CASE STUDY

Recovery Corps Use of Data in the Recovery Space

BUNDLED EVALUATION AND CAPACITY BUILDING PROJECT

Introduction

Substance use disorders (SUDs) represent a significant public health issue, affecting millions of individuals globally. In 2022, more than 1 in 6 Americans aged 12 or older reported experiencing an SUD, and more than 100,000 individuals died from drug-involved overdose, highlighting the widespread prevalence and gravity of this condition (National Institute on Drug Abuse, 2024; Centers for Disease Control and Prevention, 2024). A wide range of treatments exist beyond medication assisted treatment (MAT)—such as psychotherapy, family therapy, mindfulness-based approaches, and holistic treatments such as art therapy—all tailored to address the complex physical, psychological, and social aspects of addiction and to support long-term recovery. Rigorous, up-to-date empirical evidence on treatments and their efficacy are vital to encourage evidence-based treatment implementation.

Generally, peer recovery coaching is the process in which a non-clinical professional with lived experience with an SUD typically provides guidance to individuals with an SUD by helping them to access care and supporting them in the removal of barriers to recovery (Zandniapour et al., 2020). However, definitions of "peer

recovery coaching" can vary across organizations, for example in degree of lived experience with SUDs (e.g., personally in recovery, family member in recovery, no experience with recovery, or experience with another aspect of behavioral or mental health issues) (O'Conner et al., 2024). Peer recovery coaching is a promising treatment for SUDs that needs more empirical investigation on whether it works, for whom, and in what contexts (Bassuk et al., 2016). Coaching can be offered through diverse settings, such as colleges, recovery community organizations, and substance use treatments centers, and can vary in implementation to best fit the service setting and population of focus. For instance, longer engagement with peer recovery coaching services may be more common in treatment centers than in other settings. Rigorous assessment of recovery coaching program implementations and outcomes across various settings and populations is critical for evidence-based strategies to be broadly implemented.

In 2024, AmeriCorps completed an evaluation of AmeriCorps-supported organizations that provide recovery coaching services for diverse individuals with SUDs (Perrins et al., 2024). One of these organizations—Recovery Corps—serves thousands of people in recovery across the States of Minnesota, Illinois, and Virginia and has incorporated data collection and assessments among its participants since 2017. These assessments include, but are not limited to, peer recovery coach service utilization, participant demographic characteristics, and participant outcomes such as recovery capital; more details on the assessments are noted below. This case study illustrates evidence building on recovery coaching among SUD populations, summarizes the resultant available data, shares findings on the relationships between recovery coaching and outcomes, and discusses data collection and assessment successes, challenges/barriers, and implications for future work.

Recovery Corps

Recovery Corps works with organizations in Minnesota and Illinois that serve teens and adults in recovery for various types of SUDs. Recovery Corps' recovery coaches work in many settings, such as recovery residence associations, recovery community organizations, collegiate recovery organizations, and recovery high schools. Recovery Corps responds to three needs:

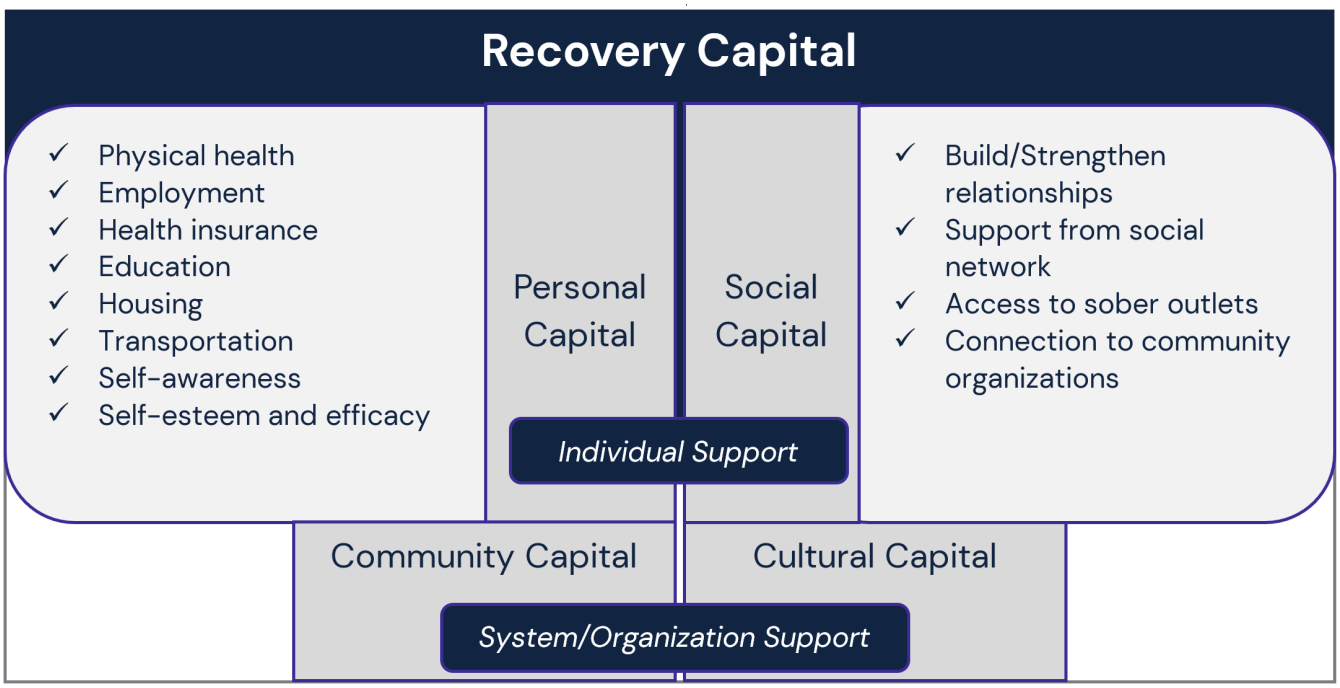
1. Sufficient one-to-one peer recovery coaching services to meet demands,
2. Infrastructure to support critical functions such as outreach, education, and technical development, and
3. The ability to attract and support certified peer recovery coaches and related professional careers for the long-term capacity of the substance use treatment space to provide recovery coaching.

This backdrop of need and capacity underscores the intent of Recovery Corps, which is explicitly designed to address the multifaceted nature of these capacity gaps via two complementary member positions and a robust approach to creating career pathways for members in both positions.

Recovery Corps is oriented around the concept that increasing recovery capital, which includes "the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery" that will produce meaningful benefits to individuals and communities (Granfield & Cloud, 1999). Recovery capital is inclusive of both tangible assets (e.g., obtaining health insurance), attitudes/beliefs, and the availability of specific community resources (e.g., the presence of recovery coaching services). It can also be organized at the individual level (e.g., individual's self-esteem) or the community/cultural levels (e.g., access to community resources/shared beliefs and values that could impact how recovery is perceived and supported). For example, individuals might build their personal or social recovery capital by obtaining employment or by connecting with meaningful sober outlets; however, the accessibility of those resources may also be related to the community or cultural landscape (e.g., availability of sober outlets, reduced stigma for employing

people in recovery). The multifaceted nature of recovery capital informs the structure of Recovery Corps, which includes a focus on building individual capital via peer recovery coaching and systems capital via site-level capacity building (exhibit 1).

EXHIBIT 1.—Examples and levels of recovery capital



Structure and Nature of Navigator Activities

Recovery Corps is composed of two different AmeriCorps State and National member positions: recovery navigators and project coordinators. Navigators support people in recovery to strengthen recovery capital. Project coordinators support organizations serving the recovery community, to create a more robust network of resources for individuals in recovery. In this case study, we focus explicitly on the design, implementation, and data infrastructure for navigators due to their direct role in providing recovery coaching services.

Structure of Support

Navigators—who are all themselves in recovery from an SUD—are placed at host sites to serve a caseload of people in recovery ("participants"). Navigators identify participants with the support of a site supervisor who connects participants with navigators based on the need and appropriateness for navigator support. Navigators support a minimum of 25 unique participants across the year with the goal of connecting for at least two instances of service ("sessions"); however, navigators support many more people for at least 1 session, and a majority of those returning for a second session will continue receiving support for the duration of the service year. According to administrative program data, the average session duration is 45 minutes (std. deviation = 20 minutes), and the expected session duration is at least 30 minutes. Navigators deliver a majority of their sessions in person (65 percent), followed by phone (33 percent) and video calls (2 percent). A majority of sessions are delivered individually (87 percent) compared to group formats.

Population of Focus

Consistent with AmeriCorps funding priorities, navigators provide direct service to historically underrepresented individuals in substance us treatment. Nearly every person served by a navigator is underserved as a function of being a person in recovery; however, there are several other important

characteristics of the population that indicate a focus on underrepresented individuals. For example, 42 percent of 2,340 Recovery Corps participants have a felony on record and 62 percent have a misdemeanor. Sixty-eight percent of participants have a co-occurring mental health condition. Finally, 68 percent of participants either have no permanent residence or are in transitional housing. These characteristics are generally stable year-to-year and emphasize the critical role of the program in serving historically underrepresented individuals.

Service Delivery

By its nature, peer recovery support is idiosyncratic and thus varies somewhat from person to person; however, to facilitate consistency, navigators receive robust training and coaching on peer recovery and adopt general programmatic activities that are consistent across all participants. Training on motivational interviewing, goal setting, and resource navigation are summarized below.

Motivational Interviewing and Goal Setting. Navigators are trained and coached to adopt a structured approach to goal setting and motivational interviewing with participants. The goal setting procedures are informed by the literature underlying effective goal setting, which has garnered empirical support across a variety of disciplines (Brandstätter et al., 2001; Oettingen et al., 2000). Navigators use motivational interviewing strategies in every session to help participants realize their goals. Motivational interviewing is a clinical, participant-centered coaching strategy with a robust research base (Lo Coco et al., 2019; Rubak et al., 2005). The strategies that compose motivational interviewing can be adopted by non-professionals and therefore lend themselves well as a guide for navigator interactions with participants.

Resource Navigation. Navigators are trained to navigate the myriad of resources available to people in recovery. The approach to resource navigation is directly informed by program data on participant needs and thus encompasses a variety of useful resources for housing, healthcare, mental health, recovery-oriented resources, employment, and others. This approach to training and coaching for resource navigation ensures navigators are positioned to connect participants to resources and benefits that can be difficult to identify and access in the absence of training.

Data as a Core Feature for Programming and Improvement

Since 2017, the use of data is also a fundamental program component for Recovery Corps as far as Navigators are expected to collect and respond to a number of different evidence-based indicators of implementation and outcomes. It was critical early on for Recovery Corps to develop infrastructure and procedures for data collection to facilitate a data-driven environment for individual- and program-level decisions. Navigators regularly collect and use data to inform service using the Recovery Corps Data Management System (RCDMS), an application created by the National Science and Service Collaborative (NSSC) using a no-code application development platform, which removes the barrier of needing highly technical programming skills and instead uses prebuilt templates and modules to design the application. Additional data sources include the site application, various surveys, and focus groups, which are collaboratively managed by the program and the NSSC. Recovery Corps' approach to data collection is designed to align with the program's theory of change, tapping into static elements (e.g., demographics) and more dynamic elements related to implementation and outcomes that hold value for real-time response and broader evidence-building efforts.

We devote space to outlining the data infrastructure for Recovery Corps because it has emerged as a critical piece of the program's success. It allows navigators to deliver data-informed service, it allows program coaches and supervisors to monitor implementation and impact in real-time, and it allows the program to use data when outlining its evidence argument to key stakeholders. In the absence of a meaningful and relatively comprehensive approach to data, it is nearly impossible to garner evidence. Most importantly, the presence of multisource/multimethod data positions the program to identify insights for program improvement, some of

which may offer broader insight to the field of peer recovery. Recovery Corps' approach to data collection and use is directly aligned with the program's logic model insofar as each piece of information is intended to evaluate key assumptions inherent in the model. The data elements assessed by Recovery Corps are outlined in exhibit 2.

EXHIBIT 2.—Recovery Corps data elements

Data Element	Description	Frequency
Site Characteristics	The program documents site-level characteristics (e.g., type of partner site, geographic location) during the site application process.	Once during site application
Participant Characteristics	Navigators document a large number of participant demographics during the first session in the Recovery Corps Data Management System (RCDMS).	Once
Participant Goals	Navigators work with participants to create a service plan composed of specific participant goals, documented in the RCDMS.	Once and updated as need
Session Characteristics	Navigators document information about each session using the RCDMS. This includes date of service, focus of the session, length of session, and delivery method.	Each session
Self-Reported Outcomes	Navigators document self-reported outcomes (outlined below).	Every 2 weeks
Recovery Capital	Developed by Dr. John Kelly and colleagues as an abbreviated version, 12 of the validated 10-item Brief Assessment of Recovery Capital (BARC-10) scale assesses Recovery Capital (Vilsaint et al., 2017).	--
Quality of Life	Rooted in a comprehensive instrument by the World Health Organization (The WHOQOL Group, 1998), this 8-item scale measures participants' overall well-being, capturing vital domains like physical health and psychological well-being, offering an in-depth look into a participant's holistic health during recovery.	--
Self-Esteem	Single item: "I have high self-esteem."	--
Self-Efficacy	Single item: "How confident are you that you will be able to stay in recovery the next 90 days?"	--
Craving	This 5-item scale measures the frequency, severity, and resistance to substance cravings, and serves as an invaluable tool to predict potential return-to-use risks (Costello et al., 2020).	--
Resource Attainment Outcomes	A comprehensive list of potential resources or tangible benefits is used to guide the goal setting process. Navigators update that list as necessary when participants make progress toward goal resources.	Ongoing
Member and Site Experience Data	Collected via surveys near the end of the service year.	Once
Career Development	Data on the knowledge, skills, and attitudes—as well as career plans—are obtained at the outset and end of each program year and annually thereafter.	Twice annually with 1-year follow-ups

Recovery Corps Findings

Using the data sources detailed in exhibit 2, Recovery Corps engages in annual program evaluation activities. In addition, Recovery Corps participated in a larger bundled evaluation and follow-up analysis led by ICF (see AmeriCorps Bundled Evaluation and Capacity Building Project: AmeriCorps-Supported Recovery Coaching Programs). In this section, we outline some of the patterns in implementation and across outcomes emerging from that work. Findings using data from N = 1,782 recovery coaching participants, and N = 71 navigators are summarized below.

Implementation

Program implementation is assessed using metrics such as the volume and nature of sessions per participant as well as the number of participants served by navigators. Below we highlight some relevant findings using program implementation data.

Increased dosage of recovery coaching services across time. Recovery Corps tracks each participant's engagement in recovery coaching sessions. These data allow Recovery Corps to assess the average "dose" of recovery coaching received by participants, which can be compared to internal goals or benchmarks (e.g., at least two sessions per participant, as discussed in the Structure of Support section). The average number of sessions for participants increased to 11.6 in 2023, up from 5.2 in 2022. Similarly, the average number of weeks participants were supported by a navigator increased from 10.1 to 21.7 over the same period. During the 2023 program year, 62 percent of participants returned for a second session compared to just 37 percent during early implementation of the program. These data suggest Recovery Corps' implementation exceeds its goals and the dose generally increased from 2022 to 2023. This increase may suggest effective program implementation or simply more reliable data entry.

Participant-level variance. Recovery Corps is interested in understanding whether subpopulations are equitably receiving doses of recovery coaching. When examining implementation across participant demographic categories, a few notable patterns emerge through Analyses of Variance (ANOVAs), Welch's *t*-tests, and logistic regressions. Trends by race/ethnicity suggest a slightly negative association between repeat sessions (i.e., at least two sessions received) and participants identifying as Black or African American or Latino. Participants without a high school diploma, participants who were unemployed, and participants who used public transportation were all significantly less likely to engage in repeat sessions. Finally, participants with a self-reported mental health condition (more than 50 percent of participants) were significantly less likely to be repeat participants (see exhibit 3). These data allow Recovery Corps to better understand how program participants differentially access recovery coaching sessions and help to identify subpopulations vulnerable to low recovery coaching session doses. Recovery Corps plans to incorporate further assessments, such as open-ended questions about barriers to repeated sessions, to better understand participants' programmatic experiences.

EXHIBIT 3.—Repeat clients and self-reported mental health conditions other than substance use

Site-level variance. Recovery Corps operates across a wide variety of host sites and there is a great deal of variance across those sites regarding the volume of sessions overall and the rate of repeat sessions. There are likely site-level characteristics that influence the structure of Recovery Corps implementation. For example, some sites may see fewer participants more frequently and other sites may see more participants, but less frequently. Importantly, categorizing sites by type (e.g., treatment center versus recovery community organization) did not substantially reduce site-level variance, suggesting that site environment may influence implementation in more nuanced ways.

Collectively, implementation differences across participant and site characteristics illustrate a potential need for targeted outreach and/or increased support for sustained engagement among some participants (e.g., those who are unemployed, lack transportation). Likewise, there is a need to better understand how context may influence implementation, as this is a critical factor for understanding program impact.

Outcomes

The scope of potential participant outcomes is outlined in exhibit 2. Below we highlight a small number of findings using those sources of data.

Positive trends. On average, participants with at least two data collection instances improve across all self-reported outcomes. This pattern has been observed every year of the program, with slightly larger pre-post gains observed in recent years (likely due to more consistent interactions). Descriptive pre-post outcomes on the Brief Assessment of Recovery Capital (BARC-10) exceed those documented in similar descriptive research under similar conditions (Ashford et al., 2021). Greater than 95 percent of navigators and site supervisors report that Recovery Corps is making a meaningful impact on those served. As career outcomes, nearly 100 percent of members attained certification as a peer recovery specialist during their term of service and in 2023, 20 percent of members had obtained employment in the addiction/recovery field, 21 percent were pursuing employment or additional education, and 53 percent planned to return for another service year.

Participant-level outcome variance. As was observed with implementation data, significant variance was observed for participant self-reported program outcomes. The specific participant-level predictors of outcomes varied somewhat; however, there were a handful of consistent associations found through hierarchical linear models (nested by site type). Recovery capital was observed to be higher when sessions

were delivered individually. Individuals who did not graduate high school or reported having co-occurring mental health issues were at increased risk for poorer outcomes across recovery capital, quality of life, self-esteem/self-efficacy, and craving outcomes. When examining quality of life and self-confidence, more frequent and longer sessions were associated with higher scores.

Site-level outcome variance. There are limited insights to date on site-level characteristics associated with program impact; however, one finding that emerged was a negative association between individual sessions at the site-level and BARC-10 growth. This contradicts the effects observed at the individual level. It is possible that sites with high proportions of group sessions may have a culture of peer support, shared experiences, and journeys (Tracy & Wallace, 2016).

The individual-level patterns underscore the importance of helping people in recovery secure key resources—such as employment, the potential need for outreach, and consistent engagement with participants who have co-occurring mental health diagnoses—and support general guidance to have consistent sessions with all participants. Similar to learnings from implementation data, future research is needed to document more meaningful site characteristics and subsequently examine their association with participant outcomes.

Discussion, Challenges, and Lessons Learned

This section discusses the findings as well as evidence-building challenges and lessons learned.

Recovery Corps' data collection activities enabled characterization of its participants and navigators, such as engagement with repeated recovery coaching sessions, and career-related activities, such as certification attainment. The data also allowed inferential statistics analyses such as ANOVAs and linear regressions to test hypotheses that subpopulations may differ in important outcomes. The findings highlight that while a growing proportion of Recovery Corps participants are receiving multiple recovery coaching sessions per internal goals, these repeated sessions are not equally experienced. Those who identify as racial or ethnic minorities, did not graduate high school, primarily use public transportation, are unemployed or have co-occurring mental health issues are less likely to have multiple recovery coaching sessions and reflect a vulnerable population that needs targeted interventions. These findings align with existing literature highlighting the need to ensure adequate treatment in certain groups, including those with lower education levels or those experiencing unemployment (Substance Abuse and Mental Health Services Administration, 2022), and evidence that older Black Americans are less likely to finish their course of substance use treatment (Grooms & Ortega, 2022). The linear regression models across multiple outcomes showed a common finding that those who have not graduated high school or are unemployed are at increased risk for poorer outcomes. The recovery space can seek to specialize their outreach and engagement to these subpopulations to improve outcomes.

While this case study demonstrates the scope of insights made possible by data collected as part of substance use treatment, Recovery Corps has encountered challenges and lessons learned as part of evidence-building that can be used to inform future evaluation efforts in the substance use space.

Recovery Corps has approached evidence-building in a manner that can be organized into three key areas, which generally align with AmeriCorps guidance for program design and evidence-building. We identify these areas as Establishing Data Infrastructure, Evaluating Implementation Against Design, and Establishing an Efficacy Argument. These continue to be iterative (e.g., learnings about implementation and impact may affect data infrastructure); however, they are generally sequential insofar as it is difficult to evaluate the extent to which implementation mirrors program design in the absence of data, and difficult to evaluate program impact if the status of implementation is unknown or is highly variable.

Establishing data infrastructure. In general, identifying sources of data to evaluate key assumptions inherent in any program's theory of change is highly useful. In some cases, there may be existing data systems or data sources available to support program insight; however, this was largely not the case for Recovery Corps as the program serves a wide variety of sites that use different data systems or no data system at all. This was both a challenge and an opportunity for the program as it led to the creation of an internal data system that could be built at low cost and aligned with important implementation (e.g., logs of sessions) and outcome (e.g., recovery capital) metrics. Access to these data has been a major benefit; however, the initial development and ongoing maintenance of the RCDMS Recovery Corps data system is still a notable challenge. Many partner sites have concerns regarding data collection in the context of peer recovery; the process of entering and using data creates added burden for members and the people they serve, and identifying which metrics of implementation and impact are most meaningful is a newer area of research with some disagreement among and across groups of researchers and practitioners. There are no easy solutions to these challenges—they require feedback loops between the program, its beneficiaries, and the broader field of recovery. The Recovery Corps program uses those feedback loops annually to make incremental improvements to the feasibility and meaningfulness of its approach to data collection and in some cases, major challenges have been greatly reduced. For example, the program has observed improvements in member and site engagement with the data system every year, with navigators noting its potential to support data-informed service and sites noting the value of data for providing insight into the needs of their community and demonstrating their own impact externally.

Evaluating implementation against design. Establishing a data system was crucial for Recovery Corps to document, understand, and improve program implementation. This system has allowed the program to assess assumptions related to its theory of change, leading to adjustments in program design, training, and support. Data, along with guidance from local leaders and researchers, has helped the program better understand site-level variance. Unlike some contexts where programs can adopt standardized procedures (e.g., schools), organizations serving people in recovery—and peer recovery support itself—vary significantly. This variation led to two streams of work: one focused on reducing implementation variance and another on identifying how much variance is consistent with the broader implementation environment. While the program has made positive strides in addressing these challenges, understanding how the implementation environment affects program delivery remains a priority for future research.

Establishing an efficacy argument. As Recovery Corps has improved its data infrastructure and understanding of program implementation, more attention has been focused on establishing impact evidence. Meaningful outcome metrics have helped the program begin to build an evidence argument. For example, frequent data collection (every 2 weeks) has enabled the program to describe participant assets at baseline and at the "last session" in ways that may not be possible in similar programs. The link between implementation and outcomes has also strengthened the program's evidence argument, as more navigator-participant interactions tend to be associated with more positive outcomes. Additionally, by aligning some outcomes with established measurement tools used in research (e.g., BARC-10), the program can compare its outcomes with those observed in similar contexts. Despite these advances, establishing more causal evidence remains a significant challenge. Identifying a suitable comparison group in the context of peer recovery is difficult due to the nature of the support and the varied ways people connect with peer navigators. However, there may be opportunities for experimental and quasi-experimental evaluations of program impact through longitudinal data or partnerships with organizations that facilitate matched comparisons between individuals who opt in to and out of peer support. Recovery Corps is actively pursuing these opportunities through local and national partnerships.

In conclusion, Recovery Corps' evaluation activities enable inferences about program implementation and efficacy as well as target populations to consider in order to create an equitable program. Data collection and

analysis in substance use treatments can be instrumental in addressing the evidence gap on the effects of promising treatment approaches such as recovery coaching. Some benefits of collecting data in these settings include: 1) participants already engaged in the recovery process and perhaps more willing to participate in evaluation activities as part of the process; 2) data across a range of treatment settings and service types can more comprehensively build evidence on the various interventions and populations in substance use treatment; 3) participants in treatment facilities may stay for a longer period compared to hospital stays, facilitating the collection of longitudinal data; and 4) treatment settings are designed to support individuals with SUDs in a nonjudgmental environment, which can reduce the stigma associated with participation in research and encourage more honest and open reporting. Although notable challenges can exist in data collection and analysis in substance use treatment, the proliferation of evidence-based strategies will continue to rely on rigorous evaluation activities with substance use treatment populations.

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