



THIS IS WHO WE ARE.



FACES & VOICES OF RECOVERY

ADVOCATE. ACT. ADVANCE.

RCCs in Context:

The importance of Engaging the Recovery Community

presented by

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 - Chief Operating Officer

Faces & Voices of Recovery

- **Faces & Voices of Recovery was formed in 2001 in St. Paul**
- **The work on Peer Recovery Support Services (PRSS) standards began in 2010**
- **Report: Developing an Accreditation System for Organizations and Programs Providing Peer Recovery Support Services**
- **Council on Accreditation of Peer Recovery Support Services started in 2013.**

Taxonomy



Functional Area 1: Principles

Recovery Principles, Culture, and Climate	<p><u>Recovery principles and values are what differentiate peer recovery support/services from treatment and from other types of recovery services.</u> A program’s principles—its basic assumptions and ways of working—and values—those things of worth, meaning, or importance—serve as the core from which—practices (patterns of actions), services, and everything else emanate.</p>
RPCC-1.0: Core Recovery Principles	The program is grounded in the values of the recovery community—both local community and the national movement.
RPCC-2.0: Core Recovery Culture and Values	The program incorporates key practices that support and enhance recovery.
RPCC-3.0: Recovery Climate/ Environment	The program establishes a welcoming climate that is conducive to/facilitates personal recovery.



Nothing About Us Without Us

People with lived experience are directly impacted by...

- What does and doesn't happen in the community
- Decisions made about access, funding, options, services
- Legislation put in place around
 - **Housing**
 - **Employment**
 - **Education**

Have them be a part of these conversations!

Participatory Process

- **Strength-based community assessments**
- **Evaluation of effectiveness**
- **Development of plans for implementation**
- **Regular community process for discussion and decisions**

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Functional Area 2: People

Peer Leader Development	
PLD-2.0: Selection and Orientation	The program has clearly defined processes for screening, selecting, and orienting peer leaders to the PRSS program.
PLD-3.0: Training and Development	<u><i>The program provides peer leaders with training to help them gain the knowledge and skills necessary for their assigned job, to help them develop within the organization.</i></u>
PLD-4.0: Retention	<u><i>The program has clearly defined methods for increasing peer leader retention.</i></u>

Functional Area 3: Practices

Management Systems	
MS-3.0: Quality Assurance	<u><i>The organization establishes ongoing, data-driven, quality assessment and improvement processes and methods.</i></u>
MS-4.0: Peer-compatible Recordkeeping	The organization establishes record keeping processes and methods that are compatible with peer-led efforts.
MS-5.0: Confidentiality of Records	The organization establishes record keeping processes and methods that ensure compliance with state and federal regulations related to confidentiality and privacy.
MS-6.0: Participant Protection and Informed Consent	The organization is committed to providing a safe, secure, and respectful environment.

Functional Area 2: Performance

Peer Support Capacity: Core Competencies	In order to effectively service individuals in and seeking recovery, peer recovery support programs must have the capacity to offer/deliver needed peer supports in their communities. There are specific core competencies for well-run peer programs that differ from treatment and other recovery support organizations, including the capacity to engage in continuing community strengths-and-needs assessments and capacities related to program design, implementation, management, and evaluation.
PSCC-1.0: Determining Community Strengths and Needs	<u>The program uses participatory processes to assess community strengths and needs.</u>
PSCC-2.0: Planning	The program plans to offer PRSS that will have a measurable impact, based on community assets and needs.
PSCC-3.0: Offering Support	The program is an opportunity-rich recovery environment that builds individual and community strengths (recovery capital) and addresses individual and community needs.

Why This Science Interlude?

- **Steering Committee**
 - How do you assess the community-level impact of RCCs?
 - What findings can be used to counter neighborhood level worries about RCCs?
- **Most Recent Seminar**
 - Chad Seбора highlighted the utility of having science findings to help dispel worries about RCCs
- **Pilot Study Funding program**
 - More studies are needed on neighborhood level impacts – please consider applying for funding from us!
 - Next round of Letters of Intent due on October 1
- **So, let's talk about:**
 - Crime
 - Property value

Example 1: Crime incidents around methadone maintenance treatment centers

- **Premise:** Concern about crime is a significant barrier to the establishment of methadone treatment centers
- **Design:** In Baltimore, MD, compare 13 clinics with control settings:
 - 13 convenience stores
 - 13 residential points
 - 10 general hospital settings
- **Data:** Crime reports from the Baltimore City Police Department (1999-2001)
- **Analysis:** Assess the relationship between crime counts (incidents per unit area) and distance from the site
- **Results:**
 - Methadone clinics were NOT associated with crime
 - Convenience stores were

Example 2: Violent crime around publicly funded SUD treatment centers

- **Premise:** NIMBY syndrome has been repeatedly observed in the placement of SUD treatment centers; of particular concern is violent crime
- **Design:** In Baltimore, MD, **matched** sites based on a Neighborhood Disadvantage score at the census tract
 - 53 SUD treatment centers
 - 53 (out of 476) liquor stores
 - 53 (out of 436) corner stores and behind-the-glass stores
 - 53 (out of 195) convenience stores (nationally franchised, less than 5 cash registers)
- **Data:** 9,378 violent crime reports, Baltimore City Police Department (2011)
- **Analysis:** Compare counts of violent crime per site across types of site
- **Results:**
 - More crime around liquor stores and corner stores than treatment centers
 - Comparable crime counts at treatment centers and convenience stores

Furr-Holden, C. D. M., Milam, A. J., Nesoff, E. D., Johnson, R. M., Fakunle, D. O., Jennings, J. M., & Thorpe Jr, R. J. (2016). Not in my back yard: a comparative analysis of crime around publicly funded drug treatment centers, liquor stores, convenience stores, and corner stores in one mid-Atlantic city. *Journal of studies on alcohol and drugs*, 77(1), 17-24.

Example 3: SUD treatment centers and residential property values

- **Premise:** There are anecdotal claims that SUD treatment centers reduce residential property values
- **Design:** SUD treatment center locations in Seattle over time (2003 – 2018)
- **Data:** Residential property sales data obtained from the King County Department of Assessments for Seattle, WA (2003-2018)
- **Analysis:** Spatial analysis cross-sectionally and longitudinally
- **Results:**
 - Naïve assumption holds cross-sectionally: treatment centers are in lower value areas
 - **HOWEVER**, over time, there is no impact on property value for treatment centers 'entering' or 'leaving' a neighborhood

Horn, B. P., Joshi, A., & Maclean, J. C. (2021). Substance use disorder treatment centers and residential property values. *American Journal of Health Economics*, 7(2), 185-221.

Some more studies on crime

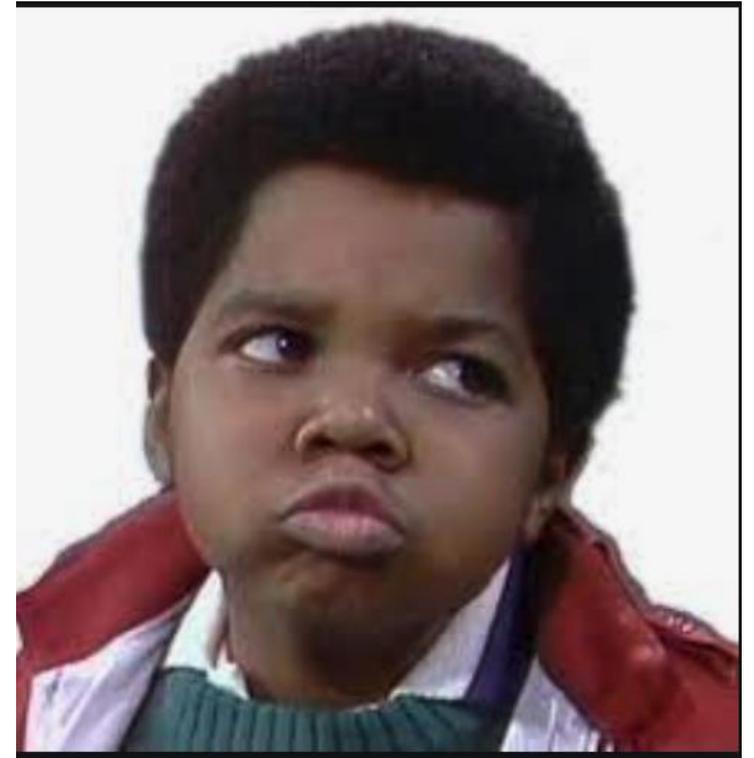
- **Hyatt et al. (2018)** found that a **negative impact** of halfway houses on crime (i.e., offenses committed within 1/8 and 1/4 mi radii around facility)
 - More crime after opening halfway house
 - Less crime after closing halfway house
- **Moyer et al. (2020)** found the presence of outpatient methadone maintenance treatments had **mixed impact** on crime (within a 200-meter radius)
 - Decrease in total crime and property crime
 - Increase in drug and violent crime
- **Bondurant et al. (2018)** found a **positive impact** of SUD treatment clinics
 - Decrease in both violent and financially motivated crimes
 - Particularly strong decrease for for relatively serious crimes

Take home messages

- **This type of research does not currently exist for RCCs**
- **Findings on crime:**
 - Not unanimous, but largely indicating that concern is not warranted
- **Findings on property:**
 - Even less research done to date on this

Different Strokes

- **Community engagement looks different in different communities**
- **Success metrics are not universal**
- **Results are driven by direct engagement at the individual organization level and the agency level**



Demographics Matter

- **Urban**
 - Urbanized area- 50,000 or more inhabitants
- **Suburban (not a census term)**
 - Micropolitan Statistical Area- between 10,000 and 50,000 inhabitants
- **Rural**
 - Less than 2500 inhabitants
- **Frontier**
 - Less than 11 inhabitants/sq mile

Engagement Strategies

- **Advisory committee / council**
- **Feedback loop**
- **Focus groups**
- **Community gate-keepers / influencers**
- **Surveys**
- **Assessments**
- **Stories**

MN Urban

- **Twin Cities Recovery Project**

- Social Wellness (TCRP Social Club)
- Street Ambassador Outreach (Naloxone Distribution)
- One-to-One Peer Recovery Coaching
- Grief & Trauma Support Workshop
- Peer-2-Peer Recovery Development Aca
- GED Test Prep & Tutoring
- HIV Education & Testing
- Advocacy with Drug Court/CPS



MN Suburban

- **Doc's Recovery House**
 - Pre-Treatment Housing
 - Post-Treatment Recovery Housing
 - Treatment Coordination
 - Peer Recovery Support
- **Community Immersion Strategy**
 - Civic clubs
 - Private Fundraising
 - Chamber of Commerce
 - State Government engagement

Doc's 
Recovery
House



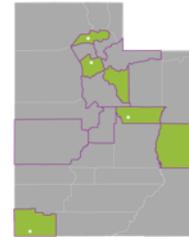
UT Urban/Suburban/Rural

- **USARA**

- Statewide- multiple offices
- Peer Recovery Support
- Family Support
- Addiction Recovery in Hospital Settings

- **Community Involvement**

- Faith Community
- County Commissioners
- Town Halls/Listening Sessions
- State Government/University engagement



USARA
Utah Support Advocates
for Recovery Awareness



Lessons Learned

- **Different Strokes for sure**
 - Culturally specific support is important
 - NIMBY melts away in person
 - **It is hard to hate up close**
 - **In each location, there was initial resistance followed by good relationships**
 - We are a long way from saturation- lots of room for more
 - “All politics is local”
 - DRH and USARA specifically engaged business community

Q&A



FACES & VOICES OF RECOVERY

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Our Programs



ARCO

Association of
Recovery
Community
Organizations



CAPRSS

Council on
Accreditation of
Peer Recovery
Support Services



NRI

National
Recovery
Institute



RDP

Recovery
Data
Platform

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