Southern Minnesota Recovery Connection

Annual evaluation report for fiscal year 2013

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Background

In 2010, the Minnesota Department of Human Services Alcohol and Drug Abuse Division (ADAD) launched a Recovery Community Organization (RCO) initiative. As part of this initiative, the Division awarded a grant to Southern Minnesota Recovery Connection (SMRC) in Mankato, who is tasked with providing support services to individuals who self-identify as being in recovery from addiction, usually alcohol or drug addiction. In order to assess the implementation and effectiveness of these recovery support efforts, the Department of Human Services contracted with Wilder Research in Saint Paul to provide evaluation services related to this grant.

The evaluation is both formative and summative, documenting the work of SMRC, including how they provide their services and the outcomes associated with these services. The current report is the second in a series of annual reports. The first report captured data from the beginning of the evaluation through June 2012. The current report captures data from July 1, 2012 through June 30, 2013.

Methods

In the past year, Wilder Research has used the following methods to evaluate the above-mentioned evaluation goals. Most of these tools was designed by Wilder Research, with input from SMRC and ADAD staff.

- **Quarterly staff interviews**: Wilder Research staff have conducted quarterly interviews with SMRC staff beginning in April 2010. Questions are about the successes and challenges of partnering with other organizations, providing direct service to recoverees, engaging volunteers, and sustainability, as well as training needs and primary goals for the upcoming quarter.

- **Program tracking tools**: Forms for tracking SMRC's events and activities and materials created and distributed are housed in a secure online database that staff and Wilder can access and update on an ongoing basis.

- **Recoveree tracking tools**: SMRC uses forms in the online database to track recoverees served through the Telephone Recovery Support (TRS) program and paper forms that are subsequently entered into the online database to track recoverees in the Recovery Coaching program. Volunteers and coaches complete these tracking logs each time the recoveree is called or visited. A recoveree intake and well-being checklist is also completed either by staff or the recoveree when they sign up for services and the data is stored in the online database.

- **Recoveree follow-up interview**: Wilder Research conducts follow-up phone interviews with recoverees that have received 12 calls through the Telephone Recovery Support program or been working with a recovery coach for six months.

- **Focus groups**: Wilder Research conducted a focus group with SMRC volunteers in June 2013 to ask about the volunteering experiences and other ways SMRC could train or engage volunteers.

- **Volgistics**: SMRC started using an online volunteer management program called Volgistics in February 2011 to complete and store information from volunteer intake forms and shift scheduling. SMRC provides data from Volgistics to Wilder Research upon request.

Limitations

While the RCOs have made tremendous strides in collecting and submitting more complete data as the evaluation has evolved, there is still important data missing in the current report. One reason for missing data is that there was turnover in SMRC's administrative support position in August and September of 2012, which resulted in a gap in tracking activities and events, as well as materials created and distributed during that timeframe.

In addition, there have been ongoing challenges in collecting tracking forms for recovery coaching services. These services are often provided outside of the SMRC site, and therefore the tracking forms need to be completed on paper and later entered into the online database. It has been difficult to get coaches to fill out the forms and submit them for data entry. SMRC has tried to address this by training all coaches on the tracking forms during their initial coaching training and by providing repeated reminders. However, it is unclear whether coaches are forgetting to fill out the forms, forgetting to submit the forms, choosing not to complete the forms, or some combination of these issues. SMRC will continue to work with coaches to complete and submit forms on an ongoing basis.

Finally, we have experienced ongoing struggles to collect follow-up interview data from recoverees. Originally, we were attempting to collect this information after a recovery coaching recipient had been receiving coaching for six months, a TRS recipient has received 12 completed contacts, or a recovery had dropped out of the program. However, this led to a great deal of difficulty tracking down participants, many of whom exited the program or were unable to be found. In April 2013, the threshold for these follow-up interviews was changed in an attempt to increase the number of completed interviews available. We are now completing follow-up phone interviews with all recoverees (from both RCOs) every three months that they are active in the TRS program as long as they

have received at least one actual contact during the three-month period. Because the follow-up interviews are our primary source of outcome information from clients, it is important to collect interviews with as many program participants as possible, and to also ensure that those participants have received enough contact with the RCO to provide meaningful feedback.

Organizational operations

SMRC has experienced a great deal of transition since its inception. In the spring of 2011, SMRC had changes in all three of their staff positions, including their executive director. In the fall of 2011, SMRC's board chair stepped down and was replaced, and in the spring of 2012, SMRC cut ties with their formal fiscal host and became their own 501(c)(3) non-profit organization. While these transitions have been disruptive to SMRC's services, the staff have viewed each one as a positive opportunity to improve the organization.

Staff development

SMRC is committed to building the capacity of their staff in order to create as strong and sustainable an organization as possible. In the last year, staff participated in several development opportunities, including all three staff attending the annual Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) conference in October 2012 and the National Rural Institute on Drug and Alcohol Abuse in Menomonie, Wisconsin in June 2013. In addition, two staff attended a Prevention Strategies conference in November 2012. SMRC's director participated in the national Association of Recovery Community Organizations (ARCO) conference in Philadelphia in November 2012, the Minnesota RCO performance measures planning meeting in February 2013, and the regular Minnesota Council of Nonprofits networking lunches.

Staff have identified all of these development opportunities as helpful because they provide networking and relationship building. However, the Rural Institute was particularly helpful because the information presented was relevant to the rural population SMRC serves and the barriers they face in serving these clients. In addition, the ARCO conference was especially valuable because it showcased what peer-based recovery models looks like in other areas and states and it was the first training targeted specifically at the work SMRC is doing.

In the future, the director would like to continue to pursue a mix of recovery-specific trainings, organizational trainings, and general skills trainings. He would especially like to participate in professional leadership and management trainings and trainings about different approaches to peer-based recovery support.

Board development

Because the board is such a fundamental component of the RCO, the board is constantly building and growing. This is especially true during the transition periods the organization has faced. For instance, the board had to change their structure and roles to accommodate the fact

that the organization is now its own entity and no longer reliant on the infrastructure provided by their former fiscal host. This has led to more board member autonomy and responsibility in decision making. These changes led to some member confusion and tension, as well as some turnover in board membership and leadership. In January 2013 SMRC held a board retreat facilitated by Jeanne Murphy of Strategic Solutions. This retreat focused on defining board members' roles, duties, and boundaries. This retreat gave the director a lot of tools for maintaining better boundaries with board members. Shortly after the training, several positions opened up due to members leaving, which has allowed for a more positive rebuilding of committed membership. SMRC provided an orientation for new members and they are currently using the board's strategic plan to guide their ongoing activities. In recent months, the board has been more active, involved, and productive.

Community engagement and expansion

One key organizational goal for SMRC is to increase community engagement, which includes expanding their coverage across Southern Minnesota. In addition, SMRC agreed in 2012 to provide training and technical assistance to White Earth Reservation to help develop their peer-based recovery support services. SMRC has made a lot of gains in achieving these goals, but they have faced some challenges as well.

Community engagement

SMRC has been working hard to increase community engagement within the Mankato area to establish themselves as a credible, knowledgeable resource for recovery. They have especially focused on building relationships with local treatment centers, drug courts, Mankato State University, and other recovery organizations. They have also begun reaching out to local medical facilities, including training the Mankato Clinic which resulted in requests for information from other primary care centers. One of SMRC's most effective engagement efforts has been their convening of a Recovery Professionals Group that meets monthly to share information, strategize approaches for meeting the needs of recoverees, and plan larger outreach efforts, such as Recovery Month activities. These community engagement efforts have resulted in SMRC being positioned as an integral part of the recovery landscape in the Mankato area, which has increased the requests for information and the referrals made to SMRC services.

Community expansion across Southern Minnesota

SMRC has had an increased focus on expanding across Southern Minnesota during the past year. One way they have accomplished this is by hosting and promoting events across the region to gain recognition and engage recoverees and recovery professionals. They have been presenting information about their services across the region, promoting recovery-related events held anywhere in the region in their newsletter, and collaborating with

different locations to plan events, such as the Recovery's Got Talent competition that involves several agencies from three areas (Mankato, Albert Lea, and Rochester).

Another approach SMRC is taking includes training volunteers to provide Telephone Recovery Support services in different areas of Southern Minnesota. In January 2013, SMRC trained 12 volunteers in Winnebago, Minnesota to provide TRS services. Unfortunately, they were unable to launch services from that site because they are having challenges finding a physical location that will support the volunteers. They have been working with local agencies and churches to try to identify possible locations, but it has been a slow process to find the right fit for expanding services. They are also continuing to work with drug courts across the region to see what they can develop for TRS services.

During this expansion, SMRC has changed their approach from imposing a particular set of services in an area to asking for the needs in each area and then collaborating to brainstorm solutions to those needs. This seems to be building ownership and buy-in among these communities. The expansion has been challenging because the geographic area is so large and it is difficult balancing existing services and new opportunities with limited resources. However, they feel that they are now doing a better job laying the foundation before going into new communities and following-up after, which they believe will ultimately lead to success in this expansion.

Support to White Earth Reservation

SMRC has agreed to serve as a training and technical assistance contractor to help develop peer-based recovery support services on White Earth Reservation. They felt that their experience as a rural RCO would be relevant to White Earth. They have provided this training and technical assistance in a number of ways, including checking-in regularly by phone and email, visiting White Earth, training staff on the RCO model and peer-based recovery support services, training volunteers on TRS, hosting tours of SMRC, and collaborating with the Department of Human Services to plan grant deliverables and timelines. SMRC also attempted to provide Recovery Coaching training to White Earth staff and volunteers, but no one attended.

SMRC has tried to share what they have learned from developing their organization, including encouraging White Earth to embrace TRS in addition to Recovery Coaching, because TRS tends to be more accessible in rural areas. SMRC has found the White Earth staff to be open, cooperative, and enjoyable to work with, but they face many challenges in the development of their own RCO. One challenge SMRC has noted is that the RCO is positioned as part of the government so people look at them as possibly being punitive, also this positioning means is a lot more bureaucracy to deal with in creating the necessary infrastructure to host an RCO. SMRC is committed to continuing their efforts to support White Earth Reservation, but they feel that White Earth needs to lead the work in order for it to be effective and sustainable.

Volunteer management

SMRC has noticed a slow increase in the number of volunteers over time and greater continuity in volunteers who are staying around longer. However, volunteer retention continues to be a challenge for SMRC. Staff have found it relatively easy to recruit volunteers and get them excited to volunteer, particularly as a result of the numerous community presentations staff conduct. However, it then becomes hard to keep volunteers engaged. Staff have identified that the nature of volunteering can be very temporary, particularly in this field, in which individuals tend to be in the midst of transitions. SMRC has been exploring ways to maintain volunteer engagement, including regular volunteer events or meetings and recognition for higher levels of engagement. Staff have found that it is particularly difficult to retain recovery coaches, partially because their volunteering is dependent on having an engaged recoveree to work with, which can be difficult to arrange. There are often delays and sometimes multiple matches before a good fit is found, which can be discouraging to coaches.

Between July 1, 2012 and June 30, 2013, 15 recovery coach and 36 TRS volunteers were trained to provide services. Because of the delays in matching recoverees with coaches, only 14 volunteers were actively providing recovery coaching during the reporting period. In addition, there were 19 active TRS volunteers and 17 volunteers helping primarily with events or administrative tasks. The active volunteers during the reporting period were primarily female (82%) and White non-Hispanic (88%). The active volunteers ranged in age from 19 to 65 years old (average = 33 years old) and they had been volunteering with SMRC for between one month and three years (average = 1 year).

Volunteer feedback

In June 2013, Wilder Research conducted a focus group with SMRC volunteers to learn more about their experiences. Overall, the focus group participants were very satisfied with their volunteer experiences with SMRC. They identified several aspects of volunteering that they found to be particularly satisfying, such as building a connection with and helping other individuals in recovery, having a lot of different volunteer opportunities available and a chance to try new activities, helping SMRC contribute to the community by providing a comfortable and supportive place to be in recovery, making recovery less anonymous and putting a face on recovery, and deepening their own recovery through their work with SMRC.

Furthermore, when asked how the volunteer experience at SMRC could be improved, participants did not have any suggestions. The consensus was that SMRC already makes volunteering very easy, especially with the new database for TRS tracking, Volgistics

scheduling system, and updated calendar of events. In addition, the group discussed the ways in which SMRC supports and accommodates any ideas volunteers have for events or activities, such as by providing space, promotion, and support to make the ideas feasible. Volunteers echoed staff reports about the long waits for recovery coach matches, but they also emphasized the importance of finding the right fit, even if it takes time or multiple tries.

Overall, the focus group participants shared a great deal of gratitude for SMRC. One person said "I love this place and I'm glad it's here." Another shared that it is a comfortable place to just show up and talk, particularly when it's hard to find other outlets. A participant mentioned that SMRC made it "easy to get and stay sober." Finally, there was broad consensus that SMRC has created a better community of support for recoverees. They are not hidden or ashamed of being in recovery and there is a shared understanding that recovery is a lifelong process.

Education and outreach

SMRC has invested a great deal of time and energy in promoting their services and building collaborations with other public and private organizations. They have accomplished this in a number of different ways, including creating and disseminating educational and promotional materials, distributing a regular newsletter, and working with local media to develop radio, television, and newspaper stories and advertisements. SMRC has also hosted or attended many educational and promotional events, meetings, and presentations to build awareness of their organization and collaborations with other related organizations. Recently, SMRC has been working to build relationships with agencies and individuals throughout the southern region, which has involved a great deal of travel and conscious inclusion.

SMRC hosted or sponsored 130 activities between July 2012 and June 2013, with community events and presentations being their primary activities (30% each), followed by meetings (19%; see Figure 1). These activities included educational events, such as presentations to local drug courts and treatment facilities and recovery workshops; social events, such as football parties, softball games, and comedy shows; and meetings with others in the recovery field, such as the recurring Recovery Professionals Meeting.

One-quarter of their activities were primarily for the recovery community, while over 10 percent were aimed at the general public (17%), recoverees (13%), and treatment centers (11%).

1. SMRC activities between 7-1-12 and 6-30-13

Type of activity	Number	Percent
Community event	39	30%
Presentations	39	30%
Meetings	25	19%
Trainings	12	9%
Board meeting	11	8%
Table or booth	4	3%
Total	130	100%

1. SMRC activities between 7-1-12 and 6-30-13 (continued)

Primary audience for activity	Number	Percent
Recovery community	33	25%
Public	22	17%
Recoverees	17	13%
Treatment centers	14	11%
Other RCOs	11	8%
Community leaders	4	3%
Other community organizations	4	3%
Board members	3	2%
Other/missing	22	17%
Total	130	100%

Materials were distributed at one-third of all activities, including approximately half of the presentations (49%). Materials were distributed at about 40 percent of trainings (42%) and meetings (40%; see Figure 2).

SMRC's activities took a total of 569 hours (this is not staff hours, as in many cases multiple staff attend activities) and reached a total of 7,676 people (duplicated) through its in-person activities (see Figure 2). Tables and booths and community events reached the most people, both on average and in total, and community events made the most use of volunteers. On average, each of SMRC's trainings had about 34 attendees and lasted about 12 hours over multiple days. Presentations had about 16 people and lasted an hour and a half, on average. Meetings averaged just under two hours in length, with nine people attending, on average.

2. Characteristics of SMRC activities

	Percent with materials distributed	Attendees		Volunteers	Length	
		Average	Total (duplicated)	Average	Average (minutes)	Total (hours)
Community events	18%	104	4,064	5	395	257
Tables or booths	25%	563	2,250	0	768	51
Presentations	49%	16	642	0	100	65
Meetings	40%	9	224	0	111	46
Board meetings	0%	8	86	0	58	11
Trainings	42%	34	410	0	693	139
All activity types	32%	59	7,676	2	262	569

SMRC has created over 50 event flyers, and distributed over 36,000 of these flyers across 68 distributions. In addition, they have created 11 newsletters and distributed over 9,000 copies either electronically or by hard copy. They have distributed 14,050 promotional items, as well as over 2,000 copies of monthly board meeting materials and recovery meeting lists. SMRC has distributed a number of educational materials including 16,512 recovery coaching and 180 TRS training materials for SMRC, White Earth, and Rainbow Health volunteers, as well as information about 12 step programs (1,810), family support (301), and SMRC background (815, see Figure 3).

3. Distribution of SMRC materials

Category/Title of material	Number of materials created	Number of distributions	Hard copies distributed	Electronic copies distributed
Event flyer/announcements/press releases	54	68	12,140	24,079
Promotional items	2	2	12,050	2,000
Newsletters	11	15	5,600	3,980
Board meeting materials (e.g., meeting minutes, agendas, and retreat materials)	11	11	1,350	1,350
Mankato recovery meeting list (updated monthly)	12	18	850	1,190
Educational materials				
Recovery coaching training materials	4	5	16,512	0
Recovery 101 training materials	26	6	2,590	100
Women's way through 12 steps workbook	1	1	1,600	160
SMRC background information	1	3	500	315
Family support information	1	2	1	300
Telephone recovery support training materials	2	2	180	0
How AA 12 steps work	1	2	50	0

Recovery support services

Telephone Recovery Support (TRS)

Characteristics of TRS participants

Between July 1, 2012 and June 30, 2013, 58 people in recovery received at least one call through Telephone Recovery Support services. Of these individuals, 45 percent are female and 52 percent male (see Figure 4). Three percent did not have gender recorded. Most participants are between the ages of 25 and 44 years old (44%), although 24 percent did not have age data available. Most participant identify as White (71%), with 21 percent not having race data recorded. Three percent of respondents identified as Hispanic or Latino. Slightly over half of participants lived in North Mankato or Mankato (55%). The remainder either live in another area in southern Minnesota (38%) or do not have this information recorded (7%).

4. Characteristics at intake of participants with a TRS contact between 7-1-12 and 6-30-13

Total individuals receiving at least one TRS contact	**58**
Gender	**Percent**
Female	45%
Male	52%
Missing	3%
Age	
Under 18	3%
18-24	16%
25-44	44%
45-64	10%
65 or older	3%
Missing	24%
Race	
White	71%
Black/African American	3%
More than 1 race	2%
American Indian/Alaska Native	0%
Asian/Pacific Islander	0%
Other (not specified)	3%
Missing	21%

4. Characteristics at intake of participants with a TRS contact between 7-1-12 and 6-30-13 (continued)

Ethnicity	Percent
Hispanic/Latino ethnicity	3%
City/county of residence	
Mankato/North Mankato	55%
Other southern Minnesota county	38%
Missing	7%

At intake, participants are asked what substance is/was their main addiction. The most common answer given was alcohol (21%), followed by amphetamines (12%; see Figure 5). However, about half of participants did not have this information recorded.

At intake, participants are also asked whether or not they have been to treatment for their addiction and what supports they have used to help them maintain their recovery. Most participants at intake did not have this information recorded (74%), 21 percent said they had been to treatment at least once, and 5 percent said they had not. In regard to other types of support used, the most common were 12-step groups (41%), peer support (31%), and information/education about recovery (28%). Half of participants either had not used any forms of support or were missing this information.

5. Main addiction and supports received at intake for participants with a TRS contact between 7-1-12 and 6-30-13 (N=58)

Main addiction (multiple responses possible)	
Alcohol	21%
Amphetamines	12%
Marijuana	9%
Crack/cocaine	5%
Prescription pain killers	5%
Prescription psychotropic medications	2%
Heroin	2%
Tobacco	0%
Other addiction	5%
Missing	52%
Previous treatment for addiction	
Yes	21%
No	5%
Missing	74%

5. Main addiction and supports received at intake for participants with a TRS contact between 7-1-12 and 6-30-13 (N=58) continued

Types of supports used to stay in recovery	
Indicated using at least one type of support	50%
12-step group	41%
Peer support	31%
Information/education about recovery	28%
Sober social events	16%
Individual mental health counseling	14%
Exercise/nutrition	9%
Relationship/family counseling	9%
Focusing on work/a hobby	7%
Sober housing	3%
Volunteering/helping others	5%
Significant other is receiving help	2%
Assistance with physical health concerns	5%
Spirituality/House of worship	5%
Other	5%
Did not indicate using any support (either not using support or missing)	50%

In order to help identify their service needs, participants at intake are asked whether they are on probation or parole. Most respondents did not provide this information (78%), 12 percent said they were on probation or parole, and 10 percent said they were not (see Figure 6).

6. Probation/parole status at intake of participants with a TRS contact between 7-1-12 and 6-30-13

On probation or parole at intake	
Yes	12%
No	10%
Missing	78%

Characteristics of TRS calls

SMRC completed 480 calls with the 58 participants who received at least one TRS call between July 1, 2012 and June 30, 2013[1] (see Figure 7). On average, for each person who received TRS services, volunteers make six attempted calls (i.e., calls that are made but the person isn't reached) for every one call in which a contact is made (i.e., the person is reached).

A person is considered to have completed a cycle of the TRS, once they have been reached 12 times. After 12 calls, the recoveree is welcomed to participate in another cycle of calls. TRS participants received between 1 and 42 contacts, with an average of nine contacts and a median of five (see Figure 7). Each call lasted from one to 96 minutes. On average, calls lasted six minutes and on median, three minutes.

7. Characteristics of calls made to recoverees who participated in TRS between 7-1-12 and 6-30-13*

Number of recoverees reached (receiving calls)	**58**
Ratio of attempts to completed contacts per person reached	**N=58**
Average	6:1
Median	4:1
Number of contacts made per person reached	**N=58**
Range	1 – 42
Average	9
Median	5
Length of calls in minutes	**N=480**
Range	<1 – 96
Average	6
Median	3

Table describes all TRS calls made to any recoveree who received at least one TRS call between July 1, 2012 and June 30, 2013. Some of the calls were not made during the target time period.

During TRS calls, volunteers document which supports recoverees mention using to stay in recovery. Most recoverees (76%) reported going to 12-step groups and receiving peer support (76%; see Figure 8). Slightly less than half said they focused on work or a hobby, and 40 percent said they attended sober social events. Thirty-five percent said they are using information on recovery. Between 20 percent and 24 percent are supporting their recovery through individual mental health counseling, family or relationship counseling,

[1] All of the calls did not take place during this time period.

exercise and good nutrition, and/or volunteering or helping others. The full list of supports can be found in Figure 8.

8. Types of supports participants used to stay in recovery while receiving services, of those who received TRS calls between 7-1-12 and 6-30-13

Type of support	Contacts N=480	Individuals N=58
12-step group	44%	76%
Peer support	27%	72%
Focusing on work/a hobby	14%	47%
Sober social events	11%	40%
Information/education on recovery	7%	35%
Individual mental health counseling	8%	24%
Exercise/nutrition	6%	24%
Relationship/family counseling	5%	22%
Volunteering/helping others	6%	21%
Spiritual support/house of worship	3%	17%
Sober housing	2%	12%
Assistance with physical health	2%	5%
Significant other is receiving help	<1%	3%
Other *	14%	59%
No supports indicated	35%	16%

** Other includes: sponsor, family and friends, and aftercare/recovery programming.*

Twenty-eight percent of TRS contacts included a recoveree saying they need additional assistance (see Figure 9). In 21 percent of calls, a referral was provided. In total, 78 percent of TRS recoverees received at least one referral.

9. Referrals to TRS recoverees who received calls between 7-1-12 and 6-30-13

	Contacts N=480	Individuals N=58
Total needing additional support	28%	78%
Total given a referral	21%	69%

Recovery Coaching

Characteristics of RC services

Between July 1, 2013 and June 30, 2013, information was recorded on RC services provided to two recoverees[2]. In total, the two recoverees met with their coaches nine times. Eight of the contacts were in person and by phone. The length of contacts ranged from 15 minutes to 165 minutes, with an average length of 72 minutes and a median length of 30 minutes (see Figure 10).

10. Description of RC contacts made with recoverees who had at least one coaching contact between 7-1-12 and 6-30-13

Number of recoverees	**2**
Number of total contacts	**9**
Type of contact	
Individual face to face	8
Phone	1
Length of contacts in minutes	
Range	15-165
Average	72
Median	30

Note: Table describes all RC contacts made to any recoveree who received at least one RC contact between July 1, 2012 and June 30, 2013. Some of the contacts were not made during the target time period.

During each contact, recovery coaches ask their recoverees what supports they are using to maintain their recovery. In almost all contacts (8 of 9), the recoveree mentioned peer support, individual mental health counseling, and a 12-step group. In seven of the contacts, the recoveree said they were attending sober social events. Assistance with physical health and information on recovery were noted in about half of the contacts (5 of 9 and 4 of 9, respectively; see Figure 11).

[2] Because demographic information could make participants identifiable, none is provided.

11. Types of supports participants used to stay in recovery while receiving services, of those who received RC between 7-1-12 and 6-30-13 (N=9)

Topic	Contacts
Peer support	8
Individual mental health counseling	8
12-step group	8
Sober social events	7
Assistance with physical health	5
Information/education on recovery	4
Relationship/family counseling	0
Focus on work/a hobby	0
Spiritual support/house of worship	0
Exercise/nutrition	0
Significant other receives assistance	0
Volunteer/help others	0
Other	8

Note: For cells with an N less than 10, data is provided as counts rather than percentages. Other includes sponsor, family and friends, and aftercare/recovery programming.

Recoverees and recovery coaches discussed a range of topics during their contacts. Almost all (8 of 9) contacts included discussion of peer support, sober social events, and recovery planning (see Figure 12). Transportation, housing, and childcare were discussed in four of the nine contacts and physical wellness in three of nine. One contact included discussion of 12-step groups.

12. Topics addressed by Recovery Coaches during contacts between 7-1-12 and 6-30-13 (N=9)

Topic	Contacts
Peer support	8
Sober social events	8
Recovery planning	8
Transportation	4
Housing	4
Childcare	4
Physical wellness	3
12-step group	1
Mental wellness	0
Legal issues	0

Relationship/family	0
Financial/emergency assistance	0
Information/education on recovery	0
Education/employment	0
Stigma	0
Spirituality	0
Other	5

Note: For cells with an N less than 10, data is provided as counts rather than percentages.

Recovery coaches reported providing emotional support to their recoveree in all of the nine contacts (see Figure 13). In eight of the nine contacts, the coach provided transportation to the recoveree. In seven contacts, the recovery coaches gave information, and in five they provided companionship. One contact was described as including planning and/or problem solving.

13. Supports provided to participants of RC (N=9)

Type of support	Contacts
Emotional support	9
Transportation	8
Information	7
Companionship	5
Planning/problem solving	1
Referrals	0
Other	0

Follow-up data

Follow-up interviews are done by Wilder Research after recoverees complete either 12 weeks of TRS calls or 6 months of recovery coaching. As of the time of data analysis, a total of 19 recoverees completed a follow-up.

Satisfaction with SMRC services

In the follow-up questionnaire, respondents were asked if SMRC services had helped them "a lot," "a little," or "not at all" in a variety of facets of their recovery. Ninety percent of respondents reported that the services helped them feel supported "a lot" (see Figure 14). Many respondents (84%) also reported that the services helped "a lot" to allow them to stay in recovery. Seventy-four percent of respondents reported that SMRC's services helped them feel more in control of their recovery "a lot," while the remaining 26 percent said it helped "a little." With regard to making healthier choices, 58 percent reported that the

services helped "a lot" while 32 percent reported it helped "a little" and 11 percent reported that it did not help at all. Roughly a third of respondents (32%) reported that SMRC's services helped them "a lot" to learn about and connect to community resources.

14. Service support (N=19)

Did the services help you…	A lot	A little	Not at all
Feel supported	90%	11%	0%
Stay in recovery	84%	11%	5%
Feel more in control of your recovery	74%	26%	0%
Make healthier choices	58%	32%	11%
Learn about community resources	32%	47%	21%
Connect to community resources	32%	53%	16%

Note: Rows may not equal exactly 100% due to rounding.

Respondents were also asked about their experience with individuals making weekly calls and/or their experience with their Recovery Coach, depending on which program they utilized. Most respondents (90-95%) felt that callers and coaches are respectful, trustworthy and caring "most of the time" (see Figure 15). In addition, most (79%) felt that callers/coaches are knowledgeable about recovery "most of the time," with the remaining 21 percent reporting that they are knowledgeable about recovery "sometimes." Seventy-nine percent of respondents reported that the callers/coaches are helpful "most of the time," while 16 percent felt that this is true "sometimes," and 5 percent "rarely." With regards to knowledge of community resources, 58 percent of respondents reported that coaches and callers are knowledgeable "most of the time." An additional 21 percent felt that callers and coaches are knowledgeable about community resources "sometimes," and 21 percent felt this is "rarely" the case.

15. Callers and Recovery Coaches (N=19)

Were they…	Most of the time	Sometimes	Rarely
Trustworthy	95%	5%	0%
Respectful	90%	11%	0%
Caring	90%	11%	0%
Knowledgeable about recovery	79%	21%	0%
Helpful	79%	16%	5%
Knowledgeable about community resources	58%	21%	21%

**Note: Rows may not equal exactly 100% due to rounding.*

Impacts

Drug and alcohol use

Respondents were asked if they have used drugs or alcohol since they started receiving services from SMRC and also if usage has increased, decreased, or stayed the same. Sixty-three percent of respondents have not used drugs or alcohol since they started receiving services from SMRC. Of the seven that have used, five have decreased their usage.

When asked how much they thought receiving services from SMRC has helped them be alcohol or drug free, 68 percent of abstinent respondents said it has helped them "a lot," 16 percent said it has helped them "some," and the remaining 16 percent reported it helped them "a little" (11%) or "not at all" (5%).

Housing

Since starting telephone or coaching support, 79 percent of respondents did not make changes to their housing situation, 16 percent moved in with close friends or relatives, 5 percent moved into sober housing or a housing program, and 5 percent moved into their own place from previously living with others (see Figure 16).

16. Housing changes (N=19)

Housing situation	Percent
Housing situation did not change	79%
Housing situation changed	21%
Moved in with close friends or relatives	16%
Moved into sober housing or program	5%
Moved into own place	5%

Education

Respondents were asked if they had either started taking classes or completed a degree since they started receiving services from SMRC. Eleven percent of respondents reported that they started taking classes in pursuit of a GED, technical school, or college degree (see Figure 17). Five percent of individuals reported having completed their degree since being in the program.

17. Education changes (N=19)

Education status	Percent

No changes in education	84%
Taking classes (GED, technical school, or college)	11%
Completed a degree (GED)	5%

Employment

Since the start of the program, 68 percent of respondents reported no changes in employment while 16 percent of respondents reported getting a new job and 11 percent reported an improvement in their current position (being promoted or venturing into self-employment; see Figure 18). An additional six percent of respondents have since had their hours decreased.

18. Employment changes (N=19)

Employment since starting program	Percent
No changes in employment	68%
Got a new job	16%
Earnings increased or became self-employed	11%
Had hours decreased	5%

At follow-up, over half of respondents (53%) reported being unemployed, while 21 percent were employed part-time, and 26 percent were employed full-time (see Figure 19).

19. Employment status at follow-up (N=19)

Employment status	Percent
Unemployed	53%
Employed part-time	21%
Employed full-time	26%

Health and well-being

Respondents were asked to rate their physical health and mental well-being as either "great," "good," "okay," or "bad" (see Figure 20). With regard to physical health, 74 percent rated their health as either "good" or "great." The remainder rated themselves as "okay" (11%) or "bad" (16%). Respondents rated mental well-being similarly, with 68 percent rating their health as either "good" or "great" and 32 percent as either "okay" (21%) or "bad" (11%).

20. Health and Wellbeing (N=19)

	Physical health rating	Mental well-being rating
Great	21%	21%
Good	53%	47%
Okay	11%	21%
Bad	16%	11%

Respondents were also asked how the recovery coaching and/or telephone support had affected their physical health and mental wellbeing. Physically, individuals reported having more energy and/or being more active, staying sober, staying in shape, gaining or losing weight (depending on the need of the individual), becoming more independent, improving personal hygiene, improving physical health overall, and having better motor skills. With regard to mental well-being, respondents cited having greater peace of mind, less stress, improved self-esteem, a more positive attitude, and more understanding.

Services used and helpfulness of services

The most commonly used support in respondent's recovery efforts were SMRC's peer support (90%), followed by individual mental health counseling and general information and education on recovery (84%; see Figure 21). Recoverees also often used sober social events (79%), work or hobby (68%), a focus on exercise and nutrition (68%), and/or volunteering or helping others (63%) in supporting their recovery. Fifty-eight percent of recoverees also used a 12-step group and 53 percent used spiritual support to aide their recovery. Fewer individuals used assistance with physical health (42%) or relationship/ family counseling (37%) in supporting their recovery. Significant others receiving help (21%) and other forms of support (26%) are also referenced less frequently. Other forms of support listed include sober housing, drug court, treatment and medications. Supports that were ranked most highly in terms of helpfulness ("very" helpful) included other supports that individuals volunteered (100%), 12-step groups (91%), spiritual support (90%), individual mental health counseling (88%), and assistance with physical health (88%).

21. Services used and helpfulness of services (N=19)

		Helpfulness of support (of those that have used it)		
Service	**Used this support**	**Very**	**Somewhat**	**Not**
Peer support	90%	71%	29%	0%
Individual mental health counseling	84%	88%	13%	0%
Information/education on recovery	84%	56%	38%	6%
Sober social events	79%	73%	27%	0%
Focusing on work or hobby	68%	77%	23%	0%
Exercise/nutrition	68%	77%	23%	0%
Volunteering or helping others	63%	58%	42%	0%
12-step group	58%	91%	9%	0%
Spiritual support	53%	90%	10%	0%
Assistance with physical health	42%	88%	13%	0%
Relationship/Family counseling	37%	71%	29%	0%
Significant other is receiving help	21%	75%	25%	0%
Other*	26%	100%	0%	0%

**Other forms of support include: sober housing, drug court, treatment and medications.*

Note: Rows may not equal exactly 100% due to rounding.

Treatment

Eleven percent of respondents reported having been to treatment since they started telephone or coaching support from SMRC. Of these two respondents, one individual completed the treatment program and one individual is still in treatment.

Overall lessons learned and recommendations

Overall, volunteers, recoverees, and stakeholder have reported that SMRC is an asset to the community because it provides unique support services in an inclusive, holistic way. SMRC staff have also frequently reflected on the positive response they have received from the recoveree community for their services. They are reaching a large number of people through the education and outreach efforts, but there are opportunities for improvement in engaging volunteers and recoverees for the peer-based support services. Some specific recommendations are included below.

- ***Build greater awareness of SMRC and its services.*** This includes educating both the recovery community and the broader community on what recovery looks like, the purpose of SMRC, how its services differ from traditional 12-step programs, and how to access services. SMRC could continue to build relationships with drug courts, treatment centers, and hospitals to promote their services when recoverees are first needing support. It also could involve continued expansion and awareness building across Southern Minnesota.

- ***Increase recoveree recruitment and retention efforts.*** SMRC has made considerable strides in improving their recoveree recruitment and retention in the last year, but there is still room for enhancement. There is agreement among SMRC staff and stakeholders that the peer-based recovery support services they offer are beneficial. However, SMRC is aware that there are many individuals who could benefit from these services who are not receiving them. In addition, many recoverees who begin receiving services drop out before they complete a full cycle, which means they are not reaping the full benefits of the services.

- ***Improve board stability.*** SMRC has experienced many significant transitions in recent years that have led to instability in board membership and roles. Now that the organization has found some stability, hopefully the board will follow. This can involve recruiting more long-term board members and continuing to create trainings and materials to educate the board about roles and responsibilities.

- ***Increase sustainability planning.*** The end of the current Recovery Community Organization grant is rapidly approaching and SMRC has set a goal of increasing their sustainability planning each quarter in the last year. These efforts will be increasingly important in the coming months. SMRC can work with their board to engage more members in fundraising efforts to spread out the work and ensure as much coverage as possible.