,there is other drug and alcohol services*
- *Racist in wash pa*
- *Could always use more*
- *Not that I know of*
- *I believe most of the parents are in denial and are blindsided when met with it. The longer this continue the more we will lose.*
- *If you show up at the SCA you get help.*
- *I don't know*
- *There's never enough diversity in developing services in my opinion*
- *We seek out input from the individuals we serve*
- *I haven't been exposed with this information*
- *Again no ads.*

- *I highly doubt it*
- *I believe so*
- *Beginning*
- *Never enough in the Kensington area of the city. I do not believe that enough outreach work is being done in this area by any agency. I do outreach twice a week and never come across other agencies except for Angels in Motion.*
- *I don't know*
- *I don't know*
- *No there are none in place yet*
- *On our part, however, I don't know about other organizations.*
- *Local AA takes meetings into rehabs, prison, and crisis unit*
- *Not that I am aware of.*
- *Limited, but expanding well.*
- *Not that I'm aware of*
- *Our small town has no support services period.*
- *A best kept secret*
- *IDK*
- *Not enough, although the Rase project is doing a great job*
- *I don't know*
- *Unsure*
- *Nope.*
- *Not very diverse*
- *I don't know*
- *I'm not sure*
- *Other than AA/NA there's is really no outreach*
- *Not sure*
- *AA/NA*

Q17: Does the Agency You Work or Volunteer With Have a Clear Commitment to Respond to the Strengths and Needs of Diverse Individuals Seeking Drug and Alcohol Recovery Support Services in Your Community?

Comments (53):

- *Not sure*
- *What qualifies as a diverse individual? I've seen this word over the last few questions.*
- *Na*
- *I'm currently not working as a CRS.*
- *There are individual treatment plans and the angel program and the outreach for homeless*
- *To everyone*
- *We have training resources to help all people as best as we can.*
- *I do not work/volunteer for a company as of yet.*

- *They train their staff*
- *I'm not currently employed at this point. I can't answer this question accurately.*
- *I am not sure.*
- *Not currently working or volunteering with an agency. (SMART Recovery facilitator)*
- *We provide interpreter's and meet individual in the community*
- *I don't currently work or volunteer*
- *This is included in the agency's mission statement*
- *We work with a very diverse population*
- *N/A*
- *Cannot find a job. Ironically, the agencies refused to hire people that do not have a clean driving record, are on probation or parole, or that have criminal backgrounds . Which is the majority of the people trained to be CRS workers*
- *I have never been advised on this however I am sure they would be included and treated equally.*
- *And with years of experience and ability to do so.*
- *NO*
- *Yes you offer to connect them with whatever supportive services they are in need of*
- *Recovery Community Connections*
- *I am an independent contractor and I work with diverse populations*
- *If these populations emerge, our agency will be able and committed to serving them.*
- *Not currently at agency*
- *We are a private company that requires and pays for staff training's in diverse areas of recovery/addictions. the only required on-going trainings are confidentiality and ethics...so much more should be required...not just hours but categories...*
- *I no longer volunteer. I don't feel I myself can make a difference.*
- *I guess so*
- *We are constantly evaluating how we do things...although our hands are tied to the requirements set forth by our funders*
- *Some yes, others I do not know*
- *We are a mental health agency.*
- *My agency tries to help as many diverse populations as we can*
- *Yes*
- *It is a Primary Care office which has included recovery supports. They have recently included suboxone and Vivitrol services with a harm reduction approach. A few Behavior Health Consultants ask for suggestions about the MAT program but does not incorporate any of those suggestions. Make whatever adjustments they want as they move forward versus just putting something effect in place and build from there.*
- *The last CRS at this agency was non-white in an area of the state that is predominantly white.*
- *I don't work for an agency.*
- *However we are currently working on a bridge the gap program at the district level for individuals coming out of rehab and prison*
- *We need more*

- *I'm not currently with an agency*
- *I don't know*
- *I'm not sure*
- *Yes*
- *Not currently employed*
- *I work at a D & A rehab.*
- *not that I'm aware of*
- *LCRA is barely hanging on- we don't have the manpower to do outreach and try to make our meetings, events or even our meeting space attractive to other cultures. But we need to.*
- *It is part of the mission statement and is always a part of the conversation.*
- *The counselors take Spanish often.*
- *Unemployed*
- *Not working as a CRS as of yet.*
- *PA Counseling*
- *Yes however our resources are becoming less and less*

Q18: Is There a Population/Service That is Underserved in Your Community?

Comments (183):

- *Even though we have a great number of services for D&A, we honestly need more. We also need more for single fathers with their children. I have had many clients in this situation, and there isn't nearly enough help for them vs. single mothers.*
- *Minority*
- *Transportation*
- *I don't think*
- *No*
- *I would say adolescence. SAP is in place along with prevention but recovery support service is something that isn't available for the youngsters.*
- *English as a second language, veterans*
- *LGBT have a lot of trouble getting this population into rehabs*
- *Supportive services for those in active addiction*
- *No. We offer service to all who seek it*
- *Yes*
- *poor people*
- *Working poor in any category*
- *No*
- *PTSD*
- *All*
- *The black, Puerto Rico, Asia*
- *LGBTQ, single and pregnant mothers*

- No
- Vets
- I don't know
- *Not that I am aware of.. I think everyone is working vigilantly in every area to try and save lives the best way we can*
- *The baby boomers up and coming.*
- Women
- Youth
- No
- Lgbtqia
- Yes rural areas
- I do not know
- *I feel we are always in need of more providers in all areas.*
- Women, veterans
- Asian community
- Minorities, and women.
- *CRS services for people who are in the hospital need to be expanded!*
- No
- No
- *I don't believe so.*
- *I'm not sure*
- *Everybody is underserved*
- Homeless teens
- *There are few housing resources (3/4 housing or sober living) for women. It is my goal to create such resources to help women/women with children in need.*
- No
- Yes
- *Younger populations of color.*
- Yes
- *I think most of the people in the county jails are underserved. They're in for drug charges and violations of parole and probation, and I think a lot more can be done to help them avoid becoming even more repetitive offenders. Maybe one day there will actually be some treatment available for them instead of just throwing them back and forth into jail.*
- *Our office sees a diversity of all patients, no matter race, gender, ethnicity, insurance or no insurance.*
- No
- LGBT
- CRS employment
- No
- No
- I do not know

2018 PRO-A Special Needs Population and Training Assessment Survey Report to DDAP

- *Need more skills for persuading active users to seek recovery. Especially for overdoes cases.*
- *Women and criminals.*
- *Family services. Some available hard to know if family use to aid there situation.*
- *White males*
- *LGBTQ*
- *Not that I am aware of*
- *We need more half-way housing.*
- *Yes*
- *No*
- *Yea all population*
- *I do not believe so*
- *Re-entering citizens*
- *LGBTQ*
- *The entire truck community is underserved we do not have enough beds enough Personnel or funding*
- *Don't know*
- *No*
- *Yes the Black Community is not underserved it is not served at all*
- *No*
- *Native Americans*
- *Not that know of off hand*
- *Not that I am aware of.*
- *None*
- *Co-Occurring Disorders*
- *Minors & adolescents, homeless.*
- *No*
- *Mothers and babies*
- *Youth fellowship meetings*
- *Possibly criminal justice*
- *Not at this time*
- *Addicts*
- *Older adults*
- *I believe that pregnant women need to be first priority and I often see them turned away from treatment because the program does not accept pregnant women*
- *No*
- *Adolescent*
- *The dual diagnosed, so many of our "professional's" behave as if they have the answer to the recoveree's problem when it really is a multi solutionary problem not one solution for one problem.*
- *Females*
- *There can be more Spanish speaking therapist*

- *People released from prison*
- *Spanish as first language.*
- *Yes. People with SUD*
- *Middle aged*
- *Criminals*
- *Transgender*
- *Women and adolescents*
- *Criminal and women*
- *Black community*
- *No*
- *Medically assisted treatment.*
- *Education is key beginning as early as kindergarten.*
- *The people in active addiction*
- *No*
- *Adolescents*
- *Adolescents and English as second language*
- *Women with children. Where do they go? Not many options for childcare or residential with kids.*
- *Not that I'm aware of*
- *MAT is not available for those wanting to pursue treatment with methadone or suboxone. I would love to work at a facility should we be able to open one.*
- *Not to my knowledge*
- *ESL population adolescents*
- *Adolescents, older individuals*
- *Homeless addicts*
- *LGBT Criminal Justice Involvement Homelessness*
- *People who have private insurance. Most companies won't pay for all levels of treatment or will put an outrageous deductible that they will never be able to meet.*
- *Unsure*
- *Transition from child to adult.*
- *Dual-diagnosis, forensics LGBTQ, and veterans are all underserved populations in my community*
- *Adolescents*
- *Yes people coming directly out of prison, especially those doing long sentences*
- *No*
- *Not sure*
- *Criminal history*
- *Underserved, I honestly do not think so.*
- *No*
- *I do not believe there is*
- *Yes*
- *Yes, older adults*
- *The Hispanic community*

- *Yes everyone that does not speak English as a first or 2nd language*
- *All I believe.*
- *Women*
- *Probably*
- *Yes; many families are sick from digital media*
- *Adolescents*
- *Yes*
- *Yes. I live in a majority white area so I believe there's not enough resources for the people of different ethnicity*
- *No*
- *Yes. I believe . There seems to be a growing number of mixed race. Hispanic, African American, Latino (?). But mostly white young men.*
- *All. There is never enough services to go around with the crisis that there is today.*
- *I am not sure*
- *No*
- *Homeless*
- *Uninsured*
- *CRS*
- *No*
- *Probably the elderly*
- *Retired adults*
- *Everyone. There are no services in my town.*
- *Elementary-aged students*
- *Dual diagnosed*
- *Adolescent*
- *Adolescents*
- *No*
- *Another best kept secret*
- *Non English speaking*
- *Not sure*
- *Vets, women*
- *I think treatment is available to most, especially if the county keeps funds available*
- *Homeless*
- *High income*
- *Co occurring with mental health*
- *Yes*
- *People from Bhutan, Nepal, Somalia, Egypt, Burma and Russia. Hispanic people and black people. Older adults, LGBTQ folks, transgender individuals. Amish & Mennonites.*
- *Services for adolescents are very limited. We know from school surveys there is a huge drug problem, however we do not seem them accessing services. This has been an ongoing issue that we are always exploring*

- *Everyone*
- *All populations are underserved, just because there is access does not mean that the people of these populations are receiving the services they deserve.*
- *Addicts*
- *Yes, not enough agencies HIRING CRS*
- *No*
- *Yes*
- *Criminal justice*
- *LGBT*
- *Homeless*
- *HIV community*
- *No*
- *Definitely, we need more education, awareness, and outreach.*
- *Families of recovering individuals*
- *Criminal Justice*
- *Hispanic*
- *Children and vets*
- *No*
- *Not that I see*

Q19: Is There Anything That You Need to Be Able to More Actively/Robustly Engage in CRS Work?

Comments (179):

- *I need more training, and resources.*
- *Inclusion*
- *County funding, private insurance funding*
- *No*
- *I am a Life Skills Instructor as well as CRS...Rehabs teach how not to get high. WE must teach how to LIVE!*
- *Can you teach me Spanish?*
- *No*
- *Certain trainings we can't get here in Pittsburgh*
- *No*
- *More jobs within the field*
- *Training geared to CRS*
- *More training*
- *More housing options*
- *No*
- *A company/organization with a concentration on the work with outpatients rather than filling beds and doing admissions.*
- *More networking between CRS and health and human services*

- *D.A Treatment*
- *Supervisors need to have more lived experience*
- *None*
- *The chance to actually use my CRS.*
- *A living wage*
- *Not that I am aware of at this time*
- *Make jobs available for CRS in the community.*
- *Up to company policy and procedure*
- *Nothing*
- *Fee for service units quota is too demanding*
- *More funding*
- *Easier access to transportation for the clients*
- *More defined job descriptions and goals.*
- *Less red tape and more communication with other providers*
- *Yes, I have the training but I would like to engage more in my community with the company I work for. I don't know how to do that*
- *Identified people who can provide supervision for CRS's*
- *Spanish speaking translators, and more training in the paperwork of a CRS worker, and clear message of what a CRS worker does*
- *More available jobs*
- *Just up to date resources in order to help others succeed.*
- *I don't understand the question*
- *I don't know*
- *More lenient HR standards when it comes to criminal backgrounds.*
- *No*
- *Better pay and less judgment of those working in CRS services.*
- *Opportunities to use my experiences would serve a more direct reach.*
- *No*
- *I'm hoping to get a job soon as I just got certified but I think to do the work you need to be open-minded, empathetic and very good at time management and Communications with others. Also another important thing is to never be afraid to ask for help from a supervisor or something if you don't know what to do in a particular situation.*
- *On job training is hard to find for our clients/ patients. Transportation issues Vocational programs Jobs with clients who have criminal back grounds.*
- *Haven't started CRS yet*
- *Funding*
- *More CRS jobs*
- *A position working as a CRS*
- *No*
- *No.*
- *Communication skills for motivational interviewing. A one-day training is not adequate.*

- *More CRS that are trained and have significant clean time.*
- *No*
- *Become psychic*
- *More money - \$13/hour is not good for the amount of work we do.*
- *No*
- *A new job where they actually use my experience and training! I'm tired of just being a 'babysitter' who isn't permitted to share ESH !*
- *More on-site individuals*
- *Direction*
- *Yes. More counseling outfits to employ the CRS's in our area*
- *Community Recovery Center*
- *N/A*
- *CRS trainings that are free*
- *Peers*
- *To be rude recognized by the community and facilities that we are more than just behavioral techs. I know we are not therapist but we're not just techs either. We can work one on one with clients and be affective*
- *Resources*
- *No*
- *Yes, get the word out about CRS workers, their value.*
- *Actually finding a place to work.*
- *Job*
- *Yes more free trainings to keep our certificates*
- *No*
- *Funding for activities.*
- *More trainings*
- *Continued Training opportunities*
- *Getting into jails, agencies, to make introductions and familiarize everyone with CRS. BILLBOARDS!!! They Are all over the place for heroin, Suboxone and addiction we need them for CRS services.*
- *No*
- *Need our SCA to quit being fraudulent and unethical*
- *Veterans programs*
- *Possibly more frequent training and trainings beyond the core training need to test for the initial certification*
- *Better pay*
- *I am not currently working in that capacity but would welcome the opportunity. I am certified and have been trained by Pro-A staff.*
- *No*
- *Not at this time*

- *It would be helpful to bring individuals to more 12 step meetings. As we have individuals who have major anxiety disorders to attend these meetings without someone familiar*
- *The ability to be able to reach prospective client regardless of their location, more cooperation between agencies*
- *I think allot more people in the D&A field need to allow CRS to show them that they can contribute to a person's process*
- *Receive funding*
- *Referrals*
- *Currently working on becoming fluent in Spanish.*
- *Yes. More funding.*
- *More resources*
- *CPS training and more experience*
- *No*
- *I would need more transportation supports to more successfully engage clients.*
- *Some extra trainings that pertain to CRS*
- *Yes it's hard to get in any position here unless you are white period.*
- *Family roles and planning as well as ongoing support*
- *To know that I could make a difference would be the goal. Unfortunately the fear of losing would be devastating.*
- *More recovery time, a lot of CRSs relapse due to not enough time working on self.*
- *No*
- *Drug and alcohol treatment centers to have more education on the positives of having CRS for people they serve*
- *Recognition and fair compensation for being a CRS not just a house manager/tech. I conduct seminars on everything from Effective Communication, 12 Step Orientation, Coping Skills, etc. Many of my peers, including Counselors are not equipped to do so*
- *No*
- *Take my test*
- *I would love more training. As with any new position, responsibilities become vague and we are needed to be educated and trained to help save lives, which is very serious. Extra training would be so helpful to help us grow professionally.*
- *Ability to work for medical facilities w/o bias for drug related felony offenses.*
- *To see truly what CRS work is and not is AND for the powers that be understand that a credentialed CRS requires only 54 hours of training*
- *N/A*
- *Yes computer skills training along with CERTIFICATION. My experience tells me I should have been more acquainted with basic computer skills. 1987 graduate of HS. NO computer training ever. Now I go to apple university in Lancaster just to keep up with my job. Grateful though. Very.*
- *Unsure*
- *More agencies trained in the proper use of the CRS*

- *To have the ability to be a CRS or something close to it without having the history of addiction. I feel after working for 13 years in the field I should be able to become certified in some way.*
- *No*
- *Training*
- *More CRS trainings available and better job opportunities for CRS's*
- *More information on trainings and opportunities to learn about new trends etc*
- *To get hired as a CRS in my area*
- *No*
- *Not at this time*
- *Providers*
- *Available training online in order to keep my certification active.*
- *Another company vehicle, more staff.*
- *Maybe a database of CRS's available in the area. Ones that are employed so referrals can be made easier as well as ones looking to be hired*
- *I have only 2 more classes to take, and I haven't be able to find them in my area lately*
- *More access to resources that are available*
- *Yes. Ammunition in the form of data. Continue to study what works with different population and report it.*
- *Hispanic speaking CRS's*
- *More targeted training for kids, or teens or elderly*
- *There are no positions in the county.*
- *Learn more about paperwork and what questions to ask to fill out a strengths based assessment*
- *Centers of Excellence that really do not provide true Recovery Support, but advertise that they do. They don't hire people in recovery to deliver the services, and thereby dilute and undermine the service and so people don't get what they need. This then limits our opportunities to serve the population.*
- *Yes; experience.*
- *Funding*
- *More courses around here, it's in need*
- *No*
- *Prevention- a community building to start a fitness facility/gym/juice bar/healthy food-good food. Build healthy lifestyles, friendships, support, employment.*
- *Complete and finalize my certification for CRS or certified addiction counseling through Pro-A. I have had many years experience in the family setting dealing with Family members going through alcoholism. I am extremely familiar with the 12 Step Program, AA and Al-Anon.*
- *More employment opportunities*
- *Need to see the Warm Hand Off program implemented in a more timely fashion. Although each county is eventually to have a program, there is no set time frame for them to do so. That being said, Carbon County is very reluctant to implement the program.*
- *Trauma training De-escalation training*

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- *More cross training that helps individuals with d/a challenges not be ignored or looked at as bottom of the barrel*
- *More positions at local facilities*
- *Not at this time.*
- *No*
- *Training.*
- *????????????*
- *More DDAP classes offered*
- *More jobs. More hands on.*
- *To have the CSR role to become more prevalent in this community*
- *There are very few job openings and the ones that are available pay on a client by client basis. Most commercial insurance does not cover CRS*
- *Get contacts*
- *No*
- *No*
- *Availability of recert training maybe*
- *Yes, a new job*
- *Strong supervision/leadership*
- *More local trainings. more diverse trainings.*
- *Perhaps an internship opportunity*
- *No*
- *I'm not a CRS, but I know many. They need overarching supervision (not from their managers at work, if they aren't CRS's) that helps them focus on self-care and to navigate workplaces where they may be the only CRS, and don't fit into the workplace culture. (everyone else has master's degrees, for instance.)*
- *Getting word out about the position and then making training more accessible to those who are interested.*
- *More consistent training & a better overall certification process for everyone*
- *No, because of my inclusion in the recovery community the work always finds me.*
- *CRS training*
- *More places to get employment*
- *No*
- *Advertise more*
- *No*
- *To allow the CRS to transport our folk to more meetings, as this is a huge roadblock for most individuals.*
- *Better understanding of community services available*
- *A dl*
- *Help to show the agency I work for how much a CRS would be beneficial to our clients.*
- *A place to do it, i.e.: job or volunteer*
- *No*

- No
- *More continuing ed credits in my area mostly Confidentiality*
- *How do I get certified*
- *Not at this time*

Q20: Is There Specific Need for Intervention, Engagement, or Support Specialty CRS Service in Your Community?

Comments (174):

- *YES!!! The COE is doing an amazing job with linking people up with treatment. I think this could be a great opportunity to link up with them and create a team.*
- *Opiates*
- No
- *We seem to have difficulty educating the public on the availability of CRS services and what it is exactly that a CRS is.*
- *Sure*
- *Yes*
- No
- *We have this at the Council of Southeast PA, Inc.*
- No
- *Yes*
- *Somewhat*
- *Yes, I am interested in my CIP certification*
- *Mental health accessibility*
- No
- *Yes*
- *Yes they need it bad*
- *More friendly engagement*
- No
- No
- *Definitely could use interventions on some clients*
- *If the need is there, the volunteers are available*
- *Yes*
- *Possibly*
- *Bilingual-Southern Chester county.*
- *Yes*
- *Yes*
- *Yes*
- *Yes*
- *Yes*

- Yes
- Yes
- *Intervention*
- *Not that I know of.*
- *Yes for adolescents*
- *I think there needs to be visibility of CRS. Nobody knows about this program. People in the medical field are clueless what a CRS is.*
- *Homelessness, trans youth, moms with children*
- *My community would benefit from a CRS response team that would respond to hospitals in the case of overdoses where the patient wants help.*
- *Not yet*
- Yes
- *Just the knowledge that it is available.*
- Yes
- *I don't think that I can provide an accurate answer at this point.*
- *We have a COE/ Mat program with over 200 patients. We try to stay in contact with each one of them and speak to them at least monthly, more if needed.*
- Yes
- *Always*
- *Yes there needs to be more employment for CRS in the Erie area*
- Yes
- Yes
- *I believe so.*
- *Skills for handling a "warm hand off" Skills for "trauma informed" engagement Skills for overcoming "Shame"*
- Yes
- *Not sure*
- *Possibly*
- *Could always use more CRS because of opioid epidemic*
- *I don't think we have much intervention going on around here...*
- *Spanish community based meetings*
- *No*
- *Yes. I fill there will always be a need everywhere*
- *Ease of accessing services*
- *Adolescent services*
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- No

- Yes
- *Yes for all addictions*
- *Not that I am aware of.*
- *I am not sure*
- Yes
- *I like that idea and can see how it would be useful.*
- *Probably*
- Yes
- *Yes, in all areas. Cannot have enough.*
- *That's what we do now.*
- Yes
- Yes
- *Again I believe every treatment provider needs to have CRS available for their clients or patients*
- *I'm sure that would be beneficial*
- *For our adolescent population*
- *Of course, we need help just as any other community which has been hit by the opioid epidemic. I have found may recoveree's may not be using heroin anymore but have switch their use to other drugs and/or alcohol and unable to see this as a problem. I am not qualified to answer this question as I do not know all that may be in the works or programs which have not yet been brought to my attention or utilized at my agency.*
- *I don't know at this time*
- *Spanish speaking community*
- No
- *Not outside of typical.*
- Yes
- Yes
- *Yes, criminals that are repeat offenders*
- *Women, veterans and adolescents*
- Yes
- Yes
- *Always could use more*
- *Yes...very much so...*
- Yes
- *Not Sure*
- *CRS is new and getting done exactly like CPS because CPS has been around awhile. Focus on the true job of CRS*
- No
- Yes
- *Intervention*
- *Yes. We need warm hand offs in the ER. None that I know of around here.*
- Yes

- *Yes, all of the above. Franklin county is so behind and could use CRS support everywhere. I think they should be in schools, doctors offices, etc.*
- *Yes*
- *No*
- *2*
- *Yes*
- *Yes*
- *Yes*
- *Yes*
- *Yes, we have multiple overdoses.*
- *Family support*
- *Child to adult*
- *I think that there is always a need for specialty CRS Services, I would love to see specific agencies like pro-act help get the word out to bring more CRS trainings to Chester County and get Support with a mobile crisis service where CRS's and cps's are employed in this area*
- *Treatment facilities for adolescents*
- *In the State Parole Office. That is my passion*
- *No*
- *Not sure*
- *Long term support*
- *No*
- *No*
- *Probably for at-risk adolescents*
- *No*
- *The adolescent community*
- *Yes*
- *Yes, definitely!*
- *No*
- *Yes*
- *Yes*
- *Yes*
- *Yes*
- *Yes. I believe every community should have some resources for CRS*
- *No*
- *I would think so. The numbers are disheartening.*
- *That can always be a benefit to someone, I am sure*
- *absolutely*
- *Yes*
- *No*
- *Not sure*
- *Not that I'm aware of.*

- No
- *We need a CRS in our community period.*
- *Services for the under 10 population*
- *Yessssssss*
- Yes
- *Yes, Indiana county has 1 agency that offers the CRS program*
- Always
- *Easier said than done*
- *Intervention services*
- Not sure
- Yes
- *I think there's always a need, especially for paid positions. Volunteerism is wonderful but plenty of us CRS trained need a paying position.*
- No
- *Yes. always. qualified and experienced peer to peer*
- *Always a need*
- *Yes, and how to access intervention services is important as well.*
- Unsure
- *Engagement and supports are always a need.*
- *CRS' need to be trained in Upper Darby -- closest they can get are CRS' coming out of Philly.*
- *Yes, CRS services for recently released persons from incarceration as well as recent release from inpatient, residential, and PHP levels of care. Anyone released from these locations should have access to a CRS not just while the person is in treatment.*
- *All of the above.*
- Yes
- Yes
- No
- *Transportation is a major issue, along with housing for those individuals who have legal issues due to their addiction.*
- Not sure
- No
- *We're covered through Berks County.*
- *Drug court in my opinion*
- *Not that I am aware of*
- *Not that I am aware of*
- No
- Yes
- *CRS's are always welcomed and needed*

Q21: Please Feel Free to Add Any Additional Comments About Access to and Quality of Services of Training for Drug and Alcohol Recovery Support Services in Your Community.
Comments (92):

- No
- *I am from a pretty rural area, but our need for Drug and Alcohol services is great. My employer has difficulty finding D & A counselors. A special track for CRS people to become counselors wouldn't be a bad idea, particularly if they are talented in this field. We struggle with access to training, continued training in ethics and confidentiality (specifically for CRS recertification). We have single parents as peers who cannot travel long distances. Bradford County is too far from large cities such as Scranton and other PA areas to have local access to training.*
- *CRS is the best certification to bridge the gap...Thank You!*
- *Harm Reduction Trainings desperately needed*
- *We need more CRS training courses and jobs within the field as well as CFRS classes. Families need help too*
- *Thank you*
- *I believe the trainings are already in established area colleges and universities. The issue is getting from the organizations we work in to the quality classes. There are severe deficiencies in the areas of motivational interviewing, teaching boundaries, and wrap.*
- *These are gaps of services in our local community.*
- *I feel that some of the community agencies have people working for them who can't possibly understand the need of a poor community or the "hood" environment and the effects that it has on lifestyle. It is very hard for some of them to even be empathetic. There are still those in this field who believe that addiction is choice and not a disease because they themselves don't fully understand.*
- *I have been volunteering with Gateway Rehab for almost 11 years. I have my certification. I have not been offered any type of job.*
- No
- None
- *I think drug and alcohol facilities should also offer CRS services using the same staff members who are certified*
- *It would be beneficial if CRS services were reimbursed by insurances and MA.*
- *Not enough trainings*
- *Training should be free for active CRS volunteers.*
- *The area is saturated with CRS's, with no active help*
- *My training helped me get a job*
- *I just want to apologize for not being able to answer every single question the way I would like to have been able to. I'm not quite in the field yet because I am still looking for work so I don't have all the experience, knowledge and resources that someone already working would have. I hope some of my answers will help you at least a little bit.*
- *It might be useful to develop "prototype" job descriptions for CRS personnel.*
- N/A

- *This test implied people outside of straight white males. Were the only ones who matter , addiction doesn't judge its victims so why do you , this test was no more than liberal fecal matter and a massive part of what's wrong with America, please stop creating division*
- *We do a good job*
- *Not much access to training. Usually have to travel to get CRS training. We do some basic training at my facility, but the trainings are few and far between. In two years we have only had CPR, HIV, Addictions 101, and Naltrexone administration trainings.*
- *I feel that medication assisted recovery services enable individuals to continue using and there needs to be more accountability when receiving this type of treatment*
- *None*
- *N/A*
- *N/A*
- *I did my training with the Council of Southeast Pennsylvania. They had a grant program “ enhanced support of youth young adults and families certified recovery specialist “ At the time I took the course in 2015 I was excepted even though I wish it was not in substance recovery. I have gone through my own addictions having two sons foot suffer from addiction to substances I think we are losing a lot of valuable people who could be very good CRS’s by separating them into two different recovery specialist programs I think you need to work on it by the individual rather than the substance they recovering from Family members get addicted to their love ones I’m not saying that all people who just have families involved would qualify but I have seen people who are in recovery who use the CRS program with clients try to work their own program and that doesn’t work there are good people on both sides of the fence It needs to be looked at more closely individually*
- *Lancaster area needs a new agency that can use the CRS to meld treatments together and direct people to the help they need.*
- *Thanks*
- *We need more free trainings for our CRS's to keep their certificates*
- *I found CRS training to be hands on and took full advantage to participate as much as possible. March brings the 3rd training to our community.*
- *Thanks*
- *None*
- *N/A*
- *NO services of this nature is currently involved in Lehigh County. Unsure were budget is spent*
- *Boundaries setting, working with adolescence, understanding medicate recovery treatment programs*
- *The prospective clients in the area have access to the services, yet sometimes I think we are limited by the services we can provide. We are but one tool and one element of the entire recovery process. I would like to see more trainings on cross addiction and mental health which are geared toward peer support specialist.*
- *I would like to see counselors and therapist treat CRS on the same level because everyone plays a part in the client's success*
- *There should be funding available for CRS specialist to be able to support clients in their recovery.*

- No
- *More rehabs willing to accept medication assistance treatment patients*
- *I love this and cannot wait until I can have this as a full time career*
- *We need more agencies and services that are committed to using the CRS as they are intended to intercept and bridge the gaps between discharge and follow up to next level services. Recovery engagement should be aggressive and swift, not half hearted and waning.*
- *We need local trainings*
- *it is my opinion the CRS has morphed into much more than originally intended and should require supervision hours as well as CE hours*
- *I think all the above sums it up*
- *Keep up the good work!!!!!!!!!!!!*
- *More trainings offered yearly for free or assistance with providers wanting to hire CRS and may not have the funds to train*
- *Educating the youth about what even experimental or recreational drug use can do to the maturation of the brain, mental capacity, emotional regulation, and physical consequences. Also that all addicts, including chemically dependent addicts, were once recreational users.*
- *It's a difficult task but is possible*
- *Please continue to offer free webinars specific to CRS's, maybe with more times and days available. I have missed several due to lack of open scheduling. We need as much help as we can get with these new positions. Thank you for all you do for us!!! You guys are great! :)*
- *All Hospital emergency rooms should provide CRS services.*
- *No thank you*
- *More free training after certification in areas like confidentiality and also office skills and resource searching.*
- None
- *I feel if better transition from child to adult services was available there may be less young adults in our programs*
- *Chester County needs more emphasis on the importance of peer Support in substance abuse recovery & needs to help those interested in becoming CRS's with the tuition & bringing more trainings to our immediate area*
- *There's a lot of great services in Bucks. The only area we're lacking is for the adolescents. No treatment facilities within our county and a large drug problem in this age group.*
- *It was just very disheartening that certain people got hired for CRS positions before they even took the test to be certified by the state of PA*
- *I was very disappointed with some of the instructors for CRS training. I am also concerned with the amount of individuals becoming CRS who do not have long periods in recovery and lack any real proof that they've changed their lives*
- *Online training and courses.*
- No
- *More services available for the Hispanic, Adolescent, and LGBT communities.*

- *Cultural diversity needs to be added to the trainings to give people a more robust view at their communities*
- *Would like a second training on engaging consumers like me to stay in the program ,half the time they don't show up .*
- *N/A*
- *I'd love more training and the ability to further this certification*
- *I believe in all the small neighboring towns in the area I'm from (Halifax, PA Millersburg, PA Elizabethville, PA Lykens, PA , Tower City, PA) there needs to be more open and diverse resources available. There needs to be way more resources available for people struggling with addiction and mental health or even just people in recovery. More counseling, more transportation help, more meetings (AA/NA/AL-NON) & also I think there should be CRS training in my area. PLEASE HELP!*
- *No*
- *Personally I think the stigma s what holds people hostage. I'm not a trained professional. My thinking is to create the environment that will draw in the age group at risk and provide the tools for sustaining recovery while providing the resources for training and support services available. Thank you for what you're doing.*
- *Please send me any and all information I need to obtain my certification Carol Ann Romanelli 85 Welles Street Forty Fort, PA 18704 I have 9 credits at Misericordia University towards my certification in Addiction Counseling And MANY years life experience as a family member*
- *I feel we need to work on the barriers that hinder recovery, bring awareness*
- *More available training*
- *Schedule more classes I can't go any further till they are scheduled. what's hold-up?*
- *I feel if we could start services with the younger generation then maybe we can slow down this epidemic we are in.*
- *Peer Support is essential-then Recovery professional community does not Recognize the importance.*
- *I took the classes went to some Guadenzia classes no contact after that left numbers. So I felt I wasted my time, just 4 trying to help*
- *Limited options for rehabs and treatment in general for people who have limited income.*
- *Thank you*
- *More trauma and culturally informed CRS persons. Not just tested. But actual experienced and lived through it persons.*
- *N/A*
- *Thank you for asking!!!*
- *Drug and Alcohol services are looked at by the larger community as a population of individuals who created the situations that they are in and for this reason they don't deserve assistance. This is why we have an emergency declaration with no funding. Services and Support for D&A recovery support needs to have a shift in public perception which has started but, needs to continue.*

- *WE NEED MORE AGENCIES TO HIRE PEER SUPPORT. Luzerne county has the highest rate of overdoses and there are no warm hand offs. SAD.*
- *Great course well good information*
- *No*
- *I believe we could use more understanding of the medicated assisted recovery population. As some of the old timers in recovery don't understand how these drugs effects addicts and how they are abusing them and the urgency of the dangers with mixing these medications with other addictive medications.*
- *As of now there is little if any support for drug and alcohol recovery in my community*
- *Parents and those that love an addict need more support*
- *N/A*