THIS IS WHO WE ARE.
RCCs in Context:

The importance of Engaging the Recovery Community

presented by

• **Joseph Hogan-Sanchez**
  • Director of Programs

• **Phil Rutherford**
  • Chief Operating Officer
• 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.

Contact Joseph Hogan-Sanchez for a copy of Developing an Accreditation System for Organizations and Programs Providing Peer Recovery Support Services
Taxonomy

- 4 Functional Areas
- 7 Core Domains
- 30 Core Standards
- 150 criteria
- Elements of Performance
**Functional Area 1: Principles**

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<td>The program incorporates key practices that support and enhance recovery.</td>
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<td>RPCC-3.0: Recovery Climate/ Environment</td>
<td>The program establishes a welcoming climate that is conducive to/facilitates personal recovery.</td>
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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

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<th>Peer Leader Development</th>
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<td><strong>PLD-2.0: Selection and Orientation</strong></td>
<td>The program has clearly defined processes for screening, selecting, and orienting peer leaders to the PRSS program.</td>
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<td><strong>PLD-3.0: Training and Development</strong></td>
<td><em>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.</em></td>
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<td><strong>PLD-4.0: Retention</strong></td>
<td><em>The program has clearly defined methods for increasing peer leader retention.</em></td>
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<td>Management Systems</td>
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<td><strong>MS-3.0: Quality Assurance</strong></td>
<td>The organization establishes ongoing, data-driven, quality assurance and improvement processes and methods.</td>
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<td><strong>MS-4.0: Peer-compatible Recordkeeping</strong></td>
<td>The organization establishes record keeping processes and methods that are compatible with peer-led efforts.</td>
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<td><strong>MS-5.0: Confidentiality of Records</strong></td>
<td>The organization establishes record keeping processes and methods that ensure compliance with state and federal regulations related to confidentiality and privacy.</td>
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<td><strong>MS-6.0: Participant Protection and Informed Consent</strong></td>
<td>The organization is committed to providing a safe, secure, and respectful environment.</td>
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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.

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<th>Peer Support Capacity: Core Competencies</th>
<th>The program uses participatory processes to assess community strengths and needs.</th>
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<td>PSCC-1.0: Determining Community Strengths and Needs</td>
<td>The program plans to offer PRSS that will have a measurable impact, based on community assets and needs.</td>
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<td>PSCC-3.0: Offering Support</td>
<td>The program is an opportunity-rich recovery environment that builds individual and community strengths (recovery capital) and addresses individual and community needs.</td>
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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 Sebora 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

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

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 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
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

https://www2.census.gov/geo/pdfs/reference/GARM/Ch12GARM.pdf
Engagement Strategies

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