

Recovery Community Center Engagement Strategies

Report provided to the Iowa Department of Public Health,

Substance Abuse Bureau

October, 2021



Report by Cassandra Dorius, Shawn Dorius, Rachael Voas, Matthew Voss

Overview

The Public Science Collaborative's (PSC) engagement strategy for building Recovery Community Centers (RCC) in Iowa builds on prior work by the ISU team to: identify and catalogue nearly 17,000 recovery resources in the state; interview national leaders on best practices for developing an RCC in Iowa; create a Toolkit for building an RCC in Iowa; select 30 'Recovery Ready' communities; create five deep-dive community profiles; develop a recovery-oriented website and online tools to connect people with lived experiences to recovery resources in the state.

For additional questions or information about this report, the strategy described, or the Public Science Collaborative, please reach out to the principal investigators of this study, Dr. Shawn Dorius at sdorius@iastate.edu, or Dr. Cassandra Dorius at cdorius@iastate.edu.

A handwritten signature in black ink, appearing to read "Shawn Dorius".

*Shawn Dorius, PhD
Iowa State University
Public Science Collaborative*

A handwritten signature in black ink, appearing to read "Cass Dorius".

*Cass Dorius, PhD
Iowa State University
Public Science Collaborative*

This project was supported by the Iowa Department of Public Health, Bureau of Substance Abuse (IDPH) via a subaward from the Substance Abuse and Mental Health Services (SAMHSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$350,000 with 100 percent funded by SAMHSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, IDPH, SMHSA/HHS, or the U.S. Government.



Ten Step Recovery Community Center (RCC) Engagement Strategy

Though substance use recovery is an evolving concept, an emerging consensus is that **recovery is a voluntary path toward improved personal wellbeing coupled with a diminished risk of substance use relapse.**

To support the individualized recovery journey, most states have adopted a **Recovery Community Center (RCC) framework**. Recovery Community Centers represent low-cost, member-driven, voluntarist, locally managed, and community-engaged pathways to sustainable recovery for people with substance use disorder, or SUD. RCCs accomplish these goals by linking people to existing resources and infrastructure and promoting a vibrant recovery culture based in a **physical community center where people in recovery can visit, engage with others in recovery, and access resources.**

RCCs are an innovative, safe, and helpful source of community recovery support that provides linkages to existing local services and infrastructure that strengthen recovery for people with a substance use or mental health disorder. RCCs support recovery by helping people in the community who have a history of substance use to develop recovery capital, the personal resources that enable people to live healthy, productive, and community engaged lives. RCCs do this by connecting members of the recovery community, called peers, with different types of services such as recovery coaching, medication assisted treatment, connection to employment services and child care, recovery-oriented housing, or education and workforce development training services. Located in the heart of the community, Recovery Community Centers improve the ability of the local recovery community to care for one another, and they also help destigmatize the lives of people in recovery.

The RCC model of recovery 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 Iowa has proven difficult, underscoring the fact that Iowa is one of just a handful of states that has yet to implement the recovery community model.

At the request of the Iowa Department of Public Health, Bureau of Substance Use (IDPH), the Public Science Collaborative (PSC) has developed a Recovery Community Center Engagement Strategy for Iowa that builds on prior collaborative efforts between IDPH and PSC to strengthen and share recovery resources more broadly. To this end, we propose a ten point plan for engaging the RCC stakeholders of Iowa.



Step 1: Identify targeted recovery stakeholders to join the RCC movement

The recovery environment at the community level works best where there is a relationship among stakeholders that facilitates trust and collaboration. PSC will work with community groups to better **understand which stakeholders should be engaged** throughout this process. Every community has a range of stakeholders with various, and sometimes conflicting, interests. These might include, for example:

- Local residents
- Local government, including city and police
- Local and campus recovery-based community coalitions
- Faith-based groups
- Racial, ethnic, or cultural groups
- Local clinical providers
- National or web-based groups

PSC will also work with communities to **consider stakeholder's expected participation level** when developing an effective RCC strategy. Some specific stakeholder groups to consider are:

- Users of Services, this is the most basic level of engagement, and the most impactful to the day-to-day lives of Iowans.
- Advisors, to the RCC through their involvement in work groups, evaluations, consultations which seek their guidance and feedback on the building blocks of engagement.
- Management Contributors, through membership of advisory boards, steering committees, that work regularly alongside the boots on the ground staff supervising progress on RCC.
- Decision Makers, periodic consultations with senior partners when strategic choices, funding, and other major decisions are made.
- Implementers, project and program people who take over from the planning stages to the full implementation stage, these stakeholders pilot the connections with the users and work with directors to provide iterative feedback to enhance or develop missing programs for the client stakeholders

It is important to understand that each RCC will be developed in a community that is unique in terms of its social networks, mix of recovery-oriented organizations, and supportive (or doubtful) stakeholders already in place. For these reasons, it is vital to **assess the current level of engagement in target communities** so that a culturally sensitive and locally oriented engagement strategy can be implemented. When assessing a community's stakeholder outreach strategy, we keep in mind potential barriers such as:

- Capacity of stakeholders to participate



- Levels of community infrastructure in place at the community level
- Rurality or urbanity of the community (e.g. population size and density)
- Hard to reach groups such as transient, mobile, the very young and elderly populations, parents (especially single ones), minority groups, and socially isolated groups will be key to engage.
- Politically divided communities and radically different approaches to solutions that take different levels of human-centered focus.
- Large disparities in the information available to community stakeholders - especially in aforementioned politically divided communities, regions with multi-ethnic divisions, prison populations, higher education/campus towns, or other societal cleavages that divide residents.
- Literacy/education level of community - meet people where they are, not all the same process for many different places.

After the recovery stakeholders are identified via the process above, PSC will conduct **targeted outreach to key stakeholders** to invite them to participate in the RCC Technical Assistance process (as appropriate) and engage in RCC development in their area. (To be done in coordination with IDPH's RFP process, discussed in Step 5).

Step 2. Coordinate collaboration and communication among RCC stakeholders

PSC will help coordinate communication between developing RCCs through use of collaborative online platforms such as Slack or Microsoft Teams, as well as facilitate discussions on how to identify and promote community-driven, location-specific outreach plans. Where appropriate, some coordinated outreach may be done on the Recovery Iowa website or via joint media ventures supported by IDPH.

What are included in local communication plans? Different forms of communication, information sessions, and engagement processes will be more appropriate depending on the stage of RCC engagement the particular community is starting from. For all groups, communications need to be clear, easy to understand, and easy to access by a variety of people in very different circumstances. For example, vibrant websites with informative videos are strongly encouraged to keep people engaged, but must be balanced with Iowa-specific broadband access considerations, as well as general access to technology - mobile phones or computers in the community. To this end, PSC will work with selected communities to begin a communications plan that considers existing networks, both formal and informal, as well as social media, business connections, and faith communities to publicize events and identify opportunities for aligning community events for greater exposure and impact. Low-cost communication plans should address word-of-mouth and reputational



considerations for connecting with the recovery community. Additional approaches for driving connection between people with lived experience and other community stakeholders include storytelling, case studies, and videos that describe how people with lived experience are highly valued in supporting other's recovery process and the community as a whole.

Step 3: Host an annual Recovery Iowa Conference to facilitate collaboration and connection between stakeholders

PSC recommends that IDPH support an annual, statewide conference focused on substance use recovery. We envision this as a one-day event each September during National Recovery Month, with invited national speakers and local experts, people with lived experience, and stakeholders from recovery housing, recovery centers/programs, recovery coaches, peer support specialists, and sponsors, among others. Potential topics for sessions in September 2022 might include: a) varieties of recovery, including medication assisted, treatment oriented, and natural, b) improved coordination among the systems of care for 'whole person' recovery, and c) recovery community centers and collegiate recovery programs. The annual Recovery Iowa conference will facilitate collaboration and coordination among Iowa's recovery service/resource providers and people in recovery to move Iowa toward the forefront of recovery-related programming and services. Another goal of the annual conference is to create opportunities for diverse recovery stakeholders to routinely connect, network, and share information to promote more cohesive and collaborative services. *(Costs of conference not included in current RECO2 year two contract).*

Step 4: Solicit stakeholder feedback and expand the Recovery Iowa website in support of RCC development

Whether addressed in stand-alone interviews, focus groups, or sessions at the Recovery Iowa conference, PSC will meet with a variety of stakeholders to solicit feedback on the Recovery Iowa website functionality, tools, and recovery content. The goal of this process is to better meet the typical website visitor's needs, and further support RCC and RCO development in Iowa by giving each community immediate access to resources they can use in their planning and development process, as well as tools to support their clientele. The website will also demonstrate how online platforms can use language that is supportive of recovery across diverse geographic and cultural contexts. Feedback will be requested to review the content and tools to allow for ongoing and iterative checks on how language is used to support recovery and reduce stigma.



Step 5: Engage with IDPH to develop an RFP for RCC start-ups

IDPH has developed an RFP to support Recovery Community Center Development in Iowa. PSC will provide feedback on the RFP details to help co-design a strategy of university-state support for developing community centers.

Step 6: Further develop and share PSC's Recovery Ready 360 Reports

In 2021, PSC identified six communities of various sizes to be included in the first cohort of 'Recovery Ready' places based on rankings in the Recovery Ready Community Index (RRCI)¹ and discussions with local community stakeholders. They include Cedar Rapids, Decorah, Des Moines, Dubuque, Sioux City, and Spirit Lake. For each community, an **detailed 360-degree report** was created that described what a Recovery Community Center (RCC) is, whether their community is 'Recovery Ready' based on RRCI rankings, and detailed reports about the availability, type, and location (including the name and address) of each peer support meeting, recovery resource, and community resource in the area. In addition, detailed maps were provided that explore which neighborhoods need additional help and resources based on a PSC-created index of overall vulnerability to substance use, as well as vulnerability to several drugs seen as particularly difficult to manage for those in recovery (methamphetamine, opioids, and heroin). Finally, detailed maps depict neighborhood-level health disparities in the community, with a goal of supporting targeted interventions to vulnerable residents. The reports ranged from about 30-80 pages per community, depending on the number of resources identified.

PSC will create and distribute 360 Reports for all communities awarded funding via IDPH's competitive grant process. The reports will be shared with community leaders and stakeholders identified in Step 1 above. Facilitated trainings on how to use the tools within the reports to develop services and outreach are described in Step 8.

Step 7: Further develop and share PSC's Toolkit Resources

PSC developed the first edition of the Recovery Toolkit for Iowa in 2020 based on feedback from leaders in 28 states. With support from IDPH, PSC will update these resources to include online access, a larger holding of materials, and an expansion of resources to meet the needs of communities receiving financial support to develop an RCC. For example, this might include:

- identifying and promoting potential funding opportunities to increase sustainability,
- connecting teams to grant writers to pursue more diverse funding streams,
- offering Red Team Reviews of federal grant applications,

¹ The Recovery Ready Community Index was designed to give a holistic view of a community's "recovery readiness" and their ability to support people in recovery. The RRCI is constructed with four sub-measures: Breadth of Recovery Resources, Depth of Recovery Resources, Size of Recovery Culture, and Strength of Recovery Culture. You can read more in the 2020 report provided by PSC to IDPH.



- facilitating 501c3 development materials, and
- coordinating with extension professionals and/or League of Cities.

Step 8: Provide technical assistance (TA) to developing RCCs

PSC will provide Technical Assistance (TA) to each community that receives an award through the IDPH competitive grant process discussed in Step 5, on topics on topics aligned with the Association of Recovery Community Organization National Standards and Ten Best Practices for RCOs (<https://facesandvoicesofrecovery.org/arco/rco-best-practices/>) that ensure fidelity to the recovery community model via implementing standards for governance, programs and activities, and diversity, equity, and inclusion. Each of the ten best practices will be addressed in the training modules, across two thrusts of activities.

Train the Trainer Events - PSC will host events to train RCC leaders on how to use the website tools, 360 Report, and Toolkit resources noted above to better align services in their community and support their clientele on the pathways to recovery. This includes toolkit resources to support the development of the autonomous, non-profit 501c3 status (ARCO best practice #1).

Start Up Strategies Workshop Series - Develop content and conduct three workshops to be held with each new RCC to identify startup strategies that align with ARCO best practices, including:

1. Stakeholder Mapping and Persona Development-The results of this workshop will be used to identify the well-connected and central stakeholders in the local RCC, as well as the marginalized and less connected groups that benefit from this work. Stakeholder mapping helps local teams identify and enact a more inclusive, equitable, and diverse approach for communication efforts, coordination of services, and promotion of recovery-focused policy and advocacy activities. As part of this workshop, teams will identify strategies to ensure their organization is peer-led, comprised of more than 50% of people who self-identify as people in personal recovery from their own substance use disorders. In addition, teams will identify the typical client of local RCC services so that RCC developers will be able to intentionally incorporate human-centered design that promotes outreach and programming for people seeking support in their recovery journey. (ARCO best practices # 2, 4, and 5).
2. User Journey Mapping -The results of this workshop will be to help community groups identify motivations and pain points for typical RCC clients, as identified in workshop one, map their client's journey of engagement with the RCC, identify ways to maximize touchpoints with the person in recovery and 'all pathways' resources, and determine the local RCC's available and needed resources to provide high quality peer recovery support services. (ARCO best practices # 3, 6, and 7)
3. Mission, Vision, and Governance-The results of this workshop will be to articulate a plan that ensures each RCC has a mission and vision that primarily focuses on recovery from substance



use disorders and is accountable to the local recovery community (people in recovery, their families, friends, and allies). Group discussion will center on how to design a participatory process that promotes involvement, engagement, and consultation of people in recovery. Governance plan discussions will focus on peer-led, non-profit organizations, and include examples of employee and volunteer Code of Ethics and Grievance Policies. (ARCO best practices # 1, 8, 9, and 10).

(Costs of participant travel to workshops is not included in current RECO2 year two contract; it is recommended these be included in the RFP budgets).

Step 9: Design an ongoing RCC program evaluation on behalf of IDPH

It is critical that evaluation is built into the standard plan for engagement process. Many people inherently understand that a program needs to be evaluated, but it is key to also evaluate the engagement process with stakeholders, to be able to report, develop, and assess missing groups at many steps throughout the lifecycle of the RCC. Clear and specific data metrics, as well as narrative evaluations, must measure enough of the RCC workings to leverage future funding and demonstrate fidelity to goals and national standards. As such, PSC will design an ongoing RCC program evaluation on behalf of IDPH for each of the communities selected for competitive RFP funding. The design template will be shared with IDPH for review. PSC can provide the assessment directly, and build the use the reporting of these tools into the technical assistance framework. *(Costs of evaluation implementation is not included in current RECO2 year two contract; it is recommended these be included in future budgets or modifications).*

Step 10. Identify potential candidates to assume ongoing responsibility of RCO and website

The long-term goal of these efforts is a sustainable and successful system of Recovery Community Centers to connect Iowans to the resources they need to make a better life for themselves and the people they love. To do this, a Recovery Community Organization (RCO) in Iowa will need to be responsible for increasing the visibility and influence of Iowa's recovery community and engaging in activities that support advocacy, outreach, and peer support services. PSC will seek to help connect RCC stakeholders across the state to form a Recovery Community Organization, which is an independent, non-profit, peer-run organization. The Recovery Iowa website, and its content, will be handed over to the RCO to manage after it is formed, as one of the many ways to educate and raise public awareness and connect people in recovery to the services they need.