



The University of Texas at Austin
Steve Hicks School of Social Work
Addiction Research Institute

HHSC Contract No. 2017-049621-001
Recovery Support Services Project
Fiscal Year 2018 Interim Process Evaluation Report

Laurel Mangrum, Ph.D.

Richard Spence, Ph.D.

Maureen Nichols

Catherine Petersen

August 31, 2018

I. Executive Summary

“Recovery from substance use and mental health disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” - Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services, 2012.

In recent years, there has been a significant shift in the addiction field in the understanding of what it means to recover from a substance use disorder. Spurred by emerging research and the experiences of individuals in recovery, the field has moved away from an acute care model of brief treatment episodes focused on stabilization to a long-term, sustained recovery model which encompasses the whole health and well-being of individuals. This new approach requires a transformation in practice and policy at the local, state, and national level. The state of Texas embarked on this transformation in 2010, with the Texas Health and Human Services Commission (HHSC) establishing a series of local community networks across the state to collaborate in identifying strengths and obstacles for individuals in recovery, and to improve the local environment to support recovery in a positive way. These local Recovery-Oriented Systems of Care (ROSCs) were the framework for a long-term systems transformation. In 2014, HHSC took the further step of issuing a competitive bid to provide recovery support services to individuals with substance use disorders. The goals of the initiative included:

1. embedding long-term recovery support services into peer-based organizations, community-based organizations and substance use disorder treatment programs in local communities across Texas
2. expanding the recovery supports that are available to individuals in their natural community environments

Services included a wide array of non-clinical services and supports to help individuals initiate, support, and maintain recovery from alcohol and other drug use problems. One of the key elements included in the project was the recruitment and utilization of peer recovery coaches. Services also included peer-run groups; development and/or use of recovery homes and recovery schools; training around basic life skills such as financial management, parenting, employment and stress management; educational support; recovery check-ups; and assertive connections to mutual aid support groups. The resulting network of 22 RSS service providers funded by HHSC is collectively known as the

Recovery Support Services (RSS) Project. The programs became operational on May 1, 2014. The University of Texas Addiction Research Institute was engaged by HHSC to develop the RSS data reporting system and to serve as the evaluator for the RSS project. This Fiscal Year 18 Interim Evaluation Report assesses implementation of the HHSC Recovery Support Services Project using data collected May 1, 2014 through July 31, 2018. In addition, this report assesses qualitative data collected through a survey of recovery coach experiences and analyses of success stories of individuals who participated in long term recovery coaching in the RSS programs. The current report differs from previous RSS evaluation reports that analyzed quantitative data to determine participant outcomes; this process evaluation serves as a companion report to these prior outcome reports.

Implementation of Services

Between May 1, 2014 and July 31, 2018, the 22 Texas RSS programs:

Provided over 176,000 hours of coaching and recovery support group services, including:

- Face to Face Recovery Coaching Services to 23,258 individuals
- Telephone Recovery Coaching Services to 9,719 individuals
- Internet Based Recovery Coaching to 2,449 individuals
- Traveling Companion Coaching to 3,514 individuals
- Recovery Support Groups to 23,779 individuals

Provided a wealth of additional recovery support to 20,778 individuals, including:

- Health and Wellness Activities
- Alcohol- and Drug-Free Social Activities
- Community Service Projects
- Housing
- Child Care
- Mental Health or Co-Occurring Peer Services
- Veteran's Services
- Transportation
- Food Pantry/Clothing Closet
- Financial Assistance/Family Needs

Offered Education Classes to 29,762 individuals on topics such as:

- Recovery Skills

- Employment
- Volunteer Service
- Life Skills
- Computer Skills
- GED Preparation

Ensured that individuals obtained additional needed supports by initiating 55,047 Referrals to Community Services

In addition, 4,372 volunteers at the RSS programs contributed over 43,000 hours of volunteer services in a wide variety of roles. The estimated financial value of these volunteer services is \$680,458.

Recovery Coach Survey

A survey was created to assess qualitative aspects of the recovery coaches' experiences in providing coaching in the RSS programs. Survey responses indicated that 97% of respondents were personally in recovery from a substance use disorder, with the majority of individuals being in recovery for 1 – 10 years (58%) and 18% in recovery for over 20 years. These individuals felt that providing recovery coaching services positively affected their own process of recovery in a number of ways, such as coaching being a reminder of how they were in early recovery, provides a sense of purpose and giving back, emphasizes the importance of continually working on their own recovery and self-care, strengthens their own personal recovery capital, increases empathy for peers, and enhances openness to different pathways to recovery other than 12 Steps.

Respondents reported the most positive aspects of providing recovery coaching services included promoting a sense of hope, seeing the success of others in their path to recovery, watching transformation and new lives emerging, being immersed in the recovery community at all times, and being an advocate, role model, and living proof and inspiration that long-term recovery is possible. Conversely, individuals reported the most difficult aspects of providing coaching are watching peers struggle when they hit barriers or relapses in recovery, not being able to find a peer who has disappeared, maintaining boundaries as a coach, not receiving livable wages, dealing with the stigma and politics of recovery, and knowing that people die from active addiction and witnessing these deaths.

Recovery coaches identified a number of sources of support that facilitate the provision of coaching services. These include access to a wide array of recovery support services and support groups; education, training, and supervision; strong team of coaching staff; executive leadership that believes in the recovery model and promotes self-care; and the statewide recovery movement. Coaches also described supports that were missing that would help in providing recovery coaching services. Missing supports included access to more affordable sober living facilities; increased access to MAT and MAT-related recovery support services; more education and training, particularly in the areas of mental health, co-occurring disorders, and crisis management; and community and state-wide education regarding recovery to reduce stigma associated with addiction.

Certain respondents stated that they had encountered situations in which they felt they were being asked to do things that were beyond the scope of practice as a recovery coach. Common responses in this area included dealing with mental health issues of a participant; being asked to provide “taxi” and babysitting services that were not related to the coaching relationship; sitting in on clinical groups or being asked to lead clinical groups or complete clinical tasks; serving as a witness in Child Protective Services court; completing drug testing on participants; and requests from participants to complete activities that are not related to coaching.

Although most recovery coaches stated that they have received extensive training and education, they also identified areas in which training would be beneficial to enhance service provision. Topics that were most often listed included MAT and the opioid crisis; dual diagnosis and mental health; trauma-informed services; harm reduction; advanced motivational interviewing; recovery capital; ethics in recovery coaching; reentry for those involved in the criminal justice system; and building community resources.

Recovery Coaching Participant Success Stories

The RSS programs were asked to submit success stories of long-term recovery coaching participants to provide a second source of qualitative evaluation data. The stories that were submitted revealed how crucial recovery coaching and the provision of individualized recovery support services were for participants to begin and stay on their chosen path to recovery. The unconditional support and non-judgmental nature of the recovery coaching relationship are commonly cited as characteristics that promoted feelings of acceptance and motivated participants to continue participating in the RSS programs. The recovery stories

shared by the coaches with their participants generated feelings of being understood and reduced feelings of shame and stigma. In addition, when participants experienced a relapse and returned to substance use, the shared understanding about these lapses between the coach and participant reduced guilt and increased the likelihood that the participant would seek assistance to return to their path of recovery. Also included in this section are recovery coaches own personal success stories that inspired them to become recovery coaches themselves to share their stories and to give back to the recovery community.

This page left intentionally blank.

Table of Contents

| | |
|---|-----------|
| I. Executive Summary | 2 |
| II. Introduction | 10 |
| History of the Texas Recovery Support Services Program (RSS) | 11 |
| Evaluation of the RSS System | 13 |
| Technical Assistance..... | 13 |
| III. Project Accomplishments to Date..... | 14 |
| IV. Analysis..... | 15 |
| RSS FY 18 Interim Evaluation..... | 15 |
| Recovery Support Services | 16 |
| RSS Recovery Coaches | 24 |
| Recovery Coach Survey | 32 |
| Recovery Coaching Participant Success Stories | 46 |
| V. Data Collection and Management | 54 |
| VI. Bibliography | 55 |
| VII. Endnotes | 56 |

This page left intentionally blank.

II. Introduction

The Texas Recovery Support Services (RSS) program is an addiction recovery initiative of the Texas Health and Human Services Commission (formerly the Texas Department of State Health Services.) Supporting addiction recovery is a key strategy of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and reflects current understanding of methods to best promote long-term recovery. In recent years, the addiction field has embraced the concept of recovery *as an individual's ongoing work in achieving and maintaining a healthy lifestyle free from the consequences of alcoholism and drug addiction*.¹ The addiction treatment field no longer espouses the belief that addiction recovery only requires an acute-care admission for detox and a brief stay in "rehab". Alternatively, it is now understood that successful recovery requires long-term continuing maintenance and support. As with other chronic health disorders, such as diabetes and hypertension, there has been a shift from an acute care approach to a chronic care approach. Many people with substance use disorders may benefit from an episode of specialized treatment to detoxify and acquire the skills needed to initiate their path to recovery. However, treatment is only a short-term experience for most, and for many individuals long-term recovery requires ongoing work and often entails peer support.²

Advice and support from peers-in-recovery has been traditional in 12-step programs, as well as in other community-based treatment and support programs. Persons in recovery have also found that there is often a need to address a range of life problems that may present obstacles to recovery, including the need to achieve overall health and wellness³. *Individuals in recovery most successfully address these needs with the practical assistance and social support from peers*. The present RSS initiative makes a substantial investment in recruiting peers in recovery to become "Recovery Coaches". These peer workers complete a 46 hour HHSC-approved Texas Recovery Coach Training Curriculum and then work under the supervision of community programs to provide ongoing advice and support for persons in recovery who sign up to work with a recovery coach. The RSS program also taps into a wealth of community-based recovery support services, including supportive agency resources and volunteers.

Several conceptual frameworks have contributed to current work efforts in the addiction field to support long-term recovery. The theoretical framework of stages of change⁴ and the related transtheoretical approach of readiness for change has been helpful for many in understanding the behavioral challenges of undertaking long-term recovery. The recovery movement has also embraced the concept of self-efficacy, which underscores the importance of managing one's

own recovery and building upon individual actual and potential resources to achieve and maintain their personal path to recovery.⁵ The recovery-oriented system of care model (ROSC) focuses on enhancing self-efficacy and personal responsibility through assisting the person in recovery in building individual strengths to increase recovery capital.^{6,7} The concept of recovery capital has become a helpful way to measure and manage an individual's potential in maintaining successful recovery. The RSS project has incorporated these ROSC concepts by providing recovery management tools and recovery coaching services to assess a participant's personal recovery support needs, guide the participant to program and community-based services to address these needs, and to track and support individual progress in recovery over time.

History of the Texas Recovery Support Services Program (RSS)

Local Recovery Oriented Systems of Care (ROSC)

Initial preparation for this statewide recovery initiative in Texas began in 2010 with local community meetings to develop "Recovery Oriented Systems of Care" (ROSCs)⁸. These meetings recruited a wide range of individuals and organizations to collaborate in identifying local community strengths and obstacles for individuals in recovery, and to improve the local environment to support recovery in a positive way. Beginning with an initial effort in Houston, HHSC facilitated meetings to organize and support ROSCs in communities throughout Texas. The Houston ROSC was planned and supported by HHSC and the University of Texas Addiction Research Institute (ARI), and has served as a model for other sites across Texas. A report of this initial Houston ROSC effort may be found on the ARI website.⁹

Recovery Community Organizations (RCOs)

HHSC identified several peer-support programs that were comprised of persons-in-recovery who provided general assistance for those in their community who were in need of support to initiate and maintain their paths to recovery. The activities provided in these programs often consisted of self-supported volunteer efforts located in shared agency spaces and using in-kind resources and/or referred community services to meet the recovery support service needs of persons in recovery. Some of these programs had assembled a core of peer-volunteers to assist in their work with a large number of persons in recovery. A subset of these programs was briefly funded by the SAMHSA RCO grant; however, this funding was not renewed after the initial grant period, and these organizations struggled to sustain their ROSC services after the end of the grant. In order to examine the potential of these RCO-type organizations to engage participants and to provide long-term recovery support activities, HHSC

contracted with four of the RCO programs to document and report on the services and activities their programs provided to recovering persons in their communities. A key objective of these contracts was to determine whether RCOs were willing and capable of collecting detailed documentation and subsequent reporting of peer-based services. The results of this pilot project indicated that the RCOs and their consumers were able and willing to successfully document and report data to be accountable for services delivered in their respective programs.

Recovery Support Services (RSS) Request for Applications (RFA)

The HHSC Recovery Support Service Request for Applications package was created on the basis of the data collected from the RCO pilot project efforts described above. The RSS RFA was issued in November 2013 as a competitive process open to three types of eligible organizations:

- a. Organizations that provide Treatment Services for substance use disorders (TOs),
- b. Peer-Run Recovery Community Organizations (RCOs), and
- c. Other Community-Based Organizations (CBOs) that have a history of providing services to individuals and families affected by substance use disorders.

Based on the RFA, a statewide network of 22 RSS service providers was funded with the goals of:

1. embedding recovery support services into peer-based organizations, community-based organizations and Substance Use Disorder treatment programs
2. expanding the recovery supports that are available to individuals in their natural community environments

Services to be provided under the RSS RFA allowed for a wide array of non-clinical services and supports to help individuals initiate, support, and maintain recovery from alcohol and other drug use problems. One of the key elements included in the RSS RFA is the recruitment and utilization of peer recovery coaches.

Services included peer-run groups; recovery coaching; development and/or use of recovery homes and recovery schools; training around basic life skills such as financial management, parenting, employment and stress management; educational support; recovery check-ups; and assertive connections to mutual aid support groups. The resulting network of 22 RSS service providers is

collectively known at the Recovery Support Services (RSS) Project. The programs became operational on May 1, 2014.

Evaluation of the RSS System

The University of Texas at Austin Addiction Research Institute was engaged by the Health and Human Services Commission to develop the RSS data reporting system and to serve as the evaluator for the RSS project. ARI initially developed a web-based system that collected accurate, comprehensive and timely records of the population, services, activities and outcomes of the funded Recovery Support Services projects. The system is known as the REDCap Recovery Oriented Care (RED-ROC) Data Collection System. Local RSS program staff entered data into the central system via a secure web-based internet connection, and ARI staff provided ongoing technical assistance and support of their data collection efforts. The long-term recovery coaching participant information and outcome data that were originally reported into RED-ROC were migrated to the State of Texas CMBHS system in September of 2017 and the RSS providers are now reporting the participant data into the CMBHS system. The RSS Services and Recovery Coach data continue to be reported in the RED-ROC system. ARI staff are continuing to provide technical assistance and support of data collection of participant data in the CMBHS system, as well as the services and recovery coach data entered into the RED-ROC system. ARI also assists the Health and Human Services Commission with utilizing data to guide program development and implementation; and providing data reports and analysis to RSS organization agency staff on an ongoing basis.

This report presents interim evaluation results for FY18 and includes analyses of the RSS Services and Recovery Coach data reported in RED-ROC. In addition, this report assesses qualitative data collected through a survey of recovery coach experiences and analyses of success stories of individuals who participated in long term recovery coaching in the RSS programs. The current report differs from previous RSS evaluation reports that analyzed quantitative data to determine participant outcomes; this process evaluation serves as a companion report to these prior outcome reports.

Technical Assistance

The Texas Health and Human Services Commission contracted through the University of Texas to obtain the services of Achara Consulting, Inc. to provide technical assistance in developing recovery-oriented systems of care (ROSC) at the 22 RSS-funded provider agencies and to guide the state in the state-wide system transformation process to a ROSC model. Services consisted of seven

provider trainings in Austin, webinars, technical assistance calls, and limited site visits. Areas of focus with the RSS service providers included hiring and training of recovery coaches; effectively engaging and enrolling persons in recovery; collaboration of clinical and recovery support teams; defining target populations; promoting person-centered planning; conducting strength-based global assessments; facilitating continued support and engagement; determining appropriate level of engagement and intensity of services; developing Peer Advisory Leadership Councils; conducting assertive outreach and early re-intervention; ensuring appropriate use of volunteers; promoting employee role clarity; encouraging self-care for recovery coaches; aligning traditional policies and procedures with a recovery-orientation; promoting community integration; the role of evidence based Medication Assisted Recovery for individuals with Opioid Use Disorder, and changing the locus of services from the agency to the community. Achara Consulting also provided consulting to the Health and Human Services Commission involving strategic planning; systems change; aligning system policy and accountability mechanisms with recovery orientation; structuring effective demonstration projects; and increasing collaboration between treatment providers, peers, and recovery community organizations.

III. Project Accomplishments to Date

Coaching and Recovery Support Groups

Between May 1, 2014 and July 31, 2018 the 22 Texas RSS organizations provided over 176,000 hours of coaching and recovery support group services. These included:

- Face to Face Recovery Coaching Services to 23,258 individuals
- Telephone Recovery Coaching Services to 9,719 individuals
- Internet Based Recovery Coaching to 2,449 individuals
- Traveling Companion Coaching to 3,514 individuals
- Recovery Support Groups to 23,779 individuals

Recovery Support Services

RSS organizations offered a wealth of additional recovery support, including:

- Services to Support Ongoing Recovery to 20,778 individuals (includes Health and Wellness Supports, Alcohol- and Drug-Free Social Activities, Community Service Projects, Child Care, Housing, Mental Health or Co-Occurring Peer Services, Veteran's Services, Transportation, Food Pantry/Clothing Closet, Financial Assistance/Family Needs)

- Education Classes on topics such as, Recovery Skills, Employment, Volunteer Service, Life Skills, Computer Skills, and GED Preparation to 29,762 individuals
- 55,047 Referrals to Community Services

Volunteer Contributions

The successful implementation of the RSS project has been guided by state leadership at the Texas Health and Human Services Commission Substance Abuse/Mental Health Division and implemented by RSS organization program staff aided by an extensive cadre of volunteers. Since May 2014, 4,372 volunteers at the RSS organizations contributed over 43,000 hours of volunteer services in a wide variety of roles, including board membership, volunteer coaching, recovery group facilitation, educational instruction, event planning and coordination, administrative/clerical, front desk/reception, resource volunteers, community meeting facilitation, administration, health and wellness instructor, peer leaders, greeters, house monitor, food service, clothes closet, transportation, child care, computer services, mechanical repair and cleaning crew/housekeeping. The estimated financial value of these volunteer services is \$680,458.

IV. Analysis

RSS FY 18 Interim Evaluation

In this portion of the report, RSS FY 18 interim evaluation results are reported in four different sections. The first section reports on the types of recovery support services provided; peer volunteer recruitment and service provision; and ROSC activities conducted by the RSS organizations. The second section describes characteristics of the recovery coaches who are providing services in the RSS organizations. The third section summarizes findings of a Recovery Coach Survey that was designed to assess qualitative aspects of the recovery coaches' experiences in providing coaching in the RSS programs. The final section presents Recovery Coaching Participant Success Stories that were submitted by RSS programs, which include Participant Success Stories, Recovery Coach Personal Success Stories, and A Letter to My Coach, which illustrate the effects of recovery coaching and recovery support services on participants' recovery journeys.

Recovery Support Services

RSS providers are required to report detailed information regarding recovery support services provided on a monthly basis into the RED-ROC database system. The types of data reported include the types of services provided; number of individuals receiving the services (unduplicated and duplicated); total hours of services provided; referrals to community service providers; peer volunteer recruitment, training, and service provision; and the number of Recovery Oriented Systems of Care (ROSC) activities conducted during the reporting month. The following describes the services reported by RSS organizations during the time span of May 2014 through July 2018, and are reported by organization type (Community Based Organization, Recovery Community Organization, and Treatment Organization) and total numbers statewide.

Recovery Support Services (RSS) Provision

The total number of participants receiving Direct, Indirect, and Educational RSS are reported in Table 1. Direct RSS includes Face-to-Face Recovery Coaching, Telephone Recovery Coaching, Traveling Companion Recovery Coaching, Internet Recovery Coaching, and Recovery Support Groups. Direct RSS was the most frequently provided type of RSS by the organizations. The total unduplicated count of individuals (new individuals receiving services for the first time) who received Direct RSS statewide was 46,208. The duplicated count (new and ongoing individuals) for Direct RSS statewide was 114,517. The second most frequently provided RSS was Educational Services. Educational Service topics include Recovery, Life Skills, Alcohol/Drug, Volunteer Services, Employment, Computer Skills, and GED Preparation. The unduplicated count of individuals receiving Educational Services statewide was 29,762 and the duplicated count was 61,489. Indirect RSS was the least frequently provided RSS type. Indirect RSS include Alcohol and Drug Free Social Activities; Transportation; Career/Clothing Closet; Health and Wellness Supports; Housing; Mental Health/Co-Occurring Peer Services; Food Pantry; Financial Assistance/Family Needs; Community Service Projects; Child Care; Veteran's Services; and Community-Wide Events. The total unduplicated count of individuals receiving Indirect RSS statewide was 20,778 and the duplicated count was 39,700.

| Table 1 Total Number of Participants Receiving Direct, Indirect, and Educational Recovery Support Services (RED-ROC Data May 2014 – July 2018) | | | | |
|--|------------|------------|-----------|------------------|
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| Participants Served - Unduplicated | | | | |
| Direct Recovery Support Services | 10118 | 2037 | 34053 | 46208 |
| Educational Services | 7420 | 751 | 21591 | 29762 |
| Indirect Recovery Support Services | 3645 | 1136 | 15997 | 20778 |
| Participants Served - Duplicated | | | | |
| Direct Recovery Support Services | 27614 | 4860 | 82043 | 114517 |
| Educational Services | 17398 | 1287 | 42804 | 61489 |
| Indirect Recovery Support Services | 8458 | 2684 | 28558 | 39700 |

The total number of participants (duplicated) receiving Direct Recovery RSS by type of service is reported in Table 2. The most frequently provided type of Direct Recovery RSS statewide was Recovery Support Groups received by 23,779 participants, whereas the least frequently provided service type was Internet Recovery Coaching provided to 2,449 participants.

| Table 2 Total Number of Participants* Receiving Direct Recovery Support Services by Type of Service (RED-ROC Data May 2014 – July 2018) | | | | |
|--|------------|------------|-----------|------------------|
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| Recovery Support Groups | 3864 | 1876 | 18039 | 23779 |
| Face-to-Face Recovery Coaching | 5352 | 704 | 17202 | 23258 |
| Telephone Recovery Coaching | 2126 | 228 | 7365 | 9719 |
| Traveling Companion Recovery Coaching | 349 | 49 | 3116 | 3514 |
| Internet Recovery Coaching | 241 | 0 | 2208 | 2449 |

*Participants may be counted in more than one service category.

Table 3 presents the total number of Direct RSS service hours provided by the RSS organizations. In relation to the types of Direct RSS, the greatest number of service hours provided was through Face-to-Face Recovery Coaching at 96,791 hours and the lowest was through Internet Coaching at 5,248 hours. The total number of Direct RSS service hours provided statewide through all categories of service was 176,989 hours.

| Table 3 | | | | |
|--|------------|------------|-----------|------------------|
| Total Number of Hours of Direct Recovery Support Services by Type of Service | | | | |
| (RED-ROC Data May 2014 – July 2018) | | | | |
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| Face-to-Face Recovery Coaching | 25920 | 5678 | 65193 | 96791 |
| Telephone Recovery Coaching | 9512 | 772 | 23978 | 34262 |
| Recovery Support Groups | 10804 | 2484 | 11693 | 24982 |
| Traveling Companion Recovery Coaching | 2803 | 193 | 12709 | 15706 |
| Internet Recovery Coaching | 1015 | 0 | 4233 | 5248 |
| Total Direct Recovery Support Hours | 50054 | 9128 | 117807 | 176989 |

The total number of participants (duplicated) receiving Indirect RSS by type of service is reported in Table 4. Excluding Community-Wide events, the most frequently provided Indirect RSS provided was Alcohol and Drug Free Social Activities attended by 7,303 participants, whereas the least frequently provided service type was Veteran’s Services provided to 178 participants. The total number of Indirect RSS service hours provided statewide by the RSS organizations was 30,848 (Table 4a).

| Table 4 Total Number of Participants* Receiving Indirect Recovery Support Services by Type of Service (RED-ROC Data May 2014 – July 2018) | | | | |
|--|------------|------------|-----------|------------------|
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| Community-Wide Events | 6519 | 2945 | 26576 | 36040 |
| Alcohol and Drug Free Social Activities | 1316 | 271 | 5716 | 7303 |
| Transportation | 743 | 419 | 3700 | 4862 |
| Health and Wellness Supports | 1021 | 497 | 2565 | 4083 |
| Career/Clothing Closet | 236 | 495 | 2517 | 3248 |
| Housing | 379 | 111 | 1901 | 2391 |
| Other | 456 | 96 | 1729 | 2281 |
| Community Service Projects | 102 | 17 | 1076 | 1195 |
| Financial Assistance/Family Needs | 196 | 73 | 721 | 990 |
| Food Pantry | 130 | 47 | 635 | 812 |
| Mental Health/Co-Occurring Peer Services | 217 | 71 | 480 | 768 |
| Child Care | 86 | 2 | 332 | 420 |
| Veteran's Services | 6 | 7 | 165 | 178 |

*Participants may be counted in more than one service category.

| Table 4a. Total Indirect Service Hours Provided | | | |
|---|------------|------------|------------------|
| <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| 9038 hrs. | 1688 hrs. | 20122 hrs. | 30848 hrs. |

Table 5 presents the total number of participants (duplicated) receiving Educational Services by type of service. The most frequently provided

Educational Service type was for the topic of Recovery to 15,320 participants and the least frequent was for GED Preparation to 314 participants. The total number of Educational Service hours provided statewide by the RSS organizations was 15,561 (Table 5a).

| Table 5 Total Number of Participants* Receiving Educational Services by Type of Service (RED-ROC Data May 2014 – July 2018) | | | | |
|--|------------|------------|-----------|------------------|
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| Recovery | 3065 | 395 | 11860 | 15320 |
| Life Skills | 3456 | 139 | 5609 | 9204 |
| Alcohol/Drug | 1062 | 85 | 7255 | 8402 |
| Other | 396 | 32 | 2617 | 3045 |
| Employment | 515 | 28 | 1594 | 2137 |
| Volunteer Services | 178 | 222 | 528 | 928 |
| Computer Skills | 112 | 32 | 404 | 548 |
| GED Preparation | 28 | 0 | 286 | 314 |

*Participants may be counted in more than one service category.

| Table 5a. Total Education Service Hours Provided | | | |
|--|------------|------------|------------------|
| <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| 4134 hrs. | 846 hrs. | 10580 hrs. | 15561 hrs. |

Referrals to Community Services

One aspect of the development of a local ROSC is for the RSS organization to establish connections with a wide network of community service providers who also provide recovery support and/or treatment services. Creating this network increases the resources available to refer participants to a wide array of services based on individual need to support their recovery path. Table 6 reports the total number of Referrals to Community Services by type of referral. The three most frequent types of Community Service referrals were to Housing Services (9,747), Substance Use Disorder Treatment (7,887), and Employment Services (5,836). The three least frequent referral types were Optical Services (417), Child

Care (408), and Veteran’s Services (405). As can be seen in Table 6, the RSS organizations have successfully developed referral networks providing a wide array of service types to assist participants’ process of recovery.

| Table 6 Total Number of Referrals to Community Services (RED-ROC Data May 2014 – July 2018) | | | | |
|---|------------|------------|-----------|------------------|
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| Housing Services | 2188 | 505 | 7054 | 9747 |
| Substance Use Disorder Treatment | 1013 | 205 | 6669 | 7887 |
| Employment Services | 1071 | 524 | 4241 | 5836 |
| Other | 3623 | 52 | 1657 | 5332 |
| Transportation | 773 | 248 | 4298 | 5319 |
| Texas Workforce Commission | 764 | 286 | 1865 | 2915 |
| Food Pantry | 410 | 213 | 2164 | 2787 |
| Medical Treatment | 600 | 162 | 1832 | 2594 |
| Educational Services | 442 | 187 | 1929 | 2558 |
| Mental Health Treatment | 524 | 209 | 1482 | 2215 |
| Driver’s License/Identification Services | 519 | 142 | 1493 | 2154 |
| Financial Assistance/Family Needs | 587 | 73 | 1019 | 1679 |
| Co-Occurring Disorders Treatment | 247 | 111 | 858 | 1216 |
| Mental Health/Co-Occurring Peer Services | 307 | 360 | 413 | 1080 |
| Dental Services | 171 | 18 | 309 | 498 |
| Optical Services | 130 | 14 | 273 | 417 |
| Child Care | 141 | 1 | 266 | 408 |
| Veteran’s Services | 72 | 17 | 316 | 405 |

Peer Volunteer Recruitment and Services

Another aspect of ROSC development is to recruit Peer Volunteers to provide services in the RSS organization. Peer Volunteer work is beneficial to the volunteer as it provides a means to contribute to and maintain involvement in the recovery community. Further, Peer Volunteer services are beneficial to participants who are new to recovery, as the volunteer can be a source of support

through their shared experiences in recovery. Table 7 presents the total number of Peer Volunteers recruited, trained, and provided services in the RSS organizations. Statewide, a total of 2,238 new Peer Volunteers were enlisted, 690 trained, and 4,372 provided Peer Volunteer Services.

| Table 7 Total Number of Peer Volunteers Recruited and Trained (RED-ROC Data May 2014 – July 2018) | | | | |
|---|------------|------------|-----------|------------------|
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| Peer Volunteers Enlisted | 441 | 545 | 1252 | 2238 |
| Received Volunteer Training | 116 | 89 | 485 | 690 |
| Provided Peer Volunteer Services | 765 | 1311 | 2296 | 4372 |

Table 8 reports the types of services provided by Peer Volunteers in the RSS organizations and the estimated value of these services. As can be seen in Table 8, Peer Volunteers provide a wide array of services in the RSS organizations, including Direct and Indirect RSS, Educational Services, Administrative Functions, and general services to support operation of the RSS organizations. Peer Volunteers provided 43,553 hours of service and the estimated value of these volunteer services statewide was \$680,458.

| Table 8 Types of Volunteer Services Provided (Listed By Statewide Frequency) and Estimated Value of Services (RED-ROC Data May 2014 – July 2018) | | | |
|---|------------|------------|-----------|
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> |
| Recovery Group Facilitation | X | X | X |
| Peer Leaders | X | X | X |
| Event Planning and Coordination | X | X | X |
| Face-to-Face Recovery Coaching | X | X | X |
| Telephone Recovery Coaching | X | X | X |
| Administrative / Clerical | X | X | X |
| Educational Instruction | X | X | X |
| Resource Volunteers | X | X | X |
| Cleaning Crew / Housekeeping | X | X | X |
| Community Meeting Facilitation | X | X | X |
| Other Volunteer Services | X | X | X |
| Travelling Companion Recovery Coaching | X | X | X |
| Board Membership | X | X | X |
| Greeters | X | X | X |
| Internet Recovery Coaching | X | X | X |
| Food Service | X | X | X |
| Administration | X | X | X |
| Health and Wellness Instructor | X | X | X |
| Front Desk / Reception | X | X | X |
| House Monitor | X | X | X |

| Table 8a. Total Volunteer Service Hours Provided | | | |
|--|------------|------------|------------------|
| <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| 11973 hrs. | 13217 hrs. | 18363 hrs. | 43553 hrs. |

| Table 8b. Estimated Value of Volunteer Hours | | | |
|--|------------|-----------|------------------|
| <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| \$238,953 | \$224,198 | \$217,307 | \$680,458 |

ROSC Activities

System transformation in building and maintaining a ROSC involves training, active peer leadership involvement and, as previously stated, building a strong network with other community service providers. Table 9 presents the total number of ROSC Activities conducted by the RSS organizations. Statewide, the RSS organization held 2,203 Orientation/In-service Trainings for Recovery, 669 Recovery Trainings for Clinical Staff (Treatment Organizations only), held 1,134 Peer Leadership/Advisory Council meetings, and established 758 New Memoranda of Understanding. These data demonstrate that the RSS organizations conducted a large number of activities to support ROSC system transformation.

| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
|---|------------|------------|-----------|------------------|
| Orientation/In-service Trainings for Recovery Coaches | 969 | 154 | 1080 | 2203 |
| Peer Leadership/Advisory Council Meetings | 248 | 183 | 703 | 1134 |
| New Memoranda of Understanding | 311 | 44 | 403 | 758 |
| Recovery Training for Clinical Staff* | 5 | * | 664 | 669 |

*Data reporting item required for Treatment Organizations only

RSS Recovery Coaches

RSS providers are required to report descriptive information into the RED-ROC database regarding the Recovery Coaches who are providing services in their program when the individual is hired for paid services and/or recruited to provide volunteer services in their organization. The types of descriptive data reported include demographic characteristics; personal recovery experience (optional reporting item); recovery coach training, designations, certifications, and other licensures; and types of recovery coaching services provided. The following describes these RSS Recovery Coach characteristics reported by RSS organizations during the time span of May 2014 through July 2018, and are reported by organization type (Community Based Organization, Recovery Community Organization, and Treatment Organization) and total numbers statewide.

RSS Recovery Coaches – Demographic Characteristics

Figures 1, 2 and 3 present the age ranges, gender, and race/ethnicity of RSS Recovery Coaches at entry into providing services in the RSS organizations. The majority of RSS Recovery Coaches statewide were between the ages of 26 – 65 years old (96%) with the most frequent age range being 46 – 55 (38%); 60% were female; 59% were White and 37% were Black; and 22% were of Hispanic ethnicity.

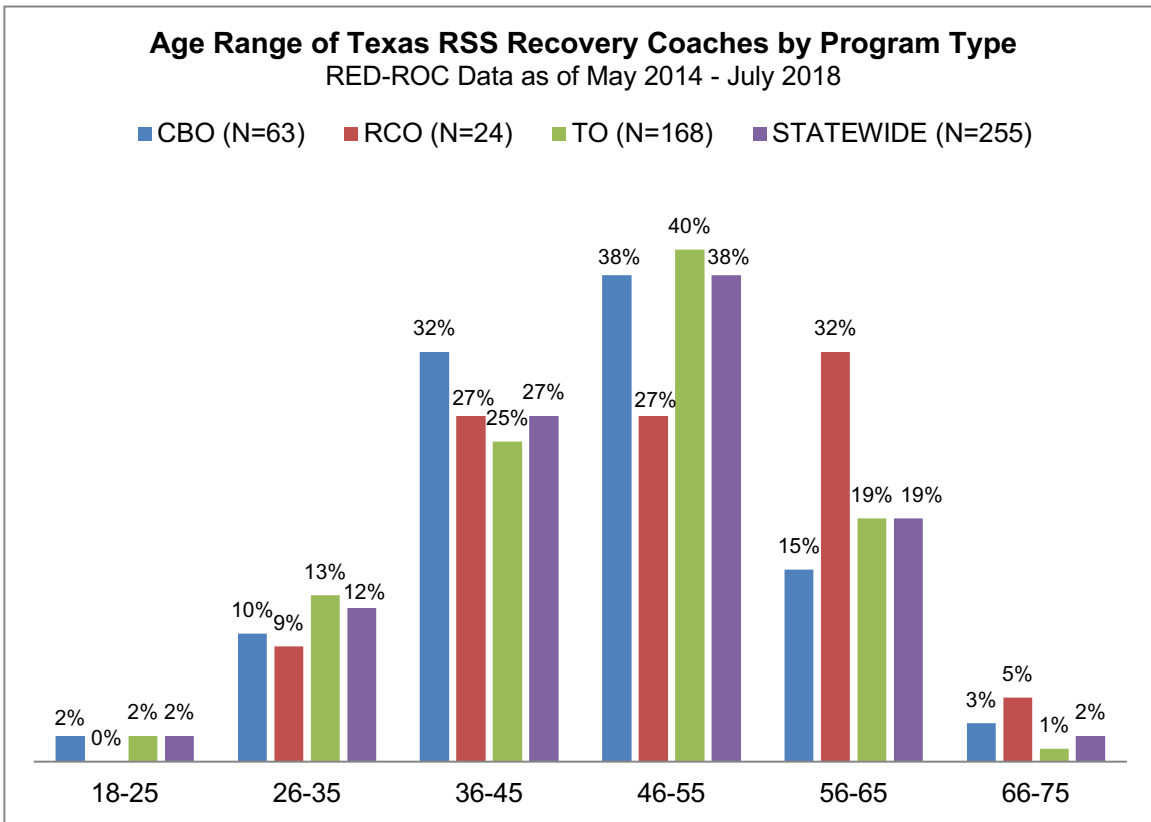


Figure 1

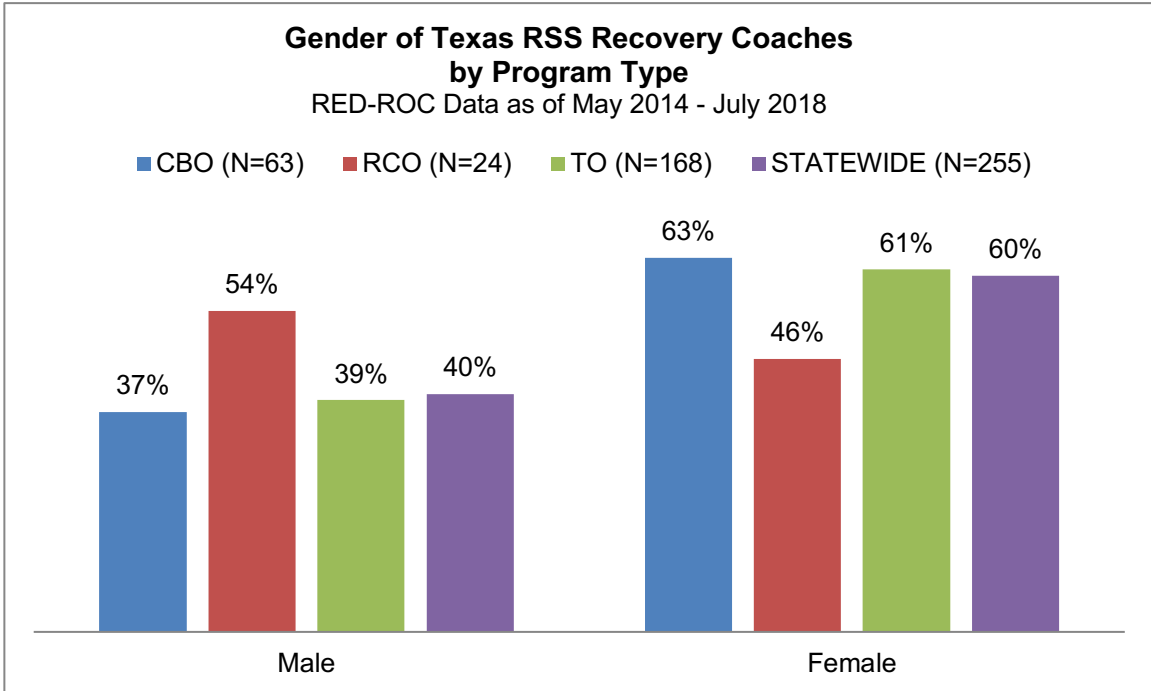


Figure 2

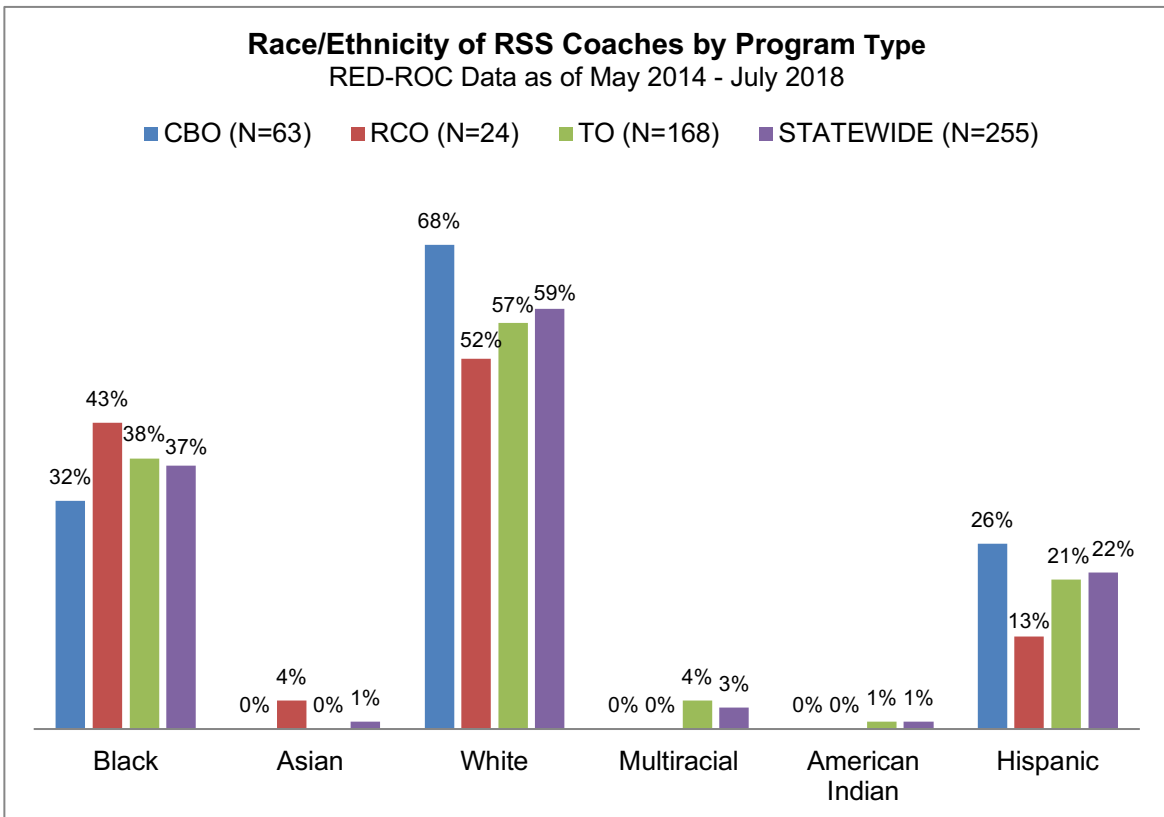


Figure 3

The primary language and secondary fluent languages spoken by the RSS Recovery Coaches are reported in Table 10. The primary language spoken by the Recovery Coaches was 99% English and 18% of the Recovery Coaches spoke Spanish as their second fluent language.

| Table 10 Languages of Texas RSS Coaches by Program Type (RED-ROC Data May 2014 – July 2018) | | | | |
|---|------------------|----------------|------------------|----------------|
| | Primary Language | | Secondary Fluent | |
| | <u>English</u> | <u>Spanish</u> | <u>English</u> | <u>Spanish</u> |
| CBO | 100% | | | 25% |
| RCO | 100% | | | |
| TO | 99% | 1% | 3% | 18% |
| STATEWIDE | 99% | 1% | 2% | 18% |

RSS Recovery Coaches - Experience with Recovery

RSS Recovery Coaches’ personal recovery experiences are displayed in Figure 4. Statewide, 88% of Recovery Coaches reported being in personal Substance Use Disorder recovery and 81% reported having a family member in Substance Use Disorder recovery. In Recovery Community Organizations (RCOs), 92% of the Recovery Coaches stated that they were in personal Substance Use Disorder recovery and 87% indicated that they had family members in Substance Use Disorder recovery. In the area of mental health, 26% of the Recovery Coaches statewide reported being in personal mental health recovery and 47% reported having family members in recovery for mental health issues.

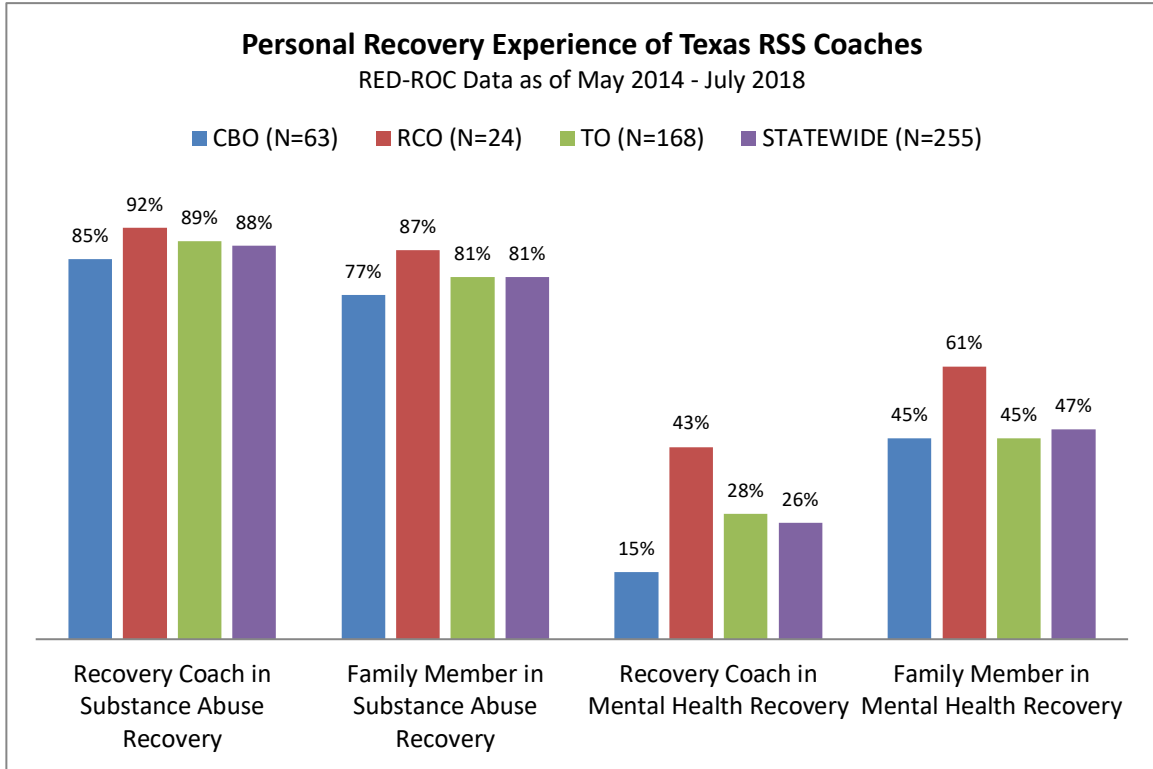


Figure 4

RSS Recovery Coaches -Length of Experience, Training, and Credentialing

RSS Recovery Coaches’ length of coaching experience, Recovery Coach training, and credentials held are reported in Figures 5, 6, and 7, respectively. The vast majority of Recovery Coaches are relatively new to providing recovery coaching services with 70% having 0 – 12 months recovery coaching experiences.

Statewide, 95% of the Recovery Coaches had received the HHSC Approved Recovery Coach Training and 12% had received other Recovery Coach training. In the area of TCBAP Recovery Coach Designations and Certifications, 31% of the Recovery Coaches had received designation status and 43% had received certification statewide. In addition, 19% of the RSS Recovery Coaches statewide had other credentials/licensing, such as LCDC and Peer Specialist.

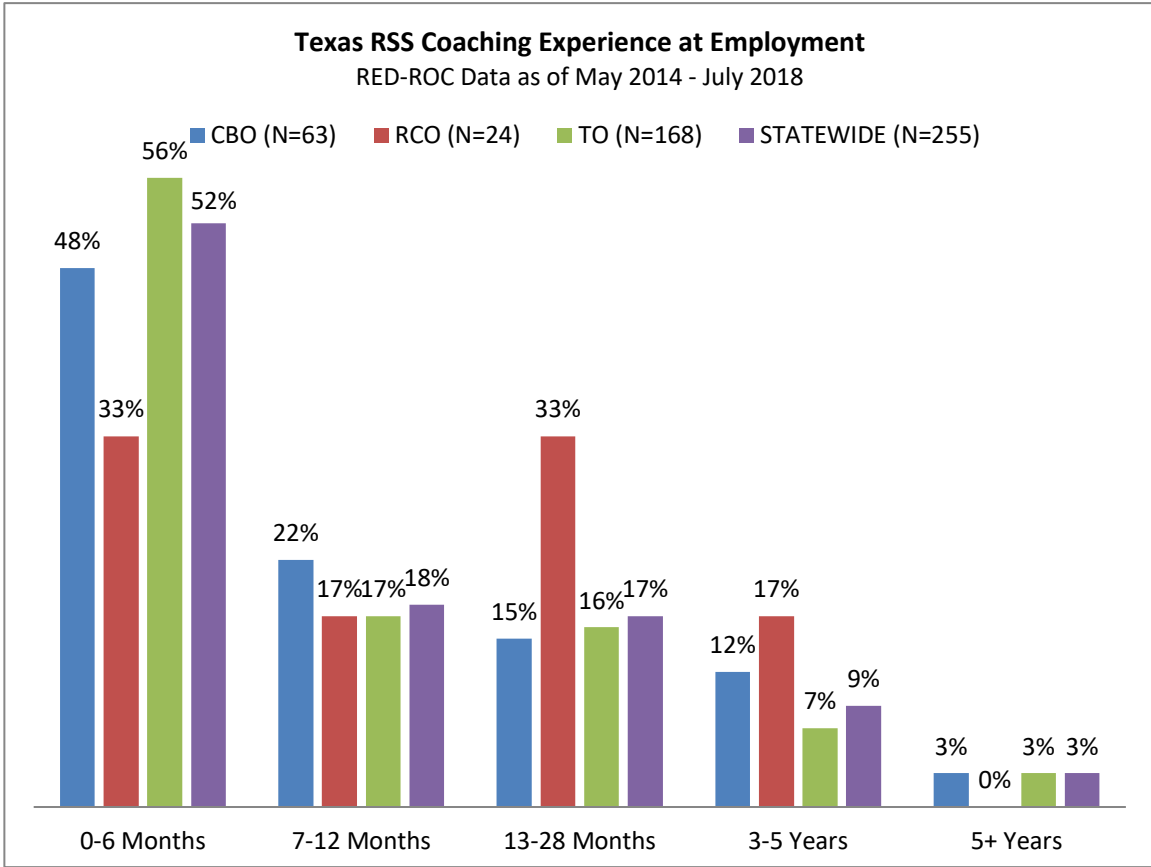


Figure 5

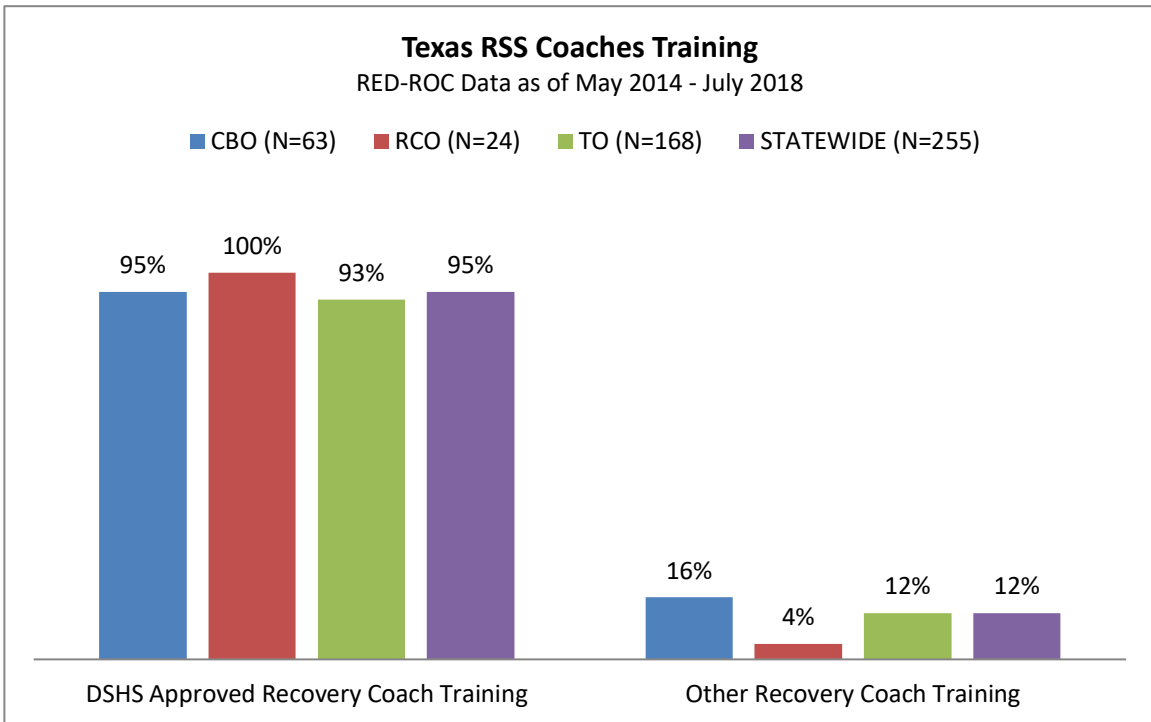


Figure 6

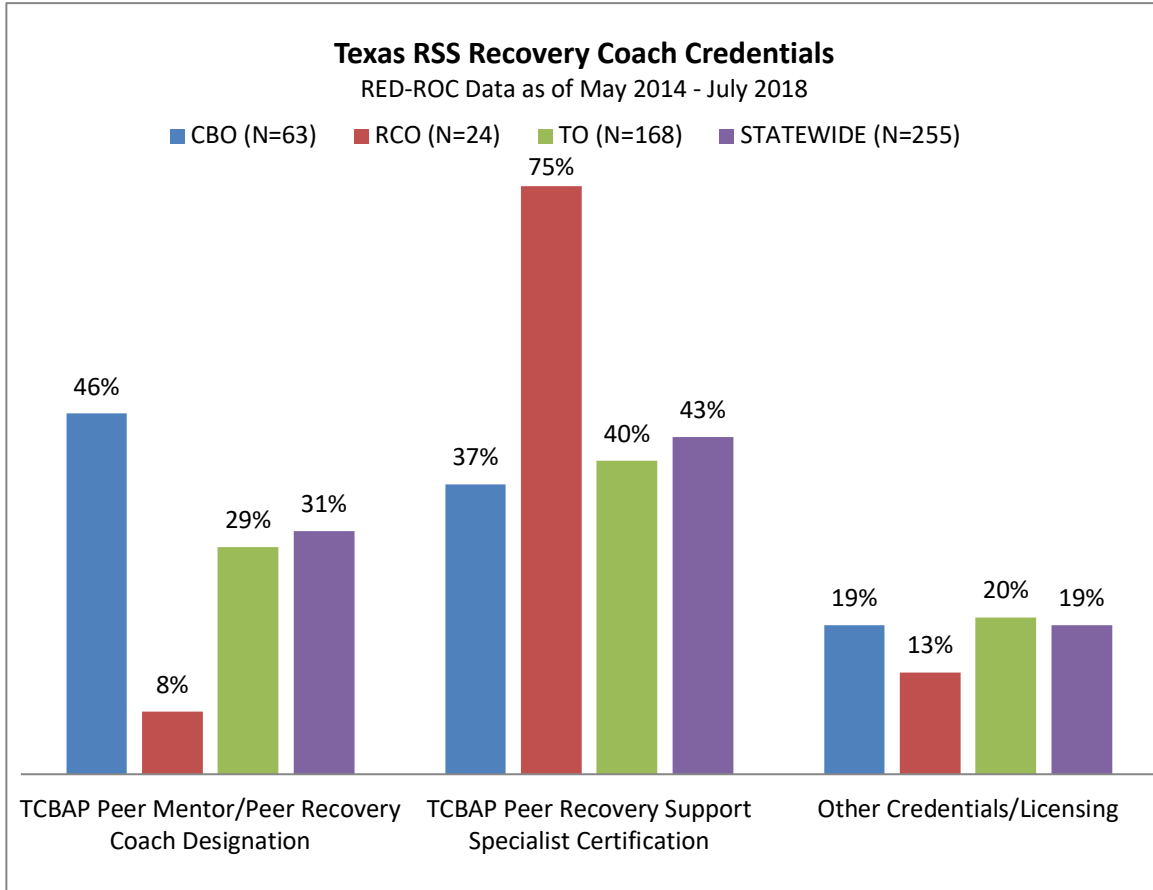


Figure 7

RSS Recovery Coaches - Types of Recovery Coaching Provided

Figures 8 and 9 present the paid and/or volunteer status of the RSS Recovery Coaches and the types of recovery coaching services provided, respectively. Statewide, the majority of recovery coaching services provided by RSS Recovery Coaches were paid only (72%), followed by both paid and volunteer (19%), and then volunteer only (8%). The most frequently provided recovery coaching service types were Substance Use Disorder (96%), Family (49%), Co-Occurring Substance Use Disorder and Mental Health (50%), and Mental Health (43%). The least frequent categories of recovery coaching service types were Veteran’s Services (16%) and Other (12%), such as HIV, criminal justice, and LGBT.

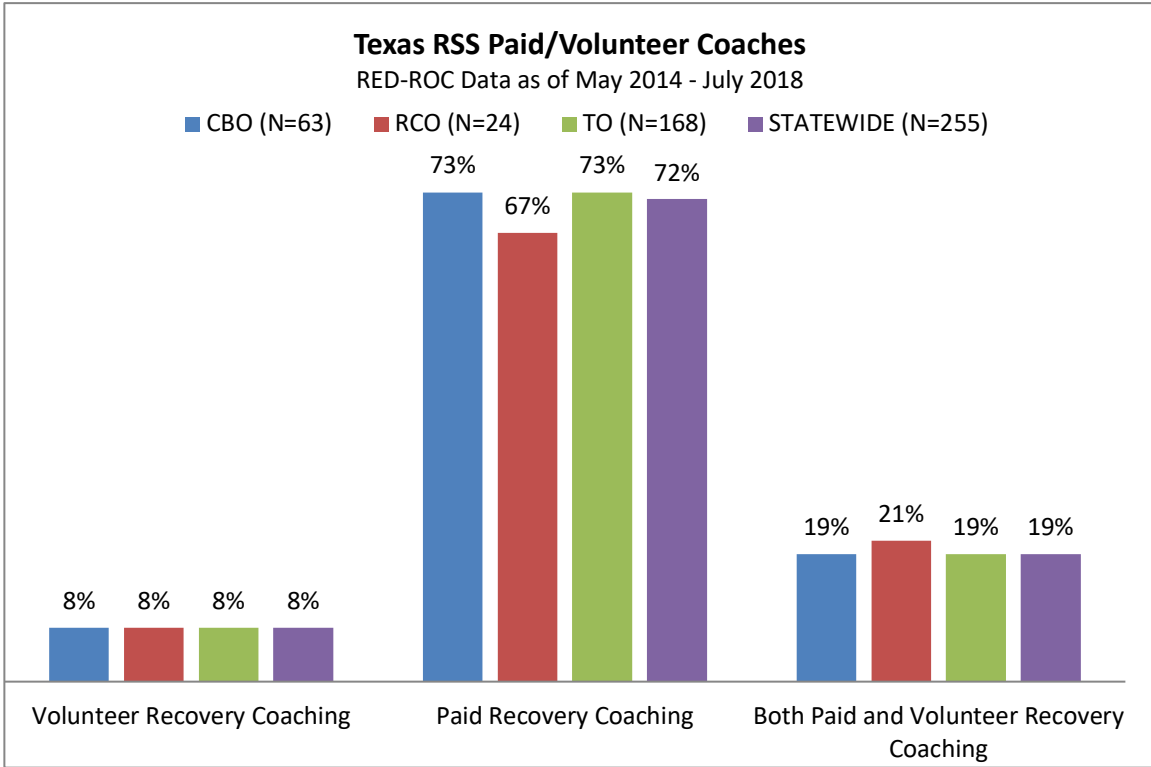


Figure 8

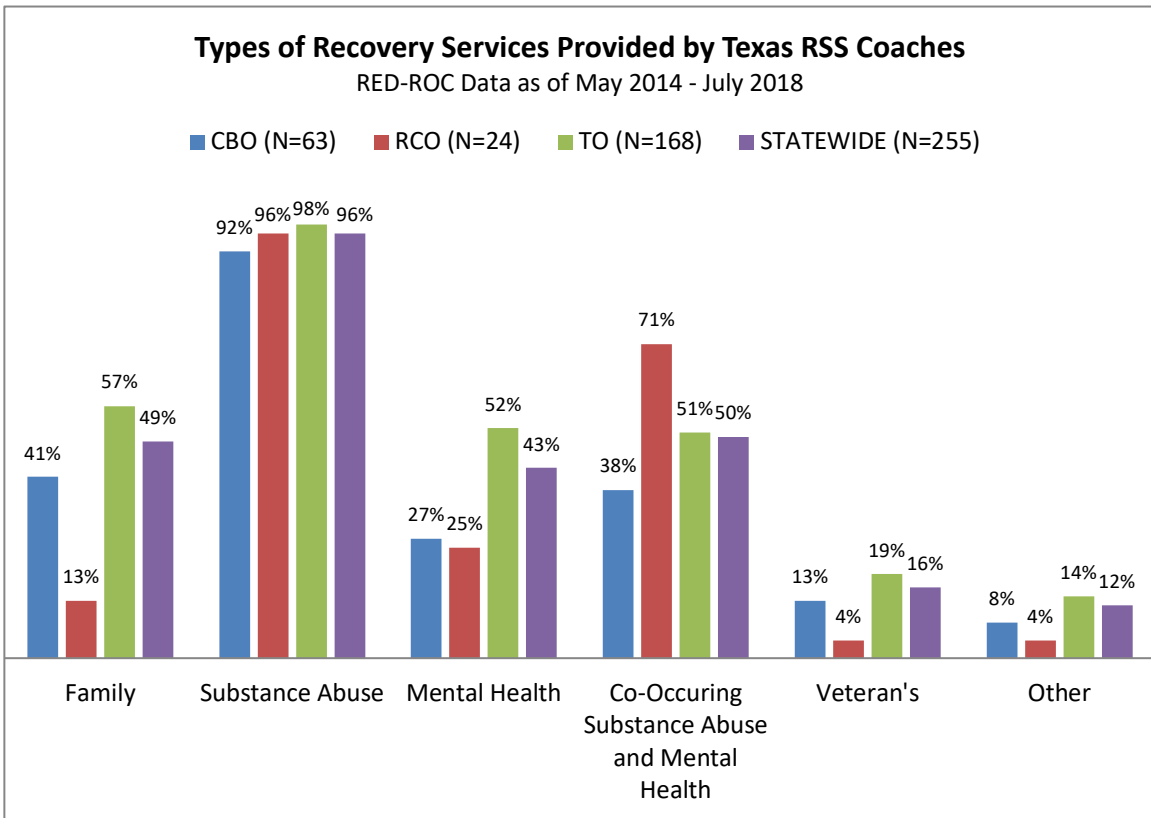


Figure 9

RSS Recovery Coaches – Job Tenure

Table 11 displays information regarding job tenure of the RSS recovery coaches. The RSS programs have hired 255 recovery coaches statewide through July 2018 and, during that same time period, 148 coaches left their positions resulting in a 58% turnover rate. The average time that the coaches held their positions was 15.1 months. In addition, the RSS substance abuse treatment organizations had the highest turnover rate (60%) relative to the community-based (54%) and recovery community (54%) organizations. The recovery coaches in treatment organizations also had the lowest length of tenure with an average of 14.5 months in the positions.

| Table 11 RSS Recovery Coach Job Turnover and Average Length of Tenure (RED-ROC Data May 2014 – July 2018) | | | | |
|---|------------|------------|-----------|------------------|
| | <u>CBO</u> | <u>RCO</u> | <u>TO</u> | <u>STATEWIDE</u> |
| Number of Recovery Coaches Hired | 63 | 24 | 168 | 255 |
| Number of Recovery Coaches Left Position | 34 | 13 | 101 | 148 |
| Turnover Rate | 54% | 54% | 60% | 58% |
| Average Length of Tenure in Months | 16.3 | 16.7 | 14.5 | 15.1 |

Recovery Coach Survey

A survey was created in RED-ROC to assess qualitative aspects of the recovery coaches' experiences in providing coaching in the RSS programs. Invitations to participate in the survey were sent to 123 active coaches and the survey was open for two weeks from 8/14/18 through 8/28/18. During this time period, 64 coaches completed the survey resulting in a response rate of 52%. At least one coach from each of the 22 RSS programs completed the survey rendering 100% coverage of the participating programs. The survey consisted of the following 9 questions:

1. How long have you been providing Recovery Coaching services?
2. Are you personally in recovery from a substance use disorder? (Voluntary Response)
 - a. If yes, how long have you been in recovery?

- b. If yes, how does providing Recovery Coaching services affect your own recovery?
3. What are the most positive aspects of providing Recovery Coaching services?
4. What are the most difficult aspects of providing Recovery Coaching services?
5. What supports do you have that facilitate providing Recovery Coaching services?
6. What supports are you missing that you feel would help you in providing Recovery Coaching services?
7. Have you ever encountered situations in which you felt you were being asked to do things that were beyond your scope of practice as a Recovery Coach? If so, please describe.
8. Please describe any training needs you may have that would help you in providing Recovery Coaching services.
9. Please include any further comments you may have.

Recovery Coach Survey Results

The recovery coach survey results are reported below for each of the 9 survey items. First general themes for the item are listed, followed by selected specific responses of recovery coaches that best capture overall themes across all responses.

Item #1: How long have you been providing recovery coaching services?

The length of recovery coaching experience for the survey respondents are reported in Figure 10. A large percentage of respondents reported having 3 or more years of experience (3 – 5 Years = 39%; 5+ Years = 9%), with the remaining length of experience categories relatively evenly distributed (0 – 6 Months = 16%; 7 – 12 Months = 17%; and 13 – 28 Months = 19%). These percentages indicate a good overall representation of length of coaching experiences among the respondents.

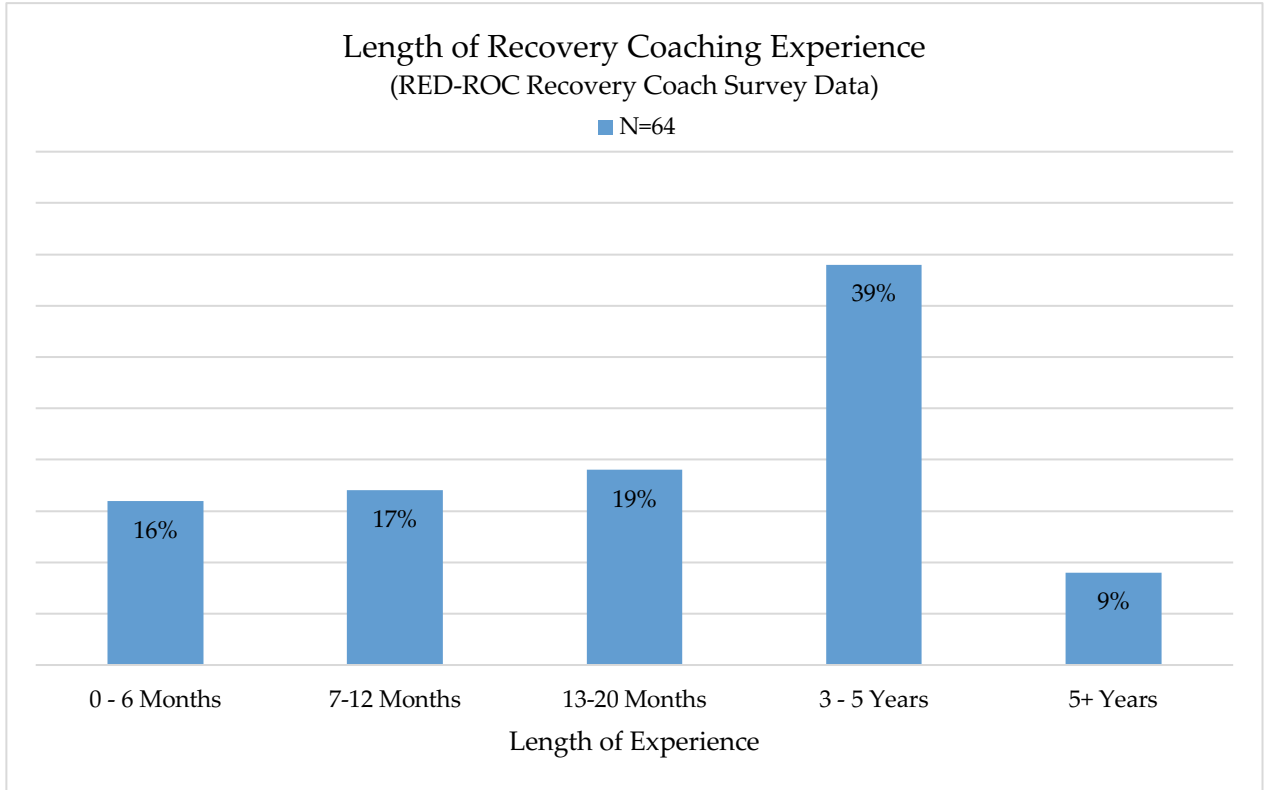


Figure 10

Item #2: Are you personally in recovery from a substance use disorder?

Ninety-seven percent of the respondents reported being in recovery from a substance use disorder.

Item #2a: If yes, how long have you been in recovery?

The recovery coach responses regarding the length of personal recovery are reported in Figure 11. The majority of individuals had been in personal recovery for 1 – 10 years (58%) and 18% reported being in recovery for over 20 years. None of the recovery coaches reported being in recovery for less than a year.

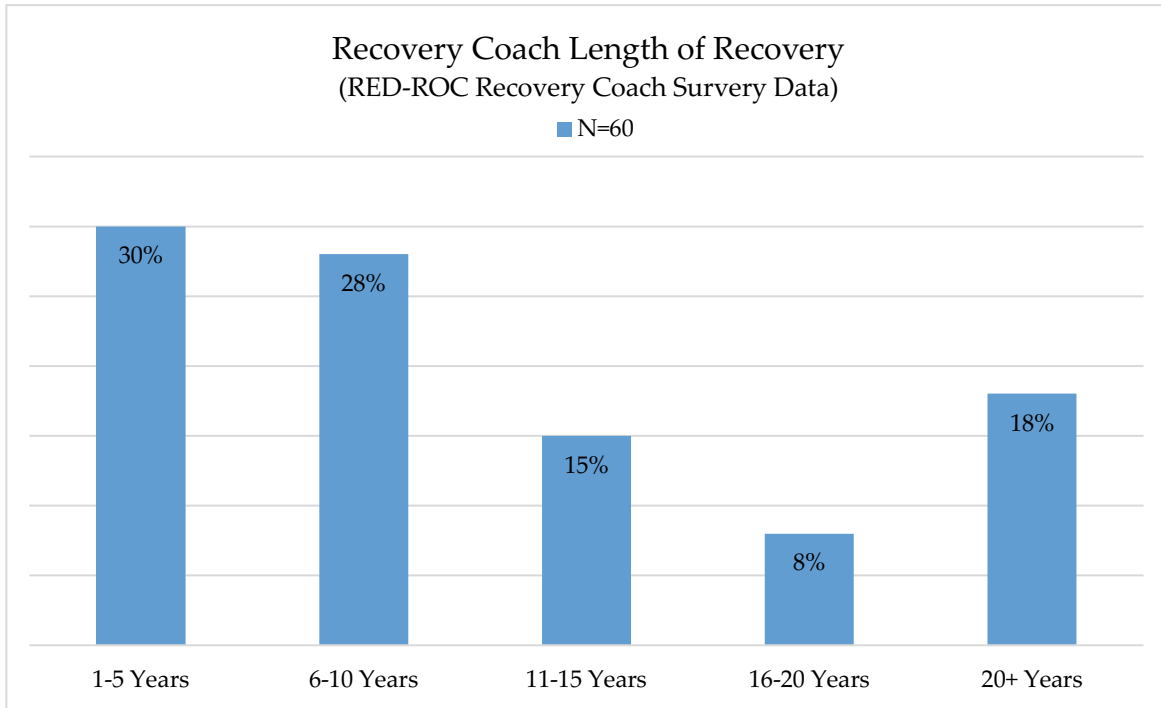


Figure 11

Item #2b: If yes, how does providing Recovery Coaching services affect your own recovery process?

General themes across all recovery coach responses regarding how providing recovery coaching services affects their personal recovery process are reported below.

- Being a recovery coach reminds me of...
 - How I was in early recovery and how far I have come.
 - Where I don't want to be and why it is important to stay in the recovery process.
 - The need to make time for self-care and to remain connected with my support system.
 - No matter what, I still need to make recovery a priority.
 - Not to take things for granted and that life takes work.
 - No matter how much time we have in recovery, addiction does not discriminate and if I allow myself it will take me.
 - The need to be diligent in my own recovery in order to help others with their recovery journey.
- Allows me to build upon and strengthen my own recovery capital.
- Working with others has increased my knowledge of recovery resources and has expanded my own support network.

- Reinforces the tools, coping strategies, and life skills I have developed and expands this repertoire.
- Provides a sense of purpose.
- Giving of myself, sharing my story, and promoting hope strengthens my own recovery.
- Personal recovery helps me to understand the recovery process of others and increases my empathy.
- Opened me up to different pathways of recovery other than just the 12 Steps.

Selected direct quotes of individual responses to how providing recovery coaching affects their own personal recovery:

“If affects my personal recovery by allowing me to be of service to others who are struggling with challenges with addiction; to be able to be in a place where I can offer hope, encouragement, support, and guidance in a mutual peer to peer relationship that embraces change and provides individuals with an optimal opportunity of achieving high levels of wellness and recovery in their own lives, which enriches and enhances my personal recovery by being present in the life of another to share with them the recovery concepts, wellness tools, and action plans I have learned how to develop to maintain my recovery, and collaborate with them to create an effective action plan for their recovery. It is my hope in sharing my personal recovery journey with others that they too will be able to and believe that recovery is possible for them as well.”

“Providing recovery coaching services enhances my recovery by reinforcing the values which are foundational to my commitment to wellness, by increasing the sense of meaning to my life experience (crisis), and by affirming my sense of value to the community. As Riessman’s helper therapy principle describes, helping others enhances my own health and wellness and provides me with a greater sense of worth and optimism. I also find a great sense of ‘flow’ in my work.”

“When I took the Peer Recovery Coach Institute I was a year and half sober. I knew that I wanted to help others that had the same challenges I was facing during my probation in Williamson County. In the 4 years and a few months it has helped me grow in so many ways. When I get to share my lived experience it is therapeutic for me and lets others know that recovery is possible. It has helped me gain knowledge of various

pathways to recovery and allows me to be more empathic to others wherever they are in their recovery path.”

Item #3: What are the most positive aspects of providing Recovery Coaching services?

General themes in the responses related to the most positive aspects of providing recovery coaching services are detailed below.

- Promoting a sense of hope in others because I have experienced addiction and recovery.
- Celebrating small victories because change doesn’t happen overnight.
- Seeing the successes of others and providing unconditional support.
- Sharing the recovery experience is powerful and letting peers know that if they experience a relapse, that is when we want to have more frequent coaching sessions.
- Being an advocate, role model, and living proof and inspiration that long-term recovery is possible.
- Seeing transformation and new lives emerging.
- Being immersed in the recovery community at all times.
- Changing lives and seeing people grow in recovery and achieving their personal recovery goals.

Selected direct quotes of individual responses about the most positive aspects of recovery coaching:

“One of the most positive aspects is being able to simply be with another and allow them to be wherever they are and providing them with compassion and empathy. Seeing the spark of hope in their eyes when they realize that they can get well and that there are people that truly can relate to where they are and what they are going through.”

“Providing hope for those still seeking recovery; promoting and providing a ‘multiple pathways’ approach previously unknown or unheard of by many; providing support for people that are intimidated or have difficulty navigating social services and resources; the non-judgmental/self-determination/self-sufficiency paradigm and principles are very new and welcomed by people.”

“The daily opportunity to engage with someone who needs peer support along with instilling hope, promoting self-efficacy, appropriate self-disclosure and empowerment can foster long-term recovery.”

Item #4: What are the most difficult aspects of providing Recovery Coaching services?

General themes in the responses related to the most difficult aspects of providing recovery coaching services are presented below.

- Watching peers struggle when they hit barriers in their recovery.
- Getting people to engage when their motivation drops off.
- Watching those you are unable to help continue to grapple with the rigors of addiction.
- Not being able to help everyone; some who need our help don't stay engaged for the long term.
- Dealing with setbacks and relapse of peers and the guilt and shame associated with that.
- When a peer disappears and we are unable to find them.
- Knowing that people die from active addiction and witnessing that.
- Dealing with the manipulation of some peers.
- Maintaining boundaries as a recovery coach.
- Having enough recovery coaching staff to meet the demand.
- Limited community resources, particularly sober housing and especially for peers on MAT.
- Paperwork!!
- Dealing with the stigma and politics of recovery.
- The stretch to being open to other forms of recovery like MAT and harm reduction and moving away from abstinence as the only acceptable form of recovery; realizing that recovery is not only about working the 12 Steps.

Selected direct quotes of individual responses about the most positive aspects of recovery:

“The most difficult aspects of proving recovery coach services is seeing people suffer and not always being able to help them. Knowing that our resources are limited and not being able to ‘save’ everyone. Also the pay is a difficult aspect. It is sometimes hard to see others making more and doing less work, or what seem to be less important work.”

“Lack of recognition as a paraprofessional. There is still some lack of ‘respect’ I should say by licensed counselors. I believe this has gotten much better over the years, but there are still some gaps. The pay is a deterrent to some that want to be a coach because it is not a livable wage for someone with multiple children and with no assistance from a husband or second income. Many coaches have to have more than one job to make ends meet.”

“The most difficult has been aligning the documentation along with the array of services that a peer coach provides. Trying to find balance and providing effective coaching has been a challenge.”

“We have had several opioid deaths and that has been hard on us. Also allowing peers to live a self-directed life when you clearly see a different solution to some of their issues.”

Item #5: What supports do you have that facilitate providing Recovery Coaching services?

General themes in the responses related to supports that individuals have that facilitate the provision of recovery coaching services are reported below.

- Access to a wide array of recovery support resources and support groups.
- Education, training, and supervision.
- Supervision, consulting, and coaching meetings.
- Ability to meet peers in their own community for coaching meetings.
- My own lived experience.
- My sponsor.
- The statewide recovery movement.
- Strong team of coaching staff.
- Executive Director stresses the importance of self-care.

Selected direct quotes of individual responses describing supports that facilitate the provision of recovery coaching services:

“A recovery-oriented workplace that is part of the recovery movement. Trainings and supportive co-workers. Family and friends outside of recovery and my personal recovery support system.”

“At our agency, we have great leadership from the Executive Director, who supports our ideas, includes us in the decision making process of how services are provided, and routinely encourages us to pursue our work with passion.”

“I have an amazing team lead and co-peers that are a great support system. The individuals that I provide services to are a strong support as well and they have created a support network among themselves.”

“My agency is 100% on board and supportive of the coaching staff and there has not been any kickback. We are viewed as a very meaningful part of the treatment team.”

“I work for a state that is on fire for Recovery. I have the support of passionate professionals at my office. The entire establishment supports peer leadership. I have the support of my friends and family that encourage and motivate me to continue giving my best to peers. I have the prayers of my church, who believe that this is not just peer support, but a strong mission to lead my peers to recovery and instill hope for a better quality of life.”

Item #6: What supports are you missing that you feel would help you in providing Recovery Coaching services?

General themes in the responses related to supports that individuals feel they are missing that would aid in providing recovery coaching services are described below.

- Access to more affordable sober living facilities and housing that accepts individuals on MAT.
- More housing options and job opportunities for peers who have a history of a felony.
- Increased access to MAT and dental care for individuals on MAT.
- Peer to peer family recovery coaching services.
- Need an agency van to allow us to transport more participants to recovery events.

- Advanced training on peer recovery coaching and support services, such as Motivational Interviewing, ethics, boundary setting, peer supervision, and professionalism.
- More education about addiction and the barriers that keep individuals from recovering.
- More self-care days.
- Supports that enhance balance between documentation and delivery of recovery coaching services.
- More training on co-occurring mental health and substance use disorders and crisis management.

Selected direct quotes of individual responses describing supports that are missing that would facilitate the provision of recovery coaching services:

“A better resource guide throughout the State of Texas that will assist us with referrals and knowing what services are available and where.”

“I would love to have a free standing building to meet people where they are in the community. I wish we could provide computers for job search and resume building, washer and dryer, showers, clothes closet, food pantry, and a couple of rooms where an individual could stay the night while waiting to get into treatment. I want to have a safe place for individuals to hang out and live life in the beginning, in the middle, and as long as they need us.”

“Liaisons within the systems that prove most problematic, or the least receptive to the RSS perspective, such as CPS, Probation/Parole, some Law Enforcement and medical centers, and HIV service providers. More MAT providers or anyone strategically/intentionally trying to expand state funded treatment programs.”

“More housing options, the population that I serve are not ‘homeless’ based on HUD’s definition of ‘chronic homelessness.’ For people to improve their lives it is a barrier when you are still in the environment that perpetuated your addiction. Just because a person has a couch to

sleep on does not make it safe. We need more transitional and supportive housing.”

“Transportation services for peers and bus cards to remove the barriers of transportation. More paths to recovery represented in the community. Resources for housing, employment, and child care. Immediate beds available when an individual is ready for help/treatment.”

“Supports in reducing the stigma of addiction. Supports with funding to help educate our great state about Recovery from SUDs. Supports with funding to place a sufficient amount of Recovery Coaches where needed, for example jails, treatment centers, mental health clinics, schools, aftercare emergency rooms, health clinics, schools, aftercare, emergency rooms, churches, parole and probation offices, prisons, etc.”

Item #7: Have you ever encountered situations in which you felt you were being asked to do things that were beyond your scope of practice as a Recovery Coach?

In response to this question, 21 coaches (33%) reported experiencing situations in which they felt that they were being asked to do things that were beyond the scope of practice as a recovery coach. The responses of these recovery coaches are described below.

- Being asked to transport with the reasoning that I would have time to talk about recovery while transporting.
- I have a peer that has a fear of people and will only talk with me and I cannot get him to open up to the suggestion of MH counseling. I listen to him talk and just reiterate that I am not a MH coach or counselor.
- I have had a few instances where the MH side of things was beyond my scope, in which case I spoke with my supervisor or director to seek assistance in how to handle the situation and who to refer the participant to so that they can be better served.
- Lines can get blurred when people begin to trust you but I am clear to identify what I can and can't do.
- Many people need to be educated on exactly what a coach does. At my last organization we were allowed to transport peers. The counselors started treating us like a taxi every time they thought there was a need.

- Not by my supervisor or co-workers. The peers, however, ask beyond my scope such as trying to get me to sponsor them in their 12 Step group.
- Not from professionals, but yes from a few of my peers. I've been asked several times from my peers in jail to pass along certain letters to their loved ones. Call cousins and girlfriends to let them know that are ok or they loved them. I let them know that is out of my scope as a Peer Recovery Coach.
- Other departments have misunderstood the role of recovery coaches and regarded us as a taxi or babysitting service in the past, but it has gotten much better lately.
- Sitting in clinical groups which is not allowed, but the counselor wanted to show support with experiential knowledge. The fact of being a part of the past is not our agenda or purpose because we move forward into new beginnings of the recovery process, being motivated for change, health and wellness, and self-direction to reach our full potential.
- Speak in Child Protective Services court as a witness.
- Transport and counseling.
- Understanding CMBHS.
- With many of the ladies I coach, I am asked to sponsor or act as a trauma counselor. I have to repeatedly remind them that I can listen if they want to talk, but I am not qualified to counsel.
- Yes all the time! Working in a Residential Recovery Center and the daily tasks expected we are removed from being in the community where we are needed. Recovery Center Coaches are handicapped when it comes to involvement in the recoveree's natural environment.
- Yes, drug testing participants who are coming to us from the court system.
- Yes, from being asked to babysit to continually transporting when the participant has other options.
- Yes, giving drug tests.
- Yes, there were instances where clinicians relied on coaches to facilitate clinical groups and some other clinical duties.
- Yes, asked to write letters to the judge to help with traffic tickets or to help enroll in school.
- Yes asked to make decisions for the person.

Item #8: Please describe any training needs you may have that would help you in providing Recovery Coaching services.

The following lists the topic areas identified by the recovery coaches as areas in need of additional training.

- MAT and the opioid crisis
- The functions of the human brain and the effects of illicit drugs and alcohol on brain functioning
- Dual diagnosis and mental health
- Advanced Motivational Interviewing
- Harm Reduction
- Trauma-informed services
- TONI Texas Opioid Naloxone Initiative
- Using CMBHS
- Recovery Capital
- Management of administrative duties, such as paperwork to ensure adequate time for coaching
- Maintaining boundaries as a recovery coach
- Ethics in recovery coaching
- Outreach strategies
- Fetal Alcohol Syndrome
- Strength-based language and recovery planning
- Reentry for those involved in the criminal justice system
- Creating strategic partners in the local community
- Supervision of RSS programs
- De-escalation methods
- Trauma related to victims of human trafficking
- LGBTQ and transgender populations
- Role clarity of recovery coaches
- WRAP facilitation
- Locating community resources
- Crisis intervention

Item #9: Please include any further comments you may have.

Below are selected additional comments provided by the recovery coaches.

- I totally understand that documentation is what allows us to do what we do. At (my agency) we have an incredible database. We run all sorts of reports for our grantees and other organizations we have contracts with. It would be great to put all of our information in one place as opposed to two. It has been an amazing ride to see all of the hard work that has been put in from hundreds of coaches across the state. I love what we do and thank you!!

- I am excited about the ‘buzz’ regarding recovery support services and coaching.
- As coaches we work hard to provide our peers with quality services. We wear many hats advocate, mentor, resource navigator, group facilitation, etc. We make our schedules flexible to meet the needs of our peers. We can be found in court rooms, parole hearings, emergency rooms, mental health facilities, jail houses, and where ever the needs of our peers might take us. We attend numerous trainings, obtain countless CEUs, and are constantly advancing our knowledge and skill set. Yet we aren’t compensated equal to the body of our work. We are more than just peers. We are men and women, fathers and mothers. We have families to provide for, mortgages to pay, child care expenses, college funds to save for and so on. If you truly value the work we do, and appreciate the time and effort we put into transforming lives, then pay us what we are worth.
- I am lucky to be a coach, I love what I do!
- Being a Recovery Coach has changed my life. I read somewhere: “You don’t recover from an addiction by stopping using. You recover by creating a new life where it is easier not to use.” It benefits everyone involved, from the person in recovery all the way to the state, for a person to live a life in Recovery. As a Recovery Coach, I am a stepping stone for my peer to reach the next level of their life.
- I believe I am blessed to be part of this huge movement in the recovery initiative.
- Recovery support services and recovery coaching are amazing tools for those seeking long term recovery. As a person that has been around and active in the recovery/treatment industry, I see great opportunities to assist those that struggle. We need more RSS in the community. Up North they have coaches in hospitals and jails. They have them with the police department and crisis units. Coaches are being put in schools and community centers. There are even faith-based coaches involved in churches. I have been following the recovery movement a long time and see that Texas is so far behind getting on board like up North.
- I love my job, my place of employment and the successes I get to be a part of. It is not always an easy job, however it is worthwhile for sure.
- The Recovery Coach process is a life saver for a lot of people, especially the harm reduction process for those with co-occurring disorders.
- I would like to thank the person that thought Recovery Coaching is the best thing since Mrs. Baird’s Bread...

- We need more publicity regarding available services and funds to provide recovery coaching out of a normal workday and in different locations.
- Thank you for the survey and consideration as being a valuable part of Recovery Support.

Recovery Coaching Participant Success Stories

The 22 RSS programs were asked to submit recovery coaching participant success stories; this data collection period began on 7/16/18 and ended on 8/15/18. During this period, 8 of the 22 programs submitted success stories resulting in a response rate of 36% of the programs. Selected success stories are reported below; all identifying information has been changed so that the RSS program, recovery coach, and the recovery coaching participant cannot be identified. Success stories were selected that best illustrated common themes across all of the stories. In addition, the stories were edited in places to promote flow and uniformity among the stories. This portion of the report is divided into 3 sections: 1) Participant Success Stories; 2) Recovery Coach Personal Success Stories; and 3) A Letter to My Coach.

Participant Success Stories

These stories were submitted by recovery coaches describing the successes of participants who engaged in long term recovery coaching through the RSS program.

Mr. E: During my first visit with Mr. E, he sat in front of my desk suffering from tremors due to alcohol withdrawal and was unable to sign his name on forms. He shared with me his history of relapse in substance use and that he had previously been sober for 5 years. During his 90 day stay in residential treatment, Mr. E and I worked on a recovery wellness plan. He became active in a local church, was rehired in his previous job, and all appeared to be going great for him in his recovery journey. When Mr. E left treatment he was ready to conquer the world. Less than 30 days after his discharge from treatment, Mr. E stumbled back into the facility asking for another chance with treatment and was readmitted. This time his alcohol withdrawal symptoms were significantly worse and he began having seizures that were so bad that we had to call the paramedics and he ended up staying in the hospital for several days. At this point, Mr. E had no money, no insurance, and no family support. He was sent back to treatment where he began experiencing withdrawal symptoms again.

Mr. E did not qualify for emergency Medicaid and was in great need of immediate medical attention. In my role as his recovery coach, I began to call local churches, the Salvation Army, Catholic Family Charities and other possible community resources. Ultimately, one church provided funding for a doctor visit and paid for his medication to alleviate the symptoms of alcohol withdrawal and his health then improved daily. He was able to engage in the RSS recovery coaching program during his second 90 day stay in residential treatment. In my role as his recovery coach, I was able to assist Mr. E with his employment search, provided transportation to recovery meetings, and attended church with him. After months of research, he found a sober home in another city. Through the RSS program we were able to assist him with his move to the other city and maintained contact with him over the years. Upon his arrival in the new city, Mr. E became very active in his recovery. He immediately gained employment with a contractor and continues to hold this position today. Mr. E moved from the halfway house to a three-quarter way house and is active in his home AA group, where he facilitates meetings weekly. Mr. E recently celebrated 3 years of continuous recovery!!

Ms. K: Ms. K was a very challenging participant. She described herself as having been in treatment 3 ½ times; the “½” time was when she stayed in the treatment program for approximately 2 weeks and left when she decided she had it all figured out. All she had to do is to go live on the beach with her best friend and live happily ever after. Her substance use disorder, mental health disorder, and her “mad at the world” attitude were significant impediments to her recovery process. During our first year of recovery coaching, we worked toward acquiring a valid Texas ID, gaining employment, and moving from the treatment center into her own home. Through the RSS program, Ms. K received funding to both obtain her ID and to move into her home; I was also able to provide transportation for her during her job search. Ms. K did well for a few months but then returned to being active in her substance use. She later disclosed that along with using alcohol, she had also been abusing opioids for many years. She reported using drugs and alcohol to manage her PTSD related to losing a son to a drunk driver; after this loss she began struggling with substance use. For the next couple of years, Ms. K tried treatment, living independently, sober homes, and a woman’s crisis home. She burned through sponsors and never quite took responsibility for her actions; that is, until last year. Within our recovery coaching relationship, we looked back over the last few years, discussed the steps she had taken, plans she had accomplished, and plans that she had completely ignored. Ms. K began to meet with a counselor, sought advice from a pain management doctor and signed a contract with this doctor on how to

appropriately take her pain medication. She attended many AA meeting locations until she found one that best suited her personality and it was here that she found a sponsor that has helped her to work the steps extensively rather than flying through them. The RSS program has allowed me to maintain close contact with the participant as her coach and to continue to assist her with transportation to medical appointments and drug and alcohol free community events, as well as to be there to cheer her on as she celebrated her 1 year recovery date!

Mr. J: Prior to starting on his path to recovery, Mr. J had spent 19 years as a daily drug and alcohol user, suffered from severe mental health disorders, and had spent 10 years in prison. He described feeling broken, lonely, and desperate to change. Mr. J's journey into recovery began in March 2018 after serving another prison term related to his dependence on opiates, crack cocaine, and alcohol. He realized that he had been trying to control his addictive behavior for years and that he could not do it alone. I met Mr. J at a reentry program after he had been released from prison. At that time, I talked with him about recovery support services and long term recovery coaching and how these supports could help with in his recovery struggles. He agreed to enter into recovery coaching, and, within the course of a few months, he began attending 12-step meetings and completed a 30 day inpatient drug treatment program. During the course of treatment, Mr. J developed coping skills, methods in which to change criminal thinking errors, and a strength-based recovery plan. After he was discharged from treatment, we continued to have recovery coaching meetings on a regular basis and he obtained a sponsor and began working the 12 Steps. Mr. J started giving back to the treatment center by sharing his story with others regarding his struggles and successes in recovery. At this time, he is attending meetings every day and states that he does not associate with anyone who is still using. Recovery coaching was vital for Mr. J to begin his path to recovery; through our coaching meetings he was able to completely change his recovery environment and I was able to assist him in creating safe places to pursue recovery. Mr. J is approaching 5 months of uninterrupted recovery; he can see the difference within himself and in the healthy relationships he has established in his new life. When Mr. J entered into recovery coaching, he had no work history, was a convicted felon, and had very low-self-esteem. Recovery coaching, in combination with treatment, helped him to build confidence in himself. I have been blessed as his coach to watch him as he has developed a different social network and learned to apply principals to help him stay focused on recovery. Mr. J is now gainfully employed and resides in a sober living facility.

Ms. B: Ms. B began participating in my RSS recovery support groups held at the local domestic violence shelter in mid-May of 2017. She reported that she

had never really focused on participating in the 12-Steps or similar recovery related meetings before, but had been persuaded by another resident to attend this recovery support group. She stated that she was surprised at the variety of topics that we would cover and that she had not expected to be able to relate to the material we used in the group as much as she did. Ms. B was also surprised at the emphasis on self-determination and the embracement of the multiple pathways to recovery perspective. Ms. B said that she was particularly interested in the Rewired book and the associated discussion questions that we frequently used in the group. The topics in this book eventually become a source of mutual relatable material for two other residents in the shelter that she gradually befriended and who also became enrolled in our RSS program. Ms. B enrolled in our RSS program in June 2017 and immediately took an active role as a participant. She successfully navigated local housing supports to obtain a townhome for herself and her 13-year-old son. Ms. B gained stable employment within the first three months of participating in the RSS program and reconnected with her adult children during this time as well. At this time, she enjoys positive relationships with her adult children and was even able to attend one of her daughter's graduation ceremony from Army basic training, as well as her younger daughter's high school graduation. Ms. B achieved her 1 year anniversary of enrollment in our RSS program in June 2018 and has served as an active member of our Peer Advisory Committee for the past several months. In addition, she has also served as an active member and leader in the local NA community. Ms. B gained such a positive reputation in the local recovery community that she was invited to travel and attend special speaker events with one of our community substance abuse treatment centers. Today, she is thriving in her recovery path and is working toward becoming a certified Peer Recovery Coach. Ms. B is a stellar example of how participation in a multiple pathway recovery based program can become a vital entry point to not only form positive, healthy support relationships with others in the recovery community but also to receive critical recovery support services to initiate and sustain a personal recovery path.

Recovery Coach Personal Success Stories

In this section, recovery coaches described their own personal recovery journey successes that lead them to become peer recovery coaches.

Ms. D: During my many attempts to get clean and going in and out of treatment centers, I was told about a local supportive living center house in 2011 by a woman in the treatment program I was attending at that time. Although I

never returned to the treatment center after completion of the program, I did become a participant at the supportive living house and for the first time in a very long time I felt that I was part of a family. My experience there caused me to realize that I was more of a person than what I was ever told that I was or ever could be. At that time, I just knew and felt that I had a purpose in life and even though I didn't know what it was at that moment, I knew that someday I would find out. The day of 3/22/16 is one that I will not ever forget. That day, I sat alone in the living room of a small one-bedroom apartment while everyone else was hidden away in the bedroom using and I had nothing. I had been discharged from treatment only 2 days before, only to return to the same misery I had left 2 weeks prior. As I sat alone in the apartment, I had a chance to reflect on my life and wondered where had I gone wrong this time? I had some recovery time twice before this time and I could remember the first time I ever had over a year clean and it was surprisingly unbelievable. I lived at the supportive living house from 2012 until late 2013; I had a little over 13 months sobriety when I moved out into my own apartment – only to use that very same day. I later returned to the RSS program in May of 2015 through the end of 2015. When I left the program I had more than 17 months sobriety, was employed, working toward obtaining my GED and getting off SSDI, and moving into my own apartment. It was at that time that I realized I wanted to work with people, I didn't know what type of people I wanted to work with, all I knew is that my story and experience could help someone. I have achieved so much over the past 2+ years, I am employed, have my GED, and I am a certified Peer Support Specialist. I am currently attending community college pursuing my certificate in Substance Abuse/Mental Illness Awareness that I will complete in December 2018 and then plan to work on obtaining an associate's degree in social work. I am no longer on SSDI and am working toward getting off of subsidized housing and buying my first home. I am dedicated to my RSS program and grateful for the opportunities I experienced there that helped me to find my purpose in life, which is working with people who are dealing with homelessness, HIV/AIDS, substance use disorders, as well as mental health disorders. I am now a confident woman who has overcome these obstacles and so much more.

Coach C: I was hopeless and physically, spiritually, and emotionally dead. I felt alone with nowhere to go. I couldn't stay in the drug world and I didn't fit into the real world. I found out about the RSS program through word of mouth and went to the facility and asked for a recovery coach. I participated in coaching consistently for one year, then graduated and continued to meet to complete the recovery checkup surveys for two more years. I was told that I was the first person that they entered data for in RED-ROC, which is very cool! Since

I began participating in the RSS program, I went back to college and earned my associate's degree in business management. I continued to work and stay sober and then, a year ago, I had the opportunity to become a sober house manager. Through another friend, I got connected to my peer coach and returned to the RSS program and now I enjoy volunteering in the program's Peer Advisory Leadership group. I have also graduated from an 8-week Wellness Recovery Action Plan (WRAP) class and can be a volunteer facilitator of the WRAP class with my peer coach. Last May I completed the Peer Recovery Coach Institute provided by the RSS program and I am currently seeking employment in the peer support field. I have maintained the same job for 3 ½ years and maintained my second job for 1 year. Now I have been sober for 4 years total. I am greatly thankful for my RSS program.

A Letter to My Coach

A portion of the success stories submitted by the RSS programs were written by recovery coaching participants in the form of a letter to their coach expressing gratitude for the support they received in finding their path to recovery. Below are selected letters that best capture the themes expressed across all that were submitted.

Mr. P to Coach: What you do in life, your life's work matters. It makes a difference. Going down a similar path I wondered often, and also hoped and prayed, that my direction in life would matter. So, I can say I understand, that if you have ever wrestled with this, that what you do has impacted me. It has helped me continue my growth. I don't have enough hands to count the amount of times, people, and circumstances when someone has said "I got you, don't worry" and I can count on one hand the people that have followed through. You are on that hand. Thank you. I started this journey in 2012. You know my whole story. You know everything. And you have never given up or judged me. Not once. You only have offered help, advice, and support and most of all encouragement. I would like to thank you and the RSS program for doing what few people do now a days and that is care, help, and encourage. Thank you for riding with me and helping me continue to change my life. I thank my higher power for people like you in my life. I am grateful for programs like this RSS program. Both of you have truly impacted my life in a way that I will never forget. So now I rise up. I look forward and set out to allow God to use me as a servant and serve others through my life. Yours Truly, Mr. P

Mr. C to Coach: I want to express to you my appreciation and gratitude for your help. I have accomplished so much and know that it was through your

support and direction that it was possible. I am sober, working a good job, and a productive member in my Oxford home and my community. I finally got my licenses back something that was nearly impossible to do. I truly believe I could not have done it without your help. The encouragement, direction, resources, and time spent talking out issues. From the first time we met in the office of the RSS program I have felt loved and encouraged. I am so confident in my new life and direction it is headed in. It is all thanks to you and everyone at the RSS program. I hope this letter expresses my love and appreciation. Sincerely, Mr. C

Mr. J to Coach: Words are not enough to express my gratitude for all that you have helped me with. My life has been an emotional journey and I am glad that God put you in my path because both of us have a lot in common and I know I can talk to you about anything. After being released from my incarceration, I was extremely nervous about my new path on life. However, being a man of faith, we both know that God will carry us through even our darkest days. All of your advice that you shared with me I will never forget. I had a lot of things going on at home, especially with my niece and her boyfriend, I am taking it one day at a time and things are getting better. You understand how much my recovery means to my family and especially myself. We have both been and still are on the same path. You always motivate me and truly care about my success in life. One thing I really appreciate about this RSS program as a whole is that I never felt stigmatized. Everyone there sees me for me and talks to me with the most respect. Thank you Coach for helping me expand my business and helping pave the way for me to be a part of an event that defines something so important to me “My Recovery.” Coach I also wish you the best in life as you always wish for mine. Know that I can honestly say I “trust you” and I know you will be by my side to help me with the most you possibly can. Coach you are real and thanks for just being yourself when you talk to me. God bless you and your family and I really hope this letter can be shared as a testimony on how this RSS program has made a positive impact on my life. Thank you again Coach. Mr. J P.S. Thank you for believing in me!

Mr. S to Coach: Coach its Mr. S here writing a few words of gratitude. Man, when I got out of jail I had literally no one to help me. I guess you can say I burned my bridges with all of the mistrust I earned during my addiction. If it wasn't for you and your team at the RSS program helping me with a monthly bus card, a gift card to HEB, and help with my rent for a month, I would be homeless or still in jail. I want to let you know man that you are an unsung hero in my eyes. You completely understood my situation and pointed me in the right direction. You had told me if I wanted the help that I needed to earn it by showing you I could get back in society and stand on my own two feet, which I

did with your help and drug court. I am very proud to have met you and your team at the RSS program at the reentry center because without you guys only God knows where I would have ended up. Coach, thank you for all your help and I hope to hear if there is any more advice you can give me. I am not quite to the point of being independent just yet, but I can see the future and it looks promising. Thanks again! Sincerely, Mr. S

Ms. E to RSS Program: I found out about the RSS program while I was at a point in my life where I was ready to move forward in my life to be independent from a ministry that helps people with addiction issues. My coach has shown me no judgment for mistakes I've made, truly helps me with encouragement, compassion, and knowledge of many resources to improve my life. I've found strength in the help, support, and prayers that she has given me during my homelessness, relapse, and now being in the RSS program. I am so grateful for having resources available to me, such as bus passes, help with a ride, and support in going to an interview with an Oxford home. Especially, I am so thankful for a blessing of a Goodwill gift card, a ride to go shopping for clothing, and much needed necessities. I am also looking forward to being able to go with my coach to a woman's group very soon! I am extremely excited and hopeful towards my future with continued help from the RSS program with my coach encouraging me through everything! Ms. E

V. Data Collection and Management

Study data is collected and managed using REDCap (Research Electronic Data Capture). REDCap¹⁰ is a secure, web application designed to support data capture for research studies, providing user-friendly web-based case report forms, real-time data entry validation (e.g. for data types and range checks), audit trails and a de-identified data export mechanism to common statistical packages (SPSS, SAS, Stata, R/S-Plus). REDCap also provides a powerful tool for building and managing online surveys. The research team can create and design surveys in a web browser and engage potential respondents using a variety of notification methods. The system was developed by a multi-institutional consortium which includes University of Texas at Austin and was initiated at Vanderbilt University. The database is hosted at the Population Research Center, which will be used as a central location for data processing and management. The PRC server has been cleared for Category-I data collection by UT's Information Security Office. Network transmissions (data entry, survey submission, web browsing, etc.) in REDCap are protected via Secure Sockets Layer (SSL) encryption. REDCap data collection projects rely on a thorough study-specific data dictionary defined in an iterative self-documenting process by all members of the research team with planning assistance from the PRC. The iterative development and testing process results in a well-planned data collection strategy for individual studies. REDCap provides a secure, web-based application that is flexible enough to be used for a variety of types of research, provide an intuitive interface for users to enter data and have real time validation rules at the time of entry.

VI. Bibliography

Bandura, A. *Self-efficacy: The exercise of control*. New York: W. H. Freeman, 1997.

Cloud, W, and R Granfield. "Natural recovery from substance dependency." *Journal of Social Work Practice in the Addictions* 1, no. 1 (2001): 83-104.

Gulf Coast Addiction Technology Transfer Center "Houston Recovery Initiative A Project of the Texas Department of State Health Services ", 2010. <https://socialwork.utexas.edu/dl/files/cswr/institutes/ari/pdf/Houston-ROSC-Phase-I.pdf>

Harris, P.A, Thielke, R, Taylor, R, Payne, J, Gonzalez, N, Conde, J.G. Research Electronic Data Capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, 2008

Kaplan, L. "The Role of Recovery Support Services in Recovery-Oriented Systems of Care." *DHHS Publication No.(SMA) 08-4315*. Vols. DHHS Publication No.(SMA) 08-4315. Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration, 2008.

Laudet, A B, and W L White. "Recovery capital as prospective predictor of sustained recovery, life satisfaction and stress among former poly-substance users." *Substance Use and Misuse* 43, no. 1 (2008): 27-54.

McLellan, A T, Lewis, C D, C P O'Brien, and H D Kleber. "Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation." *Journal of the American Medical Association* 284 (2000): 1689-1695.

Prochaska, J, and C DiClemente. "Stages and processes of self-change in smoking: Toward an integrative model of change." *Journal of Consulting and Clinical Psychology* 5 (1983): 390-395.

White, W. "Addiction recovery; its definition and conceptual boundaries." *Journal of Substance Abuse Treatment* 33 (2007): 229-241.

ARC Scale:

Groshkova, T., Best, D., & White, W. (2012). The assessment of recovery capital: Properties and psychometrics of a measure of addiction recovery strengths. *Drug and Alcohol Review, 10*(11), 1-8.

MEPS:

Medical Expenditure Panel Survey (MEPS) Table 1. 2012. Total utilization and mean expenses per event by type of ambulatory health care service, 2012. meps.ahrq.gov.

Medical Expenditure Panel Survey (MEPS) Table 3a 2012. Mean expenses per person with care for selected conditions by type of service: United States 2013. meps.ahrq.gov.

HCUP:

Stranges, M S, K Levit, C, and P Santora. Statistical Brief #117 State Variation in Inpatient Hospitalizations for Mental Health and Substance Abuse Conditions, 2002-2008. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb117.jsp>.

Stranges, M S, N Kowlessar, and A Elixhauser. Statistical Brief #123 Components of Growth in Inpatient Hospital Costs, 1997-2009. November 2011. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb123.jsp>.

PCG:

Public Consulting Group (PCG). Analysis of the Texas Public Behavioral Health System. 2012. <http://www.publicconsultinggroup.com>

VII. Endnotes

¹ (White 2007)

² (McLellan, et al. 2000)

³ (Kaplan 2008)

⁴ (Prochaska and DiClemente 1983)

⁵ (Bandura 1997)

⁶ Recovery capital refers to the extent of internal, social, and external resources that are accessible to the person in recovery. (Laudet and White 2008)

⁷ (Cloud and Granfield 2001)

⁸ (Kaplan 2008)

⁹ <http://www.utexas.edu/ssw/dl/files/cswr/institutes/ari/pdf/Houston-ROSC-Phase-I.pdf>

¹⁰ (Harris, et al 2008)