

A Community-Based Strategy to Advance Substance Use Recovery

November, 2020

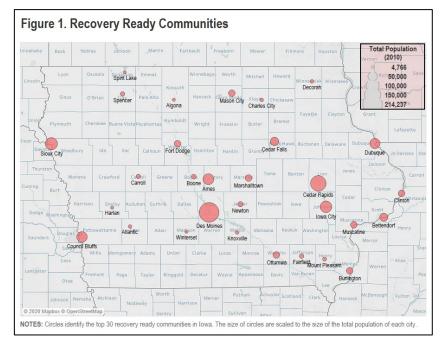
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Building Recovery Iowa

Recovery Community Centers (RCCs) are a low-cost, member driven, voluntarist, locally managed, and community-based intervention aimed at supporting sustainable recovery for people with substance use disorder, or SUD. RCCs link people to existing community recovery resources and services and promote a vibrant recovery culture by offering a physical community center where people in recovery can visit, engage with others in recovery, and learn about support services and health resources. This approach is validated by academic studies and is promoted by the SUD community and public health officials. However, finding the right communities for RCC development in lowa has proven difficult: lowa is one of just five states in the U.S. that has yet to adopt the recovery community model.¹



Which Iowa communities are best positioned to support a Community Center? To answer this question, we reviewed scientific literature on substance use recovery and engaged key stakeholders who work directly with the SUD population in Iowa understand what kinds communities are most conducive to SUD recovery. Based on what we learned, we identified 17 unique community-based resources associated with successful RCC development and collected nearly 16,000 resource data points across almost all of Iowa's 944 cities and towns. These efforts culminated in the development of a novel Recovery Ready Community Index (RRCI), a way to measure the breadth and

depth of local recovery infrastructure and the size and strength of the local substance use recovery culture. (For a visual overview of the results by the four recovery domains, see Figures 4 and 5). We then analyzed index results to identify the thirty highest value, 'Recovery Ready' communities in lowa based on this index. These results are visualized in Figure 1². The size of the circle for each community reflects the community's overall population.

lowa's Recovery Ready Communities are located in every region of the state and include a diversity of cities from major metropolitan areas, micropolitan areas, and communities of less than 10,000 residents. Each town had at least nine of the 17 types of recovery infrastructure assessed, which can be leveraged to enhance the chances of sustainable recovery. We recommend that future work to develop Recovery Community Centers in lowa target the communities identified in Figure 1 for detailed community profiling, outreach, and engagement. We believe each of these communities can benefit from, and also be a benefit to, a Recovery Community Center and its members. You can learn more about the RRCI in the detailed report titled "The Recovery Ready Community Index: A Public Health Assessment Tool".

¹ Iowa did see the opening of two collegiate recovery centers in 2018, but does not have a formal RCO/RCC network.

² First Tier: Sioux City, Mason City, Fort Dodge, Dubuque, Ames, Iowa City, Ottumwa, Council Bluffs, Marshalltown, Cedar Rapids. Second Tier: Atlantic, Carroll, Decorah, Clinton, Muscatine, Fairfield, Bettendorf, Harlan, Boone, Spencer. Third Tier: Burlington, Knoxville, Charles City, Winterset, Spirit Lake, Newton, Algona, Cedar Falls, Des Moines, Mount Pleasant.

Community Engagement Strategy

Identifying 'Recovery Ready' communities helps us to know where to focus RCC development. But this still leaves open another important question: What are the necessary steps, or sequence of actions, to produce a sustainable community-based recovery center? More to the point, how does a successful RCC get started, and under what conditions? To answer these questions, our team sought advice from recovery community leaders across the country to learn about their organizations' founding stories, funding models, management and staffing structures, and community engagement activities.

To identify national recovery community leaders, our team needed a national registry

Figure 2. Location of Interview Participants

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of RCCs and RCOs, from which to recruit participants to join our study. Because a comprehensive list doesn't exist,³ we conducted a national data scan that produced, to the best of our knowledge, the most comprehensive national registry of community-based recovery centers and organizations in the country. The registry includes contact information for 169 RCCs and 152 RCOs spanning 45 states and the District of Columbia.⁴ We conducted interviews with the leaders of 27 Recovery Community Centers and Recovery Community Organizations operating in 24 states (see Figure 2).

National and local recovery community directors shared stories of their organizations' founding experiences (what worked, what didn't, and why they were successful), their business models, and ultimately, advice about how to bring this framework of SUD recovery to Iowa. Our research indicates that RCCs emerge in a variety of ways and in quite different community contexts. Among those we interviewed, there was no single, best way to found a recovery center. Instead, sustainable, community-based SUD recovery ecosystems have emerged in a variety of places and conditions, which we highlight in the companion report titled "A Recovery Community Guide for Public Health" and supporting documents. The report also contains recommendations for reducing the triggers for relapse and substance use initiation in Iowa due to trauma, stigma, economic vulnerability and social isolation.

Images of Recovery Community Centers Participating in This Study







³ A partial registry was culled from contact information provided by the national RCC member association, ARCO

⁴ Some RCCs also function as an RCO. In these instances, a single organization is considered both an RCC and an RCO.

Recommendations from Recovery Community Leaders

"What setbacks did you face in founding the RCC or have you faced in the recent past?"

Near the end of each interview, we asked this question of recovery community leadership, which elicited frank and helpful advice. Some setbacks were logistical and unplanned—like the rent rising too quickly or losing a valuable member of the leadership team to retirement—but many setbacks were communicated to us as things we should consider in developing a recovery network in lowa. Below, we present eight themes, or guiding principles, that emerged from the advice we received from the leaders of successful recovery communities.

Figure 3. Advice from National and Local Recovery Community Leaders



Use Recovery-Specific Language

Language is important, and recovery organizations should use recovery-specific language in their work, communications, and mission. Recovery requires a longer-term commitment than treatment, and must be presented to the community, funders, and people in recovery with the correct and specific language.



Create Allies, Not Competitors

Make the treatment community and those working locally in recovery services strong allies through outreach, human connection, and good marketing. "We don't compete, as an RCC, we should be a center, kinda like Switzerland. We have to be a place for the community to come



Market Recovery to Communities

Engage in outreach with the community early and often. This can help to avoid a "not in my backyard" mentality and work to establish a trusting, positive foothold in the local recovery community and wider community.



Pay Recovery Staff

Volunteers are an important part of the recovery community, but a core paid staff is necessary for an efficient and effective recovery network. Paid staff can be held accountable for work and progress within an organization. Additionally, paying staff improves the economic well-being of people in recovery.



Curb Certifications

Certifications for peers support specialists and recovery coaches professionalize their positions in the recovery world.

However, be careful of overcertification, as time spent in development takes away from the hands-on work of recovery. Certifications should assure the individual can support others in recovery.



Allow for Holistic Funding Models

Avoid fee-for-service or forprofit funding models. Find a funding model that allows for a holistic and personalized approach to recovery. Progress toward recovery must be understood as an individualized, unique path, and a recovery network needs to be able to meet each individual in as many different ways as they need.



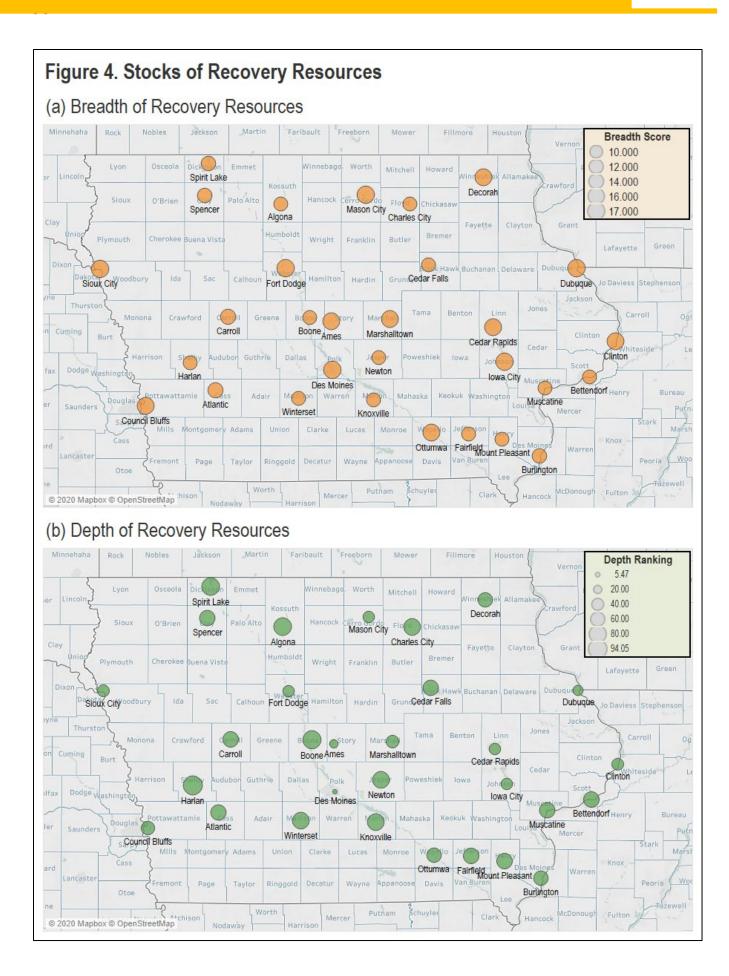
Move at the Speed of Trust

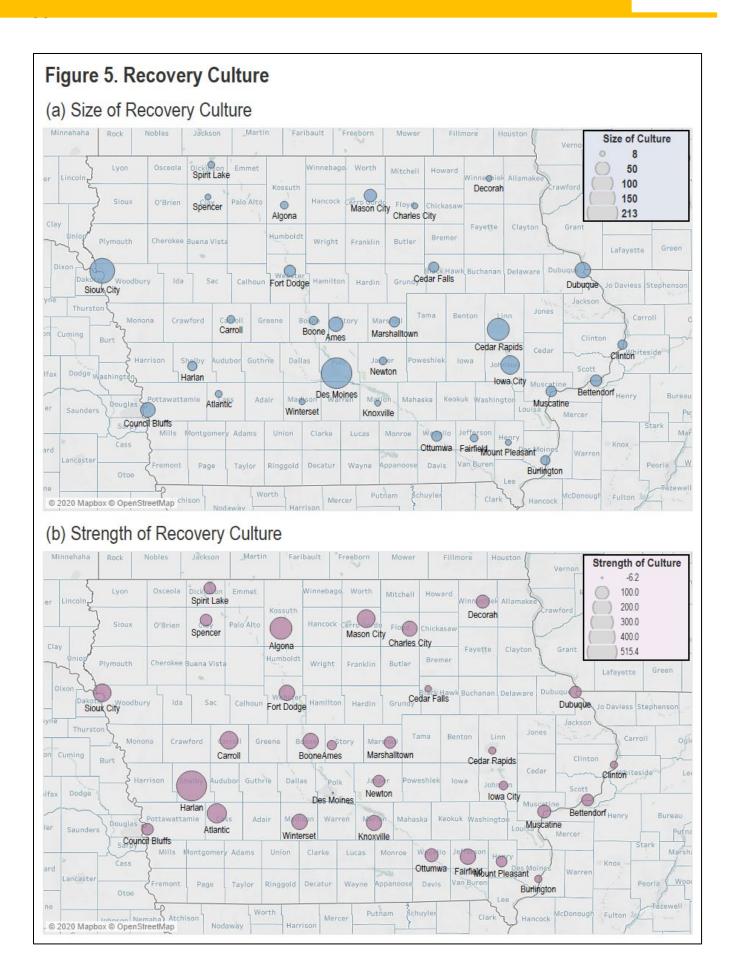
The beginning of an RCC or RCO is an exciting time filled with possibilities. Take time to deliberately assess the capacity of a new organization and develop an initial portfolio that is realistic and achievable. Take the time to do the thinking and engage the energy required to build a robust organization with a solid foundation.



Be Open to Different Pathways

RCOs and RCCs should support a large variety of pathways to recovery. "Recovery should be like a buffet. Everything should be available in portions than an individual wants." Success for the recovery community rests on the ability of the RCC or RCO to open and support many individual pathways to recovery.





Next Steps

We recommend a series of 'next steps' to further support substance use recovery in lowa. Our recommendations flow from advice we received from national experts working in recovery community activities, the scientific literature, and our expertise and insights from working with lowa communities and people who use drugs. Driving our recommendations is a commitment to facilitate the creation of a self-sustaining, statewide network of Recovery Community Centers in lowa.

- Create detailed community profiles of a subset of candidate communities identified in Figure 1. These
 profiles should provide a rich description of the composition of the communities, including their social,
 economic, demographic, and cultural characteristics, with special attention to characteristics that support
 substance use recovery. The 30 recovery ready communities are described in more detail in the "The
 Recovery Ready Community Index: A Public Health Assessment Tool" report.
- Target three to six of the towns for community engagement via workshops and learning sessions to explore the feasibility and interest of developing a Recovery Community Center in the town.
- Allow RCC leadership selection to emerge from the community engagement process so that the local recovery community has adequate input and, ultimately, choice about who will lead. Look to the nonprofit sector, members of the local recovery community organizations, and community-embedded clinical professionals for RCC leaders.
- Identify funds to support a small number of RCCs through the first several of years of operation. Long-term funding that covers basic operating costs is desirable.
- Organize an information and community engagement session in which key community stakeholders learn about RCCs, community assets, the benefits of, and need for a recovery community, and the general process of creating an RCC. Identify stakeholders that are willing to collaborate and ensure that representative members of the SUD community are actively involved in the process.
- Convene a Design Thinking workshop to help local communities develop an RCC strategy that builds on the strengths, assets, and needs of the local recovery community. This session can be devoted to hearing and addressing concerns, identifying an action plan, selecting committee members to oversee RCC development, and calendaring next steps.
- Use the RCC/RCO Start-up Toolkit and our list of contacts from national organizations that are willing to help fledgling RCCs in lowa to get up and running. The Start-up Toolkit contains sample governance documents, organization by-laws, mission statements, and other materials that can inform and greatly simplify RCC founding.
- Move community engagement at the speed of trust. We suggest that community engagement be targeted
 and timed to maximize success. It is better to get it right than get it fast. COVID-19 poses a real challenge,
 but not an insurmountable one. Community profiling should begin soon and this effort should flow into
 community outreach efforts. Building local coalitions, assessing community interest, and working through
 community stakeholder concerns should run parallel to other RCC development activities.
- Engage with current collegiate recovery communities in Iowa and support the expansion of collegiate recovery community centers to all of Iowa's colleges and universities.