EVIDENCE SNAPSHOT

A Bundled Evaluation of AmeriCorps-Supported Recovery Coach Programs: Preliminary Findings

RECOVERY COACHING BUNDLED EVALUATION AND CAPACITY BUILDING PROJECT

Background

The United States is facing an unprecedented addiction and overdose epidemic. Drug overdoses have claimed over one million lives since 1999—with over 100,000 lives lost in 2021 alone—and increasing annual substance use-related deaths continue to devastate American families (Centers for Disease Control and Prevention, 2023). In 2017, the U.S. Department of Health and Human Services declared a public health emergency in response to the increasing number of opioid-related overdoses and deaths.

One promising strategy to address the rising rates of SUDs and drug overdose is recovery coaching. **Recovery coaching is the process in which a nonclinical professional (i.e., coaches) provides guidance to individuals with a substance use disorder (SUD) by helping them to access care and by supporting them in the removal of barriers to recovery** (Zandniapour et al., 2020)**.** Recovery coaches assist individuals seeking treatment by guiding the development of a personalized recovery plan that is tailored to the strengths, needs, and goals of each individual to promote long-term recovery. **Peer recovery coaching is a form of recovery coaching and a type of peer support in which recovery coaches have lived experience with recovery from a SUD—either directly or through knowing someone with a SUD** (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017)**.**

President Biden has declared the administration's commitment to addressing addiction and the overdose epidemic (The White House, 2022), making the work of federal agencies such as AmeriCorps critical to successfully undertaking this national priority. Between fiscal year (FY)2017 and FY2022, AmeriCorps invested over $129 million to fund projects addressing opioid addiction and other SUDs. AmeriCorps' mission to combat the complex issues around substance use prevention includes research and evaluation of promising treatment options. In 2020, AmeriCorps contracted with an independent research firm, ICF, to provide a comprehensive evaluation of projects that use recovery coaching models to understand the best practices for effective recovery coaching programs. This evaluation included bundling projects with similar programs and outcomes across AmeriCorps funding streams as well as providing participating organizations with evaluation capacity-building sessions. AmeriCorps seeks to improve support for locally-driven and innovative solutions for communities seeking to address SUDs through this evaluation of the entire program life cycle and the incorporation of capacity-building and dissemination activities.

A mixed methods approach was used to examine the implementation of recovery coaching models across different organizations as well as outcomes for organizations, recovery coaches, and program participants. This study focused on three overarching research objectives: 1) to determine what recovery coaching models look like; 2) to describe promising practices and challenges in implementing recovery coaching models; and 3) to measure the effectiveness of the recovery coaching model in improving outcomes for the organizations, recovery coaches, and program participants (also referred to as "clients").

The bundled evaluation and capacity building project collected data from 11 organizations between November 2021 and January 2024. This evidence snapshot provides preliminary highlights of the evaluation methods and findings from the November 2021 to January 2023 data collection period with organizations with FY2020 projects. A complete report of evaluation methods and findings from all 11 organizations will be included in the forthcoming final report.

A Note on Terminology

A **recovery coach** is a non-clinical professional who typically helps patients access care and supports, removing barriers to recovery and/or increasing recovery capital, augments professional medical/clinical treatment, and aids in service navigation. This position often requires state certification. This report uses the term **recovery coach** to describe national service members and paid staff who are providing recovery coaching and navigation support. This definition encompasses the broad range of terms used to describe recovery coaching by each organization in this report. Recovery coaches within AmeriCorps-supported organizations do not necessarily have state certification though a subset of them may pursue such certification.

Study Sites

Seventeen AmeriCorps project applications from FY2020 were reviewed to determine whether the programs used a recovery coaching model. Eight organizations initially agreed to participate but four organizations ultimately withdrew from the study in the months that followed. Loss of organizations' participation posed a challenge for studying this population; while some organizations cited concern about maintaining the privacy of their program participants others dropped out without a stated reason. The coronavirus disease 2019 (COVID-19) pandemic further hindered the ability of some organizations and individuals to fully participate in the evaluation process and capacity building sessions as they pivoted to adapt their programs to meet changing public health guidance. Ultimately, the study included the four organizations that use a recovery

coaching model and represent investment of financial and human resources from two different AmeriCorps programs: AmeriCorps State and National and VISTA (exhibit 1).

EXHIBIT 1.—Overview of participating organizations

Organization	Project Mission and Target Population	Role of AmeriCorps Members
Above and Beyond Family Recovery Center (AnB) – Chicago, Ill. & neighboring suburbs (with a focus on Chicago's West Side)	**Mission:** Addiction recovery services and supportive services, such as housing and employment assistance, to all individuals, including those who are unable to pay **Focus population:** Low-income individuals and communities including individuals and families experiencing homelessness, unemployed individuals, individuals with disabilities, formerly incarcerated adults, veterans, and military families (many participants are chronically homeless as defined by the U.S. Department of Housing and Urban Development, 2015)	**7 VISTAs:** Provide project management and capacity-building services related to housing and employment, community outreach, and education (coaching services were provided by paid staff, i.e., "certified recovery support specialists" with lived experience with recovery)
Foundation for Recovery (FFR) – Nevada	**Mission:** Peer recovery support services for mental health and substance use disorder (SUD) recovery to vulnerable teenaged and adult populations **Focus population:** Individuals in detention centers, jails, and emergency room departments, and in underserved areas with nonexistent or extremely limited services (such as rural and frontier communities)	**10+ AmeriCorps State and National members:** Serve as "recovery navigators," delivering peer recovery support services (alongside paid employees who work as "peer recovery support specialists")
Healing Action Network (Healing Action) – St. Louis, Mo. & surrounding areas	**Mission:** Preventative mental health services through case management, opioid education, therapeutic counseling, peer support, and community education **Focus population:** Adult survivors of commercial sexual exploitation, which includes sex trafficking, prostitution, survival sex, escorting, stripping, and pornography; most clients have experienced complex, multilayered trauma and have mental health-related diagnoses	**11 AmeriCorps State and National members:** Provide case management, opioid education, naloxone distribution, therapeutic counseling, and community education (they do not provide coaching services; those are delivered by "peer support specialists" with lived experience in SUDs and trafficking)
Recovery Corps – Minnesota & Illinois	**Mission:** Peer support to assist those in recovery with achieving their goals and increasing recovery capital **Focus population:** Teens and adults in recovery for various types of SUDs being served across multiple organization types, including recovery residence associations, recovery community organizations, treatment facilities, collegiate recovery organizations, and recovery high schools	**58 AmeriCorps State and National members:** Serve as either "recovery navigators," delivering peer support and recovery coaching services, or opioid response project coordinators; members additionally help engage volunteers in service projects

Data Sources and Data Collection

This study used a mix of quantitative and qualitative data sources:

- **Organization program documents**, which included project applications, employee handbooks, marketing materials, and data analyses.
- **Surveys** of project directors, recovery coaches, program participants, and comparison group members to assess program models, strategies, and outcomes. Exhibit 2 provides an overview of what surveys assessed among each respondent group.
- **Interviews and focus groups** were conducted during **virtual site visits**, including interviews with project directors, recovery coaches, partner organizations, and AmeriCorps members and focus groups with program participants.

Two waves of survey data collection were completed: a baseline survey from November 2021 to March 2022 and a follow-up survey from November 2022 to January 2023. Comparison group survey respondents and program participant interviewees were given $25 Amazon gift cards to incentivize participation. Virtual site visits were conducted from May through June 2022 with all four participating organizations. Due to the difficulty of recruiting program participants for focus groups, 30-minute interviews with individual program participants were conducted.

EXHIBIT 2.—Overview of what surveys assessed in each respondent group

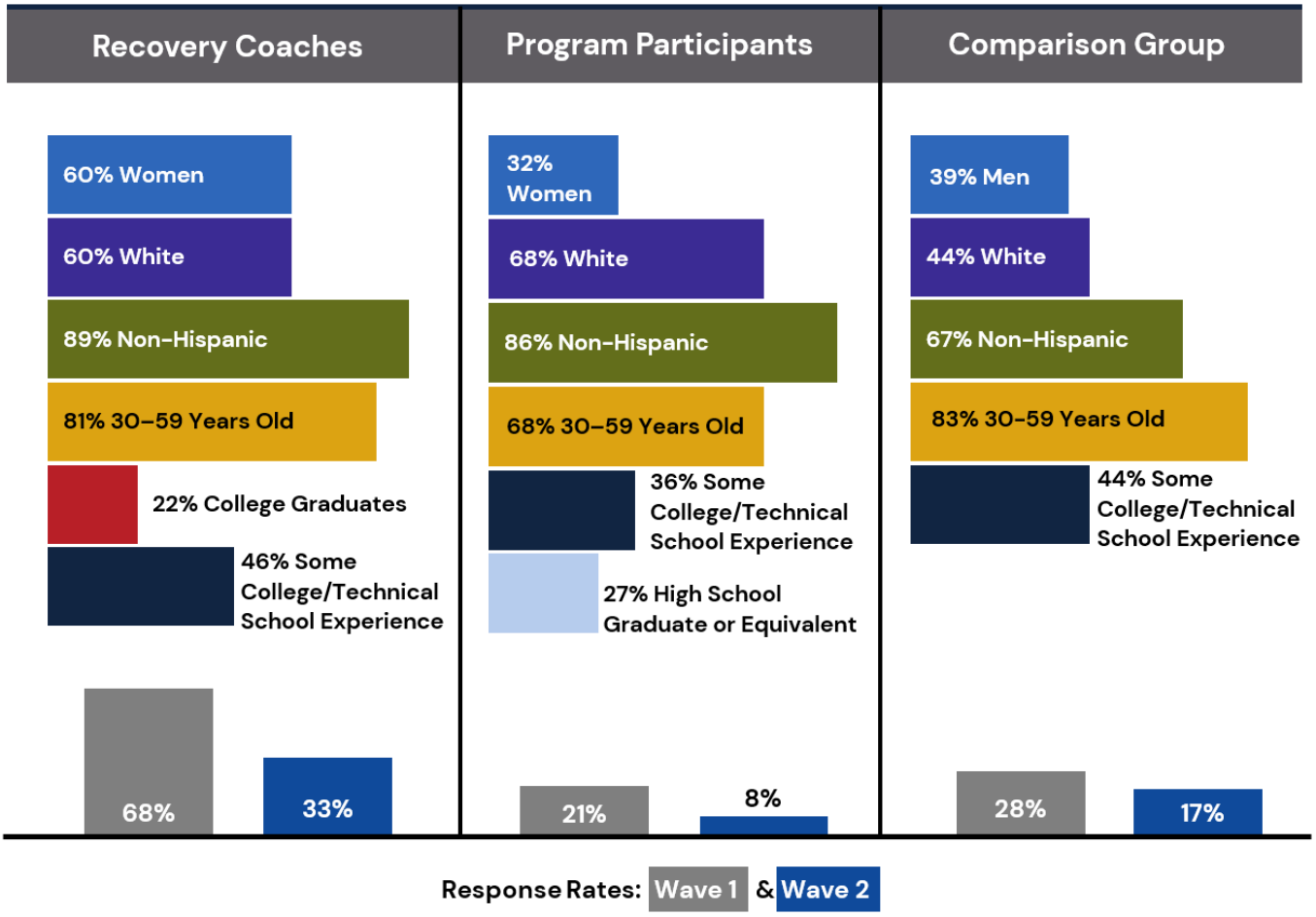
Survey Sample

Response rates were higher in the first wave of data collection versus the second wave amongst all respondent groups. Response rates and an overview of survey respondents by group are shown in exhibit 3. Response rates could only be calculated for surveys that were sent directly by the evaluation team to the participants.

Evaluation Context: COVID-19

Participating AmeriCorps-supported organizations shifted programming to reflect public health guidance, causing some organizations to struggle to adapt their programs. As a result, some organizations left the study. Remaining organizations noted the negative effect the pandemic had on participants in their respective programs.

EXHIBIT 3.—Summary of survey respondents' demographics and survey response rates



What Do the Recovery Coach Models Look Like?

All four organizations with FY2020 projects use a peer recovery coaching model, meaning that their recovery coaches have lived experience with recovery from an SUD. Accordingly, "peer recovery coach" is used in discussing findings from these organizations.

Peer Recovery Coach Models, Services, and Activities

All participating organization peer recovery models incorporate the same core components to meet the needs of their participants related to **lived experience, culturally responsive services, harm-reduction strategies,[1] and holistic care**.

- **Lived experience** is a crucial pillar of all participating organizations' peer recovery coaching models because it affects relationship building between recovery coaches and program participants. Site visit participants discussed the loneliness of addiction and emphasized the importance of empathy and

[1] SAMHSA defines harm reduction as, "an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social well-being of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services." For more information, please see SAMHSA's harm reduction webpage.

having experienced similar challenges as the participant to support them in their journey through recovery.

- All participating organizations strive to provide **culturally appropriate services** by hiring individuals representing the communities they serve and providing continuing education to develop culturally appropriate interactions with peers.
- All participating organizations also use some form of **harm-reduction strategies**—either themselves or through a partner—such as providing Narcan, fentanyl test kits, or needle exchanges to program participants, to meet participants where they are rather than shaming them for use.
- **Holistic care** is another common program component for all participating organizations. The participating organizations see their program's purpose as more than just supporting recovery from SUDs and incorporate a care model that considers the whole person in recovery. Holistic care encompasses in-house services and referrals for personalized services. Programs also provide a range of services that are not directly recovery-related in the care model of a person in recovery, which may include supports for transportation, basic provisions (e.g., food, clothing), life skills, art therapy, and other classes (e.g., dance, yoga).

All participating organizations work with other organizations and providers in their area to facilitate client referrals for additional services. The types of services for referral varied but were mainly in the areas of medical services (e.g., detoxes, checkups, screenings, therapy) and supportive services (e.g., housing, financial support, meals, clothing, employment). Participating organizations developed partnerships through broader statewide coalitions, coordinating with local universities and employers, conducting online research, and posting on social media.

Peer Support

All peer recovery coaches interviewed—from all four participating organization sites—provide emotional, informational, affiliational, instrumental, and mental health support to help participants navigate their recovery journey**.**

- **Emotional support** involves listening to program participants, showing concern, and providing empathy.
- **Informational support** is essential to connect participants to community resources and share knowledge and information.
- **Instrumental support** involves providing concrete support to accomplish a task. Peer recovery coaches provide referrals to outside services, such as employment services, food services,

Examples of Peer Support Provided by Peer Recovery Coaches

Emotional Support

I said I just want to talk for a minute. And so, they let me talk. They cried with me and they let me get this mess out.

— Program participant

Informational Support

I will definitely give them names of facilities that I have experience with or I've heard good things about and then they [the participants] make the phone call.

— Peer recovery coach

Instrumental Support

[Recovery coaches] are working in conjunction with the counselors to say, "we're looking at housing for afterwards or a job for after or getting a license back."

– Project director

Affiliational Support

One important thing is that they provide leisure time—a quiet place to just be—and entertainment like group parties.

– Program participant

Mental Health Support

Every recovery story is different. Some [clients] want therapy, some prefer peer support. [Recovery coach] puts labels on bricks and creates a "foundation" for recovery.

– Peer recovery coach

emergency shelters, and physical or behavioral health providers, and provide tangible services, such as assisting participants with housing, food pantries, counseling services, legal services, and employment.

- Peer recovery coaches provide connections to recovery community supports, activities, and services (known as **affiliational support**), such as Narcotics Anonymous or Alcoholics Anonymous.
- They also provide **mental health support**, assisting individuals with mental health diagnoses, such as post-traumatic stress disorder (PTSD), depression, or anxiety.

Adaptations During the COVID-19 Pandemic

During the COVID-19 pandemic, participating organizations faced challenges in providing in-person services and resources. Participating organizations implemented measures to protect against COVID-19, including masking, temperature checks, social distancing, and outdoor services. They provided resources such as food drop-offs, laundry money, and basic provision deliveries. Virtual services were made possible through special grants to provide program participants with computers, tablets, phones, or Wi-Fi hotspots. Technical support fell on organization staff, and some did not have the capacity to always assist.

Overall, the organizations found value in virtual services, increasing their capacity for them since the beginning of the pandemic, and plan to continue to offer the option of virtual or hybrid services. While recognizing the benefits and importance of virtual services, some participating organizations also question their efficacy, especially within the first few months of recovery. In-person services were highly preferable to almost all interviewees because peer recovery coaching draws its success from human connections and relationships.

Perceived Outcomes

Participating Organizations

Participating organizations reported improving organizational capacity to provide services, leveraging grant financial support, and collaborating with partners and community resources.

- All participating organization directors reported in a survey that they agreed or strongly agreed that their programs have the **organizational capacity to provide services**. Interviews with project directors corroborated the survey results.
- All project directors also reported in a survey that they agreed or strongly agreed that their programs can **leverage grant financial support.**
- Project directors also agreed or strongly agreed that their programs **collaborate with partners, organizations, and community resources.**

Peer Recovery Coaches

Peer recovery coaches reported increased knowledge, improved attitudes, improved behaviors, and increased opportunities for maintaining their own recovery (exhibit 4). Overall, the majority of peer recovery coaches reported increased (i.e., increased or greatly increased) knowledge, attitudes, and behaviors since becoming a coach, including:

Peer Recovery Coaches' Maintenance of Their Own Recovery

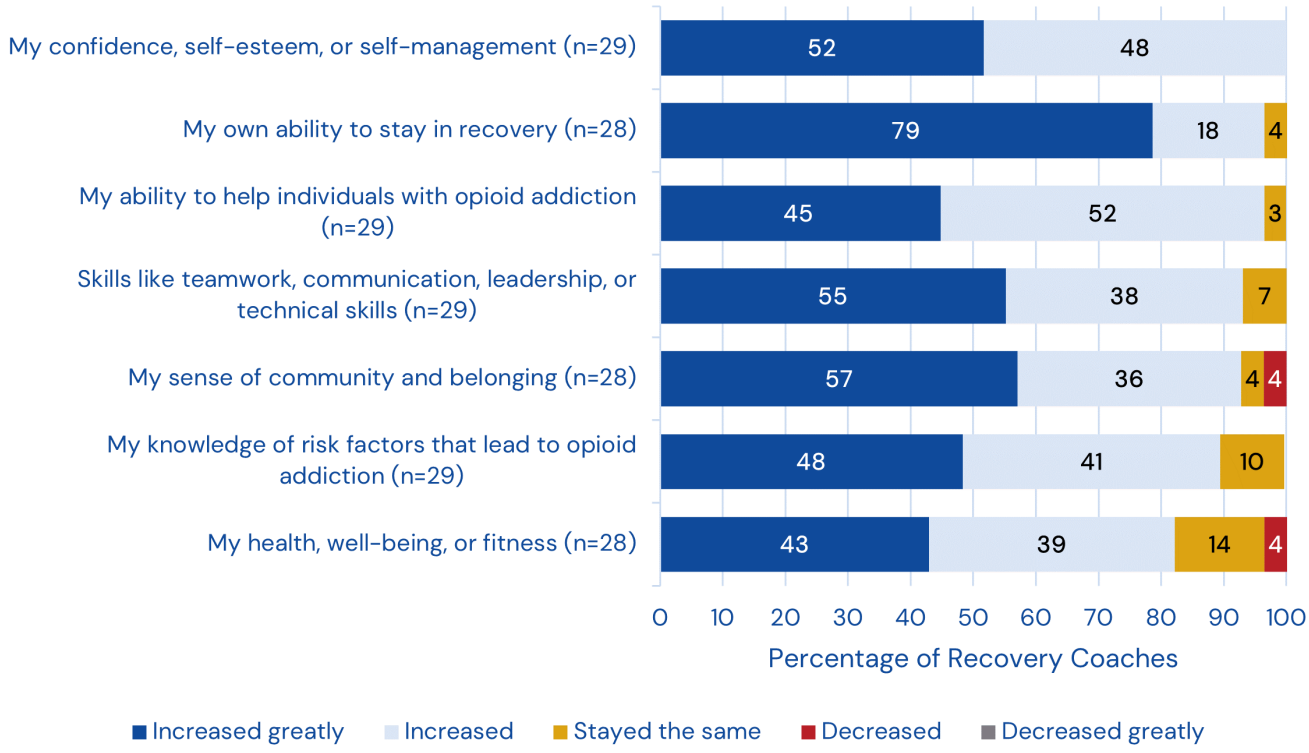
One coach believes that being a coach has helped her reflect and **maintain accountability in her recovery**, stating:
I believe this job helps hold me accountable because if I am on the phone giving advice … I better be taking a hard look in the mirror and following my own advice.

Another coach praised the coaching model, stating that it **helps him stay in recovery and gives him a sense of purpose:**
It's not just important for getting more people into recovery; it's so important for maintaining long-term recovery as well.

- 100 percent reported increased **confidence, self-esteem, or self-management.**
- 97 percent reported increases in their own **ability to stay in recovery**.
- 97 percent reported increases in their ability to **help individuals with opioid addiction**.
- 93 percent reported increased skills like **teamwork, communication, leadership, or technical skills.**
- 93 percent reported an increased **sense of community and belonging**.

Additionally, peer recovery coaching plays a critical role for coaches to maintain their recovery, and peer recovery coaches serve as role models for program participants.

EXHIBIT 4.—Recovery coach self-reported changes in knowledge, attitudes, and behaviors



Source: Recovery Coach Survey, question 24: "Please rate the following statements based on whether each factor has increased or decreased for you since becoming a recovery coach." Note: Totals may not add up to 100 due to rounding. Not all survey respondents responded to each item in the survey, which accounts for an inconsistent number of responses to different items in the survey.

Program Participants

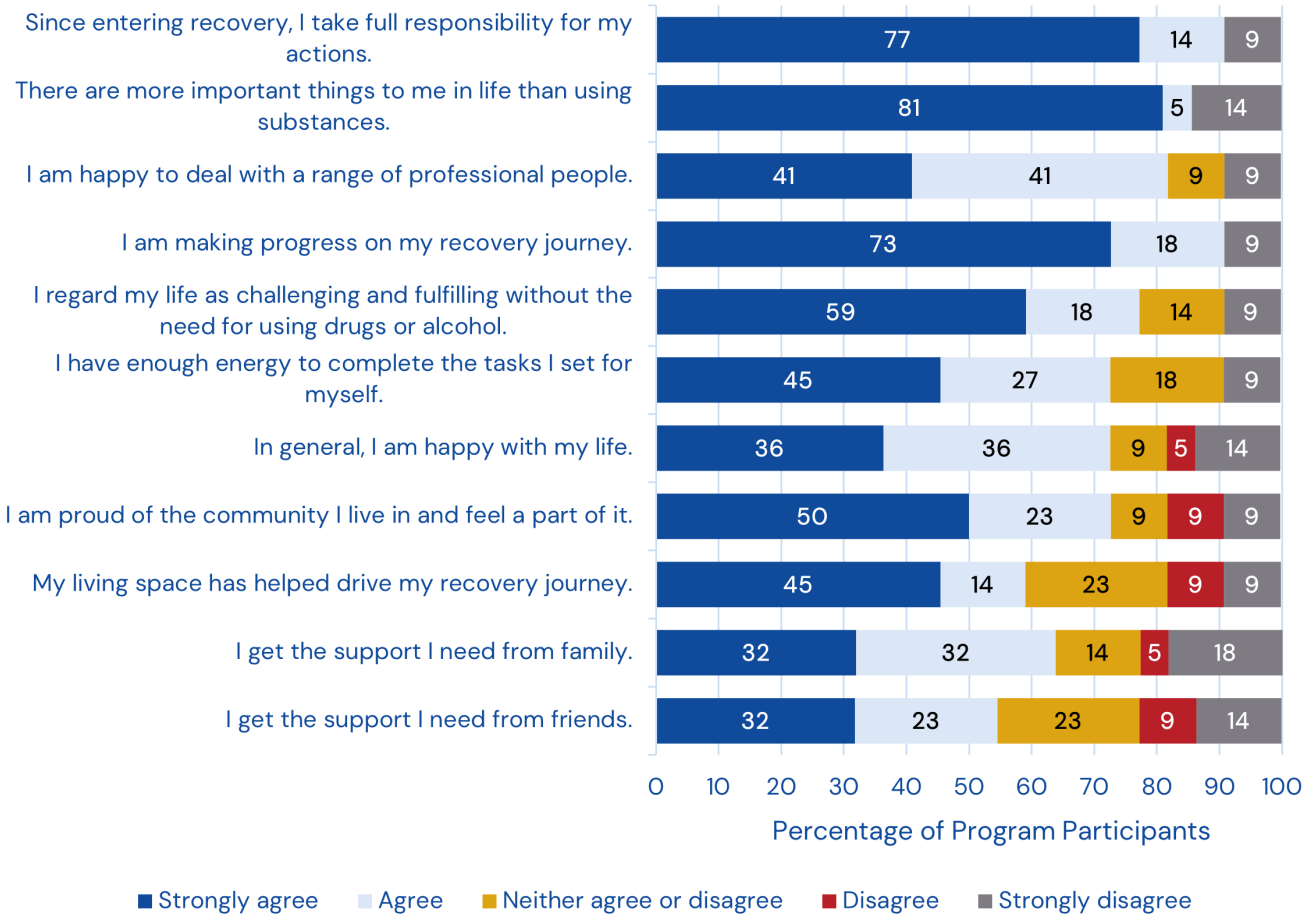
The short-term outcome of peer recovery coaching is **increased recovery capital**. Recovery capital includes an individual's internal and external resources that help to enhance capacity for, and commitment to, living a sober life. There are three types of recovery capital:

- **Family/Social** – Resources related to intimate relationships with friends and family, relationships with people in recovery, and supportive partners.
- **Personal** – Includes an individual's physical and human capital. Physical capital comprises the available resources to fulfil a person's basic needs. Human capital relates to a person's abilities, skills, and knowledge.

- **Community/Cultural** – Community capital includes attitudes, policies, and resources specifically related to helping individuals resolve SUDs.

Survey items, adapted from the Brief Assessment of Recovery Capital (BARC-10; Vilsaint et al., 2017), measured the program participants' self-reported recovery capital on a 5-point scale ranging from strongly disagree to strongly agree (exhibit 5). **Program participants reported levels of agreement of 50 percent or higher for all items.** The highest levels of reported recovery capital among program participants were with the items "Since entering recovery, I take full responsibility for my actions" (91 percent) and "I am making progress on my recovery journey" (91 percent). The lowest agreement was with the item "I get the support I need from friends" (55 percent).

EXHIBIT 5.—Program participant responses to recovery capital survey items



Source: Program Participant Survey. Notes: Sample includes 22 responses out of the 35 program participants who participated in the survey. Totals may not add up to 100 due to rounding.

During the interviews and focus groups, the program participants, like the participant quoted at right, shared the recovery capital they gained through peer recovery coaching, including reporting gaining employment, improved quality of life, improved health and housing, and feeling happy and hopeful again.

To understand what would happen in the absence of recovery coaching, the recovery capital outcomes of program participants were compared to comparison group members (exhibit 6).

> *I came here and slowly but surely, I started to change. … And now I'm starting to come into confidence with myself and that was because I was watching other people here model that behavior. I got my family back, I moved into a home, and that's a wonderful thing.*

EXHIBIT 6.—Differences between program participants and comparison group on mean scores for recovery capital survey items

Recovery Capital Survey Items	Participant Group (n=22)	Comparison Group (n=18)	Difference
There are more important things to me in life than using substances.	4.38	3.94	0.44
In general, I am happy with my life.	3.77	3.50	0.27
I have enough energy to complete the tasks I set for myself.	4.00	3.67	0.33
I am proud of the community I live in and feel a part of it.	3.95	3.22	0.73*
I get the support I need from friends.	3.50	2.94	0.56
I get the support I need from family.	3.55	3.44	0.10
I regard my life as challenging and fulfilling without the need for using drugs or alcohol.	4.18	3.72	0.46
My living space has helped drive my recovery journey.	3.77	3.27	0.49
Since entering recovery, I take full responsibility for my actions.	4.50	3.78	0.72*
I am happy to deal with a range of professional people.	4.04	3.72	0.32
I am making progress on my recovery journey.	4.45	3.67	0.79*

Source: Program Participant Survey and Comparison Group Survey. Notes: Scale ranges from 1 (strongly disagree) to 5 (strongly agree). The comparison group was restricted to survey respondents who did not report getting recovery coach services. *p < .10 from Mann-Whitney U test

- Mean scores for each recovery capital survey item indicate that program participants had **higher agreement with all 11 recovery capital items,** generally indicating greater recovery capital among program participants.

- Larger percentages of program participants (45 percent) reported **using services daily** compared to comparison group members (28 percent).
- Out of 22 program participants, 17 (77 percent) reported **never using opioids in the last 30 days**, while 15 (83 percent) out of 18 comparison group members reported never using opioids in the last 30 days. However, participating organization programs may offer harm-reduction services that include taking opioids for pain management, which could account for reported use of opioids in the past 30 days.

The small sample sizes warrant caution in interpreting these findings, and a deeper dive with more participants may be helpful to confirm the findings of the potential recovery capital benefits of recovery coaching.

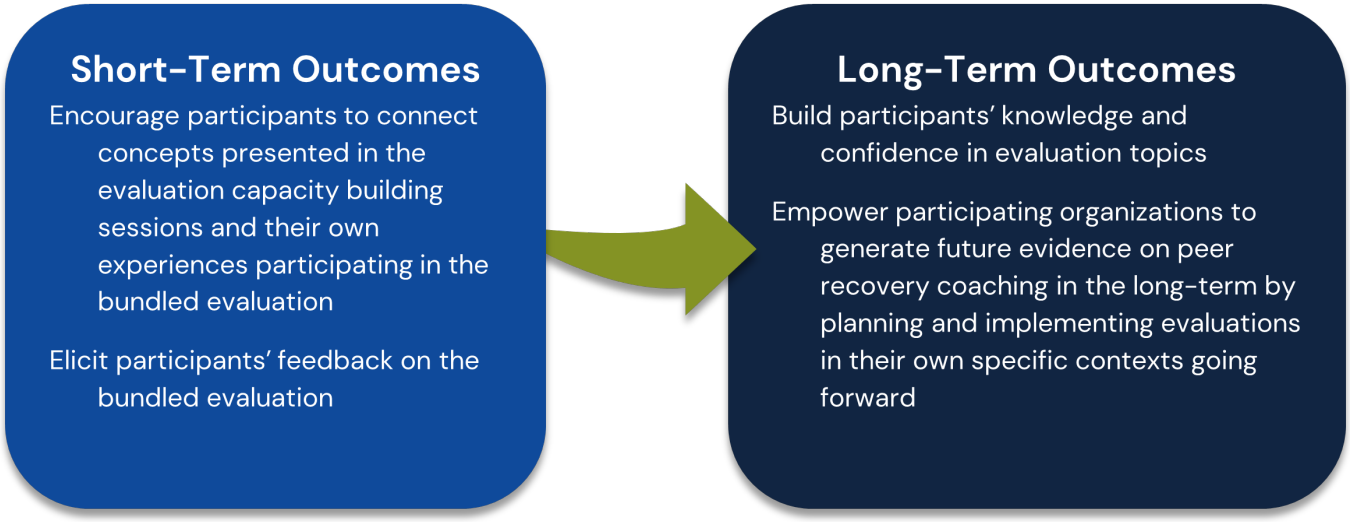
Evaluation Capacity Building

Evaluation capacity building was designed to complement the bundled evaluation in ways that support immediate and long-term evidence building for the peer recovery coaching model, as shown in exhibit 7.

Evaluation capacity building was provided to organizations participating in the bundled evaluation over the course of 12 one-hour-long technical assistance sessions delivered monthly.

The evaluation capacity-building component was evaluated by a third party, BCT Partners, to assess participants' satisfaction with the sessions and assess participants' knowledge of and attitudes toward evaluation at the beginning and conclusion of the entire curriculum. A session-specific post-session survey was administered at the conclusion of each session, and survey results were used to calculate a composite satisfaction rating and assess participants' knowledge of session content.

EXHIBIT 7.—Overview of intended short- and long-term outcomes of the evaluation capacity building



Findings from the evaluation of the evaluation capacity building are as follows:

Participants liked the pairing of evaluation capacity building with the bundled evaluation, especially for the opportunities it provided to discuss their program challenges as well as opportunities for building evidence. They also liked the opportunities to interact with others working in this space, especially to discuss challenges and opportunities for building evidence in this space.

Participants increased their knowledge of evaluation topics and had more positive attitudes toward evaluation. Participants' perceived knowledge of evaluation topics increased across 7 out of 13 topics as

measured on the pre-post survey. On 8 of the 10 items measuring attitudes toward evaluation, changes from pre to post indicated more positive attitudes toward evaluation.

Participants reported greater confidence in evaluation-related topics after the sessions. Specifically, participants reported improved ability to know which questions to ask and how to write about evaluation findings.

Discussion

The preliminary implementation findings from this study corroborated the existing literature on peer recovery programs. The current study found that **lived experience is a crucial pillar** of all peer recovery coach models and can improve participant outcomes. This finding supports the growing research literature on successful traits of peer recovery coaches (Kawasaki et al., 2019; Zandniapour et al., 2020). Program models and activities had common elements; however, the participating organizations provided **individualized activities and services** that were geared to the populations served and their respective settings. Treatment programs that are tailored to the individual are common among recovery coach programs, which aligns with literature that notes services vary due to the program setting and target populations (Eddie et al., 2019). The current study provides new information on how peer recovery coach programs implement **culturally appropriate services** into the organization and treatment plans for individuals.

This study found that participating organizations implemented peer recovery coach programs designed to **meet the needs of the populations served** and that participants had **favorable perceptions** of the peer recovery coach services. In addition, participating organizations, peer recovery coaches, and program participants reported **favorable outcomes**.

This study faced many challenges and limitations, including:

- Collecting data from a vulnerable, hidden population (individuals with an SUD).
- Inability to calculate survey response rates due to multiple survey administration formats. Additionally, the response rates for the recovery coach and program participant surveys were low.
- Necessity of recruiting participating organizations' help at the time of specific data collection procedures.
- COVID-19, which hindered the ability of some organizations and individuals to fully participate in the evaluation process as they focused on delivering core services.
- The pandemic also affected data collection by the study team. In-person interviews and focus groups were planned at each site, but virtual interviews and focus groups were ultimately conducted.
- A lack of robust and/or statistically matched comparison group data, which stemmed from participating organizations' concerns with confidentiality as well as limited data tracking for individuals who were not receiving recovery coaching services. For these reasons, an impact study was not possible in the current evaluation.

The findings from the analysis suggested promising positive trends regarding the role of peer recovery coaching in increasing recovery capital for program participants. Future study involving a larger sample size to explore these findings more rigorously is therefore warranted. Considerations for further study are as follows:

- A key priority to further this work is rigorous measurement of program impact through recruitment of a valid comparison group (i.e., a subpopulation not receiving recovery coaching services). Well-established high attrition rates among study participants in substance use research, the intensive and acute nature of many recovery programs, and the high variability in treatment services provided across individuals and contexts all pose systematic barriers to rigorous research with comparison groups.

Future studies seeking to evaluate impact will require direct access to potential participant populations, enabling timely tracking of recruitment pools.

- When assembling a comparison group for recovery coaching, access to individual-level data is important to maximize the potential for a rigorous comparison group that is engaged with substance use treatment but not with peer recovery coaching. To reduce confounding, researchers and participating organizations can work together to ensure data include covariates based on theory/literature, such as demographic characteristics and other treatment services received. Biases, such as self-selection bias or non-response bias can be considered with sampling approaches such as waitlist control or stratified random sampling. Alternately, analytical methodologies, such as dose-response modeling, may allow a more flexible approach when a strict comparison group is not possible.

Next Steps

- Data collection from January 2023 to January 2024, including seven participating organizations that received AmeriCorps funding in FY2021 or FY2022, will be analyzed and detailed. These organizations have greater diversity in terms of the use of lived experience among recovery coaches, which may help uncover the role of lived experience in supporting recovery outcomes.
- The results from the forthcoming analyses will be aggregated with the current study, with the goal of **generating more conclusive findings from a larger sample size.** The final report will be disseminated in summer 2024.
- AmeriCorps will continue to **build evidence on best practices** for recovery programs and explore how the agency mitigates SUDs and supports recovery through AmeriCorps projects.

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About AmeriCorps
AmeriCorps, the federal agency for national service and volunteerism, provides opportunities for Americans to serve their country domestically, address the nation's most pressing challenges, improve lives and communities, and strengthen civic engagement. Each year, the agency places more than 200,000 AmeriCorps members and AmeriCorps Seniors volunteers in intensive service roles and empowers millions more to serve as long-term, short-term, or one-time volunteers. Learn more at AmeriCorps.gov.

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The AmeriCorps Office of Research and Evaluation assists AmeriCorps and its partners in collecting, analyzing, and disseminating data and insights about AmeriCorps programs and civic life in America.

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