

AmeriCorps Office of Research and Evaluation

Evidence Innovation: How AmeriCorps Investments are Addressing the Opioid Crisis

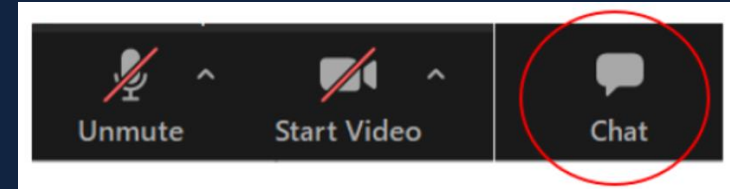
February 29, 2024





Virtual Meeting Tips & Best Practices

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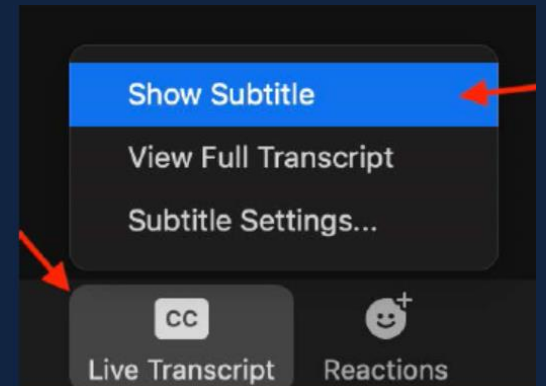
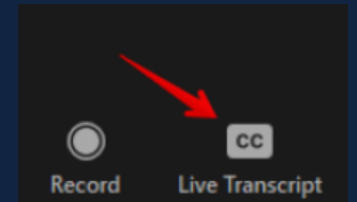
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Welcome

Katy Hussey-Sloniker, MBA, MSW

Learning Officer, Office of Research and Evaluation



Today's Presenters



- **Lily Zandniapour**, PhD Research and Evaluation Manager, ORE
- **Ashley Lederman**, DC, MS, MPH, Research Analyst, AmeriCorps Technical Lead on Recovery Coach Programs Bundled Evaluation and Capacity Building Project, ORE
- **Sara Perrins**, PhD, Recovery Coach Programs Bundled Evaluation and Capacity Building Technical Lead, ICF
- **Charlene Hipsher**, Board Member, Align9 (Cohort II Evaluation Participants)
- **Megha Patel**, PhD, Research Analyst, Portfolio Manager on Research Grants, ORE
- **Carlin Rafie**, PhD, MS, RD, Virginia Tech University, Research Grantee Cohort 2018 and 2022
- **Emily Zimmerman**, PhD, MS, MPH, Virginia Commonwealth University, Research Grantee Cohort 2017, 2018, and 2022
- **REFLECTION: Catherine Hartnett**, Executive Director, Global Recovery Initiatives Foundation,
- **CALL-to-ACTION: AJ Pearlman**, Director, Public Health AmeriCorps

Webinar Learning Objectives



- About the innovative evidence-building approaches the Office of Research and Evaluation utilize to increase the AmeriCorps investments in evidence-based Public Health and Healthy Futures focus area investments.
 - Bundled Evaluation methodology and findings on Peer Coaching for Substance Use Disorder.
 - SEED methodology to develop community driven action plan to reduce opioid misuse.
- From a practitioner in the field on the implementation of their national service opioid recovery program, the evidence-informed peer recovery elements that contribute to workforce capacity building and strengthening community response to local needs.

About the Office of Research and Evaluation



ORE Vision:

AmeriCorps strives to make a lasting and sustainable impact across the FOUR domains of our Impact Framework and foster the powerful synergies between these interconnected domains.

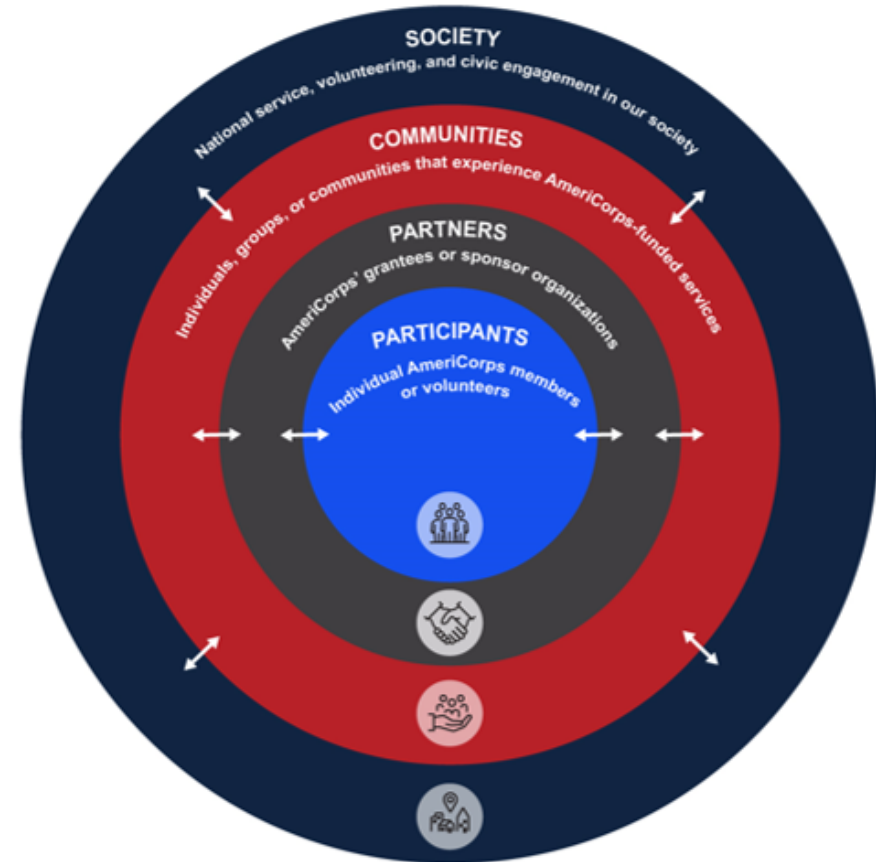
ORE Mission

- Identify national service and volunteering trends
- Conduct research and build scholarship on civic engagement
- Measure national service impact
- Promote evidence-based models and program expansion

Culture of Learning:

Knowledge and evidence built across the FOUR domains of impact can be used to improve the participant service experience, strengthen organizations, support communities and inform the civic health of society.

AmeriCorps Impact Framework



Setting the Stage

Lily Zandniapour, PhD

Research and Evaluation Manager, Office of Research and Evaluation, AmeriCorps



About AmeriCorps



- Mission: To improve lives, strengthen communities, and foster civic engagement through service and volunteering
- Through national service programs such as AmeriCorps State & National, VISTA, AmeriCorps Seniors, and NCCC it provides opportunities to thousands of Americans to effect change in their communities
- AmeriCorps grantees and other partners support initiatives in education, economic opportunity, healthy futures, disaster services, environmental stewardship and support for veterans and military families. They work in diverse, urban, rural, and frontier communities across America



Healthy Futures

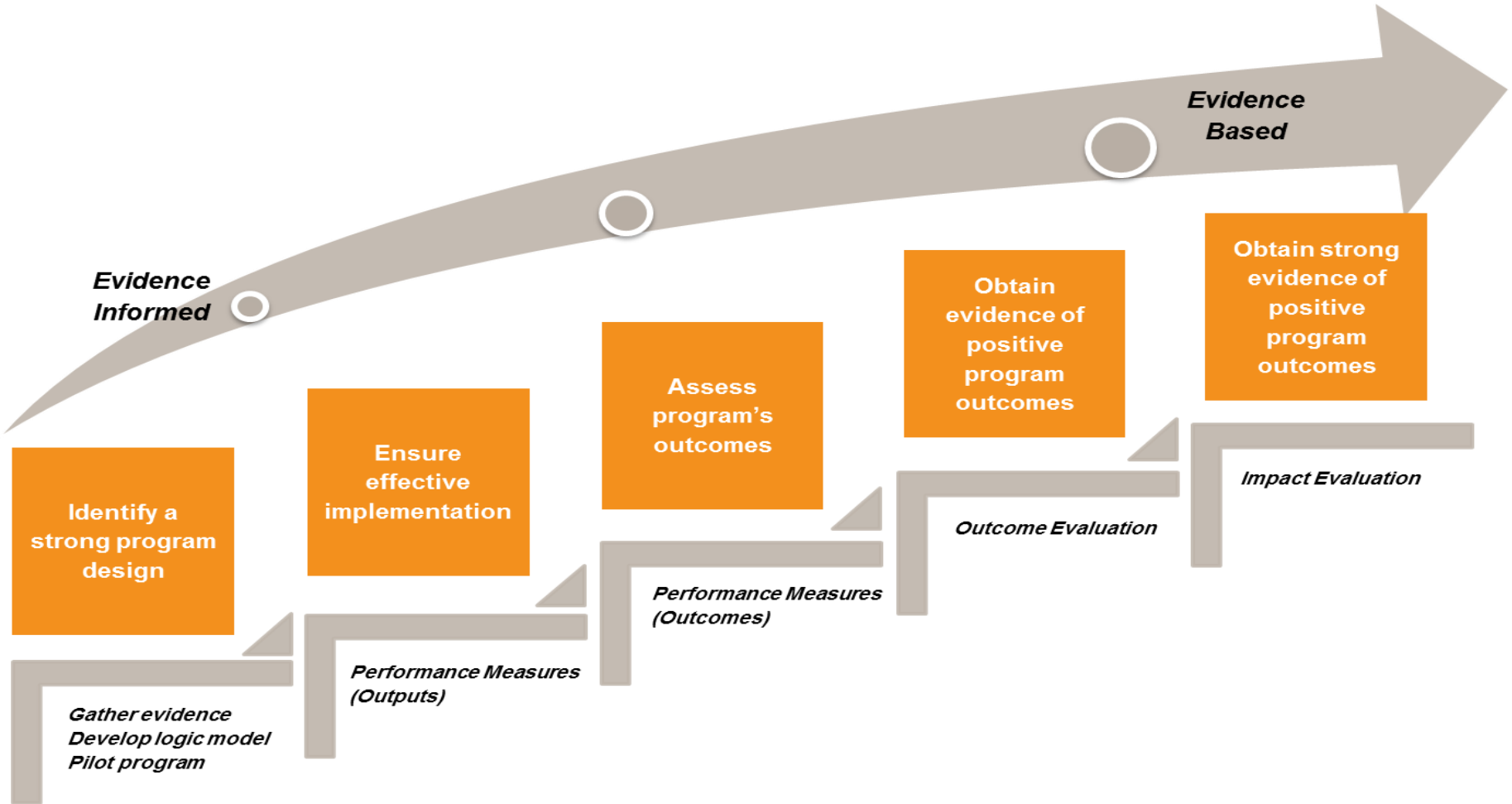
- AmeriCorps supports programs that improve the physical and mental well-being of Americans.
- AmeriCorps members and AmeriCorps Seniors volunteers serve with organizations to strengthen communities across our nation centering around access to health care, aging in place, food security and healthy living, and combatting the Opioid Crisis and other Substance Use Disorders.

Healthy Futures



- During the past few years AmeriCorps' investments in Health have increased driven by:
 - Opioid, Prescription Drugs, and Other Substance Use Crises
 - COVID-19 Pandemic
 - Launch and Implementation of Public Health AmeriCorps (PHA)

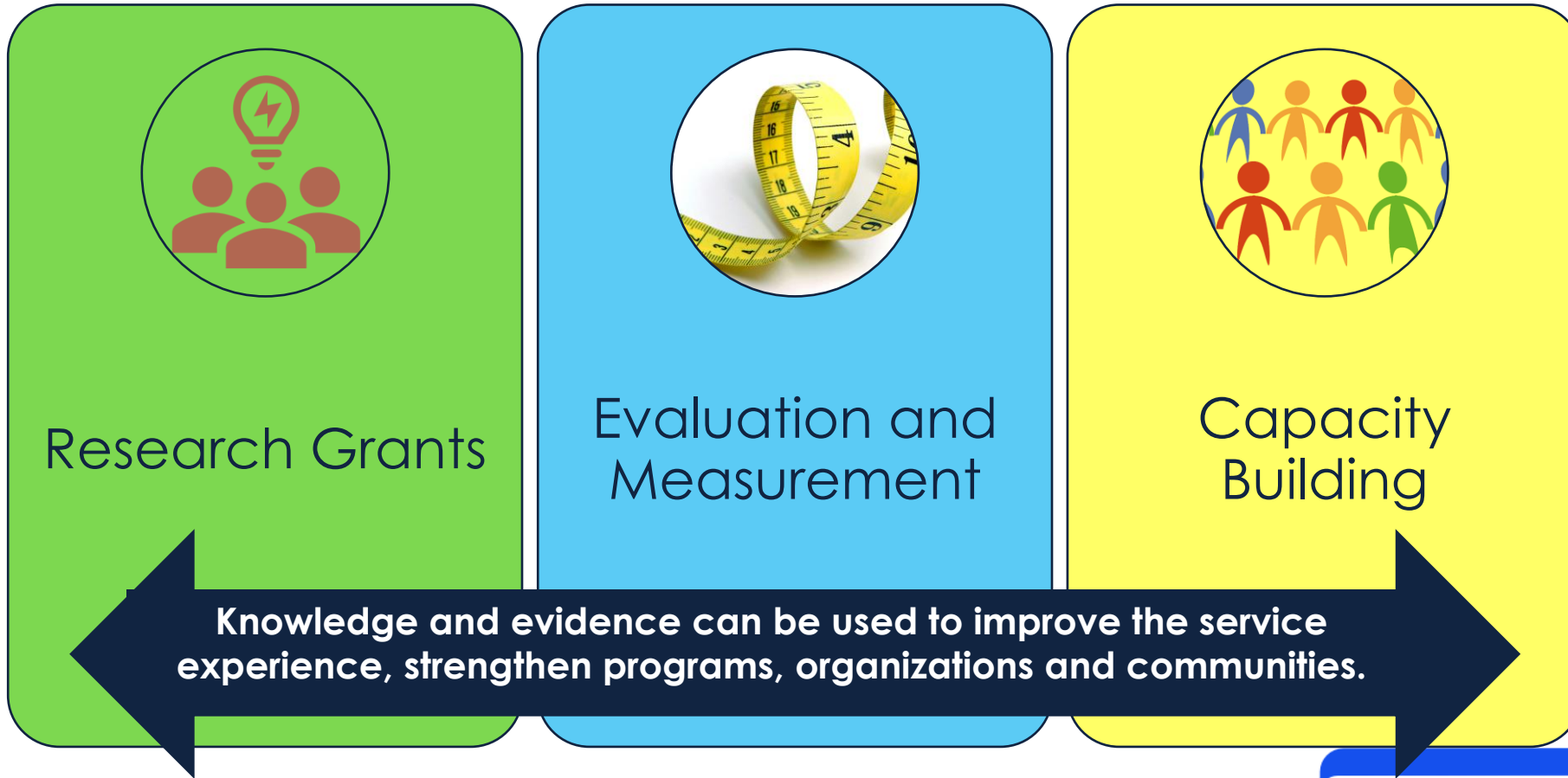
Evidence Continuum



AmeriCorps Office of Research and Evaluation (ORE)



ORE supports evidence building and promotes evidence-based approaches and practice through:



Introduction

Ashley Lederman, DC, MS, MPH

Research Analyst, Office of Research and Evaluation, AmeriCorps





Substance Use Disorders and Overdose: A Crisis

- Drug overdoses have claimed **over one million lives** since 1999 and increasing annual substance use-related deaths continue to devastate American families (Centers for Disease Control and Prevention [CDC], 2023).
- In 2017, the U.S. Department of Health and Human Services declared a **public health emergency** in response to the increasing number of opioid-related overdoses and deaths.
- Between fiscal year (FY) 2017 and (FY) 2022, **AmeriCorps invested over \$129 million** to fund projects addressing opioid addiction and other substance use disorders (SUDs).

National Service and Volunteering as a Solution



Factors Influencing Health



- Sustainable Recovery from substance use disorder requires navigation, coordination, and engagement across multiple sectors.
- The body of work in the recovery space funded by AmeriCorps includes many approaches and strategies.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [2/2024], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

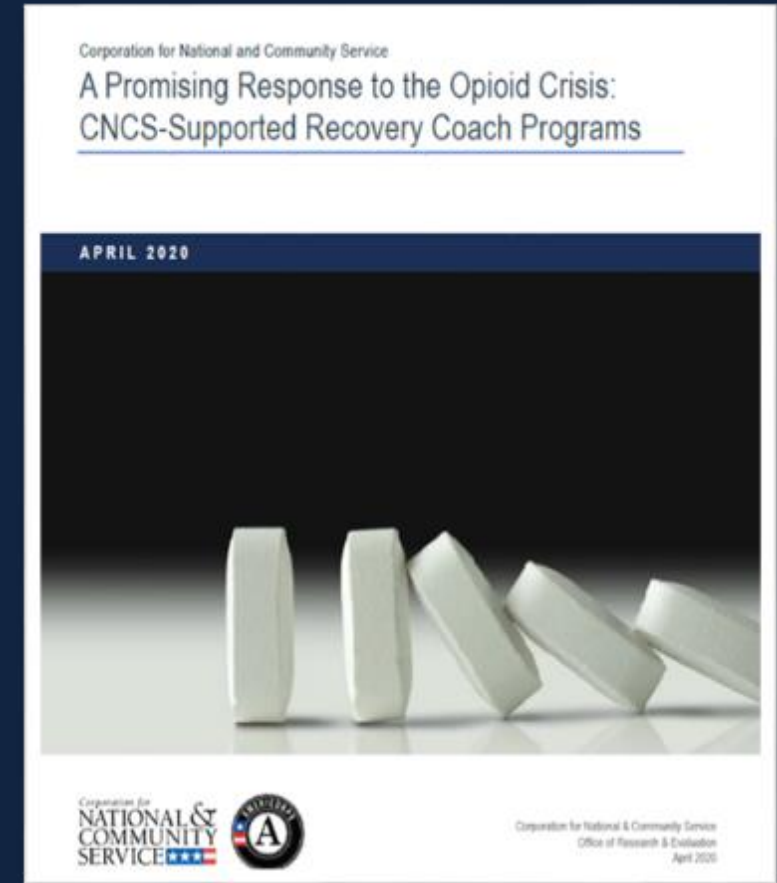
Exploratory Study of Recovery Coach Programs



ORE conducted an internal study of AmeriCorps programs in the opioid space and identified the recovery coach program model as **a promising strategy to support recovery**.

- **Evaluation recommendations:**

- Develop and support a community of practice for grantees implementing recovery coach models, to facilitate sharing of knowledge and best practices across grantees and create a foundation for advancing outcomes measurement and evaluation.
- **Conduct a “bundled” process and outcomes evaluation of recovery coach program model** as a starting point to develop the base of evidence for these programs.
- Consider an impact evaluation of these programs in future program years following one or more process and outcome evaluations by using a rigorous quasi-experimental design study that compares community impact of the recovery program models with those Opioid recovery programs that do not use recovery coaches.



A Bundled Evaluation and Capacity Building Project



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.

Objectives

1. **Determine** what recovery coach models look like (activity, setting, modality, etc.)
2. **Describe** promising practices and challenges in implementing these models
3. **Measure** the effectiveness of the recovery coach model in improving outcomes for grantee organizations, recovery coaches, and beneficiaries

Evaluation

- In-Depth Interviews
- Focus Groups
- Surveys
- Site Visits
- Document Review

Capacity Building

- For grantees participating in the evaluation
- 12-month curriculum with monthly evaluation sessions
- e.g., Theory of Change, Logic Models, Data Collection Techniques

Peer Coaching

Sara Perrins, PhD

Recovery Coach Programs Bundled Evaluation and Capacity
Building Technical Lead, ICF





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

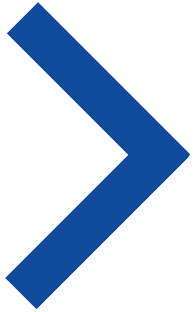


AmeriCorps Evidence and Impact Webinar

Dr. Sara Perrins, PhD, EdM
Recovery Coaching Study Lead, ICF

February 29, 2024

Recovery Coaching as a Promising Strategy



Recovery coaching is the process in which a nonclinical professional (i.e., coach) helps to promote long-term recovery in individuals with SUDs through:

- 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 and paid staff who provide recovery coaching and navigation support.

About the Recovery Coaching Program Evaluation and Capacity Building

What (objectives)

- To determine what recovery coaching models look like across AmeriCorps-supported organizations
- To describe promising practices and challenges in implementing recovery coaching models
- To measure the effectiveness of the recovery coaching model in improving outcomes (for organizations, recovery coaches, and program participants)
- To increase AmeriCorps-supported organizations' capacity to evaluate programs

Why (purpose)

- To build evidence base and capacity for a promising programming approach to address opioid use disorder and other substance use disorders (SUDs)

Who

- 11 AmeriCorps-supported organizations with programmatic activities occurring in 11 states during FY2020, FY2021, and FY2022

How

- Qualitative/quantitative data sources (Online surveys, virtual and in-person site visits with focus groups/interviews, program administrative data)

When

- Data collected November 2021–January 2024
- The preliminary findings today highlight methods and findings from the four organizations with FY2020 projects

About the Organizations Participating in the Evaluation

Organization	Brief Summary	Role of AmeriCorps Members/VISTAs
Above and Beyond Family Recovery Center – <i>Chicago area</i>	Serves low-income individuals, including those experiencing homelessness . Addiction recovery and supportive services (e.g., housing and employment assistance)	7 VISTAs: Project management and capacity-building services related to housing and employment, community outreach, and education (coaching provided by paid staff)
Foundation for Recovery – <i>Nevada</i>	Provides peer recovery support for mental health and substance use to underserved teenaged and adult populations (e.g., rural residents, individuals in jails)	10+ AmeriCorps members: Peer recovery support services (alongside paid employees who also act as peer recovery coaches)
Healing Action Network – <i>St. Louis, Mo. area</i>	Serves adult survivors of sexual exploitation , with mental health services, case management, peer support, etc.	11 AmeriCorps members: Case management, opioid education, naloxone distribution, etc.—but they do not provide coaching services; those are delivered by “peer support specialists” with lived experience with SUDs and trafficking
Recovery Corps – <i>Minnesota & Illinois</i>	Provides peer recovery support across multiple organization types (high schools, recovery residences, etc.) with emphasis on increasing recovery capital	58 AmeriCorps members: Serve as either recovery navigators (delivering peer support and recovery coaching services) or opioid response project coordinators; members additionally help engage volunteers in service projects

Preliminary Findings: Sample

Respondent Group	Surveys	Interviews/Focus Group Participants
Project Directors	5	5
Peer Recovery Coaches	41	5
AmeriCorps Members	1	4
Program Partner(s)	1	3
Program Participants	22	12
Comparison Group	18	-

* Sample sizes are for the N=4 organizations with FY2020 projects

Preliminary Takeaways

Recruiting Coaches

- **High variability** in recovery coach identification and recruitment strategies and certification requirements
- **Common challenges** across grantees: Criminal history background check requirements and insufficient member stipends

Implementation

- All 4 grantees emphasized **lived experience, culturally appropriate services, harm-reduction strategies, and holistic care** in their recovery models
- All 4 grantees engaged in **partnerships** to help deliver recovery services
- 3 of 4 grantees **temporarily discontinued services** due to COVID-19

Types of Support from Coaches

- **Emotional:** "... they let me talk. They cried with me and let me get this mess out." — Program participant
- **Informational:** "I will give them names of facilities that I have experience with ... then they make the phone call." — Recovery coach
- **Instrumental:** "[Recovery coaches] are working ... with the counselors to say, We're looking at housing ... or a job for after" — Program director
- **Affiliational:** "One important thing is that [recovery coaches] provide leisure time—a quiet place to just be—and entertainment like group parties." — Program participant
- **Mental Health:** "Every recovery story is different. Some [clients] want therapy, some prefer peer support. [Recovery coaching] puts labels on bricks and creates a 'foundation' for recovery." — Recovery coach

Terminology Note

Organizations were highly varied in terminology for recovery coaches. Recovery coaches with **lived experience** were sometimes called "peer navigators" or "peer support specialists."

Preliminary Takeaways

Outcomes: Coaches

- **More than 90% reported increased** confidence, self-esteem or self-management; ability to stay in recovery; ability to help individuals with opioid addiction; skills like teamwork, leadership, and technical skills

Outcomes: Participants

- Reported generally **high levels of recovery capital** (e.g., *Since entering recovery, I take full responsibility for my actions; There are more important things to me in life than using substances*), and **higher levels than the comparison group**
- Findings on participant behavior changes were **less conclusive**
- **Interview data showed** improved quality of life, self-esteem, gained employment, community and relationships

Evaluation Capacity Building

- 12 hour-long sessions held
- **Pre-post session surveys suggested increased** knowledge about evaluation, improved attitudes toward evaluation, and greater confidence in evaluation-related topics

Discussion and Next Steps

Participating grantees were diverse in their missions and populations of focus, and their program models/activities were individualized accordingly.

Lived experience was a key component across recovery models, and a challenge is to identify qualified coaches who also pass criminal history background checks.

Respondents had favorable perceptions of, and outcomes from, recovery coaching services → aligns with promising existing literature.

Sample size was small. Project staff did not want to share names/contacts of clients, and data collection had to go through them. Future evaluations can improve recruitment (e.g., more incentivization; direct contact with clients will allow for the use of advanced recruitment/retention software such as Qualtrics).

Discussion and Next Steps

Need data from a more robust control group to support our ability to attribute any observed benefits to recovery coaching specifically.

Next steps include the finalization of findings, which will include data from 11 organizations. The resultant larger sample size should garner more conclusive inferences.

Analyses begun on relatively large (N>1600) dataset from Recovery Corps to explore site and treatment characteristics associated with favorable recovery coaching outcomes; findings to be reported in the comprehensive report.



Thank You

We appreciate the contributions of the Technical Working Group over the last few years and look forward to sharing the final report in summer 2024.



Building Stronger Communities - Achieving Tangible Results



Charlene Hipsher

Board Member, Align9

WHO ARE WE

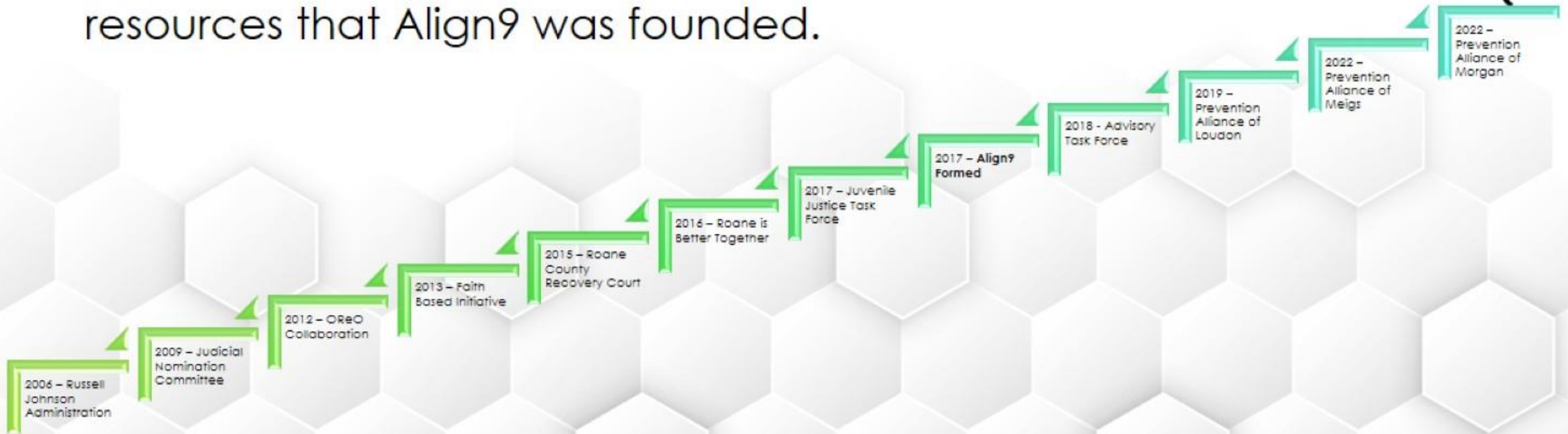
Align9 was established to serve the community through government agencies, non-government organizations and the faith-based community.

Align9 identifies gaps in services and applies for grants to develop programs and services which empower non-profits and the faith-based community to build stronger communities in the areas of prevention, treatment, recovery, rehabilitation and enforcement.



WHY WE STARTED

It was out of the urgent necessity to address the economic and health devastation of the opioid epidemic along with the current lack of available resources that Align9 was founded.



FOUNDING TEAM



Russell Johnson



Charlene Hipsher



Kim Nelson



Phillip Martin

Align9 was established to serve the community through government agencies, non-government organizations and the faith-based community.

Align9 identifies *gaps in services* and applies for grants to develop programs and services which empower non-profits and the faith-based community to build stronger communities in the areas of prevention, treatment, recovery, rehabilitation and enforcement.

Simply, they saw a need & created a powerful working solution.

COMMUNITY LEGAL VALUE



OUR BUSINESS MODEL - SPF

- Each Element Builds the next to create a flow of development.
- This creates a spiraling growth pattern that expands our reach beyond single focus efforts.
- The increase in depth and breadth develops our ability to impact the community at more comprehensive levels.



12 SECTOR SERIES

- The 12 Sector Collaboration Series places the Strategic Prevention Framework (SPF) into the context of the 12 Sectors of Coalition Building
- This circular model approach creates an ongoing assessment of our Coalitions' engagement level of each sector
- It builds capacity to increase connection, overcome barriers, and learn from the lived experience from people we encounter in our process.



EIGHT DIMENSIONS OF WELLNESS

- The Wheel of Wellness, with 8 interdependent dimensions reminds us that adult life is complex and comprised of multiple domains of simultaneous focus.
- At any given time, these domains are active whether one is conscious of it or not
- These domains influence/affect each other as well.



INTERCONNECTION

LOGIC MODEL

The basic business idea is focused on creating a sustainable, repeatable model that centralizes some business efforts to take advantage of cost savings as well as centralize certain marketing elements to create consistent messaging that is repeated within geographically continuous areas.

While some efforts are centralized, this model allows for the most knowledged – *the boots on ground* – personnel to work in a hands-on, direct, effort with those in need.

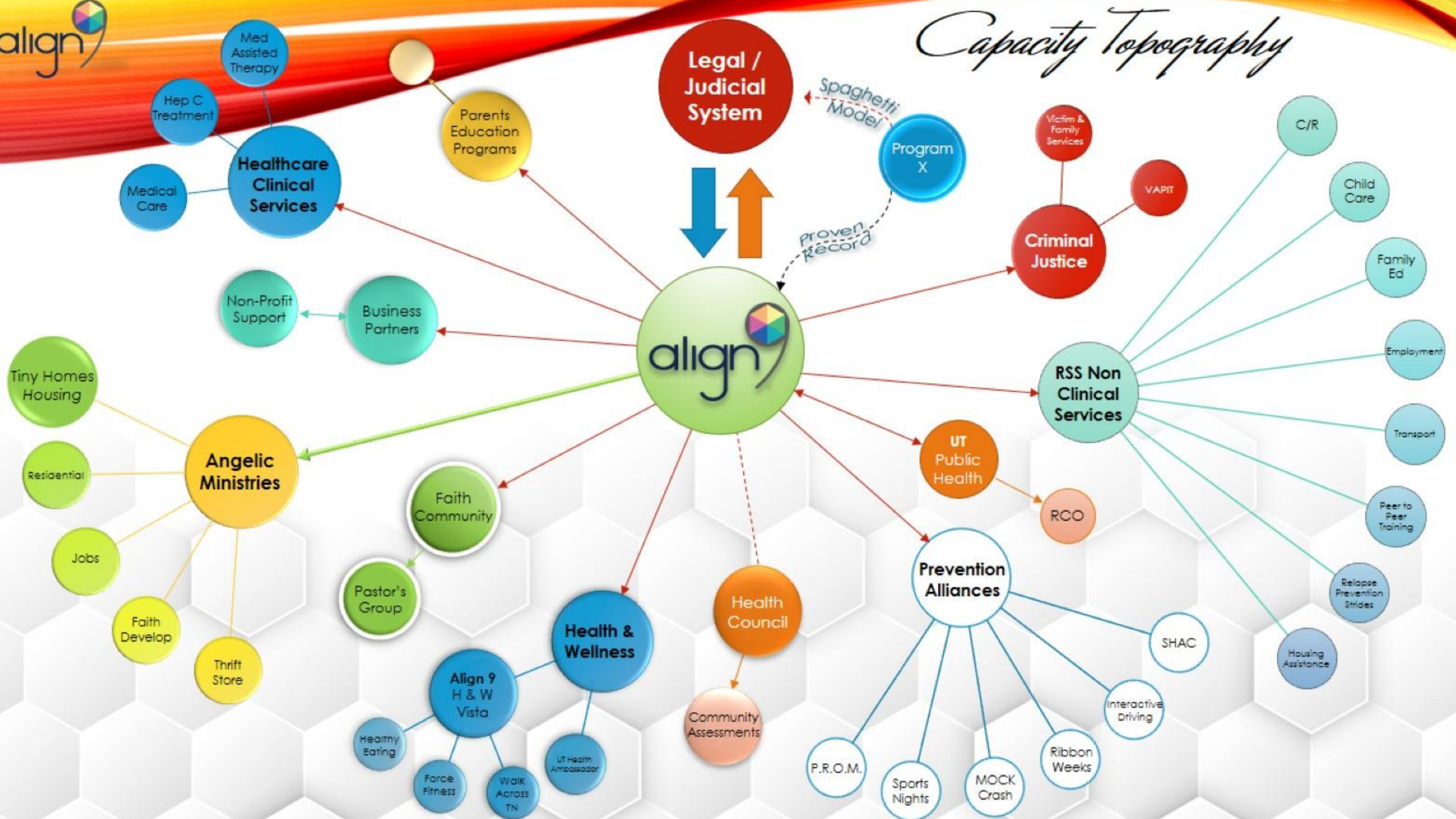
Most importantly, this model follows the success approach of other proven models whereby each element feeds into the next AND each element is working to support other elements along the path.

This circular model also grows other business groups who can supply services at an individualized levels such that Align9 continues its core work of aligning resources at a local level for everyone.





Capacity Topography





AmeriCorps

Jonathan Barker

Recovery Support Services Developer



Project Goal:

To build capacity of **Align9** by developing and implementing programs for low income individuals and families in the 9th Judicial District, who have experienced or been affected by the devastating effects of the opioid epidemic and other substance abuse and cooccurring disorders.

To build the capacity and increase effectiveness of RSS focused around the areas of mental health and substance abuse recovery and 8 dimensions of wellness.

Align9 VISTA



WANT TO LEARN MORE ABOUT RECOVERY?
ASK FOR JONATHAN



SAMHSA

Substance Abuse and Mental Health
Services Administration



Recovery **Support** *Services*

- 12 STEP SELF HELP & SUPPORT GROUPS
- LIFE SKILLS
- TRANSPORTATION
- EDUCATION
- PEER TO PEER SERVICES
- HEALTHY LIFESTYLE CHOICES
- SPIRITUAL & FAITH BASED SUPPORT

RECOVERY SUPPORT SERVICES (RSS)

- Nonclinical services that assist individuals and families to recover from alcohol or drug problems.
- They include:
 - Social support
 - Linkage to and coordination among allied service providers
 - Full range of human services that facilitate recovery
- Services can be flexibly staged
 - Provided prior to, during, and after treatment.



RECOVERY SUPPORT SERVICES (RSS)

- Employment services and job training
- Case management and individual services coordination, providing linkages with other services (e.g., legal services, Temporary Assistance for Needy Families, social services, food stamps)
- Outreach
- Relapse prevention
- Housing assistance and services
- Child care
- Transportation to and from treatment, recovery support activities, employment, etc.
- Family / Marriage education
- Peer-to-peer services, mentoring, and coaching
- Self-help and support groups (e.g., 12-step groups, SMART Recovery®, Women for Sobriety)
- Life skills
- Spiritual and faith-based support
- Education
- Parent education and child development support services
- Substance abuse education



Our Programs

*Are about staying focused
and long-term, recovery*



Recovery Support Services

aligning *STRIDES*



CERTIFIED PEER RECOVERY SPECIALIST



Tennessee's **Certified Peer Recovery Specialist** program provides State certification for individuals who provide direct peer-to-peer support services to others who have mental illness, substance abuse, or co-occurring disorders.

By sharing their experiences, strengths, knowledge, and hope, Tennessee's **Certified Peer Recovery Specialists** deliver this evidence-based practice in a method that conveys mutual respect and personal responsibility

"Walk a mile in my shoes"

Recovery
is an uphill climb

**WITH YOUR
HELP WE CAN
BRIDGE THE
GAP**



FROM
Year 1

TO
Year 2





WORKING TOGETHER

The 'align' logo is placed on a light blue puzzle piece. The puzzle piece is part of a larger arrangement of four interlocking human silhouettes in light blue, light purple, light orange, and light grey, set against a background of white hexagons.

align



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

DEPARTMENT OF
PUBLIC HEALTH



**FACES & VOICES
OF RECOVERY**

“The Key to our success is each group bringing their energy and experience to a central point to focus on the needs before us.”

RECOVERY SUPPORT SERVICES (RSS)



Diamonds
A Community of Peer Support

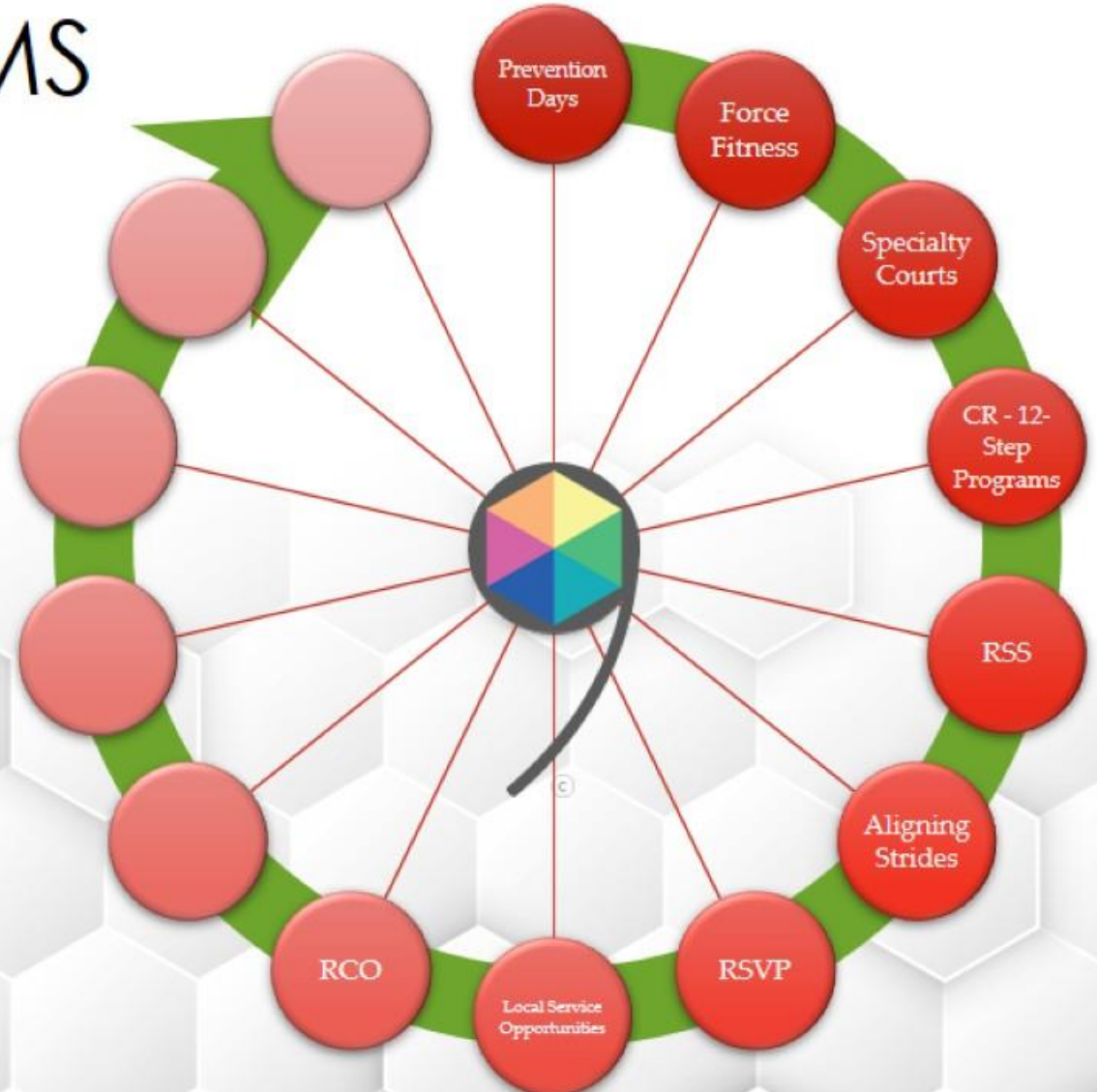
Mission: We work with people to enter and engage in recovery from addictions and behavioral health disorders through peer-to-peer interaction and evidence-based practices to promote a healthy community.

We support all types of individuals in working their recovery through grief, alcohol, drugs, mental health, food, hurts, habits, and hang-ups.

NATURAL TIE WITH EXISTING PROGRAMS

- Each **Align9** Program Feeds into and builds the next program.
- YOU multiply & extend the reach of each program and allows us to build each program out further.

Community Building Community





EVIDENCE BASED MODEL



CHARLENE HIPSHER

Align 9



Charlene Hipsher

*Align9
Lenoir City, TN*

As a native Tennessean, Charlene has her roots deep in the state and deep in learning to care for others.

Early in her career, she began working for an attorney who would eventually take a leadership role as the District Attorney General for the 9th Judicial District. This exposure to the legal system provided insight to many of the issues facing our society and began her quest on seeking other solutions beyond incarceration.

From this knowledge Charlene began to develop several solutions, eventually leading to the development of the Align9 non-profit organization with the goal of aligning and coordinating relationships between solution providers, government agencies, faith community groups and other non-profits that help those with needs in the legal system and beyond.

The focus has been delivering results that are tangible and truly impactful for the state of Tennessee.

Charlene has also been part of implementing AmeriCorps programs, VAPIT (Vulnerable Adult Protective Investigative Team) Advisory Board based on statewide legislation; initiate, develop and coordinate funding streams necessary to implement Roane County Recovery Court, public relations efforts for criminal justice reform; community advisory role to Roane County Recovery Court; President of Roane County Health Council and Morgan County Health Advisory Board implementing of HealthierTN, and numerous roles as appointed by the District Attorney General.

Most recently, her efforts have led to the formation of Diamonds.RCO; an Align9 and University of Tennessee Public Health Department initiative to spear-head a peer-led recovery community non-profit organization in Tennessee following the model of Faces & Voices of Recovery in Austin, Texas.

Her goal continues seeking God's call on her life to make a difference in the lives of others, especially as they may struggle with addiction and possibly become involved in the legal system.



“A life is not important except in the impact it has on other lives.”

*Jackie
Robinson*

“Working 1 on 1
with people is
simple addition to
the recovery
process...”

Having Peer
Recovery working
with people –
THAT success is
multiplication.”

Research Grantee Portfolio Goals

Megha Patel, PhD

Research Analyst, Office of Research and Evaluation, AmeriCorps



AmeriCorps Research Grantee

Carlin Rafie, PhD, MS, RD

Research Grantee Cohort 2018 and 2022 Virginia Tech University



Emily Zimmerman, PhD, MS, MPH

Research Grantee Cohort 2017, 2018 and 2022 Virginia Commonwealth University





Addressing the Opioid Crisis using Participatory Research to Create Community Action Plans

Carlin Rafie, PhD, MS, RD

Emily Zimmerman, PhD, MS, MPH

Approach: The SEED Method

- The **SEED Method** for Question Development and Prioritization is a multi-stakeholder method for developing strategies and action plans that reflect the priorities of communities and stakeholders.
 - Designed to help stakeholders explore the issue together before developing and implementing strategies
 - Based on principles of community-based participatory research
 - Led by the community or community-university partnership
 - Uses specific tools
 - Stakeholder identification matrix
 - Participatory concept modeling



How and why was it developed?

- The SEED Method was developed by Dr. Zimmerman and Colleagues at the Virginia Commonwealth University Center on Society and Health
- Demonstration projects in Richmond VA (Diabetes/hypertension) and Martinsville/Henry County VA (lung cancer) funded by the Patient-Centered Outcomes Research Institute (PCORI)
- Expanded the method to include an action planning phase with funding from the Corporation for National and Community Service (now AmeriCorps)
- **Opioid projects funded by AmeriCorps include:**
 - Martinsville/Henry County (completed)
 - Minneapolis, MN (completed)
 - Evaluation of projects in 3 rural Virginia counties (ongoing)



What does multi-stakeholder mean?

The goal is to identify and engage diverse groups of stakeholders who have lived experience, expertise, and a stake in the issue being addressed.

Patients and caregivers



Service providers



Community residents and organizations



May also include policymakers, philanthropy, payers, government, advocacy, etc.



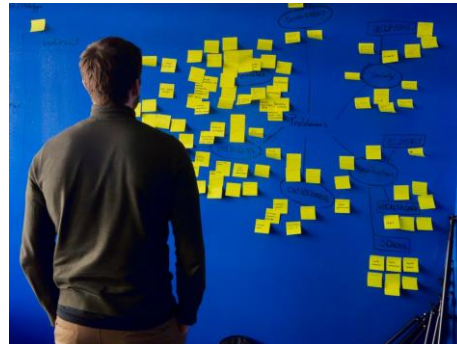
Multi-stakeholder also means....

Multiple ways to participate

Collaborative
research team



Topic groups



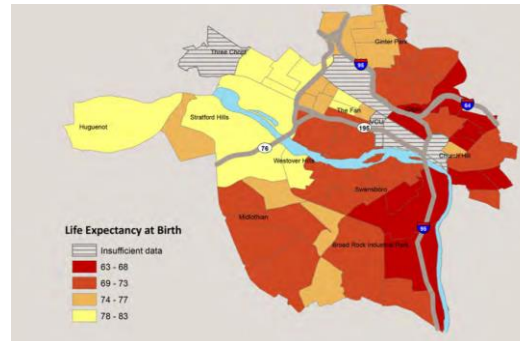
SCAN participants



Exploring the issue

The SEED Method is built on the principle that all participants have valuable expertise AND they can all benefit from learning about the experiences of others and diving deeper into the issue.

**Learning about
who is impacted
and how**



**Developing
concept models**

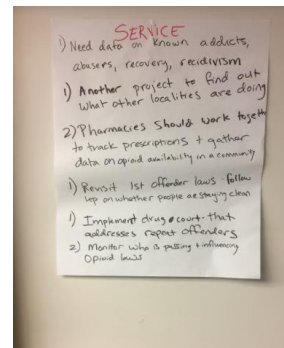


Developing ideas

The SEED Method follows up the exploration phase by guiding Topic groups through a process of brainstorming the strategies they think would be feasible and impactful for their community. Strategies includes actions, research, policy changes, programs and interventions. They then prioritize those strategies so that those with the most consensus are selected.



Brainstorming strategies



Prioritizing strategies



Action Planning

After developing strategies, the next step is to convene key community stakeholders for action planning.

The goal is to prioritize the strategies that are most important and feasible and create stakeholder-led work groups to implement the strategies.





Addressing the opioid misuse crisis in Martinsville/Henry County, VA

Setting: Rural community

Goal: Community action planning

When the project began, the City of Martinsville/Henry County ranked the first in the Commonwealth of Virginia for instance of opioid drug overdose and death. The 3-year average opioid death rate was three times higher in Martinsville than the Virginia state average.





Martinsville/Henry County, VA Community Research Team

9 Community Research Team Members



CARLIN RAFIE



EMILY ZIMMERMAN



DAWN MOSER



ANGELINA HARGROVE



JAMIE REDD



TONIE NOE



COURTNEY ADAMS MILLS



TISHA MCMILLON



WANDA WADE₁₂



SEED Method

21 Community Research Team Members

Community residents impacted by opioid misuse (N=7)



Healthcare providers (N=8)



Service Providers (N=6)





Martinsville/Henry County, VA Community Research Team

4 Focus groups

Focus Group 1: Family & friends of opioid users

Focus Group 2: Treatment providers

Focus Group 3: Recovery providers

Focus Group 4: Policy makers



Workgroups & Action Planning Strategies

Four work groups composed of interested community members were formed to implement four strategies prioritized by community stakeholders

THE COMMUNITY ACTION PLAN



Martinsville/Henry County Project Products

LEGAL COURT
DRUG COURT
PRIORITY
STRATEGY
RECOVERY SERVICES
RECOVERY CENTER
MORE RECOVERY CENTER
MORE AWARENESS
AFFORDABILITY
PREVENTION EDUCATION

Planning for Access to recovery services in Minneapolis, MN



Setting: Urban community
Goal: Community action planning

8 Community Team Members

TOPIC groups (3 groups)

- Urban Recovery Organizations
- MAT & Harm Reduction
- County Services

SCAN participants

- Interviews

AMERICORPS MINNESOTA recovery corps

RECOVERY CORPS: UTILIZING NATIONAL SERVICE TO ADDRESS SUBSTANCE USE

Ben Suker
Opioid Response
Project Manager
ServeMinnesota



Addressing Opioid Misuse in 3 Rural Virginia Counties, Led by Cooperative Extension



Setting: Rural Counties
Goal 1: Community action planning
Goal 2: Randomized controlled trial

Implementation in 3 counties is funded by a USDA Rural Health and Safety Grant.

Project evaluation is funded by AmeriCorps.

Primary outcome measure: civic engagement (Individual Mobilization Scale)

Secondary outcome measures: strategies developed and process indicators (e.g., group dynamics).



Randomized Controlled Trial of Opioid Projects Using the SEED and Delphi Methods

- The intervention consists of creating and prioritizing **strategies to address opioid misuse** using community engagement methods: the SEED Method in two counties and the Delphi method in one county.
- Recruited participants randomized into intervention and control groups in each county.
 - Control group participants will be asked to create and randomize strategies to address opioids using self-administered surveys
- Pre-test and post-test for:
 - All intervention and control group participants
 - Community research team members
 - Focus group participants
- Follow up survey one year after post-test
- In all three counties, strategy creation and prioritization will be followed by community action planning and implementation phases

Contact us

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Reflection

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Call to Action

AJ Pearlman

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Continuing the Conversation

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Thank you for attending today's webinar

Join us in our year long Celebration of Service and Its Evidence Story.

Our next Webinar: **Putting Civic Engagement in Context**

The recording and support materials for this webinar will be provided in the next two weeks on the [AmeriCorps Our Impact Webinar page](#) and [AmeriCorps R&E YouTube Playlist](#)

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The screenshot shows a banner for the "Evidence & Impact Webinar Series" celebrating the 30th anniversary of AmeriCorps. The banner features the AmeriCorps 30th anniversary logo on the left and the series title on the right. Below the banner, the text reads: "Celebrating Service and Its Evidence Story" and "About the 2023-2024 Webinar Series". The text describes a six-webinar series focusing on evidence and impact, celebrating AmeriCorps' 30th anniversary and highlighting its transformative value in strengthening community-based organizations and public trust. It also mentions that the series will share how AmeriCorps supports research, evidence, and evaluation capacity building that strengthens local nonprofit missions and shows return in taxpayer dollars saved.



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