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


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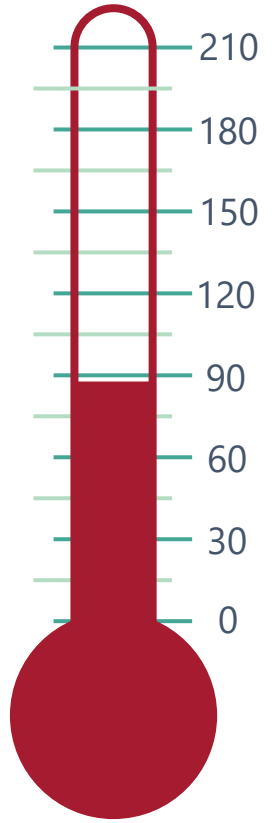
Nationwide Survey of RCCs

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

Goal: 240 RCCs



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.

http://www.recoveryanswers.org/assets/RCC-Study-Fact-Sheet-Final.pdf

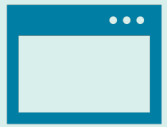
RCC Live Feature

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

Ms. Heather Rodriguez
Manager of Recovery Community Development at Indiana Addictions Issues Coalition

Mr. Brandon George
Director of Indiana Addictions Issues Coalition

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

Presenters

Dr. Carrie Oser
Professor of Sociology at
University of Kentucky

Mr. Joey Supina
Executive Director of
Sandusky Artisans Recovery
Community Center

Ms. Jennifer Langston
Executive Director of
REBOOT Jackson

Rural Areas: The Role of Recovery Community Centers & Barriers to Support

Carrie B. Oser, PhD
DiSilvestro Endowed Professor
Associate Director, Center for Health Equity Transformation
Associate Director, UK Substance Use Research Priority Area

Invited presentation on 3/4/22 as part of the Advancing the Science on Recovery Community Centers Seminar Series (R24DA-51988, MPIs: John Kelly and Bettina Hoeppner)

There is an undercurrent of intentionality, the more people you talk to on the street the more you will hear this, this isn't by accident that this stuff happens. Let's keep them down in the mountains…nobody has made in eastern Kentucky more than a half-hearted effort to really intervene in the disease process that is going on. They took substance abuse dollars, put it into the faith based community where it has not been spent, and cut the programs in each of the communities by that much. And I don't think any of that is by accident. I don't think that I am undervalued by accident. I think my clients are supposed to die. – Rural SUD counselor [1]

But, there's hope with…

Recovery Community Centers in rural areas!

Substance Use Epidemic in Rural Areas

- 60 million people reside in rural land areas[2]
- Some national studies indicate opioid use disorder (OUD) is higher in rural areas[3-4], while other studies find higher OUD rates in urban areas or no significant differences[5-6]
  - Certain vulnerable rural populations include: youth, American Indians, individuals with disabilities, and individuals working in manual labor[7-9]

Rural Areas are Diverse

- Varying definitions of rural populations
- Heterogeneity in severity of drug crisis in rural areas[10]

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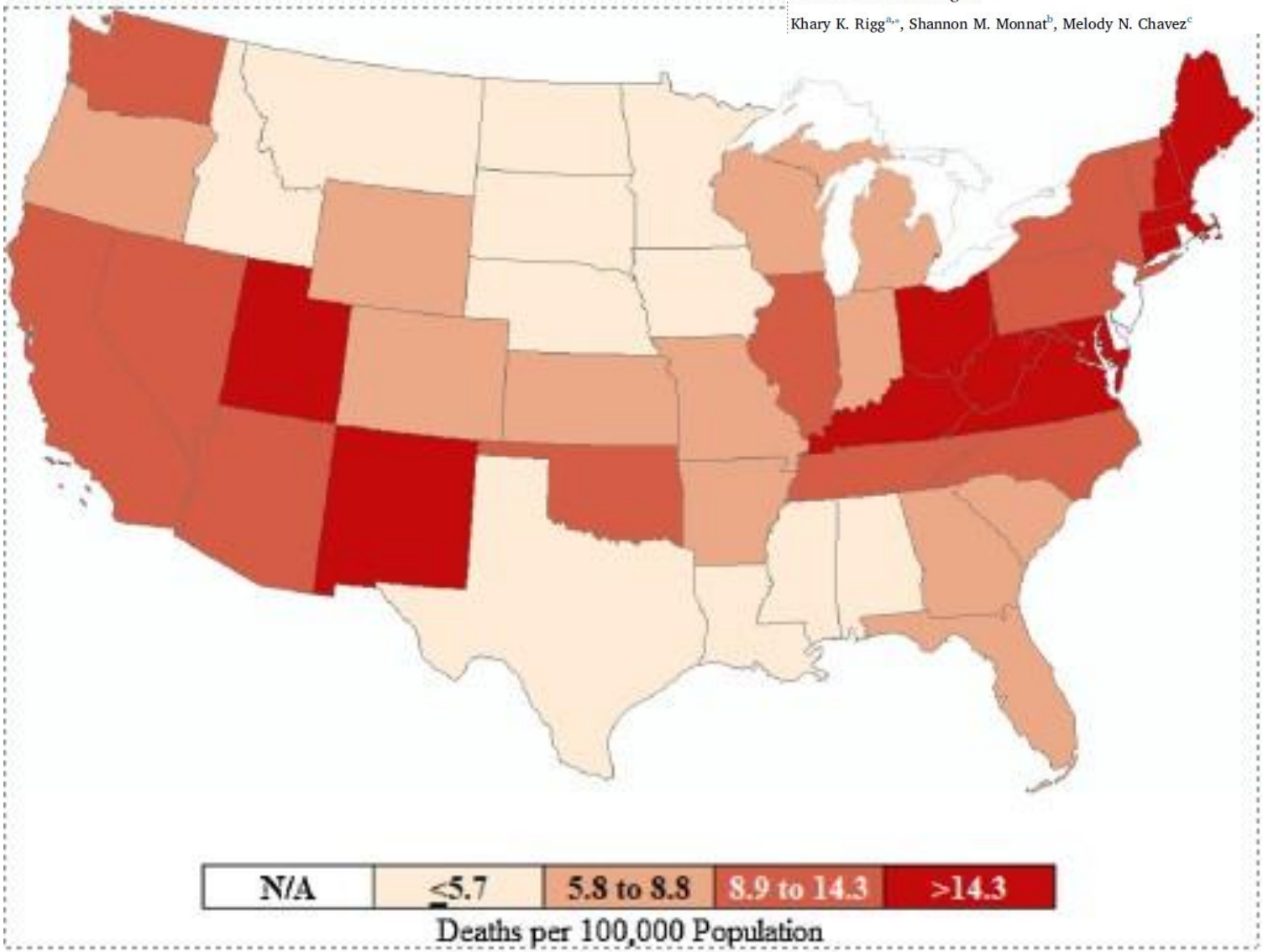
Commentary

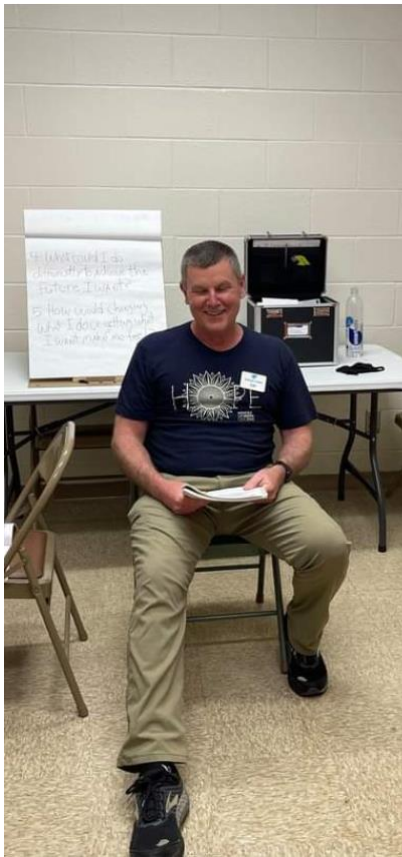
Opioid-related mortality in rural America: Geographic heterogeneity and intervention strategies

Khary K. Rigg[a,*], Shannon M. Monnat[b], Melody N. Chavez[c]



Why is it important to provide recovery support services in rural areas?

- High rates of substance use and comorbid health conditions
- It's a billable Medicaid service in 41 states
- Limited access to SUD treatment, including medications for alcohol & opioid use disorder, and mutual-help groups
- Reduce stigma, inspire hope, and community building
- Provide needed referrals, resources, and services
  - Transportation
  - Workforce development (e.g., computers, clothing, job fairs)
  - Record-expungement clinics
  - Linkage to SUD and other healthcare



Unique Barriers in Rural Areas[1,11,12]

- Fewer SUD treatment options
- Health comorbidities
- Transportation
- Housing needs
- Lack of anonymity
- Stigma
- Lack of social supports
- Cultural

"…they have to come in and lie and say they are suicidal…so they'll come in and we'll treat the withdrawal symptom and get them detoxed." – Rural SUD counselor also working at a psychiatric hospital

"…when they go through treatment, especially residential, most of eastern Kentucky is family oriented and they are close-knit families. And when that client leaves treatment, 9 times out of 10 they are going back into the same situation they came out of. And so that is going to really lower their chances of staying in recovery." – Rural SUD counselor

"And transportation…is the number one problem for many of the folks we have. They no longer have a driver's license; they abused that privilege and lost it. They can't get to 12 step meetings, they can't get to work, they can't get an IOP or any kind of counseling session, and they live 20 miles away from wherever. Without public transportation these people are having to rely on rides from other family members who have been enabling or using with them, or friends who have been enabling or using with them." – Rural SUD counselor

Success Story: HEALing Communities Study[13] & Voices of Hope Partnership

Booth set up at the Spoonbread Festival in Madison County, KY

- NIH award of $87 million to reduce opioid overdose deaths
- Rural recovery coaches in:
  - Emergency Departments
  - SUD treatment agencies
  - Syringe Service Programs/Health Departments
  - Jails
  - P&P Offices
  - Drug Courts
- Providing overdose education/naloxone distribution, recovery supports to address barriers (e.g., transportation), and linkage to medication treatment for OUD

"Today I got to walk into (and back out of) a jail on my own power. It is so powerful to work with people who are in the same situation where I was—sitting in jail, and looking for resources for a new way to live." -Recovery Coach working in a Rural Jail

Measuring Recovery Coach Connection with Clients

- As part of the NIH KY-JCOIN project[14], the team is developing a new tool to assess the connection between Recovery Coaches and clients and conducing initial psychometric analyses.
- Adaptation of the TCU-CJ CEST[15]
- External experts with experience in recovering coaching providing feedback on scale
- Pre-testing with focus groups
- Survey with 100 people with recovery coaching experience

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Joey Supina

Executive Director of Sandusky Artisans Recovery Community Center

What are the unique challenges you face as a rural RCC?

Peer Support Workers

→ Difficult to find qualified peer supporters (Ohio Certified Peer Specialists)

→ Currently have over 20, but demand is higher

→ Implementing **trauma-informed care** is important but takes expertise

What barriers do people in your community experience in accessing your services?

Transportation

Challenge

→ Difficult for both participants and peer workers to get transportation to the RCC

→ Financial embarrassment limits many

Solutions

→ Implemented telehealth, but it did not have the desired effect

→ Visiting participants where they are rather than waiting for them to come to the RCC

How might the overall mission, model, and services you offer as a rural RCC differ from an urban or suburban RCC?

Transportation

→ Transportation is a bigger challenge for rural RCCs, which changes the RCC model

→ Peer workers must often visit RCC participants instead of having them visit the center

→ You can't wait for people to come to the center -- you need to reach them where they are at **physically and emotionally**

Peer workforce

→ Rural RCCs need a larger workforce than urban RCCs because of the distance covered

→ Travelling takes a long time and peer workers need to be compensated for the time and distance travelled

To what degree do you think telehealth can overcome unique challenges encountered by rural RCCs?

→ If properly supported, telehealth could be a viable recovery tool
→ Telehealth could solve the problem of distances

→ Five pillars of recovery:

→ These pillars of recovery are **more vivid in person**

What are your “asks” of recovery scientists, clinicians and healthcare decision makers regarding rural RCCs?

→ **Increase funding** to allow RCCs to maintain their unique peer supporter recovery service model, collect their own data, and provide telehealth

→ Use the term **‘discrimination’** instead of ‘stigma’

→ Mandate that **every county should have an RCC**

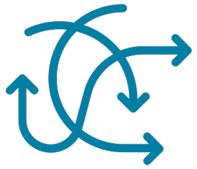
REBOOTjackson

Jennifer Langston

Executive Director of REBOOT Jackson

What are the unique challenges you face as a rural RCC?

Limited Referral Options for Services



Challenges

→ Housing

→ Few housing resources in community

→ Especially challenging for those leaving jail or prison

→ Inpatient treatment

→ Hard to access detox, crisis stabilization, etc.

Solutions

→ Currently figuring out how to provide safe and supportive transitional housing to peers while they look for permanent options

What barriers do people in your community experience in accessing your services?

Transportation

Challenge

→There is no public transport in the community

→The RCC is too far away to walk to

Solution

→Purchased a van to provide rides to peers

→Seeking funding for a second van and driver

How might the overall mission, model, and services you offer as a rural RCC differ from an urban or suburban RCC?

Foster strong communities

→Rural RCCs can foster stronger communities

→We provide many prosocial activities for peers

→The same peers attend again and again, developing close bonds

Offer more services

→Peers do not have to navigate a complex system of services, because only a few places provide services in rural areas

→Rural RCCs are able to offer a greater variety of services because these services are not being offered elsewhere in the community

→GED preparation

→Peer support groups: AA, NA, All Recovery

To what degree do you think telehealth can overcome unique challenges encountered by rural RCCs?

Telehealth:

→ Useful when a peer is unable to come in-person (e.g., COVID positive)

→ Useful for routine visits where connection does not matter (e.g., doctor's appointment)

In-person:

→ Can make deeper connections face-to-face and form healthier relationships than with telehealth

→ Learning how to have fun in recovery is best done in-person

What are your “asks” of recovery scientists, clinicians and healthcare decision makers regarding rural RCCs?

→ Provide **more ways of obtaining funding** for RCCs and
  - Find ways to work with academic institutions and clinics to get funding

→ Increase **warm hand-offs** with clinics

→ Collect **more data** on the effectiveness of peer recovery support services
  - Provide tools for RCCs to collect their own data