

Steering Committee Members



The Steering Committee is made up of scientists, clinicians, RCC leadership and persons with lived experience from multiple organizations and institutions from across the US.

Principal Investigators:



John F.
Kelly



Bettina B.
Hoepfner



Robert D.
Ashford



Patty
McCarthy



Julia
Ojeda



Philip
Rutherford



Brandon
G.
Bergman



Lauren A.
Hoffman



Vinod
Rao



Amy A.
Mericle



Nationwide Survey of RCCs

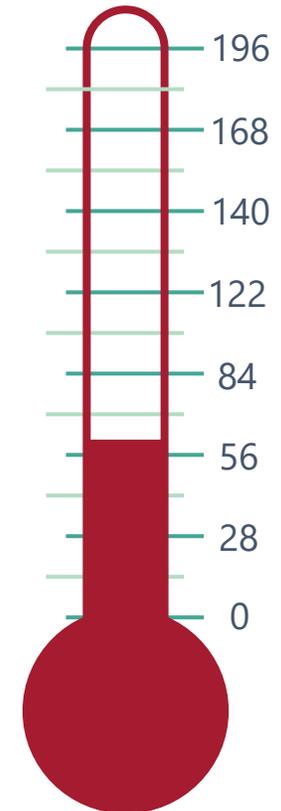


Goals of this study:

- To gain insight into the types of recovery community centers (RCCs) that exist, and the communities which they serve
- To gain feedback from RCC leadership about potential outcome measures that could be used to capture the positive impact RCCs make on the individuals and communities they serve

If your RCC has not received a link to this survey, please email us at recoveryseminars@mgh.harvard.edu or call us at (617) 724-7932 and we will send you a link.

Goal: 224 RCCs





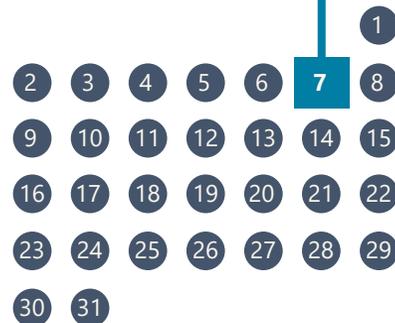
Upcoming Seminars

January: Rural RCCs

Register here: <https://partners.zoom.us/meeting/register/tZYof-2urT0iG91WivQc1wreRQGR3jV3Alch>

February: Tele-recovery

January



February



Polling Questions



A pop-up Zoom window will appear with the poll questions



You must complete all questions before clicking to submit

→ Remember to scroll down to see all the questions!



We will share the poll results after a few minutes



Your responses will remain anonymous



Pilot Studies



- **Examining Sexual Minority Engagement in Recovery Community Centers**
 - Abigail Batchelder
- **Understanding how recovery community centers impact their members' wellbeing: A pilot study using daily-diary assessments**
 - Harrington "Bo" Cleveland and Kyler Knapp
- **The Impact of Specific RCC Programs and Participation on Recovery Capital**
 - Marc Johnigan, Mark McGuire, Sheila Speckter, and Mark Thomas
- **An Examination into the use of Recovery Community Centers by Persons on MOUD**
 - Roxxanne Newman and Alexandra Collins
- **Preliminary development of a cost-effectiveness calculator for peer recovery support services and bystander naloxone distribution**
 - H. Shelton Brown and Sierra Castedo de Martell

Examining Sexual Minority Engagement in Recovery Community Centers



Abigail Batchelder
Assistant Professor at
Harvard Medical School

Understanding how recovery community centers impact their members' wellbeing: A pilot study using daily-diary assessments



Harrington "Bo" Cleveland
Professor at Pennsylvania
State University



Kyler Knapp
Doctoral Candidate at
Pennsylvania State University

The Impact of Specific RCC Programs and Participation on Recovery Capital



Marc Johnigan
President of the Twin
Cities Recovery Project



Mark McGuire
Compliance and Human
Resources at Twin Cities
Recovery Project



Sheila Speckter
Associate Professor at
the University of
Minnesota



Mark Thomas
Professor at the
University of Minnesota

An Examination into the use of Recovery Community Centers by Persons on MOUD



Roxxanne Newman
Research Assistant at Brown
School of Public Health



Alexandra Collins
Investigator at Brown
School of Public Health

Preliminary development of a cost-effectiveness calculator for peer recovery support services and bystander naloxone distribution



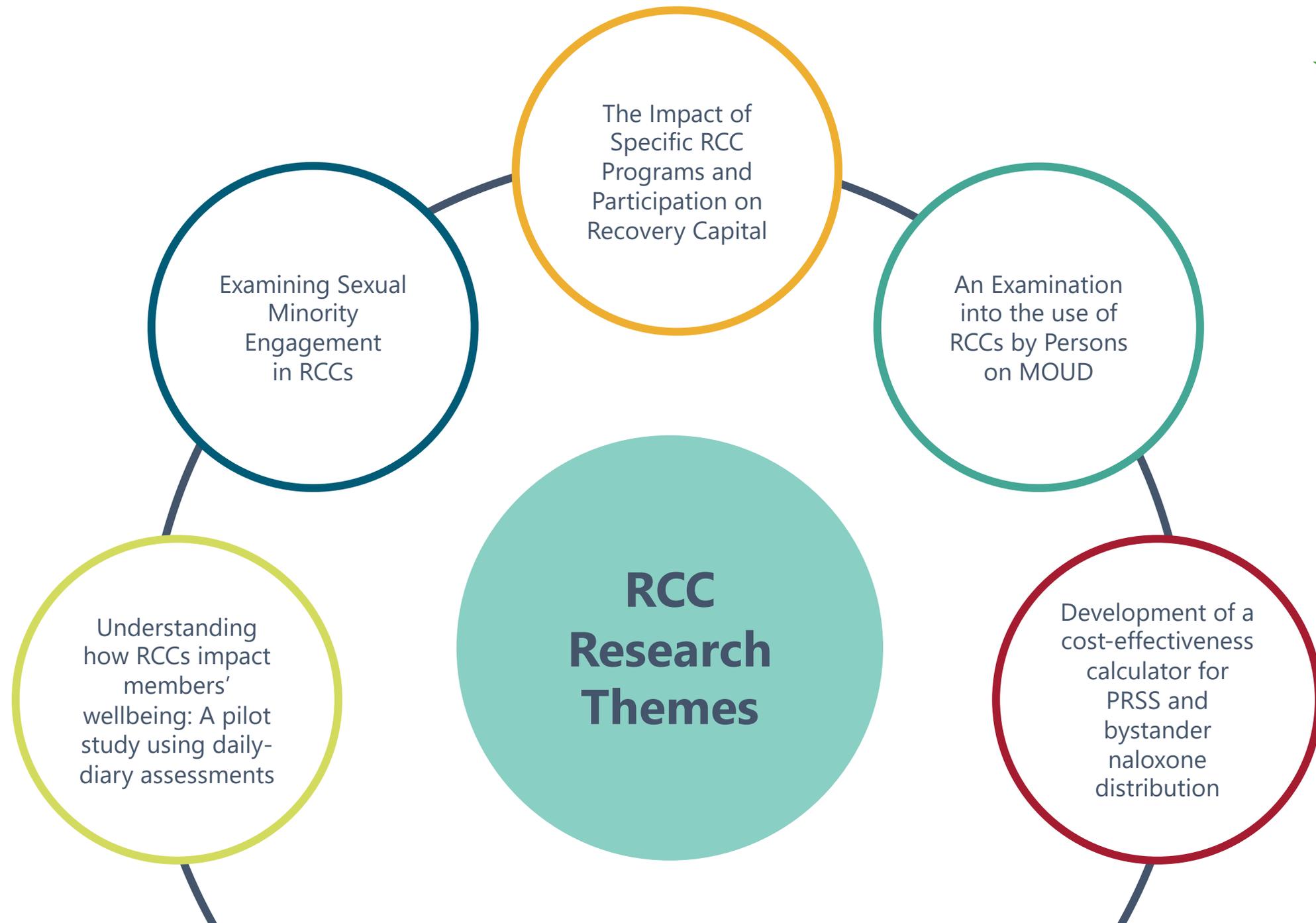
H. Shelton Brown
Associate Professor at the
University of Texas School of
Public Health



Sierra Castedo de Martell
Doctoral Candidate at the
University of Texas School of
Public Health

Brief Discussion





Funded Studies...



Include an Array of Methods

- Qualitative
- Quantitative
- Cost-effectiveness
- Standard to high temporal assessment resolution



Address Broad Range of Research Questions

- Who engages with RCCs?
- How do people use them?
- What do they get from participation?
- How cost-effective are RCCs?



Broad Thematic Focus

- Stigma/discrimination and inclusivity
- Diversity in attraction, engagement, and derived benefits (e.g, vis a vis SMs, MOUD)
- Recovery capital
- Quality of life, functioning, well-being + external



THE FENWAY INSTITUTE

Examining Sexual Minority Engagement in Recovery Community Centers

Abigail W. Batchelder, PhD, MPH

Assistant Professor, Harvard Medical School

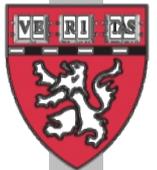
Staff Psychologist Behavioral Medicine Program, Massachusetts General Hospital

Assistant Director, Behavior Medicine for Stigma and Substance Use Research

Affiliated Investigator, The Fenway Institute

Outline of Presentation

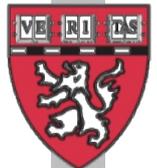
- Brief Background
- Pilot Study
- Next Steps
- Team
- Questions/Comments



Background

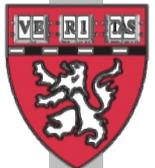


- ❑ Sexual minority individuals report more alcohol and other drug use than heterosexuals.
- ❑ While most people with alcohol and other substance use disorders do not seek treatment, even fewer sexual minority individuals seek treatment.
- ❑ However, recent findings show that >20% of those attending RCCs in the past year identified as sexual minorities:¹
 - A substantially higher prevalence than in the U.S. general population (4.5%).
- ❑ Better understanding facilitator to RCCs among sexual minority individuals may inform more effective and acceptable substance use treatment and recovery support.



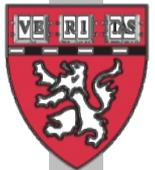
Aims

1. Secondary data analyses (R21AA022693; PI Kelly) to characterize the use of RCCs by sexual minority individuals (gay, lesbian, and bisexual individuals).
2. Conduct ≥ 30 semi-structured qualitative interviews with sexual minority individuals who report using RCCs in the northeast.
 1. We will selectively sample gay, lesbian, and bisexual-identified individuals with a range of reported primary substances used.



Aim 1: Secondary Analyses

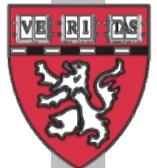
- We will conduct secondary data analyses to characterize the use of RCCs by gay, lesbian, and bisexual individuals.
- We will also examine use of RCCs by sexual minority individuals in relation to:
 - Demographic variables (e.g., race, gender, ethnicity, education, income)
 - Recovery status (in versus seeking recovery)
 - Type(s) of substance use
 - Recovery capital (e.g., employment, housing)
 - Service utilization outside of RCCs (e.g., clinically-oriented alcohol and other substance use disorder treatment)



Aim 2: Qualitative Interviews



- Conduct ≥ 30 (or until saturation is reached) semi-structured qualitative interviews with sexual minority individuals who have accessed RCCs in the northeast.
- Selectively sample gay, lesbian, and bisexual-identified individuals with a range of reported primary substances used.
- Interviews will assess sexual minority individuals' perceptions of RCCs, including:
 - Facilitators (e.g., recovery capital, self-efficacy, sense of empowerment, location of care)
 - Barriers (e.g., stigma related concerns about treatment, concerns about the treatment process, problem identification, and logistical barriers)
 - Access to other forms of AOD treatment.



Next Steps

- ❑ Results will increase our understanding of the benefits and facilitators of RCCs for sexual minority individuals.
- ❑ This information may inform future tailored prevention, intervention, and recovery support strategies to better meet the needs of this underserved patient population.



Team

- ❑ PI: Abigail W. Batchelder, PhD, MPH
Department of Psychiatry, Massachusetts General Hospital
Harvard Medical School
The Fenway Institute
- ❑ Co-I: Jillian R. Scheer, PhD
Department of Psychology, Syracuse University
- ❑ Co-I: John Kelly, PhD
Department of Psychiatry, Massachusetts General Hospital
Harvard Medical School
- ❑ Co-I: Bettina Hoepfner, PhD
Department of Psychiatry, Massachusetts General Hospital
Harvard Medical School



Thank you!

Questions/Comments?



THE FENWAY INSTITUTE



abatchelder@mgh.harvard.edu



Understanding how recovery community centers impact members' wellbeing: A pilot study using daily diary assessments

H. Harrington “Bo” Cleveland

Kyler S. Knapp

Penn State Recovery Research Group

Penn State Recovery Research Group (psurecoveryresearch@psu.edu)

- Bo Cleveland (recovery ally)
- Tim Brick (recovery ally)
- Kyler Knapp (recovery ally)
- Hannah Apsley (recovery ally)
- Erik Dolgoff (long-term recovery)
- Eric Harrison (long-term recovery)
- Wen Ren (recovery ally)
- Sam Stull (long-term recovery)



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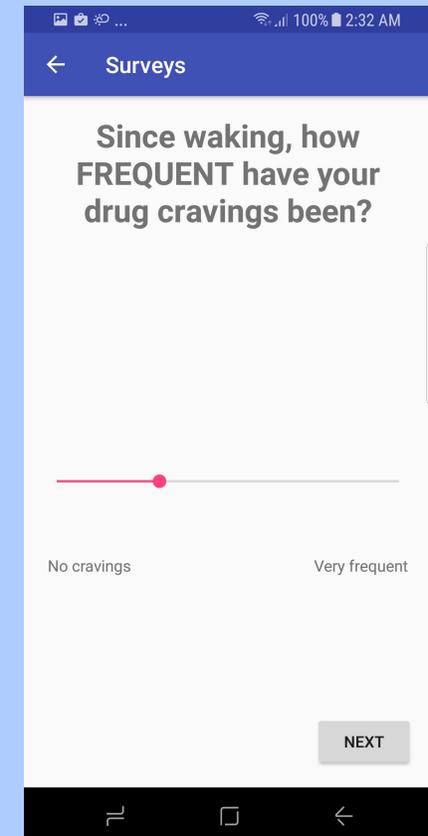
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Our Approach to Studying Recovery



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- Informed by definitions of recovery that posit that it is an individualized and dynamic process of sustaining wellbeing
- Uses smartphones to gather intensive longitudinal data (ILD) on daily challenges to recovery and how individuals sustain wellbeing



Prior Intensive Longitudinal Projects

Treatment Context

Emotional and Physiological Regulation during Opioid Dependence Treatment. Caron Treatment Facility
12 days of 4 times a day EMA assessments (N= 73, 70% compliance)

Impact of GLP-1 Agonist on Craving in Opioid Use Disorder Treatment. Caron Treatment Facility
12 days of 4 times a day EMA assessments (In Progress)

Recovery Context

Recovery Support within a Collegiate Recovery Community. Texas Tech University
21 days of end-of-day surveys (N = 50, GT 90% compliance)

Daily Work and Support in Recovery Residences. RASE Project Central PA
10 and 21 days of 3 times a day surveys (in Progress; current N = 6, ~65-75% compliance)



The Current Project

Goal: Partner with Pennsylvania RCCs to develop data instruments and collection procedures to assess impact of RCCs on members' daily experiences

Target: ~30-35 RCC members and 10-20 comparison participants without access to RCCs.

General Design:

- Baseline information (e.g., demographics, recovery histories)
- Smartphone Data Collection (e.g., craving, mood, experiences at the RCC)



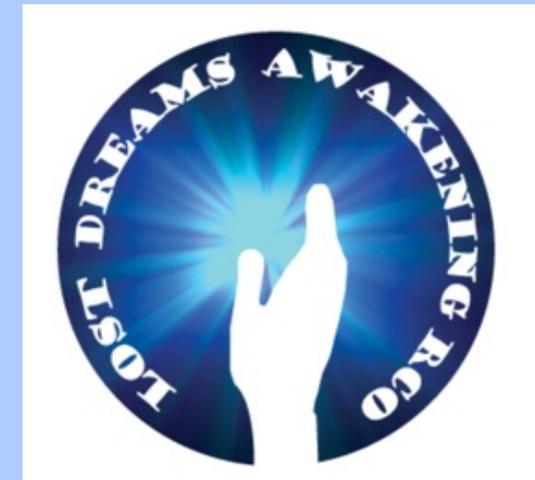
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Recovery Community Center Partners

The **Recovery Advocacy Support and Empowerment (RASE) Project** (Harrisburg, PA) offers multiple recovery-related services, including advocacy, sober-living housing, MAT, life skills classes and social events. RASE manages two recovery community centers in York and Lancaster Counties in Central Pennsylvania. Supports MAT/MOUD pathways.



Lost Dreams Awakening (New Kensington, PA) provides training for recovery coaches, education about recovery capital, and other recovery-related trainings for individuals, businesses and nonprofits. LDA's RCC hosts education programs and support services, such as mutual help support meetings and organized social activities. Provides MAT/MOUD support.





Specific Goals

Goal 1: Develop baseline and daily survey instruments for RCC context

Primary Strategy: Leverage expertise of RCC staff and members to select constructs and develop surveys instruments to fit context and population.

Goal 2: Collect data and assess quality

Primary Strategy: Evaluate response rate, instrument reliability, and associations between members' RCC experiences and their associations with wellbeing

Goal 3: Determine value of assessments for RCC programming decisions

Primary Strategy: Share findings with staff and members and gather feedback on their ability to deliver insights on RCC programming and environment



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Thank You!

Questions?

More Questions?

PSUrecoveryresearch@psu.edu

The Impact of Specific RCC Programs and Participation on Recovery Capital in the African American Community

Marc Johnigan: President and CEO; Twin Cities Recovery Project

Sheila Specker, MD: Associate Professor; Department of Psychiatry; University of Minnesota

Mark Thomas, PhD: Professor; Department of Neuroscience; Director, Medical Discovery Team on Addiction, University of Minnesota

Collaborative study:

Twin Cities Recovery Project

Univ. of Minnesota- Medical Discovery Team on Addiction

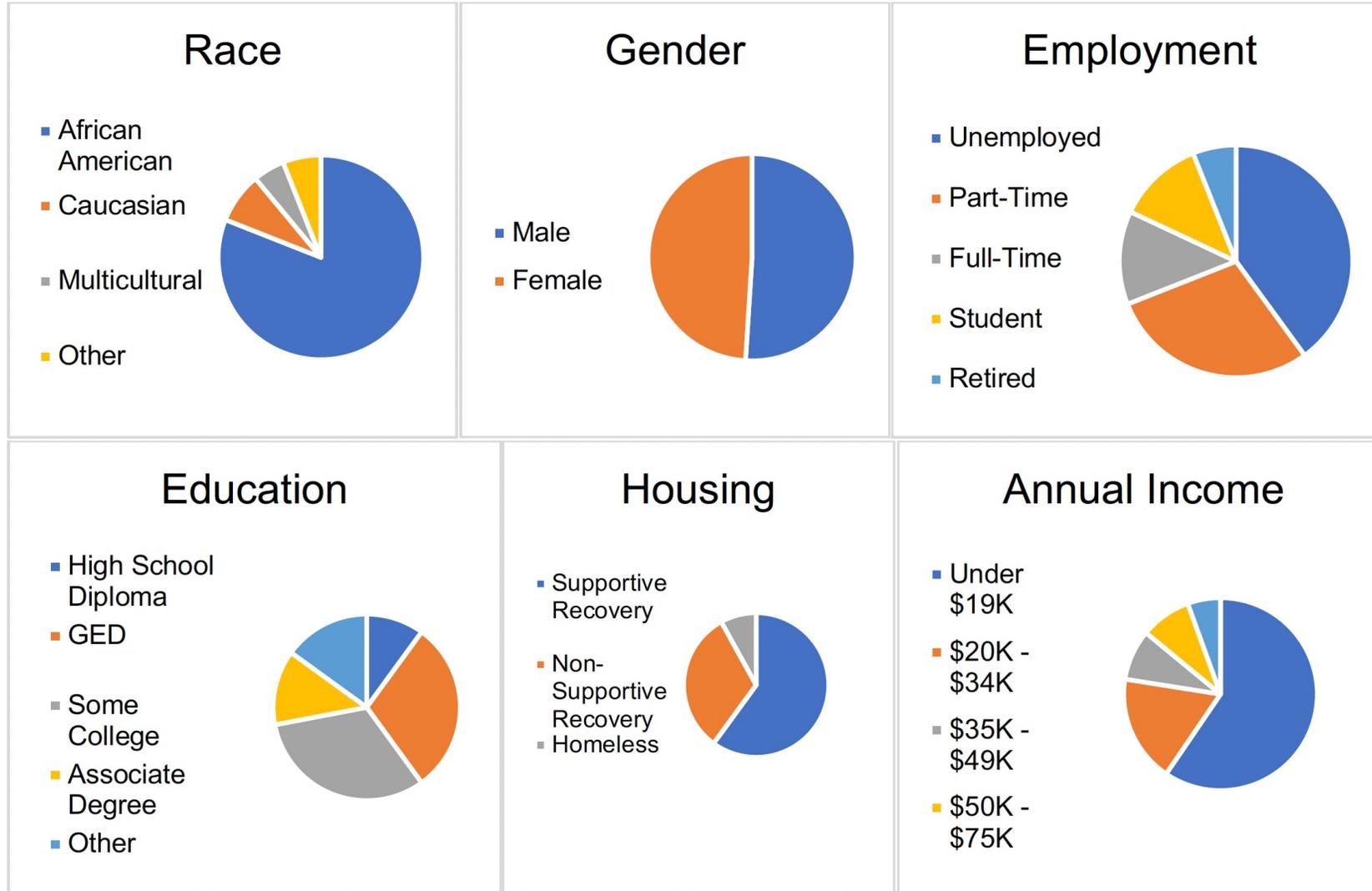
This study will follow participants in a single program over time to determine how recovery capital changes with participation in specific programs provided by the Twin Cities Recovery Project, a successful RCC serving the Minneapolis-St Paul metro area that has a strong national reputation for its service model in the Black Community.

Twin Cities Recovery Project (TCRP)

Recovery Community Organization

- RCO in Minneapolis, MN offering multiple services to support those in recovery with a primary focus on the African American community
- Mission statement: to assist and support those suffering from SUD in their transition toward lifestyles of health and productivity by offering a drug free environment, as well as resources to develop healthy, positive relationships enabling individuals to become productive members of society
- TCRP staff includes Certified Peer Recovery Specialists/Recovery Coaches (CPRS) from various backgrounds, and we are structured to ensure that everyone looking for help in their recovery or assistance in navigating community resources can be paired with a Recovery Coach.
- In 2020 TCRP served 3,205 individuals

Twin Cities Recovery Project (TCRP) Participant Demographics - 2020



TCRP Services

- 1-to-1 recovery coaching to provide aid with recovery support, education, employment, housing, or other barriers that people face in early recovery
- Free GED tutoring
- Peer-2-Peer Recovery Development Academy
- CPRS certification exam study group
- Monthly CPRS Alumni Support Group
- Multiple recovery support groups are hosted at TCRP weekly
- 8-week Grief and Trauma Support Group
- Community Safety Initiative to decrease gun violence/domestic violence
- Street Outreach Team
- Naloxone Training
- Weekly Social Club night and monthly social wellness events
- Mental Health support and referrals to mental health resources
- HIV testing

Project Specific Aims

Aim 1: Determine the impact of TCRP programs and services on the recovery capital of participants

- Collect demographics, substance use history, and administer the “Assessment of Recovery Capital” survey to new participants at TCRP.
- Assess the initial recovery capital of TCRP participants.
- Participants will receive a follow-up assessment at 90 days to determine the impact of TCRP services on recovery capital over time.

Aim 2: Identify barriers to continuing participation and engagement with RCO activities

Data will be used to assess current programs and identify needs and refinements for improving RCC performance in general and for culturally specific communities.

“An Examination into the use of Recovery Community Centers by People on MOUD”

Roxanne Newman, MA and Alexandra Collins, PhD
Brown University School of Public Health
December 3, 2021



people
place &
health
collective



BROWN
School of Public Health





**We are a public health
research collective at the
Brown University School of
Public Health**

Established in Feb 2021

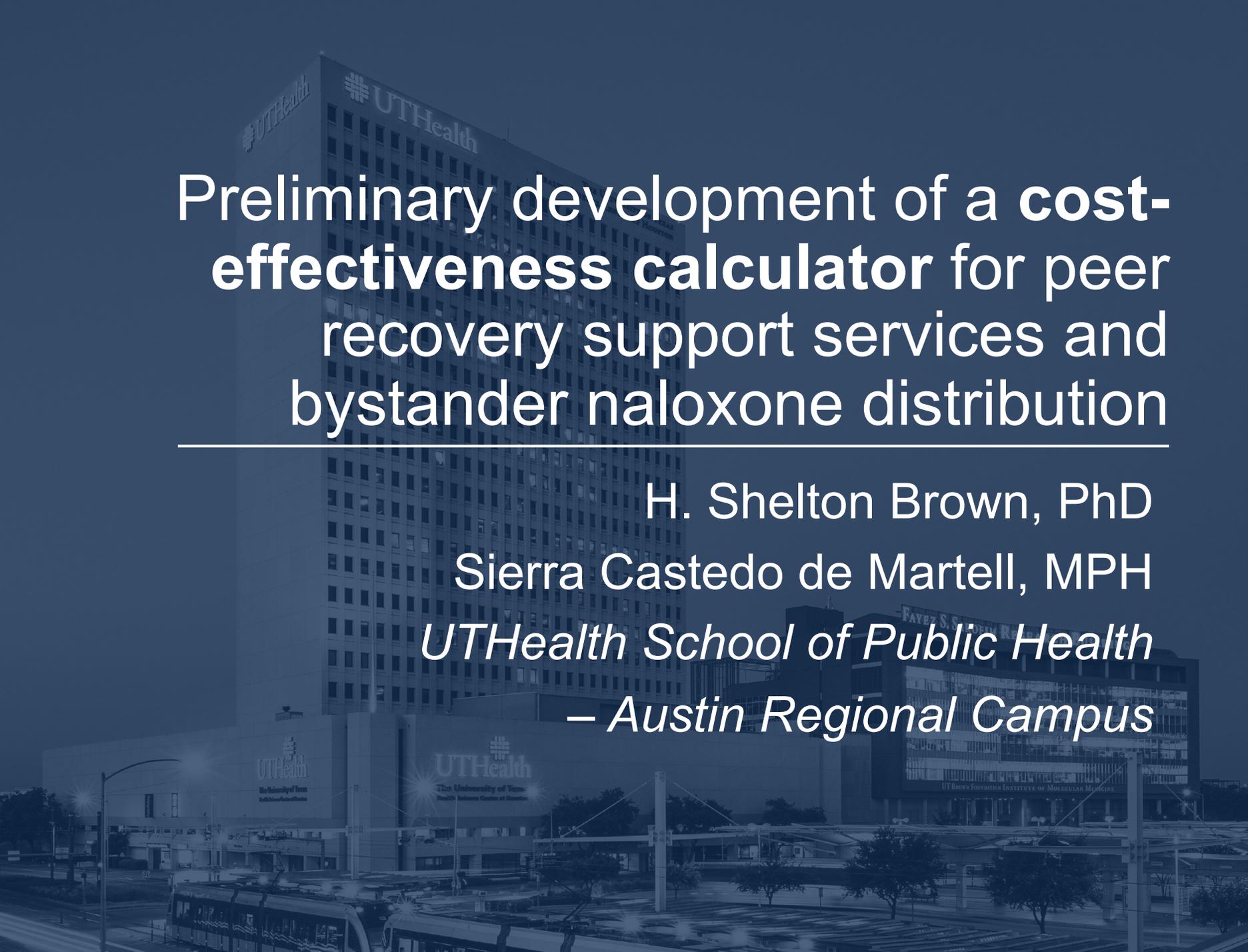
Project Background

- Recovery Community Center (RCC) engagement has been linked with a range of positive health outcomes (e.g., increased recovery capital, reductions in substance use, quality of life improvements)
- Despite these benefits, RCC utilization among people on medications for opioid use disorder (MOUD) is significantly lower than people engaged in non-medication-based recovery (e.g., 12-step)
- Understanding variations in RCC uptake among people on MOUD is important to addressing potential barriers to engagement in these services

Aims & Methods

Aim: To explore the use of RCCs by people on MOUD and barriers and facilitators to RCC engagement among this population in Rhode Island

- Qualitative interviews will be conducted with people on MOUD (n=20)
 - Half of participants (n=10) will be people on MOUD who attend RCCs and half will be people who do not utilized RCCs
- Brief surveys will be conducted with all participants (n=20) to collect demographic information (e.g., MOUD type, recovery status, gender, sexual orientation)



Preliminary development of a **cost-effectiveness calculator** for peer recovery support services and bystander naloxone distribution

H. Shelton Brown, PhD

Sierra Castedo de Martell, MPH

UTHealth School of Public Health

– Austin Regional Campus

The image shows a vertical strip on the left side of the slide. It features a dark blue background with a grid of windows from a building. The 'UTHealth' logo is visible at the top and bottom of this strip. The main content of the slide is on the right, with a white background.

What we plan to do

Multi-faceted calculator for community decision-making is the ultimate goal.

Cost-effectiveness = cost of the intervention for every unit of health benefit (like cost per ounce at the grocery store).

We're starting with...

- Long-term PRSS in RCCs
 - Calculator component and cost-effectiveness analysis
- Bystander naloxone distribution in RCCs
 - Calculator component only
- Workshopping, feedback from two local RCCs
 - Thank you Communities for Recovery and RecoveryATX!

A vertical strip on the left side of the slide shows a tall, modern building with many windows. The top of the building has the "UTHealth" logo and name. The bottom of the strip shows a lower part of the building with the "UTHealth" logo and "The University of Texas Health Science Center at Houston" text.

Examples – past work

- Physical Activity in Schools – Shelton (polished, web-based tool)

(Sharing from our computer)

Examples – past work

- Cost-effectiveness calculator for collegiate recovery programs - Sierra (Excel-based, will be in final product but as web-based version)
 - <https://collegiaterecovery.org/media/>

	A	B	C	D	E	F	G
1	Cost-Effectiveness Toolkit for Collegiate Recovery Programs						Updated 6/23/2019
2	By Sierra Castedo, 2019				Reference:	Castedo de Martell, S. (2019). <i>Cost-Effectiveness</i>	
3	Correspondence to: sierra.j.castedodemartell@uth.tmc.edu				Available at:	https://digitalcommons.library.tmc.edu/cgi/view	
4							
5							
6	Model 1 - Societal Perspective		USER SUPPLIED DATA				
7	Variable Name	Description	Single Point Parameter	Source of Base Model Estimate	RESULT TYPE	RESULTS	
8	Total Cost to Society	The portion of the total cost (Surgeon General's Report) to society of SUD in Target Population (college students; SAMHSA, 2017)	\$ 23,019,898,477.16	(Sacks et al, 2015; NDIC, 2011; HHS, 2016; CBHSQ, 2018)	Total cost to society	\$ 23,019,898,477.16	
9	Incremental Cost to Society	Cost to society per college student with SUD, or C/(number of students w SUD)	\$ 22,436.55	(above references & CBHSQ, 2018)	Total cost with CRP	\$ 23,019,795,583.76	
10	CRP Budget	Enter your CRP's Budget	\$ 200,000.00	(Jones and Eisenhart, 2016)	Incremental cost	-\$102,893.40	
11	CRP Membership	Enter the number of students that regularly participate in your CRP or are listed as CRP members.	15	(Transforming Youth Recovery, 2018)	Incremental effect	25.2	
12	Relapse Rate	**Note: use 1 - Relapse Rate. May use your own institution's rates or national average.	90%	(Laudet et al, 2015)	Incremental Cost Effectiveness Ratio (ICER) - Cost per quality-adjusted life year gained.	-\$4,083.07	

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Additional feedback or questions?

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