FY24 AmeriCorps Impact Webinar 4 Transcript

Evidence Innovation: How AmeriCorps Investments are Addressing The Opioid Crisis

Katy Hussey-Sloniker:

Welcome to the AmeriCorps Office of Research and Evaluation Evidence webinar series, Celebrating the AmeriCorps 30th Anniversary Through an Evidence Story. Today's webinar is Evidence Innovation: How AmeriCorps Investments are Addressing The Opioid Crisis. My name is Katy Hussey-Sloniker, and I'm the learning officer for the AmeriCorps Office of Research and Evaluation. Next slide, please.

As a federal agency, the pandemic helped stress test the call for service as a solution to community challenges like substance and opioid misuse. Our presenters today are here to discuss the emerging body of evidence supporting the AmeriCorps work in diverse health and substance use disorder fields.

We'll hear from Dr. Lily Zandniapour, who will talk about the AmeriCorps strategy evidence building in our agency focus area of Healthy Futures, Ashley Lederman, the technical lead for AmeriCorps on the Recovery Coach program, Bundled Evaluation and Capacity Building Project, Dr. Sara Perrins from ICF International, who is the lead researcher on the bundled evaluation. Charlene Hipsher, a Line Nine board member representing one of the Cohort 2 grantee participants in the bundled evaluation, dr. Megha Patel, AmeriCorps research analyst and portfolio manager for our invited research grantee representatives, Dr. Carlin Rafie, an AmeriCorps research grantee from Virginia Tech, Dr. Emily Zimmerman, an AmeriCorps research grantee from Virginia Commonwealth University, Cathy Hartnett, the Executive Director of Global Recovery Initiatives Foundation, and AJ Pearlman, the director of Public Health AmeriCorps.

As you can see, we've got a packed presentation to share, so we'll not have our typical Q&A session at the end. We are still encouraging participants to place statements in the chat and encourage any specific questions to go directly to the presenters after the webinar. One of our final slides will provide the email addresses of each of our guest speakers, and I'll be placing email addresses and support links in the chat as we go along. Next slide.

Our learning objectives today are twofold. We will learn about the innovative evidence-building approaches the Office of Research and Evaluation utilize to increase the AmeriCorps investment in evidence-based Public Health and Healthy Futures focus area investments to include the bundled evaluation on recovery coaching and research on the use of the SEED methodology to develop community-driven action plans. We'll also hear from the practitioner in the field on the implementation of their national service opioid recovery program and the evidence-informed recovery coaching elements that contribute to the strengthening of the community response to the local need. Next slide.

At the AmeriCorps Office of Research and Evaluation, our vision is to understand how and what AmeriCorps does that can make a lasting and sustainable impact across the four domains of our AmeriCorps impact network. We conduct our work in four areas associated with our mission. We identify national service and volunteering trends. We conduct research and build scholarship on civic engagement. We measure national service impact, and we promote evidence-based models and program expansion.

Our mission essential work can increase knowledge and evidence that improves the member and volunteer experience, strengthen an organization's capacity, support a community and their localized solutions, and contribute knowledge to the civic health of society. Our AmeriCorps research and evaluation work leverages relationships and trust that foster the powerful synergies between the impact framework, interconnected domains of participant and alum, partners, communities and society.

Now, I'd like to introduce Dr. Lily Zandniapour from the AmeriCorps Office of Research and Evaluation.

Dr. Lily Zandniapour:

Thank you, Katy. Hi, everyone. It is great to be with you and be part of this great panel of speakers and leaders on a really important topic that affects the lives of many of us. Before I pass this along to our main speakers, I'm going to provide you with some context and background for today's webinar. Next slide, please.

AmeriCorps, as many of you know, is the federal agency for national service and volunteering with the mission to improve lives, strengthen communities, and foster civic engagement. The agency administers a number of national service programs including AmeriCorps State and National, VISTA, NCCC, and AmeriCorps Seniors. These programs provide an opportunity for thousands of Americans of all ages and backgrounds to serve each year and solve local community challenges across the country.

In accordance with the Serve America Act, which reauthorized the agency in 2009 and expanded national service, AmeriCorps and its partners support programs in six focus areas, education, economic opportunity, healthy futures, disaster services, environmental stewardship, and veterans and military families. AmeriCorps-supported programs are located across the country and in diverse areas covering urban as well as rural and frontier areas. Next slide, please.

Within the Healthy Futures focus area, the agency supports programs that improve the physical and mental health, well-being of Americans. AmeriCorps members and AmeriCorps Senior volunteers serve with organizations to strengthen communities across our nation on issues like access to healthcare, aging in place, food security, and healthy living, and combating the opioid crisis and other substance use disorders. Next slide, please.

Health is a growth area for AmeriCorps. During the past few years, AmeriCorps investments in health have increased in part due to three key developments. The first being the opioid, prescription drugs, and other substance use crisis. AmeriCorps members and AmeriCorps Senior volunteers serve across the country to provide drug abuse education and prevention, serve as recovery coaches, navigators, build capacity for anti-drug organizations, provide screening and assessments, establish state and local coalition, prevent relapse and recidivism, and more.

The second development has been COVID-19. With that, the members and volunteers have adapted their services to meet the changing needs caused by the pandemic. They provide support, community response and recovery efforts to communities playing a vital role in needed services like vaccination support, food security, and education.

Another important driver that has expanded the agency's work in health has been the launch and implementation of Public Health AmeriCorps. AmeriCorps and Centers for Disease Control and Prevention have partnered together and launched Public Health AmeriCorps to support the recruitment training and development of the next generation of public health leaders who would be ready to respond to the nation's public health needs. Next slide, please.

Over the years, we have witnessed a growing body of evidence emerging in the health-focused area. The evidence is stronger in some areas than others, but AmeriCorps invests in programs at all points along the evidence continuum to ensure partners implement and receive support for programs that represent social innovations, those that are highly tested, effective solutions, and the many programs that are somewhere in between. AmeriCorps recognizes that it takes time to build evidence, and that the strength of a program's evidence varies according to where the program is in its life cycle. Investments in programs along the evidence continuum enables the agency to nurture and grow programs from those that are innovative and promising to ones that are proven. Next slide, please.

The Office of Research and Evaluation at AmeriCorps is committed to supporting evidence building and evidence-based practices through our research grants, program evaluation studies that are either commissioned to third-party researchers or studies that are conducted internally and through our capacity-building efforts. I'm delighted that in today's webinar, we can feature studies and efforts from one of our commissioned studies and a participating grantee, as well as related work in our research grants portfolio that address challenges we face with the opioid crisis and in the health space.

With that as a backdrop, I'm going to pass this along to my colleague Ashley Lederman. Thank you.

Dr. Ashley Lederman:

Thank you, Lily. Good afternoon, everyone. My name is Dr. Ashley Lederman. I'm a research analyst in the Office of Research and Evaluation and the technical lead for the Recovery Coach Lifecycle Evaluation. Next slide.

Overdose and death from substance use disorders have reached a critical point in the United States. In response to the unprecedented opioid-related overdoses and deaths occurring in the country, the Department of Health and Human Services declared a public health emergency in 2017. Between fiscal years 2017 to 2022, AmeriCorps invested over $129 million to fund projects addressing opioid and other substance use disorders. Next slide.

More specifically, AmeriCorps wants to explore how national service and volunteering can be a solution for substance use mitigation. There are many factors that come into play when considering the health and well-being of an individual. Are they able to easily access healthcare, education, transportation, and community supports? Is their environment safe? Do they have access to employment, income and/or other non-cash benefits? All these elements must be considered when thinking about how to address sustainable recovery. Because AmeriCorps works in an array of communities and settings, it has been able to fund projects that use a variety approaches and strategies in the recovery space. Next slide.

To further explore the body of work being done in this space, in 2020, the Office of Research and Evaluation conducted an internal study of AmeriCorps programs and identified the Recovery Coach program model as a promising strategy to support recovery. This evaluation noted that there was not a strong evidence base for the Recovery Coach program model and thus recommended performing a bundled process and outcomes evaluation to develop the base of evidence for this type of programming. Next slide.

That is what we did. The Office of Research and Evaluation commissioned ICF to conduct a demonstration project to build evidence in the recovery coaching space, share best practices with the field, and strengthen the ability of AmeriCorps-supported organizations to measure their programs. The objectives of the study included to determine what recovery coach models look like, describe promising practices and challenges in implementing these models, measure the effectiveness of recovery coach models for improving outcomes for grantee organizations, recovery coaches, and beneficiaries.

This evaluation used interviews, focus groups, surveys, site visits and document review, as well as an evaluation capacity-building learning component for grantees participating in the evaluation. To explain in more detail what was found with the preliminary analysis, I would like to pass it over to my esteemed colleague, Dr. Sara Perrins from ICF. Next slide.

Dr. Sara Perrins:

Thank you, Ashley. Hello, everyone. Thank you so much for this opportunity to tell you a little bit about the bundled evaluation of recovery coaching programs at AmeriCorps-supported organizations, and to

share some of the preliminary findings with you. We can go to the next slide, please. One more slide, please.

As Ashley mentioned, recovery coaching has shown promise as a potentially effective strategy to help address substance use. I want to start by defining what we mean by recovery coaching. Recovery coaching is the process in which a non-clinical professional, in other words, the coach helps to promote long-term recovery in individuals with substance use disorders through, for example, personalized recovery plans, assistance with accessing care and navigating services, supporting the removal of barriers to recovery. In this evaluation, recovery coaches were national service members or organization-paid staff who provided recovery coaching and navigation support. Okay, next slide.

Ashley introduced some of this already, but these are the basics of what this project is about. The what or the objectives include to determine what recovery coaching models look like across AmeriCorps-supported organizations to describe promising practices and challenges in implementing the models to measure the effectiveness of recovery coaching models and improving outcomes for the organizations, for the coaches, and for the participants, also to increase AmeriCorps supported organization's capacity to evaluate programs in the future.

The why or the purpose includes to build the evidence-based and capacity for a promising programming approach to address opioid use disorder and other substance use disorders. The who includes 11 AmeriCorps supported organizations with activities occurring across 11 states during fiscal years 2020, 2021, 2022.

We used a mix of qualitative and quantitative data sources, including online surveys. We conducted virtual and in-person site visits to conduct focus groups and interviews, and we also reviewed program administrative data. We collected data from November 2021 to January of 2024. The preliminary findings today are from the four organizations that wrapped up data collection in 2023. The remaining organizations' datas are being analyzed. We look forward to compiling everything into a final report that's projected to be available this summer. Go to the next slide.

As a bit of context, we had eight organizations that had originally agreed to participate, but four dropped out. In different phases, some cited concerns about client's privacy, but remember, these were including fiscal year 2020 project organizations. They were very, very busy dealing with COVID-related adjustments as well. In the end, we had four organizations in this preliminary analysis, and they're presented in this table. We're not going to go over all of it, but as you can see, we have organizations from around the country serving diverse populations such as those experiencing homelessness, incarcerated individuals, and also those in residential treatment programs as examples.

AmeriCorps members and VISTAs roles really varied by organization. Some were the recovery coaches and some had more administrative roles, such as project coordination or case management. But overall, it was really great to see members and VISTAs engaging in such important work in various capacities and reaching these high-need populations. Go to the next slide.

This table breaks down respondent numbers across study survey, and then the interview and focus group activities. Generally, the surveys were used for quantitative assessments, and the interviews and focus groups were used for qualitative assessments. The respondent numbers in general were smaller than what we would've wanted. Again, we had several organizations drop out, but we had some really interesting findings that motivate a lot more work in this space. I look forward to sharing those with you, starting with the next slide.

Okay. The next two slides actually are going to present some key takeaways from the evaluation. In terms of recruiting coaches, organizations were highly varied in how they did this. Some reached out to alumni of their own programs, some used online job posting websites, attended career fairs, et cetera.

Program directors noted some common challenges including insufficient member stipends. They also, they might've expected some history of justice involvement for potential recovery coaches, but the background check requirements were impeding some of the hiring of otherwise qualified people. This actually segues into this next section about the implementation and the importance of lived experience.

Implementation of recovery coaching models showed some common themes across organizations. All four really emphasize lived experience for their coaches. They incorporated culturally appropriate services and harm reduction strategies and used a holistic approach in their care. All four of our health organizations engaged in partnerships to help deliver their recovery services, and three of the four reported at least having to temporarily discontinue services due to COVID-19.

I just want to briefly highlight the terminology box below. Throughout this presentation and in the evaluation, we use this common term of recovery coach, but it's important to note that organizations were highly varied in their terminology. Coaches that had lived experiences were often called peers of some sort, so like a peer recovery coach or a peer navigator, for example.

On the right-hand side, in terms of the types of support, really, coaches supported program participants in really rich ways. They provided emotional support. There's a great quote here. "They let me talk. They cried with me. Let me get this mess out." Really listening and showing empathy, and this is where lived experience was crucial in helping participants to feel truly understood by their coaches.

Coaches provided informational support, connecting participants to resources, instrumental support where they're providing concrete help with certain goals or tasks like going through the steps for obtaining legal services. Affiliational support would entail connecting participants to communities like AA or other support communities. Coaches also focused on the unique mental health needs for each individual and making sure that they're being connected to appropriate care. Okay, if we go to the next slide.

Okay. Evaluation of outcomes associated with recovery coaching included the coaches themselves reporting changes in their knowledge, attitudes, and skills since becoming a coach. More than 90% of the coaches reported an increase in their confidence in their ability to stay in recovery and their ability to help others with addiction and increases in skills like teamwork and technical skills.

Among program participants, we looked at how they rated their own recovery capital using a validated measure called the BARC-10, which includes perceptions of having internal and external resources and capacity for recovery. Although the sample sizes were small, we still detected some statistically significant differences using Mann Whitney nonparametric tests where those who received recovery coaching, compared to those who did not, reported higher levels of recovery capital.

We also look at behavioral changes, specifically the use of physical or behavioral health services, and also the use of opioids in the past 30 days. We didn't find statistically significant differences between program participants and comparison folks. These analyses were also a bit confounded in the fact that the programs were offering harm reduction services, which could account for some of the reporting use of opioids across the groups.

The interviews, or the qualitative interviews, generally supported these findings. Participants were citing all sorts of benefits with recovery coaching, such as improved self-esteem and gaining employment.

Okay. Lastly, our evaluation capacity building sessions were held on a-

Lastly, our evaluation capacity building sessions were held on a monthly basis for 12 total sessions, and the pre-post session surveys suggested a general increase in perceived knowledge and confidence in evaluation-related topics. Next slide. Quickly, I want to summarize some of the discussions of our evaluation. So we found diversity among organizations in their program missions, their target populations, and their activities. The organizations really valued lived experience as an important

component of recovery coaching, and they also faced some barriers related to hiring coaches with lived experience. All respondents generally experienced favorable outcomes associated with recovery coaching. A large caveat was indeed the small sample size. One of the challenges with the data collection was there's hesitation with program directors in sharing identifiers for potential participants, which is understandable, but that means we had to rely on program directors to really lead all the data collection efforts like recruitment, survey distribution, any kind of follow-ups, etc. That's a big burden and it limited the research staff's ability to try to boost participation and using some of the tools that we might've preferred to use. So in the future, I think direct contact with potential evaluation participants and maybe more incentivization would help improve the samples. But to still find some statistically significant differences despite the small numbers suggests that there might be some really promising trends here that we hope to build upon with more samples in the future. Okay. Next slide.

To get closer to attributing any observed benefits to recovery coaching specifically, it's important to have a good comparison group, so that's an important next step. We're also incorporating the findings from the organizations that just wrapped up data collection in January, and hopefully we'll be able to garner more conclusive findings on the recovery coaching models. Finally, we are also supplementing the current findings with a separate analysis that we've begun, using one of the organization's own datasets. So Recovery Corps is an organization that has been tracking all the individuals that they treat, including the number of sessions that they have, the recovery coaching sessions that they have, the duration of each session, and also measuring some outcomes including recovery capital. So we look forward to continuing to build the evidence base in these various ways about recovery coaching as a promising strategy and presenting those findings to you all in the forthcoming final report. Okay, last slide.

So in addition to being, of course, very grateful for the collaboration so far with AmeriCorps and my fellow ICFT members, I just want to thank the members of the technical working group that have shared their expertise and their valuable feedback to improve the project throughout its duration. Thank you. Next slide. And I am happy to introduce Charlene.

PART 1 OF 4 ENDS [00:21:04]

Charlene Hipsher:

Oh, my hand's raised. What the hell is this asking? Okay. [inaudible 00:24:40] Start my video. Start my video. I don't know. Just start.

Katy Hussey-Sloniker:

Hi, Charlene. We can hear you if you want to go ahead and start talking. Yeah.

Charlene Hipsher:

Okay. Well, my name is Charlene Hipsher and Align9 is a 501(c)(3) non-profit that was established to build stronger communities through the collaboration of government agencies, non-government organizations, and the Faith-based community. If you'll go to our next slide. And then one more over.

It was out of the urgent necessity to address the economic and health devastation of the opioid epidemic, along with a current lack of available resources in the 9th Judicial District of Tennessee, which is a very rural area, that we decided that we needed to create an agency that could help align those resources. I have worked for the State of Tennessee for 17 years. I worked for our elected District Attorney General. And it was our elected DA, our elected public defender, myself and a local pastor who

were the founding board members of Align9. And if you'll go to the next slide, please. And then one more slide.

Okay. We strive to avoid duplication of services and we work to strengthen agencies that are already in place. And because of that, we're a trusted community resource with solid momentum of community stakeholders behind us. We have a plethora of resources and services that reach the full continuum of care, beginning with prevention in the schools to help prevent alcohol, tobacco, and substance use with the next generation. We have specialty courts like a recovery court in the judicial system to alleviate incarceration issues, and we focus on recovery supports and health and wellness as we move into the area where people who are coming out of addiction and working their recovery as they become a more productive member of society. Next slide.

We try not to reinvent the wheel. Our business model is the strategic prevention framework where each element builds on the next. This creates a spiraling growth pattern that expands our reach beyond single force efforts. That increases the depth and breadth of our agency and develops our ability to impact the community at a more comprehensive level. Next.

Part of that framework is to develop a 12-sector collaboration. We identify and work with community stakeholders, and those come from youth, parents, businesses, media, faith-based community schools, youth-serving organizations, law enforcement, healthcare professionals, state government and local civic organizations. Next.

We incorporate evidence-based practices like the eight dimensions of wellness into our activities and our recovery supports. So at any given time, these domains are active, whether one is really conscious of it or not. And these focus on environmental, emotional, financial, social, spiritual, occupational, physical, and intellectual. Next.

All of this interconnection is focused on creating a sustainable, repeatable model. While some efforts are centralized, this model allows for the most knowledge, the boots on the ground personnel to work in a hands-on direct effort with those in need. Each element feeds into the next, and each element is working to support other elements along the path. Next.

This next slide is our capacity topography, and the way that I like to think about it is this is kind of a bird's eye view of what our programming looks like. We have programs that are fed through the legal and the judicial system. We work with criminal justice clients. We also work with some local [inaudible 00:29:56] that do housing and residential and halfway houses. We have AmeriCorps VISTA program that focuses on health and wellness. We work with our local health councils. We have prevention coalitions in each of our counties. But the program that I want to share with you all today is our recovery support services, and we tend to call those RSS as an acronym. Next slide.

It was through our AmeriCorps partnership that we were able to hire Jonathan Barker as a recovery support services developer. His goals are to help us build the capacity of our agency as a whole, but also to develop and implement programs for low-income individuals and families in the 9th District who have experienced or been affected by the devastating effects of the opioid epidemic. Next slide.

In Jonathan's role, he facilitates a Celebrate Recovery program. We have one in each of our counties in our district. Celebrate Recovery is a faith-based 12-step program, working with participants as they deal with their own hurts, habits and hang-ups in their personal lives. One of the wonderful things that happens with a 12-step program is they start this sobriety journey and they have lots of issues that they need to deal with as they move on. So as they put their lives back together through our VISTA program with RSS, we developed an additional meeting on Thursday nights at a local coffee cafe, and it's there that we offer our recovery support services. Participants have a needs assessment, we develop a service plan, we link them to resources like getting their driver's license back, finding employment, housing,

getting them on a payment plan for their court cost and fines. Our next slide, for our recovery support, we follow the evidence-based practices as defined by the US Department of Health and Human Services and the SAMHSA publication, "What are recovery support services?" Next.

So what are recovery support services? They're non-clinical services that assist individuals and families to recover from alcohol or drug problems. Services can be flexibly staged, they're provided prior to during and after their treatment. Next. Services include things like employment services, case management, outreach, relapse prevention, peer-to-peer services, spiritual and faith-based support, education and substance abuse education. Next.

As we develop our programs, they all interact and they overlap, but what we're looking at is we're striving with staying focused on long-term recovery. So not just getting them clean enough to graduate a recovery court, but to get them to where their lives come full circle and their long-term recovery starts a journey where they are also helping other peers help peers. Next.

We partnered with a local therapeutic equine facility in our community, and there we enroll participants when they've reached one year into a program that we call Aligning STRIDES. The STRIDES is an acronym for, character traits safety, trust, respect, integrity, dependability, excellence. So they end up graduating the STRIDES program with a leadership certificate, which is also very helpful in helping them as they start their employment journey. Next slide.

Once they graduate from Aligning STRIDES, we immediately get them enrolled in the State of Tennessee's Peer Recovery Support Specialist certification program. Our goal is to get them to one year clean. One year clean, we want to get them equipped and focused on their character building and their leadership skills. And then we want to start working with them to get their certification through the State of Tennessee. And in order to get that certification, they have to attend over 40 hours of educational training on the science of addiction, and then they have to turn around and serve 75 hours working with another peer who has recently started the journey. Next step.

Statistically, relapse becomes more prevalent at 18 months. So this is an intentional program to help bridge the gap between that year one and that year two mark for them. Next slide.

As a result of our recovery support services and our network of CPRSs, university of Tennessee's Public Health Department and Faces & Voices of Recovery partnered with us and wrote a grant to walk alongside of us to help develop a certified recovery community organization here in Tennessee. Next slide.

So that leads to the question of, what is a recovery community? And we call that an RCO. Our RCO will support all types of individuals in working their recovery through grief, alcohol, drugs, mental health, food, hurts, habits, and hangups. We'll have a focus on social connectedness as the peers build a new community of friends to do life with. Next.

As you can see, each Align9 program feeds and builds the next program. And that led to an invitation from ICF for us to participate in a two-day site visit with individual and group interviews and surveys to provide some data-driven insight into how we did recovery support services. Next.

In this slide, you can see Dr. Ken Smith, who is the public health director at UT, teaching our peers, we call them a learning community. And so we went through a learning community that lasted several months about what a recovery community organization is. You can also see our Align9 VISTA, Jonathan Barker, doing a presentation at a local health council. You can see some hands-on activities at Star Therapeutic Writing Center, and then also the first four graduates of that leadership program who became the founding advisory council for our recovery community organization. Next slide.

RCOs focus on health, home purpose and community. It's an evidence-based model, and we also follow SAMHSA's working definition of recovery in our RCO. Next step. This slide is one that is, I think, the most

important to me because a life is not important except in the impact that it has on other lives. What I saw up to this point was there was one person plus one person which equaled two people who were working their recovery. But once we put this model in place, that addition turned into multiplication as a number of peers have created momentum in our recovery community. Next. And that momentum is just a visual of Newton's cradle. That's what the momentum looks like when the pieces come together. There's just so much strength and leverage in numbers.

Then our next slide, we are not yet a state or federally funded, but we do have one VISTA recovery support service developer and we have a whole lot of volunteers. And we're just so honored to share with you and hope that this exposure and awareness will open some doors for greater expansion opportunities. Thank you so much for your time, and now I would like to introduce you to Megha Patel.

Dr. Megha Patel:

Thank you, Charlene, and good afternoon to all of you. My name is Dr. Megha Patel, and I am a research analyst with the Office of Research and Evaluation at AmeriCorps. And I have the distinct honor today of telling you all a little bit about the Office of Research and Evaluation's research grants program and introducing our next presenters.

Since 2015, AmeriCorps has been providing research grants to institutions of higher education to conduct innovative research on topics related to civic engagement, social cohesion, and volunteering and national service at the local, regional, and national level. These studies have been instrumental in not only broadening the academic field in these topics, but AmeriCorps has been utilizing the findings to innovate and improve programming and to understand the local to national context of civic engagement and volunteering. One of the most unique aspects of the research grants program is that many of the scholars funded utilize participatory research approaches to identify and tackle community priorities. Participatory research is an equitable approach to community engagement, which seeks to democratize the research process and to create relevant, meaningful research findings that are translated into action. Our next presenters from Virginia Tech University and Virginia Commonwealth University, Dr. Carlin Rafie and Dr. Emily Zimmerman, have been engaging in this style of research for years and will be sharing what they have learned through their AmeriCorps-funded studies on participatory action planning to address the opioid epidemic in communities in rural Virginia. Please welcome Dr. Rafie and Dr. Zimmerman.

Dr. Emily Zimmerman:

Thank you, Megha, and thank you for introducing what participatory research is all about. Next slide, please. We're really happy to be here today to talk about how we are using participatory research to bring communities-

How we are using participatory research to bring communities together to develop plans for addressing the opioid crisis in a way that acknowledges and builds on the values, strengths, and needs of the community as community members see them. Next slide, please.

So what we are doing is using a method that's called the SEED Method for Question Development and Prioritization, and this is a method that brings together multiple types of stakeholders within a community to develop strategies for addressing the opioid issue or substance abuse more generally, and then to develop action plans that can be implemented with collaboration among community stakeholders. Those action plans are driven by, again, the priorities of those communities and the stakeholders in them.

The SEED Method was developed, really, to help a diverse set of stakeholders work together over a period of time and have the opportunity to explore what is going on in their communities, what is the

issue surrounding, for example, opioid misuse, and feel comfortable that not only do they have a good understanding of what's going on, but they really heard the voices of as many different types of perspectives from their community members as they could before going ahead and thinking about what needs to be done and working toward implementing solutions.

Like most participatory research projects, we're working with principles of community-based participatory research. There are many of those, but, really, what we're talking about here is, above all else, valuing the diverse experience of people in communities, whether that's lived experience or professional experience or some combination of the two; making sure that people come together with respect for each other; listening to one another; learning from each other; and having the humility to understand each other's perspectives. Oftentimes, this work is led by a community or by a community-university partnership, so bringing in academic research skills with community knowledge and perspectives.

Throughout the process, we have specific tools that have been developed for the SEED Method that help achieve certain goals within the projects, such as a way to identify those stakeholders in the community that should be involved in the project, because of their lived experience or their professional experience, or some other reason that makes them an important voice at the table that shouldn't be disregarded. And also, we'll go over a little bit later, our participatory concept modeling process, which helps with that exploration process so that people can better understand at least their own way of looking at what is going on in the community. Next slide, please.

So the SEED Method was developed at Virginia Commonwealth University, but it's been adapted and worked on over the years in cooperation with Virginia Tech and my colleague Dr. Rafie. We started with some demonstration projects, one in Richmond, Virginia on diabetes and hypertension, and one in rural Martinsville/Henry County, Virginia, on lung cancer outcomes. Those were funded by the Patient-Centered Outcomes Research Institute.

But following those demonstration projects, we heard requests to keep using the SEED Method, especially in Martinsville/Henry County, where they wanted to address their opioid issue. And this is where we pivoted to, okay, let's use the SEED Method to look at how to address the opioid issue. But unlike our previous projects, which focused on developing stakeholder-driven research questions, what we really want here is to develop strategies and action plans.

So we're going to talk about three projects that are specifically focused on opioids. The first one that we did in Martinsville/Henry County, which has been completed; another, the one that we did with Minneapolis; and the one that we're working on now in three rural Virginia counties. Next slide, please.

So I talked about how important it is to bring together stakeholders that are diverse, that represent different perspectives, and so we call this a multi-stakeholder method. So in a project that's, for example, working on opioids, we would want to bring in people with experience, maybe with a substance use history, maybe in recovery, maybe family members of those who have a substance use history; but also the people in their community who are working in this field, helping people maybe as healthcare providers, maybe in government organizations, in schools, in recovery, housing; a whole lot of different opportunities to reach out to people who have an impact in the lives of people experiencing substance issues.

The community residents and organizations in general have a lot to say about what's going on in their community and should be a voice at the table; but when you think about stakeholders, there could be a lot of different ways to look at it. We can include policymakers; foundations; payers, or those who may be paying for healthcare or other types of services; I mentioned government agencies; and also, advocacy groups. All of these types of stakeholder groups can be divided into different subgroups. So even among your people with substance use history, there are going to be people of different

demographic backgrounds, people with different types of needs and experiences, people with different health needs. And so you might need to look closely at who are those groups who may be most at need, who may have different types of experiences that we can learn from. And the next slide, please.

With the SEED Method, we also like to say that multi-stakeholder means that there are multiple ways to participate in a project like this. What we have built in is sort of a three-level engagement strategy. So the first level is to build a research team that incorporates a lot of the perspectives that we are prioritizing for the project. So a research team may have those people with a history of substance use or who are providers in the community, along with perhaps some other types of community leaders, and maybe some academics. And that research team works together over a pretty long period of time, perhaps a year or more, making sure that this project is successful, that all the work is done prior to, during, and after the project. They also are the ones who work through our stakeholder identification process to see who are the people in the community that really need to be involved in this.

We create specific groups of stakeholders that we call in the SEED Method, Topic groups. So for example, in our opioid projects, we tend to have three Topic groups that, for example, one of them may be people with substance use history or their family members; another one might be people providing frontline services such as EMTs or emergency room physicians, or recovery coaches; another group may be people who represent support services or policy makers. The reason why we have separate groups is that we want to learn about the perspective of each group. We don't want it to be washed out. We want to be able to see what were the priorities of people with this type of experience so that we can make sure it doesn't get lost in the mix. Next slide, please.

Oh, I'm sorry. I forgot one group. Our last group was the, we call them SCAN participants. We have this last group because we recognize fully that communities are diverse and not everybody is represented on our research teams or even in our Topic groups. And so in order to make sure we hear as many different types of voices as possible, we try to always build in the opportunity to hear from other people. So for example, by holding focus groups that are targeted to whose voices are missing or doing interviews with individuals or groups. So that's our third level of engagement. Next slide, please.

I did mention that a large part of our work is devoted to exploring the issue with our Topic groups, so that we're not just asking them to jump in and say, "Hey, what needs to be done in this community? Let's fix it," but really, "Let's think about it first." And although our research team meets for many months, our Topic groups have a specific set of activities that they work through in maybe seven or so meetings, and the first few of those meetings is spent exploring the issue. So we may be looking at data like the image on the left that shows a map. We may be looking at health statistics. We may be analyzing the data coming from those focus groups and interviews with people from the community, or looking at what types of services are available in the community and where the gaps are. So, really trying to understand what's happening in the community, making sure that everybody has a certain base in understanding things about the opioid issue, and moving from there.

Once we've established some of that exploration, we moved to developing our participatory conceptual models. You can see in the image on the right, this is an example of one of those, where people use those orange sticky notes to think about all the different factors affecting, for example, opioid misuse, and then positioning them in a model to show how everything is interrelated and interconnected, and potentially leads to our outcome of interest. Next slide, please.

We use all of that learning, including developing that concept model, to start developing ideas. So with our Topic groups, we lead them through a process of brainstorming what they think could happen in their community to improve the situation. We ask them to think about things like what actions can be taken; is there any research needed; are there policy changes needed; new programs and interventions. We ask them to think creatively and broadly to come up with as many ideas as they can, and we spend

time discussing those ideas, seeing why the person who thought that idea and presented it, why they think it was important, and whether other people share that understanding. Sometimes, people add to those strategies and they grow and evolve until we have a final set. And then, because we did encourage people to basically put all their ideas on the table, we think it's really important to prioritize so that we can narrow down our list to those that the whole group thinks are the most important to keep and to champion. Next slide, please.

The essential next step is to take those priority actions that have come from our community stakeholders and bring them to the wider community. Often, we have large community meetings where we present these strategies and how they were developed, and we ask the community to do some further prioritization. So maybe we ended up with 15 priority ideas, but can we come up with three that you as our community stakeholders, our organizational representatives, our policymakers, our foundations, our community residents, our project participants, that you can stand behind and help us to implement? And so the goal is to hopefully create some community work groups that are then led by our community stakeholders.

And now I'm going to turn it over to Dr. Carlin Rafie to talk a little bit more about our projects. Next slide, please.

PART 2 OF 4 ENDS [00:42:04]

Carlin Rafie:

Thank you, Emily. Gosh, what a great introduction to the SEED Method. So I'm going to talk about times when we've actually used the SEED Method in a couple of different contexts and a couple of different takes on why the method is being used, and then also talk about what we're currently doing with the support of AmeriCorps to help increase the evidence based behind the SEED Method.

So Emily mentioned that we had actually implemented the SEED Method in Martinsville/Henry County around a lung cancer disparity issue that that community had that was identified through some other work we were doing in the community. Around 2016, actually, that same community was identified as the city and county in Virginia that had the highest incidence of opioid drug overdose and death. The three-year average of opioid death rate in Martinsville was three times higher than in the state of Virginia.

And so this really shook that community. They're a resilient community, and they recognized the need to take action. As part of that, they formed a task force of some of the key players that could address the issue, and people in the task force had been aware of what we had done around lung cancer and the actual tangible impacts that it had had on some resources in the community around lung cancer. And so they actually approached us and said, "Hey, can we use the SEED Method to help us figure out what we should be doing and what we should prioritize to address the issue?" And so we agreed, we happily agreed to do that, and AmeriCorps was kind enough to fund our work at that time. The next slide.

So of course, as Emily mentioned, the first thing that we did was to recruit a community research team that could guide the project, and we were lucky enough to have a wonderful woman there, Dawn Moser, a long-term resident who had worked on our lung cancer project, who was happy and willing to be the coordinator of the project. She then reached out to additional residents of the community that were impacted in some way by the opioid issue, either personally in their own families or they were working to help prevent or treat individuals who were suffering from this issue, and they became our community research team. Led the project, really, over two years.

Those individuals then went, using the tools of the SEED Method, selected three additional population groups that they felt were important stakeholders to have a voice in evaluating the issue and then

developing and prioritizing those strategies, and they recruited those groups. Their three Topic groups were made up of community residents who were impacted by opioid misuse, healthcare providers who were actually treating individuals with the issue, and then service providers. So any service provider: EMTs, people providing services, even preventive services, for individuals with opioid and substance use. Those were the three Topic groups that they chose, and those Topic groups then went to work informing themselves, developing strategies, and prioritizing those strategies. Next slide, please.

In addition to just supplement the information that we could gather from available resources, the Topic groups actually requested additional information from our SCAN participants. And so, addition to the work that they would do and the information they could gather themselves, they also requested that additional people from the community who were somehow stakeholders in the opiate issue be asked specific questions that they wanted the answers to.

The community research team conducted four focus groups with families and friends of people with opioid use disorder; people in the treatment arena; the recovery community, specifically people working in the recovery community; and then they had a focus group, specifically they wanted to talk to policymakers about what policies existed and what policies could be implemented to address the issue. The focus groups were conducted, the information summarized and brought back to the Topic groups so they could use that in the work that they were doing. Next slide, please.

So these Topic groups got to work, and they developed strategies from having developed their conceptual models and then learned about the issue. They developed between three groups over 60 strategies they thought needed could be implemented to address the issue; and from those 63, they ruled them down to 15 priority strategies. The team then brought those strategies back to the community in the form of a community forum where the whole process was presented, the priorities were presented. And then there was an ask: Which of these strategies do you think is important for this community? Which can you commit to acting upon in the coming year? And they chose four strategies. One was to create a detoxification facility in the Martinsville area; another was to develop a recovery court or a drug court for the region; third was to create a system whereby people could get information about the resources available in the community for substance use treatment and recovery; and then, to expand preventive activities within the school system.

I'm happy to say that even though COVID hit and some other things happened, those work groups worked diligently, overcoming some significant barriers to actually have significant impacts that are currently impacting their communities, including: the establishment of a recovery court in the region; the establishment of a continuum of care system to take individuals arriving at the emergency room with overdose and get them immediately into medically assisted treatment, a peer counselor and into ongoing counseling for treatment; and then, an evidence-based preventive education program being conducted in all of their middle schools, both in the city and the county. So, really significant impactful outcomes from this project. Next slide, please.

Another example in a different context, and even for a different purpose, still around the opioid misuse, opioid substance misuse issue was the Minnesota AmeriCorps. Their Recovery Corps program wanted to implement the SEED Method in order to see how best to deploy their recovery volunteers in the community with the community-based organizations that were working in the substance misuse prevention and treatment work within that community. And so they wanted to use SEED to evaluate the gaps in service within those organizations and figure out how Recovery Corps volunteers could fit into that gap.

So it was a little bit of a different take on the use of the SEED Method. They also had a wonderful coordinator in Ben Zucker, who recruited a team of eight community team members to direct and drive their process. Those individuals reached out and formed Topic groups with three different types...

... and formed topic groups with three different types of organizations. So they created topic groups with urban recovery organizations in Minneapolis, organizations that were providing medically assisted treatment and harm reduction services. And then county services, county social services. And they applied the SEED Method to those three types of organizations to come up with gaps in service that those organizations saw within their own organizations. And then Recovery Corps could figure out how best their recovery volunteers could serve within those organizations.

But in addition to that, and as you can imagine, because those organizations were involved in this process, the organizations themselves discovered gaps within their own service area and how they can apply those. And so very quickly, I'm just going to go to the next slide and talk about what we're currently doing. And this aligns with what Sara Perrins was talking about, the need for evaluating an evidence to see what works, how it works, and how it can be applied.

So we currently are expanding our application of the SEED Method in three additional rural counties in Virginia around the opioid issue, with USDA funding. And AmeriCorps is generously funding the actual a more robust evaluation of the impacts of the SEED Method, specifically on civic engagement. And then we're also going to be collecting some strategy development and process indicators. And it's just quick for the next slide, quick about the design. We have a randomized controlled trial design where we are applying seed in two counties and the Delphi method in a third county to compare the two.

And then we also have a control group. For all of those participants that are recruited, we are recruiting a control group. And so we'll be able to do a control group evaluation of the impacts of the SEED Method. So hopefully sometime next year we'll have some real robust evidence about the impacts of the SEED on community engagement. And thank you. Next slide. Our contact information if you're interested in more information about the SEED Method.

PART 3 OF 4 ENDS [01:03:04]

Katy Hussey-Sloniker:

Next slide please.

Carlin Rafie:

Thank you.

Cathy Hartnett:

Hi everybody. I'm Cathy Hartnett, and I'm the executive director of the Global Recovery Initiatives Foundation. And I don't have any slides, I just want to tell you a story. And I want to tell you about our experience with AmeriCorps, and then I want to tell you about our new initiative, which I am sure that AmeriCorps is going to be a big help to. So Recovery Corps was an idea that we took to AmeriCorps many years ago, and there wasn't funding for it. And the Global Recovery Initiatives Foundation focuses almost exclusively in the recovery world. So we work on how people sustain their recovery.

This is an area that there had not been much federal dollars spent, many state dollars, many philanthropic dollars. It was pretty much once you got through treatment, you were on your own. And so although we have a recovery movement in this country, it hasn't been as organized as mental health. It's been a struggle to develop programs that were helpful to people. And we came up with this idea of Recovery Corps because service is such a key part of sustaining recovery, and AmeriCorps seemed like a natural partner.

Christopher Kennedy-Lawford, who's one of the Kennedy children, and as a person in long-term recovery, had this idea and thought since his uncle, Ted, signed the legislation or sponsored the legislation to create AmeriCorps, that we should talk to them. We did. An amazing thing happened. The opioid crisis came and they remembered that we had come to talk to them about this. And AmeriCorps stepped in where no one else had been. AmeriCorps is the first agency that we're aware of that stepped into the breach that didn't have as its core work working in the substance use disorder area. And thank you to everybody who presented today and all of you who are attending, because look what has happened in such a short period of time.

And now we are moving into a new stage in the recovery space. So I wish I could tell you which website to go to, but it's not quite ready. We're two months into this. But Global Recovery Initiative always looks for gaps in the field. Where can we step in in using private philanthropy, engaging government and getting excited about it, and always having people with lived experience at the table driving our work? And so after our years ago, being involved in recovery high schools, then creating the first National Young People's Organization, YPR, then launching two research summits that brought the research community, government, community activists, people in recovery, business, unions, everyone together to look at why we were short on research in recovery so that that could feed more programs, we then went to AmeriCorps, and after those two research summits, helped get the National Drug Control Strategy to include recovery as one of its goals.

And so A Recovery-Ready Nation is the latest that we are focused on. And just a few months ago, the feds presented the Recovery-Friendly Toolkit or Recovery-Ready Toolkit. And we, in collaboration with amazing partners, are launching the National Recovery Friendly Workplace Institute. And all 50 states will be involved, governors will be involved. There will be a state association in each state that will help businesses, employers, which is where there are currently 14 million people already working who are in long-term recovery.

There are about 26 million people who need substance use disorder supports and want to get to recovery. Most of them are also working full-time in the workplace. And so the workplace is the new frontier. And AmeriCorps, and particularly Recovery Corps, which I'm so fond of in Minnesota, because AmeriCorps was so brave to go out and say to the recovery community, "Yes, you can be an AmeriCorps member." And I will tell you, one of the best stories is people in recovery saying to me, "We're not part of the Good Kids Program. They're not going to let us be Recovery Corps members."

Well, many, many Recovery Corps members are people in recovery, and they were welcomed by AmeriCorps. The opportunity to do service, the opportunity to gain skills as a person in recovery who wants to get back into the workforce or wants to have a change in what they do in their life, this is happening for people who are participating in AmeriCorps programs, who are people in long-term recovery. So soon you'll be hearing from us because what we hope to do next this year is in September, be able to come to the White House for Recovery Month and present at least 500 companies across the country, and we think it's going to be closer to a few thousand, who have decided to become recovery friendly workplaces.

And there are Recovery Corps members who I know are going to be helping us with this, and they're going to be AmeriCorps ways that you can support this. So hats off to AmeriCorps because what you have done to change the landscape for recovery, to expand the possibilities for people in recovery to feel that they are part of something rather than a separate stigmatized group. And the way that you, every single presentation today reflected a need that had gone unmet for decades that is now actually happening in communities. So I just wanted to be able to look at all of you and say thank you for all that you've done. Thank you AmeriCorps, and thank all of you who are on this webinar for the work that

you're doing. And now, I love it when AJ comes on because I know she'll have a call to action. AJ Pearlman, director of Public Health, AmeriCorps.

AJ Pearlman:

Thanks so much, Cathy. And I feel like you've just done it. I have nothing more to say. Such a tough act to follow. Hi everyone. Good afternoon. I am AJ Pearlman. I'm the director of Public Health AmeriCorps, and I am thrilled to be joining you all today and be with such a distinguished panel of speakers. So you've heard a lot today about the successes of AmeriCorps programs that are addressing the opioid epidemic, which is one of many ongoing public health crises in our nation. You've also heard today about models for peer recovery coaching programs, and we've learned about what it looks like to support individuals through certification programs so that they can build their own skills and credentials to seek out a career in the recovery field. And Cathy now has just talked about employers who are playing a role in the recovery space as recovery friendly workplaces.

So this year we are celebrating AmeriCorps's 30th anniversary, and while these crises are front and center today, for 30 years AmeriCorps has been supporting efforts to build healthy futures for individuals and communities. And that is also exactly the work that we are continuing with Public Health AmeriCorps. We are building upon this longstanding history, and we're now explicitly focusing on workforce development. Through Public Health AmeriCorps, we have partnered with the CDC to support the recruitment training and development of our next generation of public health leaders.

And we're doing that by engaging members in a year of service, providing that immediate capacity in local public health settings, including in recovery settings. And at the same time, we are equipping members with that hands-on experience and training that they need to pursue a pathway to a career. We see Public Health AmeriCorps as helping to reduce barriers to entry into the public health workforce. This is actually a first of its kind program for CDC. So while this is not new in the AmeriCorps and national service space, this is a new area for CDC to explore. To serve, you only need to be 17 years old and you don't need to have any prior experience in public health, and you don't need to have a degree.

So again, new for CDC, and we're thrilled to be making these connections. Finally, I just want to talk a little bit about how we are focused on recruiting members who reflect the communities in which they serve, and that includes members of the recovery community. We are reaching individuals who are younger and more diverse and potentially earlier in their careers than the existing public health workforce. And I'm probably preaching to the choir on this webinar, but if there is one thing that the COVID pandemic has taught us, it's that public health is everywhere, that public health is broad, and that there are many different pathways to serving in a public health career.

When the pandemic hit, we saw AmeriCorps members from all across the country who jumped in to help with whatever their communities needed. AmeriCorps members were staffing, testing in vaccination sites, they were delivering meals, they were checking on older individuals in their communities and generally just doing whatever the community needed. So that gets me a bit to our call to action. As you think about what you can do, think about how your work with AmeriCorps or through your programs can reduce barriers. How can you help AmeriCorps members use their service as a trajectory into a career? We've heard a lot about Recovery Corps already. I am really excited that Recovery Corps is a Public Health AmeriCorps program now that is training members to offer peer support and recovery navigator services, and is making recovery possible for more people.

Members in Recovery Corps, by the way, who must have lived experience, not only receive that training and on the ground experience that I talked about, but they also complete the requirements to be certified as peer support specialists. So we can all work together to address the opioid crises, and through programs like Recovery Corps, AmeriCorps members are already serving individuals in their

communities. We can also work together to reduce stigma, or as I heard from some Recovery Corps members recently, let's support individuals together as they recover out loud.

And finally, consider the role of national service. I mentioned that Public Health AmeriCorps is bringing together national service and public health. And think about the role of national service specifically in workforce development. AmeriCorps members are serving their communities day in and day out, but how can we also support them in their pathways? A couple of weeks ago, I joined our AmeriCorps CEO, Michael Smith, at an event with Recovery Corps members at Caritas, in Richmond, Virginia.

And I just want to share a story that I heard from a Recovery Corps member there who has been working with the Virginia Association of Recovery Residences. She told me that she didn't really know where to start when she was getting into this work, and so she took a peer recovery support class. And someone had actually dropped a flyer for AmeriCorps on the floor, and the flyer said that they were actively seeking people with lived experience. She said she thought to herself, what's the catch? And she was skeptical. She asked, "Well, who would want me?" And she said she was really, really proud to know that someone wanted her.

She has just mentioned that the training that she received has been outstanding, and the project that she has done for Virginia Association of Recovery Residences is now being implemented statewide. I'll just close out by saying that she says that she has the best mentor and coaches, and today she can say honestly that she's not a liability. She can boldly state that she is an asset. So the work that all of you do is so incredible, and as you can see from this member's story, there is a role for everyone to play in public health. So let me just end by saying keep working to address our nation's public health crises. There's a role for each of us to play in building healthy futures for everyone.

Keep lifting up recovery focused programs, AmeriCorps members and individuals who are working to reduce stigma and support people living in recovery. And finally, think about how you can work with us to build the next generation of recovery leaders and public health professionals through AmeriCorps. So with that, I will go ahead and turn it back. Oh, let me just say, if you're interested in learning more about Public Health AmeriCorps, please check out americorps.gov/publichealth. I think that's on the screen, and will be in the slides. But with that, I'll go ahead and turn it back to Katie. Thanks everyone.

Katy Hussey-Sloniker:

Thank you, AJ. So inspiring, everyone. We're now at the close of our webinar. We would like to thank each of our presenters for making the time to share their work with you today. As promised, I've included the email addresses of our presenters today. If you have a specific question you would like answered, our presenters invite you to send them messages directly. We hope we hit our mark on the webinar objectives and that you walk away from the session with a greater understanding of the portfolio of work AmeriCorps supports and aligns in the recovery coaching and opioid substance misuse space. Next slide.

As always, we hope you join the Office of Research and Evaluation in our year long webinar series that celebrates the evidence that supports AmeriCorps mission. Please join us for our next webinar focused on putting civic engagement into context. I would like to extend a thank you to Guardians of Honor colleagues for their technical support and coordination. This webinar recording and support materials will be posted on the americorps.gov website under Evidence and Impact Webinars within the coming weeks. Please feel free to share with your colleagues and networks.

We will also be sending out a post webinar survey, so please let us know your thoughts on this webinar and any ideas for future webinars. Next slide. We hope you have enjoyed a wonderful day, and we look forward to hearing from you. Always think of AmeriCorps when thinking of public health or when

partnering to provide services for those in the communities or beneficiaries on the ground. Thank you all very much.

PART 4 OF 4 ENDS [01:22:20]