

IL Recovery Corps Monthly Report



Ending September, 2023

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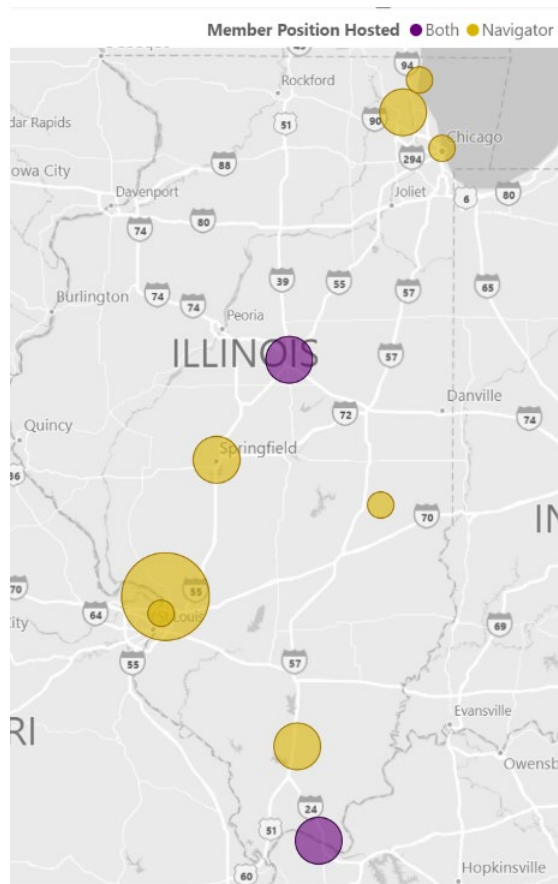
Recovery Corps Footprint

At the time of this report, Recovery Corps has placed 21 members (19 Navigators, 2 Project Coordinators), at 11 sites, serving 8 unique counties—a number that will increase substantially following the introduction of members with an October service start date. There are two different types of Recovery Corps positions—navigators and project coordinators. Across sites, there are more navigators placed (90%) relative to project coordinators (10%). Recovery Corps served a variety of sites that differ in related ways. In Table 1 below, we have organized related site types to paint a picture of our current site partnership.

Table 1. Distribution of navigators across site types.

Site Type	Representation	# of Navigators	# of Project Coordinators
Harm Reduction Organization	9%	2	
Non-Profit Health Care Service	18%	2	
Recovery Community Organization	18%	6	
Recovery Residence	9%	1	
State & Local Agency	27%	5	2
Treatment Center	18%	3	

IL Recovery Corps Site Distribution



Issues of Note and Service/Training Hours

Members have served a total of 4046 hours. 1537 of those hours were training while 2509 were direct service hours.

Real-Time Implementation Data Update

Overview of Data Sources and Expectations. All Recovery Corps navigators are in recovery themselves and provide peer recovery support to participants who are matched to navigators at partner sites. Given the variance in individual need, participants are not required to meet regularly with navigators; however, all navigators are trained and coached to engage in an individualized process of goal setting to establish a plan that includes multiple visits and ongoing support. Historical data from the program indicate that more frequent meetings with participants are associated with stronger outcomes. As such, we differentiate between total participants served and returning participants. We also track other meaningful implementation data, including the focus of each participant session (i.e., which participant goals were addressed), the length of each session, and the modality of service delivery (e.g., in person v. phone).

Participant Demographics

Table 2. Current Participant Demographics (N = 65)

Characteristic	%	Characteristic	%
Gender		Housing	
Male	52%	No permanent residence	13%
Female	48%	Own a house or condo	4%
Age		Rent a home or apartment	27%
18-29	11%	Living with family or friends	20%
30-39	29%	Transitional housing	27%
40-49	29%	Primary Substance(s)	
50-59	18%	Alcohol	26%
60+	13%	Cocaine	12%
Ethnicity		Methamphetamine	40%
White	68%	Opioids	60%
Black or African American	21%	Other Substances	18%
American Indian	1%	Public Assistance	
Multi-racial	1%	Medical	46%
Hispanic/Latino	5%	SNAP	48%
Other	4%	Disability (SSDI)	6%
Other Status		Housing	1%
Married	35%	Any Assistance	58%
Employed	32%	Education	
Felony	42%	No High School Diploma	21%
Medication Assisted Therapy	36%	High School Diploma	62%
Military Service	7%	Post-Secondary Degree	13%
Mental Health Co-Occur	47%		

Service Delivery

At the time of this report, IL Recovery Corps navigators had served 65 participants at least once and 32 participants had engaged in multiple sessions. At the outset of service, navigators work with participants to set individual goal plans. The frequency of different participant goals is summarized in Table 3 below and provides insight into the most predominant needs of IL Recovery Corps participants. Among the existing predefined goal types (excluding “other”) Finding employment or returning to work (23%) and developing coping strategies (14%) were the most frequently identified.

Table 3. Participant Goals

Goal Type	%
Accessing regular healthcare and/or medication management	2%
Addressing legal issues	6%
Budgeting and/or financial management	5%
Completing or continuing education	5%
Developing coping strategies	14%
Developing independent living skills	3%
Finding employment or returning to work	23%
Finding safe and stable housing	6%
Improving job performance and/or career advancement	5%
Other	26%
Rebuilding or repairing relationships with family and loved ones	6%

8 participants have already achieved at least one goal, 3 of whom obtained employment and 1 who successfully accessed financial counseling. 4 others had an “other” goal type achieved, with associated resource attainment ranging from procuring a mobility scooter to reconnecting with a recovery counselor. We also have data on the focus and nature of participant sessions with navigators. We have summarized these data in Table 4 below.

Table 4. Implementation Overview

Implementation Characteristic	Minimum	Maximum	Mean
Sessions	1	8	5.17
Session Length (minutes)	1	360	57.92

Session Setting and Focus	Percentage
In Person	69%
Phone	31%
Video	<1%
Individual	77%
Group	23%
Intake	35%
Goal Setting & Action Planning	37%
Skill-Building / Education Session	30%
Resource Navigation	45%

Overview of Outcome Data Sources and Expectations

The Recovery Corps program uses a number of different metrics to guide service delivery and measure program impact. Below, we outline each measure. All outcome metrics for the program are collected at the outset of the first session and every 2-weeks afterward. This allows the navigators to use the information for service planning and creates a flexible “post-test” infrastructure wherein the last session on record is interpreted as post-test data regardless of the timing of the data collection itself. For example, one participant may begin their first session in October and engage in two more sessions over the course of three weeks, while another participant may begin service in October and continue service through May. In both cases, data from the last session on record are interpreted as post-test data.

Outcome Measures

BARC-10. Navigators assess Recovery Capital using the BARC-10, which consists of 10 items developed by Dr. John Kelly and colleagues (Vilsaint et al., 2017). Items on the BARC-10 are all scaled from 1 (low) to 6 (high). Thus, the maximum possible score on the BARC-10 is 60. The BARC-10 possesses high levels of concurrent validity with the original 50-item measure of Recovery Capital ($\alpha = .90$) and predictive validity with sustained remission using a cut score of 47. That is, scores above 47 on the BARC-10 are a meaningful predictor of sustained remission (AUC = .79; Sensitivity = 0.84; Specificity = .65). Thus, for interpretive purposes, we can examine baseline and post BARC-10 scores, average changes from baseline to post-test, weekly slopes for BARC-10 growth, and the proportion of participants at or above the 47-point benchmark for Recovery Capital. The BARC-10 is currently the primary outcome measure for Recovery Corps and is used as the National performance measure.

Quality of Life. Navigators use an 8-item scale to capture quality of life information. Each item is scaled from 1 (low) to 5 (high). The instrument is based on a larger tool developed by the World Health Organization that capture information on physical health, psychological health, level of independence, social relations, environment, and spirituality.

Self-Esteem and Self Efficacy. Navigators use a single item to measure self-esteem wherein participants indicate agreement on a scale of 1 (no agreement) to 10 (high agreement) in response to the item “I have high self-esteem.” Likewise, self-efficacy is captured with a single prompt—“How confident are you that you’ll be able to stay in recovery the next 90 days”—also scaled from 1 to 10. Both items were obtained from Dr. John Kelly and have been used in previous research examining the impact of peer-recovery coaching.

Substance Use. Navigators ask participants to indicate how many days in the last 30-days they have remained substance free. The scale for this item ranges from 0 to 30.

Craving. Navigators use a series of five items to obtain information related to craving. Each item is scaled from 0-6 and collectively tap into severity of craving, frequency of craving, and resistance to craving. The last item asks participants to provide an overall average level of craving over the past week.

Real-Time Outcome Data Update

Participant data (N=32 participants with two sessions on record) on the outcomes related to the primary program metric (Recovery Capital) are outlined in Table 5 below. Future reports will include supplemental metrics. The available data demonstrate marked improvement from first session on record to the last session on record, with 71% of participants meeting the Recovery Capital benchmark on at their last session. However, note that these data may fluctuate in early months as the number of participants served increases at an order of magnitude (i.e., members are still in the process of being matched to participants at their host sites).

Table 5. Baseline and Final Session Data across Key Program Outcomes

Outcome	Baseline		Last Session	
	Mean	SD	Mean	SD
Recovery Capital Score	46.53	6.20	51.47	8.16
Met Recovery Capital Benchmark	53%	-	71%	-