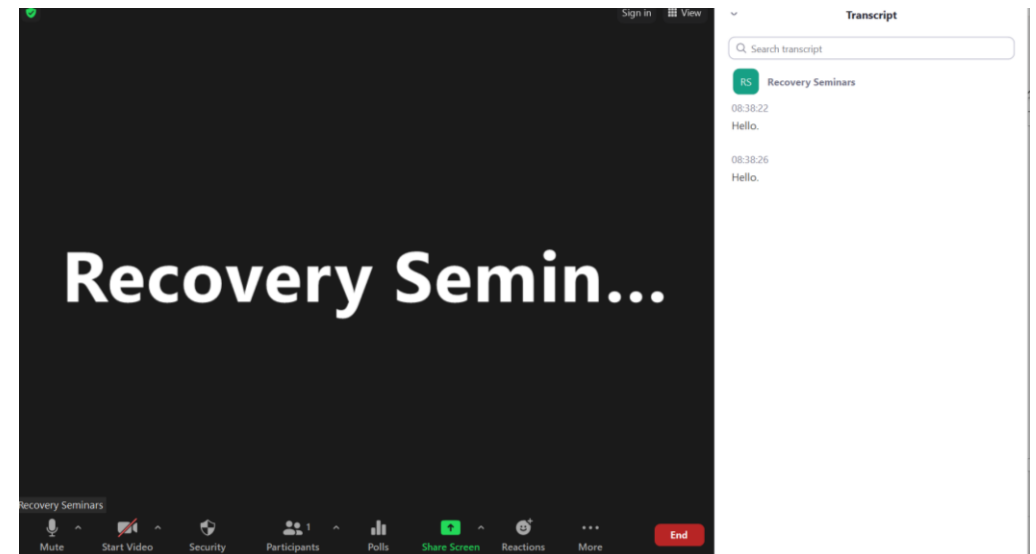
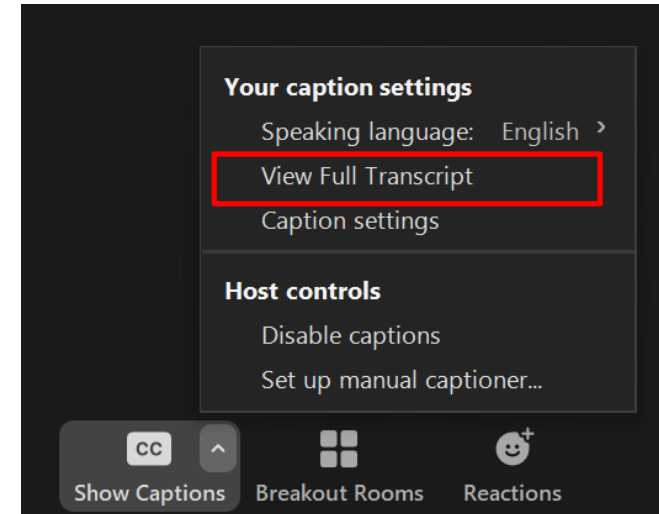


# Closed Captions



- For this seminar we are using Zoom's **automatic captions**.
- These should automatically appear at the bottom of your screen.
- The full transcript of the captions can also be opened on the sidebar:
  - Click the **"Closed Captions"** button at the bottom of the Zoom window and select the **"Show Full Transcript"** option:



# 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. Hoeppe



Robert D. Ashford



Patty McCarthy



Julia Ojeda



Philip Rutherford



Brandon G. Bergman



Lauren A. Hoffman



Vinod Rao



Amy A. Mericle

# The Consortium on Addiction Recovery Science (CoARS)

(<https://www.recoveryanswers.org/coars/>)



## CoARS collective mission:

(PI: Aaron Hogue, Partnership to End Addiction - <https://drugfree.org/staff/aaron-hogue/>)

To advance the science on recovery support services through research networking, training and mentoring students and early career scientists, and building community partnerships.

### ○ Work groups and Seminars

- Monthly webinar series on recovery housing (presented by the I-STARR team): **Next one:** “Establishing an Evidence Base for MOUD in Recovery Housing” **May 7, 2024, 2pm EST** (<https://istarr.org.org/webinars-training/>)
- Diversity and Disparities Meeting, occur every fourth Monday: **Next one: January 22nd, 12PM EST**
- Peer Recovery Support Services (PRSS) Forum Session: **December 7th, 2023, 1PM PT** (Learn more and register here: <https://www.jeapinitiative.org/prss-forums/>)

### ○ Postdoctoral fellowship positions

- Emerging adults, UConn - contact Kristyn Zajac ([zajac@uchc.edu](mailto:zajac@uchc.edu)); for details: <https://health.uconn.edu/contingency-management/wp-content/uploads/sites/119/2023/01/CHEARR-Post-doc-flyer-FINAL1-1.pdf>

### ○ CHEARR Young Adults in Recovery Community Board

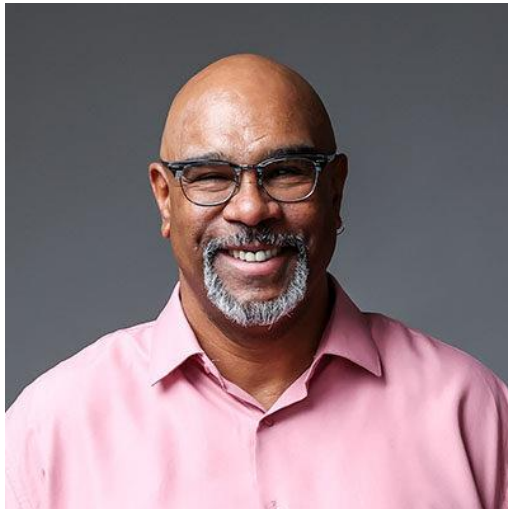
- Looking for young adults (ages 18-28) who are in recovery and have lived experience receiving treatment involving medications for opioid use disorder. <https://chearr.org/#community-boards>



# RCC Live Feature



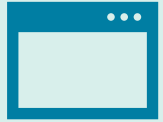
We are featuring a different RCC at the start of each of our seminars in order to allow all participants to learn first-hand about RCCs



**Brian Robbins**  
Recovery Community Center  
Program Manger, Recovery Coach  
Professional (RCP), Recovery  
Coach Professional Facilitator  
(RCPF)



# 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



# Presenter

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**Dr. Kenneth Smith**

Assistant Professor of Public Health, University of  
Tennessee, Knoxville



# Science that is needed to Support Unlocking the Potential of Recovery Community Centers

12/1/23

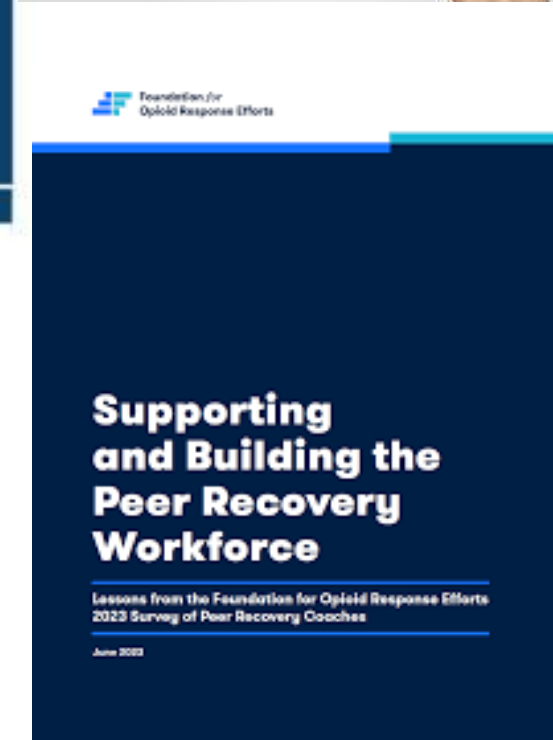


THE UNIVERSITY OF  
**TENNESSEE**  
KNOXVILLE



# Background

- FVR Position Paper: What is the best method for reimbursement?
- Need for broad systems change
- Limits on the ability of peer workers to implement PRSS at optimal levels
- Importance of protecting model fidelity
- Greater concern for the peer workforce
- Peer workers and recovery-centered organizations have a role to play
- Need for multi-sectoral collaboration, particularly with public health





# What do we know?

## What don't we know that should be the subject of investigation?



PSE &  
Social Movements  
in Health



Systems  
Thinking



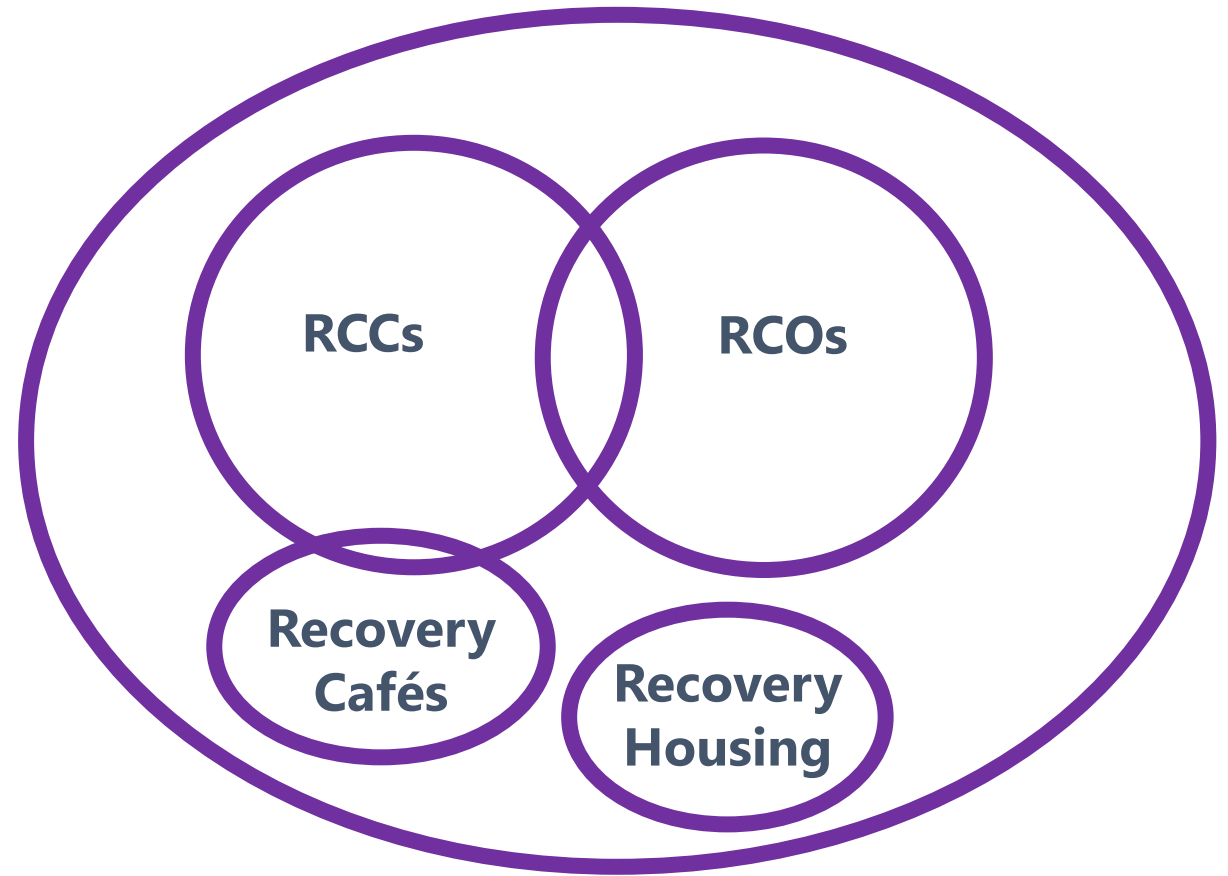
Leadership &  
Strategic  
Decision-Making



Economics

# Nomenclature

- RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery, including people in recovery from substance use disorders, their families, friends, and allies
- RCCs are peer-operated centers that serve as local resources of community-based recovery support, offering a range of services such as advocacy, education, social activities, and mutual aid
- Both employ peer recovery workers and deliver peer recovery support services



**Recovery-Centered Organizations  
(R-COs)**

# 1. Workforce, Settings, and Outcomes

- PRSS have been shown to have positive effects on recovery outcomes, such as reduced substance use, increased recovery capital, improved quality of life, and enhanced social support
- Delivered in settings across the care continuum
- Workplace factors influence the delivery and outcomes of PRSS
- Organizational culture, model fidelity
- Job scope, role clarity, supervision
- Demand, Control, Support
- Stress, precarity, job satisfaction
- Turnover, job performance, quality of PRSS



# 1. Workforce, Settings, and Outcomes

- What role does the setting have on the quality and outcomes of PRSS, and what are the best practices and strategies to optimize them?
- How do R-COs compare to other settings in terms of PRSS delivery and outcomes, and what are R-COs unique benefits and challenges?
- How can R-COs collaborate and coordinate among themselves and with other settings and stakeholders to enhance the continuum of care and recovery support?
- Is there a way to use matching models to tease out differences in PRSS quality and outcomes by setting or model fidelity?
- Are some outcomes more prioritized in some settings than others, and what are the implications of this?



## 2. Measurement and Mechanism of PRSS

- PRSS impact outcomes for program participants through various pathways, such as enhancing motivation, self-efficacy, coping skills, social support, and recovery capital
- PRSS can also impact peer workers themselves, such as increasing their employment, income, well-being, and recovery maintenance
- Or it could cause stress, burnout, or compassion fatigue





## 2. Measurement and Mechanism of PRSS

- What are the relative magnitudes of the effects of these components on PRSS quality and recovery outcomes?
- What metrics best capture the relational aspects of the peer-participant dyad? How can we capture their effect on outcomes?
- How much does self-disclosure make a difference on PRSS quality and recovery outcomes? What about empathic communication?
- Conceptually, how do workplace characteristics ultimately lead to low quality PRSS and poor recovery outcomes?
- What are the long-term effects on peer recovery workers themselves of the peer-participant relationship?



# 3. Community Recovery and RCC

- RCCs aim to foster a culture of recovery, reduce stigma and discrimination, and promote inclusion in a supportive recovery community
- RCCs offer a stigma-free environment for people entering recovery to be a part of community through events and programs
- R-CO-delivered PRSS is not only an individual-level intervention, but also a community-level intervention that
- Enhances social capital and civic engagement
- Improves public safety and quality of life
- Peer workers build networks of trusting relationships
- These improve social cohesion, a HP2030 goal



# 3. Community Recovery and RCC

- RCCs may have positive effects on community health
- Reduced substance use and related harms; increased access and utilization of recovery support services
- But what about other non-recovery outcomes?
- Enhancing social capital and civic engagement
- Improving public safety and quality of life
- The evidence base for community-level effects of PRSS and RCCs is still scarce and weak
- More rigorous and comprehensive research is needed to measure and evaluate community-level outcomes and impacts of PRSS and RCC



# 3. Community Recovery and RCCs



- More rigorous and comprehensive research is needed to measure and evaluate community-level outcomes and impacts of PRSS and RCC.
- What are the most relevant and meaningful community-level outcomes and indicators for PRSS and RCCs, and what are the best methods and tools to measure and evaluate them?
- How do PRSS and RCCs impact community health and well-being beyond recovery outcomes, and what are the mechanisms and pathways involved?
- How do community-level factors influence the delivery and outcomes of PRSS and RCCs, and what are the best practices and strategies to address them?
- How can PRSS and RCCs collaborate and coordinate with other community-level stakeholders and systems, such as local governments, health and social services, law enforcement, and education, and what are the benefits and challenges of such collaboration?



# 4. RCCs and Strategic Decisions

- RCCs are often created and operated by existing nonprofits, such as RCOs, or by social entrepreneurs, who see a need and opportunity for recovery support in their communities
- RCCs are usually located in areas that have high rates of substance use and related problems
- RCCs provide a variety of services and programs that can be tailored to the needs and preferences of their target populations, such as youth, women, veterans, rural residents, or LGBTQ+





# 4. RCCs and Strategic Decisions



- How do RCCs assess and respond to the changing needs and characteristics of their communities, and how do they adapt and innovate their services and programs accordingly?
- How do RCCs balance the trade-offs between accessibility and quality of services, and what are the best practices and strategies to optimize them?
- How do RCCs leverage and diversify their funding and resources, and what are the opportunities and challenges of different funding sources and models?



# 5. RCCs and Leadership

- R-COs emerged as a part of the New Recovery Advocacy Movement
- The movement has transformed society. Considering where we were 20+ years ago.
- Is there still a movement?
- Is it experiencing policy inertia?
- Or a collection of nonprofit organizations subject to the same organizational and market dynamics as the non-profit sector?
- Will PRSS become an adjunct of the medical system and lose its mutual aid orientation?
- What role will RCC leadership play in avoiding that risk and addressing some of the issues uncovered in the FVR report?



# Discussants

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**Sarah Duffy, Ph.D.**

Associate Director, Economics Research,  
Division of Epidemiology, Services, and  
Prevention Research, National Institute  
on Drug Abuse.



**Brian Robbins**

Recovery Community Center  
Program Manager, Recovery Coach  
Professional (RCP), Recovery  
Coach Professional Facilitator  
(RCPF)

# Thank you – and see you soon!



- **The seminar series will be on winter break until February 2024. Register below!**
- **Seminar 31:**
  - Title: **New studies on RCCs: Introducing our newly funded pilot study projects**
  - Presenter: **TBD**
  - RCC Live Feature: **TBD**
  - Date: **Friday, February 2, 2024, at 12:00 PM ET**
  - [Register here!](#)

