



A Community-Based Strategy to Advance Substance Use Recovery

November, 2020

*Prepared by Shawn Dorius, Cassandra Dorius,
and Elizabeth Talbert*

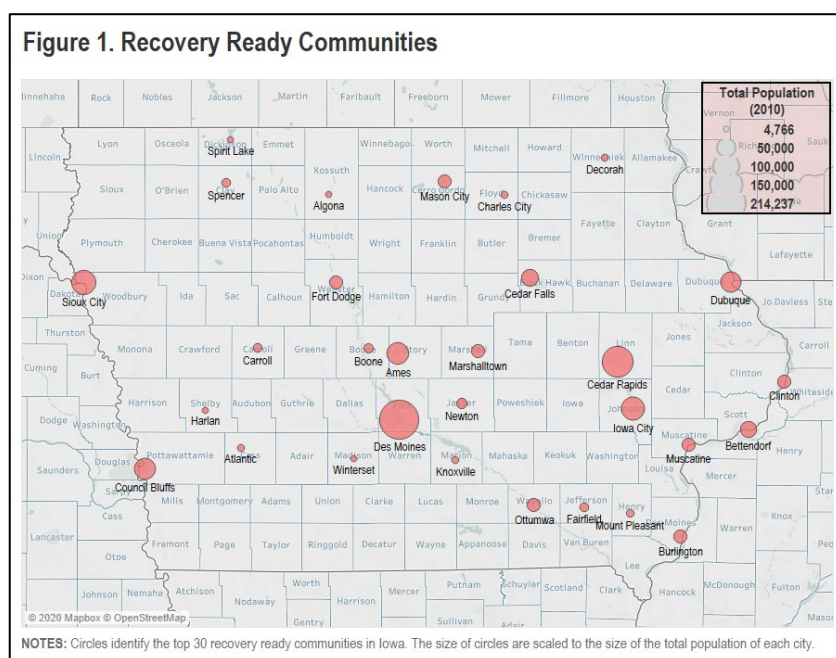
**Public Science
Collaborative**
Science consulting for the public good

.....

This publication was made possible by funding from the Iowa Department of Public Health Substance Use Bureau, Centers for Disease Control, and Substance Use and Mental Health Services Administration. Dorius, S., Dorius, C., & Talbert, E. *Advancing Substance Use Recovery in Iowa*. 1/10/2020-9/29/2020. (Subaward \$260,000). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the funding agencies or sponsors.

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 Iowa has proven difficult: Iowa 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 Recovery 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 to understand what kinds of 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 Iowa 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.

Iowa'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 Iowa 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.

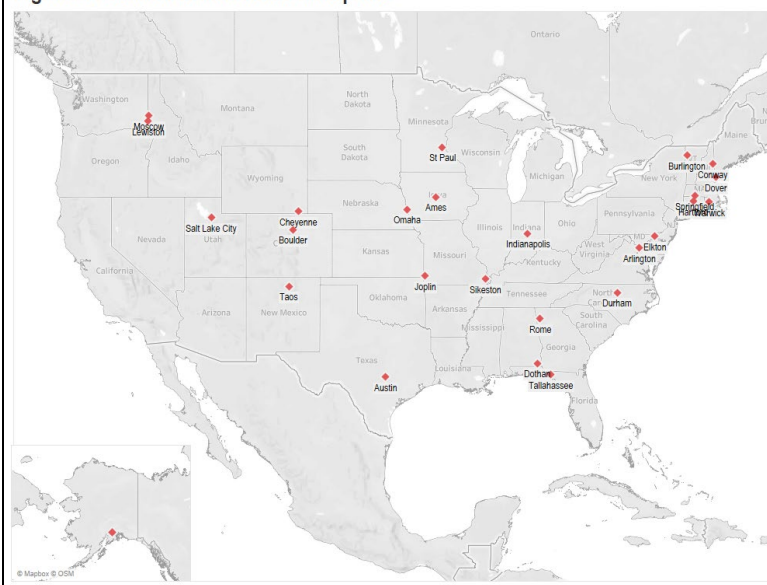
Community Engagement Strategy

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 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.

Figure 2. Location of Interview Participants



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?”

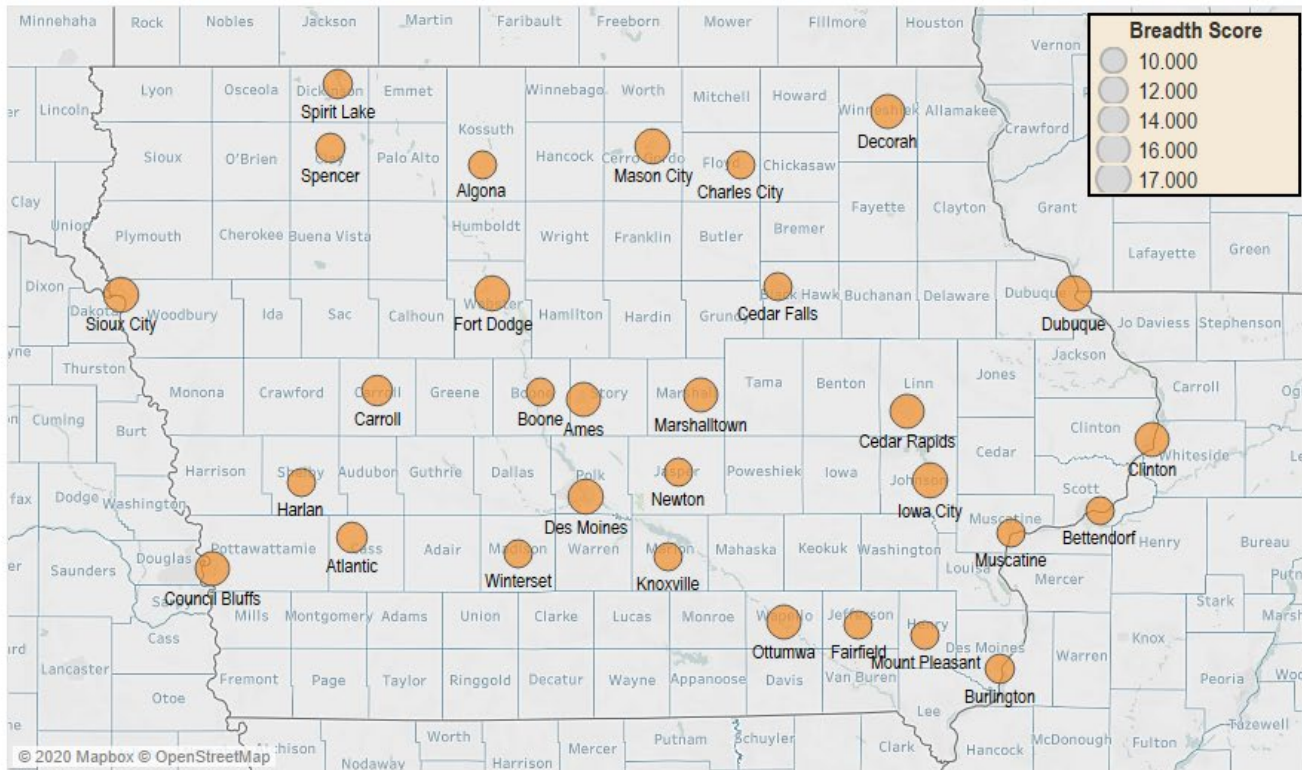
Near the end of each interview, we asked this question of recovery community leadership, which elicited frank and helpful advice. Some setbacks were logistical and unplanned—like the rent rising too quickly or losing a valuable member of the leadership team to retirement—but many setbacks were communicated to us as things we should consider in developing a recovery network in Iowa. 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



Figure 4. Stocks of Recovery Resources

(a) Breadth of Recovery Resources



(b) Depth of Recovery Resources

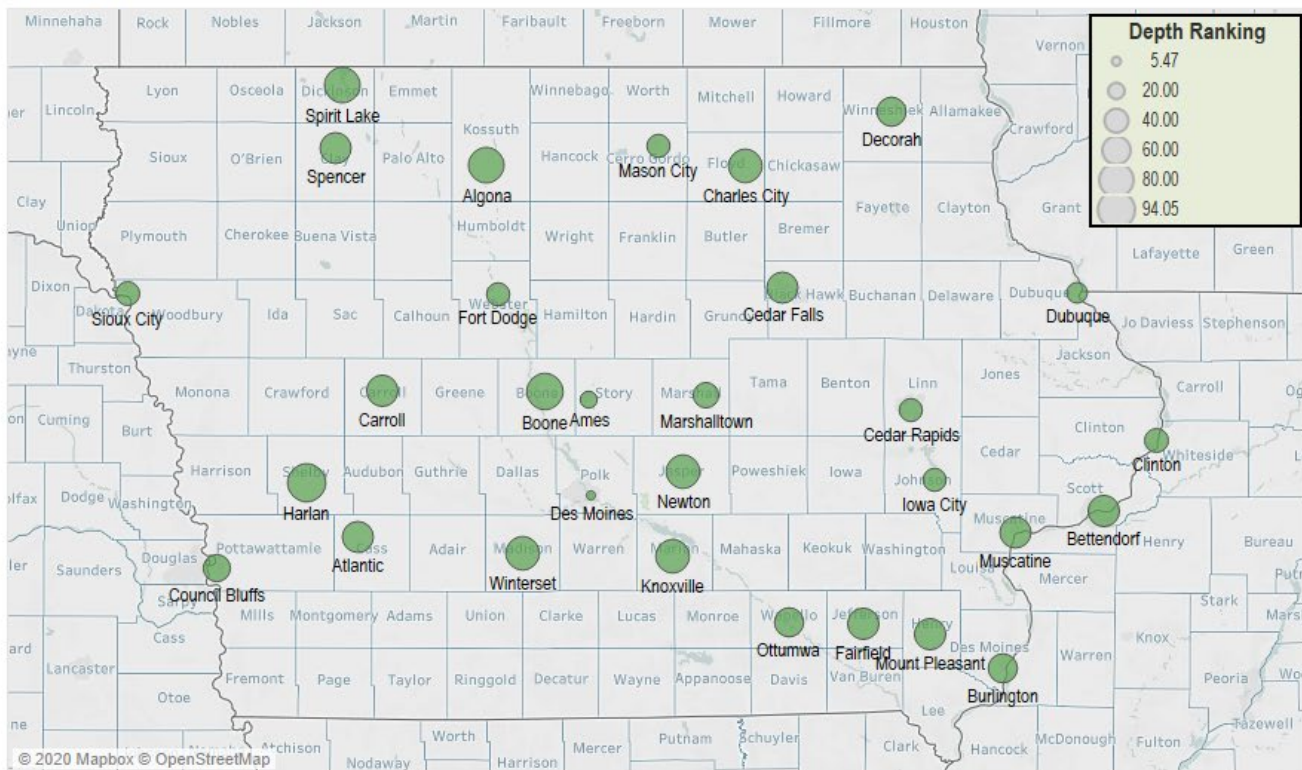
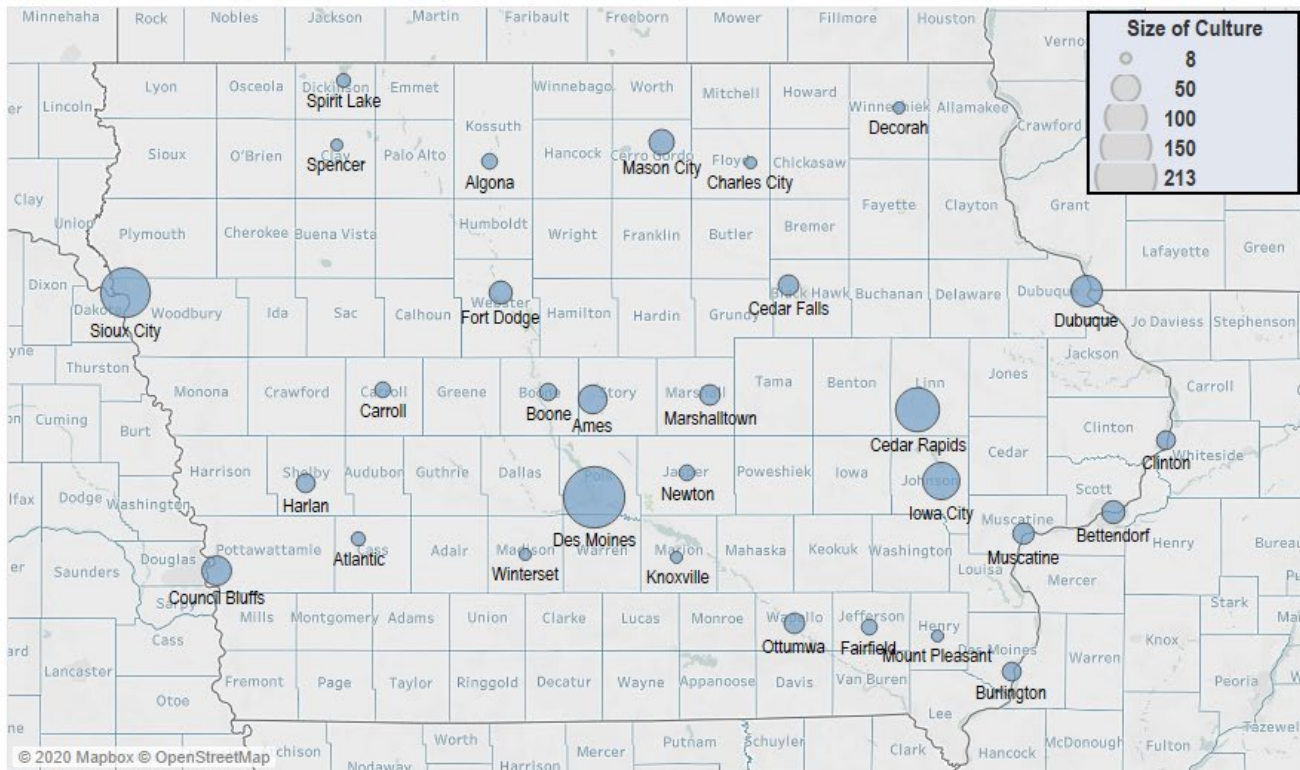
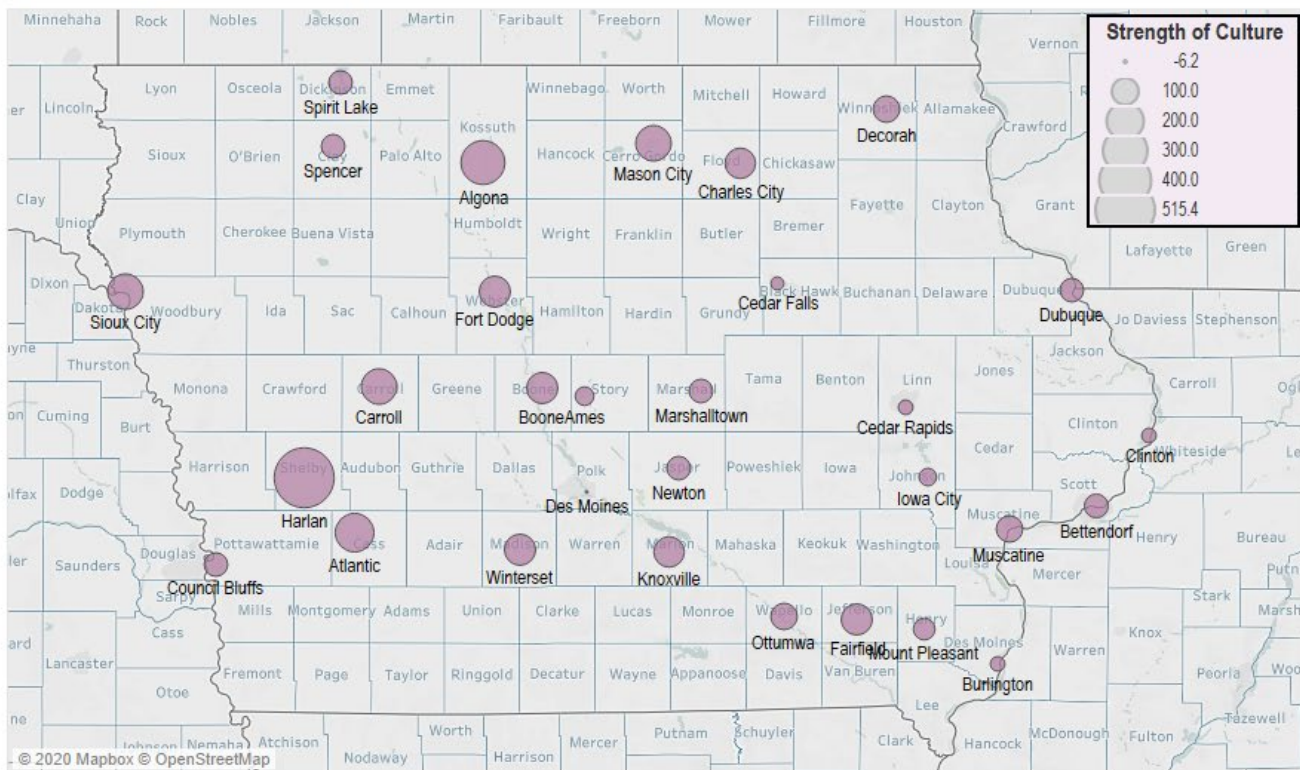


Figure 5. Recovery Culture

(a) Size of Recovery Culture



(b) Strength of Recovery Culture



Next Steps

We recommend a series of ‘next steps’ to further support substance use recovery in Iowa. 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 Iowa 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 Iowa.

- 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 non-profit 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 Iowa 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.