



Budgeting for Results

Department of Human Services

Division of Substance Use Treatment,

Prevention and Recovery

Recovery Community Organization/Recovery Support Services
Program Report





Table of Contents

1. Introduction and Summary

2. Program Overview

3. Benefit-Cost Analysis Results

4. State Program Assessment Rating Tool (SPART)

Introduction

The statute that created Budgeting for Results (BFR) states that in Illinois, “budgets submitted and appropriations made must adhere to a method of budgeting where priorities are justified each year according to merit” (ILCS 20/50-25). The BFR Commission, established by the same statute, has worked since 2011 to create and implement a structure for data-driven program assessment useful to decision makers. The BFR framework utilizes the Evidence-to-Impact Collaborative benefit-cost model¹ and the State Program Assessment Rating Tool to produce comprehensive assessments of state funded programs.

In 2022, the Evidence-to-Impact Collaborative at Penn State University began supporting an improved version of the Results First benefit-cost model. The model is based on methods from the Washington State Institute for Public Policy (WSIPP) and can be used to analyze programs within multiple policy domains, including: adult crime, juvenile justice, substance use disorders, K-12 and higher education, general prevention, health, and workforce development.

The State Program Assessment Rating Tool (SPART) combines both quantitative (benefit-cost results) and qualitative components in a comprehensive report. It is based on the federal Program Assessment Rating Tool (PART)² developed by the President’s Office of Management and Budget and has been modified for Illinois use. The SPART provides a universal rating classification to allow policy makers and the public to more easily compare programs and their performance across results areas.

Methods

BFR begins each assessment by examining an Illinois program’s design and assessing its implementation. Each program is then matched with an existing rigorously studied program or policy. BFR completes a comprehensive review of related program literature to inform the matching process. Each rigorously studied program has an effect size determined by existing national research that summarizes the extent to which a program impacts a desired outcome. The effect size is useful in understanding the impact of a program run with fidelity to established core principles and best practices.

The benefit-cost model uses the effect size combined with the state’s unique population and resource characteristics to project the optimal return on investment (OROI) that can be realized by taxpayers, victims of crime, and others in society when program goals are achieved.

The SPART contains summary program information, historical and current budgetary information, the statutory authority for the program, and performance goals and measures. The SPART tool consists of weighted questions which tally to give a program a numerical score of 1-100. Numerical scores are converted into qualitative assessments of program performance: effective, moderately effective, marginal and not effective.

¹ <https://evidence2impact.psu.edu/>

² <https://georgewbush-whitehouse.archives.gov/omb/performance/index.html>

Section 1

Program Overview

Program Overview – Recovery Community Organization/Recovery Support Services

The SUPR Recovery Community Organization/Recovery Support Services (RCO/RSS) program was established to address the critical need for peer-based recovery support in Illinois. SUPR's RCO/RSS grantees are responsible for having peers provide direct recovery support services (RSS) to individuals in recovery. A peer is someone with personal experience in their own recovery journey. Preferably, these peers are Certified Recovery Support Specialists (CRSS) and/or Certified Peer Recovery Specialists (CPRS), which are two peer credentials administered by the Illinois Certification Board. RSS are non-clinical supports which include offering and receiving help based on a shared understanding, respect, and mutual empowerment.

SUPR's RCO/RSS program encompasses 30 grantees, including 21 standalone providers and one coalition with 8 additional providers, covering 53 counties in Illinois. These grantees are tasked with delivering direct recovery support services through peers, who are ideally certified as CRSS or CPRS.

Recent budget appropriations are presented in Table 1.

Table 1: SUPR program Appropriations and Expenditures by Fiscal Year (\$ thousands)

	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Appropriated	\$261,366.0	\$298,801.9	\$298,274.8	\$382,775.7	\$570,496.7	\$581,910.9
Expended	\$164,881.6	\$194,798.9	\$191,762.1	\$222,808.6	\$102,203.3	\$321,588.8

A majority of SUPR funding for SUD treatment and recovery is based on the American Society of Addiction Medicine (ASAM) criteria which organize treatment and recovery into levels of care. Service providers are reimbursed for treating a client with a determined level of need. However, RCO/RSS are funded as a program separate from ASAM levels of care. The appropriations and expenditures above include all SUPR funding.

Using national literature and program information gathered with SUPR, BFR matched the RCO/RSS program with the WSIPP program Peer Support for Individuals with Substance Use Disorder program.³ More information on the evidence base for the RCO/RSS can be found in the SPART section of this report.

The major takeaways from this analysis can be found in Table 2 below along with the program's comprehensive SPART score.

³ Further program profile and meta-analysis information available at: <https://www.wsipp.wa.gov/BenefitCost/Program/336>

Table 2: Report Summary

Illinois Department of Human Services, Division of Substance Use Treatment, Prevention and Recovery	RCO/RSS Program⁴
Optimal Benefits	\$7,798
Real Cost (Net) per participant	\$131
Benefits – Costs (Net Present Value)	\$7,667
Benefits/Costs (OROI)	\$59.54
Chance Benefits Will Exceed Costs	60%
SPART Score	76

The optimal return on investment calculated by BFR on the RCO/RSS program determined that for every one dollar spent by SUPR, \$59.54 of future benefits from healthcare, crime, labor market, and mortality impacts realized by Illinois taxpayers, program participants, and crime victims. These numbers are displayed in 2011 dollars based on limitations with the current version of the benefit-cost model.

⁴ The optimal benefits are the benefits the program can expect to achieve if run with fidelity to best practices or core principles. Benefits per participant are projected over fifty years after program participation. The per participant real costs of the program are the sum of its direct and indirect costs, minus the cost of treatment as usual. The benefits and the costs are discounted to present value. The benefit/cost ratio is the optimal return on investment (OROI) Illinois can expect from implementing the program with fidelity.

Section 2

Benefit-Cost Results

Benefit-Cost Results – Recovery Community Organization/Recovery Support Services

The benefit-cost model uses the effect size determined by the program profile for “Peer Support for Individuals who use Substances” The RCO/RSS program costs were provided by SUPR.

The annual costs and benefits for the RCO/RSS program can be seen below in *Figure 2*. For this program all costs are incurred in the first year while benefits accrue over the subsequent three years.

The blue bars show total program benefits. The program benefits exceed the program costs beginning in the first year of investment.

The return on investment from the benefit-cost analysis calculates the benefits from Reduced Crime, Labor Market Effects, Health Care Costs, and Mortality.

Figure 1

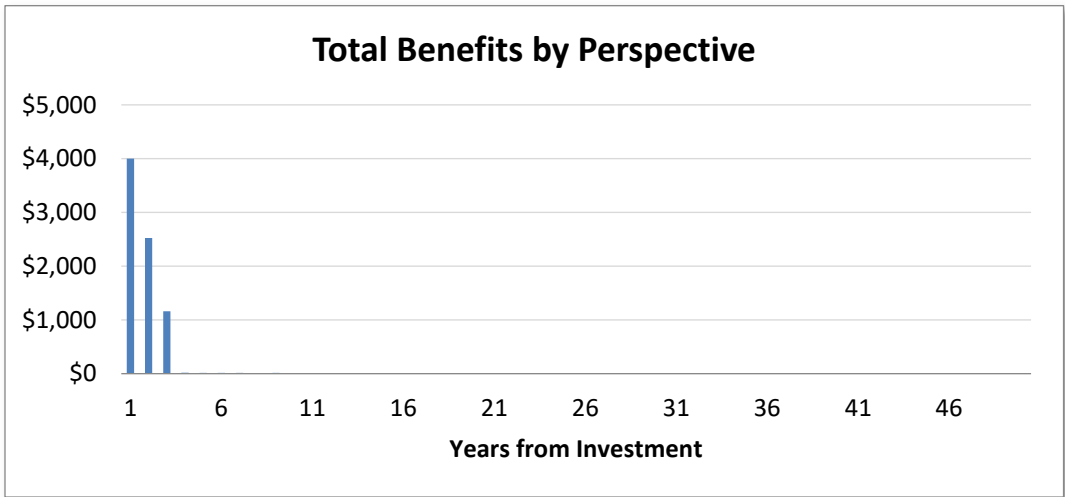
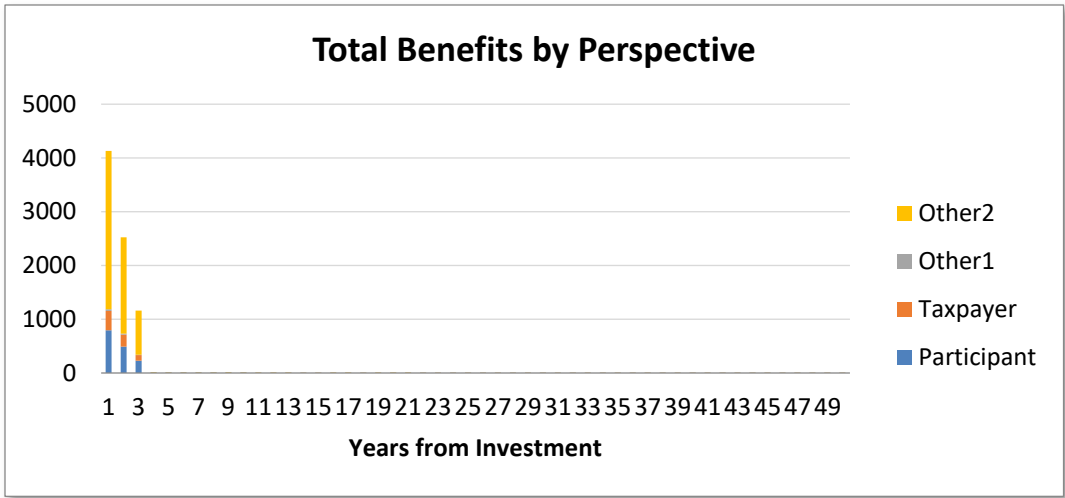


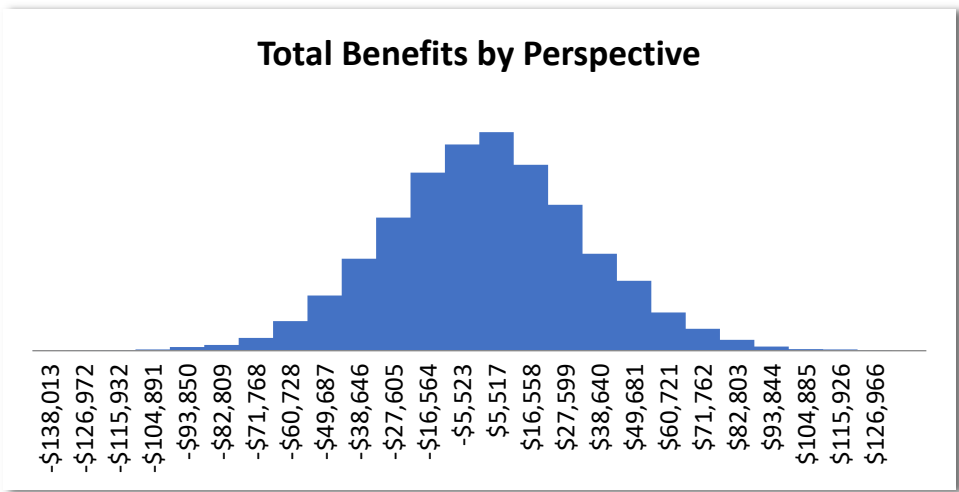
Figure 3 below illustrates how benefits accumulate to different Illinois stakeholders. The majority of benefits come from future avoided healthcare and crime costs in society (Other1 and Other2). The remaining benefits come from taxpayer costs and other avoided indirect deadweight costs.

Figure 3



All program benefits are predictive, and there is uncertainty when forecasting future outcomes. To help account for the uncertainty, BFR runs each benefit-cost analysis 100 times with random variations in the costs and benefits. The histogram in Figure 4 shows the range of OROI resulting from running the simulations. The optimal program benefits exceeded the program costs in 60 percent of the simulations.

Figure 4



Section 3

State Program Assessment Rating Tool

State Program Assessment Rating Tool (SPART)
Recovery Community Organization/Recovery Support Services
444 – Department of Human Services

This report was compiled by the Budgeting for Results Unit of the Governor’s Office of Management and Budget with the support of the Department of Human Services (DHS). The SPART is an assessment of the performance of state agency programs. Points are awarded for each element of the program including: Program Design and Benefit-Cost and Performance Management/Measurement. This combined with benefit-cost analysis through Results First establishes an overall rating of the program’s effectiveness, which can be found on the final page of this report.

Part 1: General Information

Is this program mandated by law? Yes X⁵ No
Identify the origin of the law: State X Federal Other
Statutory Cite: Substance Use Disorder Act (20 ILCS 301)
Program Continuum Classification: Recovery

Evaluability

Provide a brief narrative statement on factors that impact the evaluability of this program.

The Illinois Department of Human Services Division of Substance Use Prevention and Recovery (SUPR) does not directly run Recovery Community Organization/Recovery Support Services. SUPR has 30 RCO/RSS grantees, which includes 21 standalone providers and one coalition which is its own RCO with 8 additional RCO/RSS providers under it (21+1+8=30). These 30 providers cover 53 counties or almost 52% of Illinois counties. The division began collecting output data for these providers in January 2024, which includes monthly reporting of the number of full-time equivalents providing RSS, the number of new participants enrolled that month, total unique participants served, and staff hours spent in the 12 RSS activity types. These activity types can be completed at the individual, group, or community level. Individual sessions include the staff member and the participant; they may also include the participant’s family members. Group sessions include multiple participants and may also include those participants’ family members. Community sessions run the gamut of recovery presentations at schools, passing out naloxone (i.e., Narcan) and increasing recovery awareness at a community health event, hosting sober fun activities for people to try new hobbies and meet like-minded people, networking with providers to build collaborative relationships, etc. Please note community sessions are not always able to count unique participants, as it is sometimes impossible to get an exact number of students in the auditorium, encounters at a community health event, etc.

Key Performance Measure	FY 20XX	FY 20XX	FY 20XX	Reported in IPRS Y/N
N/A				

⁵ The Substance Use Disorder Act ([20 ILCS 301](#)) requires DHS to develop a comprehensive and coordinated strategy which includes Recovery Support Services.

Part 2: Program Design and Benefit-Cost**Total Points Available: 55****Total Points Awarded: 55**

Question	Points Available	Evidence Level	Points Awarded
2.1 What is the program evidence level? - Evidence Based 25pts - Theory Informed 15 pts - Unknown Effect 0 pts - Negative Effect -5 pts Describe the evidence base reviewed.	25	Evidence Based	25

Explanation:

The SUPR RCO-RSS Peer Support for Individuals using substances program matches the WSIPP evidence-based program “Peer Support for Individuals with Substance Use Disorder”⁶ The Substance Abuse and Mental Health Services Administration (SAMHSA) established a Peer Recovery Center of Excellence⁷. Research into Peer Support shows how it is helpful to work with someone who “gets it” – peers have “been there, done that” and carry a unique skillset from their personal recovery experience.

Question	Points Available	Yes/Partial/No	Points Awarded
2.2 Is the program implemented and run with fidelity to the program design? Describe the core components of the program as designed and as implemented in Illinois.	25	Yes	25

Explanation:

Recovery Support Services (RSS) includes the following activity types at the individual, group, or community level. Output data on these activities is provided to SUPR by the program providers:

1. **Intake:** These are sessions that involve meeting with a new participant to get them enrolled in services to help with their recovery journey.
2. **Recovery & Peer Coaching:** These are sessions focused on clients' individualized recovery needs. When the staff providing the recovery is a peer, it is considered Peer Coaching. Utilizing peers and/or the group format allows clients to learn from the experiences and journeys of others in recovery. Topics may include things such as relapse prevention, coping skills, anger management, domestic violence, decision-making, lifestyle choices, pursuing interests, and participating in drug-free recreation.

⁶ <https://www.wsipp.wa.gov/BenefitCost/Program/336>

⁷ <https://peerrecoverynow.org/>

3. **Employment Training:** These are sessions that teach clients specific work skills/trades that promote gainful employment. This can include but is not limited to training in construction, masonry, commercial cleaning, sewing, barbering, cooking, or computer repair. All Employment Training programs must include a plan for utilizing Employment Coaching in conjunction with Employment Training classes or have a linkage agreement with an agency that provides Employment Coaching. All programs must also submit a curriculum for their program and be able to demonstrate criteria for determining whether clients meet prerequisites for course enrollment (e.g., if you are teaching construction, a client's math level may be a prerequisite for entering the course). Please note that SUPR will not pay for prerequisite training.
4. **Employment Coaching:** These are sessions that provide clients with skills related to achieving employment and preparing clients for the employment environment they will encounter. This can include discussion and/or activities related to career/goal setting, searching for available jobs, resume writing, mock interviewing, addressing gaps in previous employment, expungement, volunteer opportunities, and employer expectations. Of particular interest is placing individuals in competitive employment and assisting with the adjustment period.
5. **Spiritual Support:** These sessions look at the degree to which spiritual resources and psychological understanding, including the way a person experiences a connection to a higher power, can be used for healing and growth. Topics can include discussion of recovery as a spiritual journey, encouraging involvement with a spiritual path, or engaging in religious and spiritual practices consistent with the participant's beliefs (e.g., prayer, meditation, singing, reading spiritual books, acts of worship, ritual, forgiveness, etc.). Please note that proselytizing is unacceptable; clients receiving spiritual support are encouraged to discuss the spiritual and/or religious beliefs they hold or find most meaningful.
6. **Transportation:** These sessions include transportation of participants to treatment, recovery support program, job opportunities, and/or other activities promoting recovery.
7. **Health & Wellness:** These sessions include discussion and/or activities surrounding health and wellness such as exercise, nutrition, self-care, etc.
8. **Harm Reduction:** These sessions include discussion and/or activities that aim to reduce the negative consequences associated with drug use and improve an individual or community's quality of life, without requiring the cessation of all substance use (e.g., Overdose Education and Naloxone Distribution, teaching safer substance use strategies, distributing safer use materials, etc.).
9. **Recovery & Life Skills:** These sessions include discussion and/or activities surrounding skill-building topics such as financial wellness, environmental wellness, parenting skills, activities of daily living, etc.
10. **Social Support:** These sessions include activities related to building friendships and relationships, drug-free recreation, etc.
11. **Referral & Linkage:** These sessions include discussion and/or activities related to linking participants with mental health/substance use treatment providers, benefits, doctors, housing services, etc.
12. **Community Outreach & Engagement:** These services are focused on assisting the community and includes networking with stakeholders in the community to build collaborative relationships, meeting with potential participants, promoting services offered by the recovery support service provider, etc.

Question	Points Available	Yes/Partial/No	Points Awarded
2.3 To the extent that the program did not receive full points in question 2.2, has the program been adapted responsibly according to competing best practices in the field, or have modifications been made due to under-resourcing or for other reasons?	(15)	N/A	0

Explanation:

Full points were received in question 2.2

Question	Points Available	Yes/Partial/No	Points Awarded
2.4 If the program achieved full credit in question 2.2, can we expect the Optimal Return on Investment (OROI) for this program to be equal to or greater than \$1 for each \$1 spent?	5	Yes	5

Explanation:

The RCO/RSS program has an Optimal Return on Investment of \$59.54⁸ for every dollar spent.

⁸ 2011 dollars

Part 3: Performance Management/Measurement**Total Points Available: 45****Total Points Awarded: 21**

Question	Points Available	Yes/Partial/No	Points Awarded
3.1 Does the program regularly collect timely and credible performance measures? Partial points may be awarded for an existing but not yet implemented plan for a performance measure regime.	10	Yes	10

Explanation: SUPR collects significant and timely output data, but it does not collect outcome data.

Question	Points Available	Yes/Partial/No	Points Awarded
3.2 Do the performance measures focus on outcomes?	5	No	0

Explanation: There are measures for recovery capital such as the Brief Assessment of Recovery Capital (BARC-10) and Recovery Capital (Rec-Cap), but these do not measure longitudinal data well. “Successful” recovery is also hard to measure concretely, as what “success” looks like for people in recovery can vary widely (e.g., getting a job, healthier relationships, being self-sufficient, using substances in safer ways, abstinence, staying out of the hospital, staying out of jail, etc.).

Question	Points Available	Yes/Partial/No	Points Awarded
3.3 Do the performance measures include data on program implementation and fidelity to core principles?	5	Yes	5

Explanation: DHS SUPR collects output data on the twelve activities offered through RCO/RSS.

Question	Points Available	Yes/Partial/No	Points Awarded
3.4 Are independent and thorough evaluations of the program conducted on a regular basis or as needed to support program improvements and evaluate effectiveness?	5	No	0

Explanation:

SUPR believes it would be very helpful to have an evaluator who could do qualitative data collection via interviews with participants at various times during and after receiving RSS to better measure successful outcomes.

Question	Points Available	Yes/Partial/No	Points Awarded
3.5 Does the agency use performance information (including that collected from program partners) to adjust program priorities or allocate resources?	5	Partial	3

Explanation: SUPR uses output data to inform staffing and provider needs. SUPR utilizes output data to provide specific training & technical assistance resources to providers. For example, strategies for outreach are workshopped with providers struggling to enroll new clients, including linking them up with potential partners. SUPR worked with providers that have a lot of clients, but struggle with staff RSS hours, to determine more effective ways to utilize their time. For providers with staff that are doing too many hours, SUPR promoted the importance of self-care especially in this work to help avoid compassion fatigue and burnout; etc.

Question	Points Available	Yes/Partial/No	Points Awarded
3.6 Does the agency use performance information to adapt program implementation or take other appropriate management actions?	5	Partial	3

Explanation: SUPR meets with each agency quarterly - Q1/Q3 is all of the RCO/RSS providers together for a learning collaborative and Q2/Q4 are 1:1 with each provider for a virtual site visit. There are also meetings when needed about specific concerns/barriers/struggles/questions.

Question	Points Available	Yes/Partial/No	Points Awarded
3.7 Are key performance measures for this program reported in the Illinois Performance Reporting System? Partial points may be awarded if key performance measures are not reported in IPRS but are made available to the public through other means.	10	No	0

Explanation: The entire SUPR division is one program in IPRS. The measures reported in IPRS are for all SUD treatment levels combined. SUPR has expressed discomfort with abstinence as the primary outcome measure for SUD treatment and recovery support services, because current best practices favor a more holistic view of recovery.

Concluding Comments

RSS differs from treatment in many ways, but one key factor is that when a person presents for services at an RCO/RSS provider, staff do not ask for a diagnosis; instead of asking, “What’s wrong with you?” they ask, “How can we help?” Participants then work with RCO/RSS staff to build their recovery plan to support the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Four Dimensions of Recovery: Health, Home, Purpose, and Community. These recovery plans include services appropriate for, and chosen by, the participant. Services and groups offered are often presented as an a la carte menu where participants can try out different choices and options. Participants are also typically linked up with a peer for one-on-one sessions as needed/requested. Group topics typically provided by grantees include SMART Recovery, family group, recovery & coping skills, creative expression, yoga/tai chi, and countless others. Some providers have drop-in centers where participants can come socialize, play pool, watch TV, etc. SAMHSA defines recovery as “A process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential.” Peers walk with the participants through their recovery journey – whatever that pathway may look like - rather than leading or guiding them down what we think it should look like. Potential participants can be linked with local services, including RCO/RSS providers, via the Illinois Helpline (available via website: <https://helplineil.org/>, phone: 833-234-6343, or text: 833234).

Final Program Score and Rating

Final Score	Program Rating
76	Effective

SPART Ratings

Programs that are **PERFORMING** have ratings of Effective, Moderately Effective, or Adequate.

- **Effective.** This is the highest rating a program can achieve. Programs rated Effective set ambitious goals, achieve results, are well-managed and improve efficiency. Score 75-100
- **Moderately Effective.** In general, a program rated Moderately Effective has set ambitious goals and is well-managed. Moderately Effective programs likely need to improve their efficiency or address other problems in the programs' design or management in order to achieve better results. Score 50-74
- **Marginal.** This rating describes a program that needs to set more ambitious goals, achieve better results, improve accountability or strengthen its management practices. Score 25-49

Programs categorized as **NOT PERFORMING** have ratings of Ineffective or Results Not Demonstrated.

- **Ineffective.** Programs receiving this rating are not using your tax dollars effectively. Ineffective programs have been unable to achieve results due to a lack of clarity regarding the program's purpose or goals, poor management, or some other significant weakness. Score 0-24
- **Results Not Demonstrated.** A rating of Results Not Demonstrated (RND) indicates that a program has not been able to develop acceptable performance goals or collect data to determine whether it is performing.

Please see www.Budget.Illinois.gov for additional information.

Glossary

Best Practices: Policies or activities that have been identified through evidence-based policymaking to be most effective in achieving positive outcomes.

Evidence-Based: Systematic use of multiple, rigorous studies and evaluations which demonstrate the efficacy of the program's theory of change and theory of action.

Illinois Performance Reporting System (IPRS): The state's web-based database for collecting program performance data. The IPRS database allows agencies to report programmatic level data to the Governor's Office of Management and Budget on a regular basis.

Optimal Return on Investment (OROI): A dollar amount that expresses the present value of program benefits net of program costs that can be expected if a program is implemented with fidelity to core principles or best practices.

Outcome Measures: Outcomes describe the intended result of carrying out a program or activity. They define an event or condition that is external to the program or activity and that is of direct importance to the intended beneficiaries and/or the general public. For example, one outcome measure of a program aimed to prevent the acquisition and transmission of HIV infection is the number (reduction) of new HIV infections in the state.

Output Measures: Outputs describe the level of activity that will be provided over a period of time, including a description of the characteristics (e.g., timeliness) established as standards for the activity. Outputs refer to the internal activities of a program (i.e., the products and services delivered). For example, an output could be the percentage of warnings that occur more than 20 minutes before a tornado forms.

Program Continuum Classification: Programs are classified based on the type of service being provided: promotion, prevention, treatment or maintenance. This classification is based on a continuum of intervention developed by the Institute of Medicine (currently known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine):

1. Promotion - Promotion interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, social inclusion and strengthen their ability to cope with adversity.
2. Prevention - Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.
3. Treatment - Interventions targeted to individuals who are identified as currently suffering from a diagnosable disorder that are intended to cure the disorder or reduce the symptoms or effects of the disorder, including the prevention of disability, relapse, and/or comorbidity.
4. Maintenance - The provision of after-care services to the patient, including rehabilitation to assist the patient's compliance with long-term treatment to reduce relapse and recurrence.⁹

Randomized Controlled Trial (RCT): A study that randomly assigns participants into one or more treatment groups and a control group. This is the most rigorous type of study, because the random assignment allows researchers to isolate the effects of treatment from other participant characteristics that may be correlated with receiving treatment in the absence of random assignment. However, RCTs are not feasible or ethical in every research setting.

⁹ <https://www.ncbi.nlm.nih.gov/books/NBK32789/>

Results First Clearinghouse Database: One-stop online resource providing policymakers with an easy way to find information on the effectiveness of various interventions as rated by eight nation research clearinghouses which conduct systematic research reviews to identify which policies and interventions work.

Target: A quantifiable metric established by program managers or the funding entity established as a minimum threshold of performance (outcome or output) the program should attain within a specified timeframe. Program results are evaluated against the program target.

Theory Informed: A program where a lesser amount of evidence and/or rigor exists to validate the efficacy of the program's theory of change and theory of action than an evidence-based program.

Theory of Change: The central processes or drives by which a change comes about for individuals, groups and communities

Theory of Action: How programs or other interventions are constructed to activate theories of change.

Citations

Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson, S., & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug and Alcohol Dependence*, 77(1), 49-59.

Works Referenced

Peer Recovery Center of Excellence. (n.d.). Peer Recovery Now. <https://peerrecoverynow.org/>

SAMHSA Value of Peers, 2017