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:
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. Hoeppner
- Patty McCarthy
- Julia Ojeda
- Philip Rutherford
- Robert D. Ashford
- Amy A. Mericle
- Brandon G. Bergman
- Lauren A. Hoffman
- Vinod Rao
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.arg.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); 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
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 Manager, Recovery Coach Professional (RCP), Recovery Coach Professional Facilitator (RCPF)

Located in: Hartford, CT
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.
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
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
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

- RCOs 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

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!](#)