



NEW HAMPSHIRE RECOVERY EVALUATION REPORT: EVALUATION OF PEER RECOVERY SUPPORT SERVICES FUNDED BY THE STATE OF NEW HAMPSHIRE SFY2022 — SFY2023



DATA AND ANALYSIS BY



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GLOSSARY OF ACRONYMS

AFMC	–	Arkansas Foundation for Medical Care
AIDS	–	Acquired immunodeficiency syndrome
ARCNH	–	Addiction Recovery Coalition of New Hampshire
BARC-10	–	Brief Assessment of Recovery Capital
BDAS	–	Bureau of Drug and Alcohol Services
CDC	–	Centers for Disease Control and Prevention
COVID-19 pandemic	–	Coronavirus disease pandemic
DCYF	–	Division for Children, Youth & Families
DHHS	–	Department of Health and Human Services
ED	–	Emergency department
EMS	–	Emergency medical services
FO	–	Facilitating organization
HHS	–	Health & Human Services
HIV/AIDS	–	Human immunodeficiency virus
MI	–	Motivational interviewing
MARA	–	Medication Assisted Recovery Anonymous
MAT	–	Medication assisted treatment
MWV Supports Recovery	–	Mount Washington Valley Supports Recovery
NCSC	–	North Country Serenity Center
NHHPP	–	New Hampshire Health Protection Program
NIAAA	–	National Institute on Alcoholism and Alcohol Abuse
NSDUH	–	National Survey on Drug Use and Health
OD2A	–	Overdose Data to Action
PARC	–	Plymouth Area Recovery Connections
PCP	–	Primary care physician
PRSS	–	Peer recovery support services
Q	–	Quarter
QOL	–	Quality-of-life
RCC(s)	–	Recovery community centers
RCO(s)	–	Recovery Community Organizations
SABG	–	Substance Abuse Block Grant
SAMHSA	–	Substance Abuse Mental Health Services Administration
SFY	–	State fiscal year
SHADAC	–	State Health Access Data Assistance Center
SOR	–	State Opioid Response
STI(s)	–	Sexually transmitted infections
SUD	–	Substance use disorder
TA	–	Technical assistance



EXECUTIVE SUMMARY

BACKGROUND

According to the United States Department of Health and Human Services (HHS) Office of the Surgeon General, “Alcohol and drug misuse and related disorders are major public health challenges that are taking an enormous toll on our society” (2022). Although New Hampshire is ranked as the sixth healthiest and safest places to live and raise a family, similar to other areas of the country, substance misuse, specifically the misuse of opioids, has had a devastating impact on individuals, families, and communities across New Hampshire (Pulkinnen, 2021).

Data from the State Health Access Data Assistance Center shows that the rate of all drug overdoses peaked (37.0 deaths per 100,000 people) in 2017, when New Hampshire had the sixth-highest drug overdose rate in the nation. New Hampshire has remained in the top 20 for synthetic opioid overdoses. Unlike drug overdose deaths, which have largely decreased from 2017-2020, the rate of alcohol overdose deaths has increased steadily (State Health Access Data Assistance Center [SHADAC], 2023). The increase in drug overdoses is being driven by fentanyl and fentanyl-analogs, such as carfentanil, which are 50 to 10,000 times more potent than morphine (CDC, 2021).

The opioid epidemic in New Hampshire has been far-reaching and has placed a tremendous strain on local institutions, including emergency medical services (EMS), hospital emergency departments (ED), and an array of other local health care and social service providers. Emergency responders, hospital ED staff, and providers have all expressed concerns about the undue stress and fatigue that the opioid epidemic, on top of the COVID-19 pandemic, has placed on New Hampshire’s health and social service systems in a fragile state (Metcalf, et al., 2022).

According to a report prepared by Polecon Research, the most recently available data shows that the economic impact of substance misuse in New Hampshire costs \$2.36 billion annually, which is equal to \$1,780 for every person residing in the state (Polecon Research, 2017).

The level of impact outlined above requires a comprehensive approach that addresses underlying conditions that place individuals at heightened risk for misusing alcohol and drugs and that includes a continuum of prevention, early intervention, crisis intervention, treatment, and recovery support services. New Hampshire has leveraged unprecedented federal and state resources over the past five years, bringing critically needed services across the state.

Since 2016, New Hampshire has used funding from the Substance Abuse Block Grant (SABG) and the Governor’s Commission on Alcohol & Other Drugs, in addition to other funding sources, to develop peer recovery support services (PRSS). PRSS are systems of social support designed and delivered by individuals who have experienced SUD recovery. PRSS are relatively inexpensive and play an essential role in the continuum of services, assisting individuals initiating and maintaining their recovery.

EVALUATION PURPOSE

The Arkansas Foundation for Medical Care (AFMC) is contracted to provide data collection and evaluation support and services to the New Hampshire Bureau of Drug and Alcohol Services (BDAS) contracted prevention, early intervention, treatment, and recovery support programs, as directed by New Hampshire's DHHS and in adherence to federal and state funding source requirements.

An initial evaluation of state-funded PRSS was conducted using data from state fiscal year (SFY) 2021. Results from those analyses served as a baseline for future evaluations and indicated that PRSS and other activities facilitated by the Recovery Community Organizations (RCOs) were effective in increasing recovery capital, which is defined as the "volume of internal and external assets that can be brought to bear to initiate and sustain recovery from alcohol and other drug problems" (White, 2009). Recovery capital is measured using the Brief Assessment of Recovery Capital (BARC-10), which is a strengths-based (validated) measure that is completed via self-report to assess the level of broader personal, social, physical, and professional resources in an individual's environment that are used to initiate and sustain recovery, including structural supports, such as a recovery-supportive living space and community relationships" (Vilsaint, Kelly, Bergman, Groshkova, & Best, 2022).

In summary, as a result of PRSS, there was a significant difference between baseline and current BARC-10 scores in SFY2021. Regression analyses were conducted to identify which PRSS were possible predictors of BARC-10 scores. Analyses showed that the most common PRSS associated with increased recovery capital include the following:

- Attending a higher number of total meetings
- Attending a higher number of prosocial activities
- Attending a higher number of advocacy activities
- Completing recovery plan goals

After the initial evaluation, a set of recommendations was implemented by BDAS and the facilitating organization (FO). The FO provides key operational support functions, project management, training, technical assistance, compliance monitoring, quality improvement assistance, data collection, and evaluation of outcomes for all 14 of the state-contracted RCOs. These recommendations aimed to improve data collection processes and increase BARC-10 completion rates. The RCO directors were also tasked with encouraging participants to attend more meetings, prosocial activities, and advocacy activities.

The goal of this report is to compare SFY2022 and SFY2023 data and to determine if key metrics identified in the SFY2021 evaluation are still associated with increased recovery capital.

DATA SOURCES AND METHODOLOGY

Data for this evaluation were collected during SFY2022 and SFY2023 from RecoveryLink™ and Data Quality Community Forums facilitated by the FO. All quantitative data was collected from RecoveryLink™, which is a platform specifically designed to collect data for PRSS.

The FO hosts bi-monthly Data Quality Community Forums for RCO directors and staff members. In these meetings, the FO provides updates regarding contractual requirements and RecoveryLink™ and also facilitates discussions with RCO staff about challenges they might encounter. Beginning in SFY2023, AFMC attended these meetings to discuss the details of the SFY2021 evaluation, demonstrate the quarterly report dashboard, and gather qualitative data about the RCOs' strategies for implementing the SFY2021 recommendations.

After obtaining the quantitative data from RecoveryLink™, AFMC conducted a variety of statistical analyses, including a paired sample t-test, logistic regression, and linear regression. For purposes of these analyses, all significance is reported at a level of 95%, meaning that the probability of the results occurring by chance is 5% (0.05) or less. Significance is denoted by the letter *p*. Therefore, if $p \leq 0.05$, results are statistically significant. All results shown in this report are statistically significant.

KEY FINDINGS

BARC-10 ANALYSIS

To determine the effectiveness of PRSS, analyses were conducted to determine if recovery capital increased as a result of receiving PRSS. Analyses show that there was a statistically significant difference between BARC-10 scores at intake and the most recently reported BARC-10 scores ($p < 0.0001$) in both SFY2022 and SFY2023. In SFY2022, the average increase in scores was 1.5 points. The average increase in scores in SFY2023 was slightly higher (1.7 points). These results demonstrate that PRSS are effective at increasing recovery capital.

Of the 25,765 engagements in which a BARC-10 could have been completed, a BARC-10 was completed at 6,897 engagements, which results in a completion rate of 26.8% for SFY2022. In SFY2023, the BARC-10 completion rate increased drastically to 39.6% (8,830 completed BARC-10s; 22,305 eligible BARC-10 engagement sessions). Beginning in January 2023, the FO implemented a contractual requirement for all RCOs which required a monthly BARC-10 completion rate of at least 30%. Therefore, increasing BARC-10 completion rates has been a primary focus of the FO and RCOs.

AFMC attended Data Quality Community Forums held by the FO to discuss methods of increasing BARC-10 completion rates with RCO directors and staff members. Some RCO directors are implementing incentives for staff members who reach a monthly BARC-10 completion rate of at least 30%. Other RCO directors regularly check-in with staff members to review BARC-10 completion rates.

Currently, there are no specific trainings focused on how RCO staff should administer BARC-10s. However, the FO reported that they are working to develop additional information/training on this topic.

PEER RECOVERY SUPPORT SERVICES

Analyses show that the following PRSS were most commonly associated with increased recovery capital:

- Attending an increased number of total meetings
- Attending an increased number of prosocial meetings
- Attending an increased number of educational meetings
- Attending an increased number of advocacy meetings
- Having an increased number of completed recovery plan goals
- Having an increased number of active recovery plan goals
- Having increased average recovery plan progress
- Attending an increased number of total engagement sessions
- Attending an increased number of in-person engagement sessions
- Attending an increased number of video engagement sessions
- Utilizing a 12-step abstinence-based recovery pathway
- Utilizing a community recovery support recovery pathway
- Utilizing a physical fitness recovery pathway
- Utilizing a combination of recovery pathways

These results indicate that increased attendance and active participation in PRSS are the two most important PRSS associated with increasing recovery capital.

CONTRIBUTING FACTORS

Analyses show that the following contributing factors were most commonly associated with increased recovery capital:

- Being stably housed
- Having an increased average engagement with friends score
- Having an increased average engagement with family score
- Having an increased average physical health score
- Having an increased average mental health score
- Having an increased average quality-of-life (QOL) score
- Having an increased average self-satisfaction score



RECOMMENDATIONS AND CONCLUSIONS

It is recommended that the FO work with staff members at RCOs who have consistently not met the required BARC-10 completion rate. The FO reported that they are working to develop additional information/training on administering the BARC-10. Additional trainings could help staff members fully understand the reasoning and background of recovery capital and BARC-10s, which could motivate them to administer more assessments.

Attending an increased number of total meetings, specifically, prosocial, advocacy, and educational activities, are some of the PRSS most commonly associated with increased recovery capital. Therefore, it is recommended that the RCOs continue to work to provide more of these activities.

Setting recovery plan goals is not a requirement for participants who receive recovery coaching. However, setting recovery plan goals can help individuals clarify their values, build confidence, and build self-awareness. It is recommended that the RCOs continue to promote goal-setting with their participants.

Recovery pathways are highly personalized and are unique to each participant. Utilizing a physical fitness-based recovery pathway was one of the most commonly reported pathways that is associated with increasing recovery capital. Utilizing a combination of pathways was also commonly associated with increased recovery capital. Utilizing multiple pathways allows participants to customize a recovery pathway that best aligns with their unique recovery goals. Participants should be encouraged to test multiple pathways to find the best fit for them.

While the RCOs cannot directly provide stable housing; increased engagement with friends, family, and community; and increased levels of physical health, mental health, self-satisfaction, and overall quality of life, it is possible that the RCOs can have a positive influence on these factors. Assisting participants in finding stable housing is often a goal of recovery coaching sessions.

Having increased average physical health, mental health, QOL, and self-satisfaction scores were four contributing factors commonly associated with increased recovery capital. Engaging in 60 minutes of physical fitness three times a week showed improvements in health-related QOL, decreased depressive and anxiety symptoms, self-satisfaction, improved heart rate and blood pressure, aerobic capacity, and improved muscular capacity. Just by engaging in physical activities of moderate intensity, participants can potentially increase scores in each of these four areas.

Increased engagement with family scores is one of the most common contributing factors associated with increased recovery capital. Several RCOs have programs that are focused on parenting and families, such as Families in Recovery Program and a Parenting Journey in Recovery Program. Recovery programs like these facilitate increased engagement with families.

BACKGROUND

In 2022, the United States Department of Health and Human Services (HHS) Office of the Surgeon General reported:

Alcohol and drug misuse and related disorders are major public health challenges that are taking an enormous toll on our society. Recently, more than 27 million people in the United States reported that they are using illicit drugs or misusing prescription drugs, and nearly a quarter of adults and adolescents reported binge drinking in the past month. The annual economic impact of substance misuse is estimated to be \$249 billion for alcohol misuse and \$193 billion for illicit drug use (para. 1).

Although New Hampshire continues to rank as one of the healthiest and safest places to live and raise a family, similar to other areas of the country, substance misuse, specifically the misuse of opioids, have had a devastating impact on individuals, families, and communities across New Hampshire (Pulkkinen, 2021). According to the 2019 National Survey on Drug Use and Health (NSDUH), New Hampshire nationally ranks in the top 15 for the use of cocaine, binge drinking (five or more alcohol drinks for males or four or more alcoholic drinks for females on the same occasion), use of marijuana, and illicit drug use for individuals aged 12 and older (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020) (Figure 1).

Figure 1. Prevalence of substance use in New Hampshire and the United States

Type of Substance Use	Percentage of NH Population	Percentage of U.S. Population	NH National Ranking
Cocaine	2.6%	2.0%	6 th
Binge Drinking	27.9%	24.2%	7 th
Marijuana	21.4%	16.7%	10 th
Illicit Drug Use	15.7%	12.3%	11 th
Heroin	0.3%	0.3%	25 th
Illicit Use of Prescription Pain Medication	3.4%	3.6%	39 th
Methamphetamine	0.4%	0.7%	41 st

Source: SAMHSA, 2020

CONSEQUENCES OF SUBSTANCE MISUSE

CONSEQUENCES OF ALCOHOL AND DRUG USE

The National Institute on Alcoholism and Alcohol Abuse (NIAAA) reported that each year, “more than 140,000 people (approximately 97,000 men and 43,000 women) die from alcohol-related causes, making alcohol the fourth-leading preventable cause of death” in the United States (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2023).

According to a report published by the State Health Access Data Assistance Center (SHADAC), CDC data shows that the 2019 rate of alcohol-related deaths in New Hampshire was 12.2 deaths per 100,000 people (n=203), which is statistically significantly higher than the national alcohol death rate (10.4 deaths per 100,000 people) (SHADAC, 2019). Data from SHADAC shows that the rate of all drug overdoses peaked (37.0 deaths per 100,000 people) in 2017, when New Hampshire had the sixth-highest drug overdose rate in the nation. New Hampshire has remained in the top 20 for synthetic opioid overdoses. Unlike drug overdose deaths, which have largely decreased from 2017-2020, the rate of alcohol overdose deaths has steadily increased (**Figure 2**) (SHADAC, 2023). The increase in drug overdoses is being driven by fentanyl and fentanyl-analogs, such as carfentanyl, which are 50 to 10,000 times more potent than morphine (CDC, 2021).

		All Drug Overdoses	Synthetic Opioid Overdoses	Opioid Overdoses	Alcohol Overdoses
2017	Rate per 100,000	37.0	30.4	34.0	10.3
	National Ranking	6th	3rd	3rd	22nd
2018	Rate per 100,000	35.8	31.3	33.1	11.7
	National Ranking	6th	3rd	4th	20th
2019	Rate per 100,000	32.0	27.6	29.1	12.2
	National Ranking	9th	6th	6th	18th
2020	Rate per 100,000	30.3	25.4	26.9	13.6
	National Ranking	22nd	14th	17th	28th
2021	Rate per 100,000	32.3	26.0	28.4	15.7
	National Ranking	23rd	20th	21st	25th

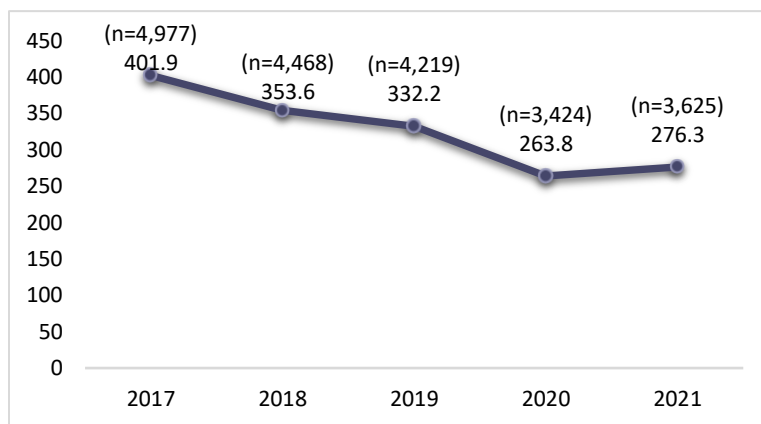
Source: CDC, 2023



Figure 2. New Hampshire overdose deaths, 2017-2021

The opioid epidemic in New Hampshire has been far-reaching and has placed a tremendous strain on local institutions, including EMS, hospital Eds, and an array of other local health care and social service providers. An average of 393 children in New Hampshire were born drug-exposed annually from 2018-2022, meaning that infants were exposed to the misuse of illicit substances while in utero, which results in withdrawal symptoms at birth (NH Department of Health & Human Services Division for Children, Youth & Families [DCYF], 2023). From 2017-2021, there were an average of 4,143 drug overdose-related hospital visits each year (NH Health & Human Services Data Portal, 2023) (Figure 3). Data shows that frequent hospital and ED visits are associated with nonfatal and fatal overdoses (Krawczyk, et al., 2020). Emergency responders, hospital ED staff, and providers have all expressed concerns about the undue stress and fatigue that the opioid epidemic, on top of the COVID-19 pandemic, has placed on New Hampshire’s health and social service systems in a fragile state (Metcalf, et al., 2022).

Figure 3. Rate of drug overdose related hospital visits, 2017-2021



According to a report prepared by Polecon Research, the most recently available data shows that the economic impact of substance misuse in New Hampshire costs \$2.36 billion annually, which is equal to \$1,780 for every person residing in the state (Polecon Research, 2017). These costs are associated with the following:

- Increases in substance-use-related health care costs

- Criminal justice costs
- Lost productivity
- Lost state and local revenue

DIRECT EFFORTS TO ADDRESS THE MISUSE OF ALCOHOL AND DRUGS IN NEW HAMPSHIRE

The level of impact outlined above requires a comprehensive approach that addresses underlying conditions that place individuals at heightened risk for misusing alcohol and drugs, and that includes a continuum of prevention, early intervention, crisis intervention, treatment, and recovery support services.

New Hampshire has leveraged unprecedented federal and state resources over the past five years, bringing critically needed services across the state. This has included introducing the New Hampshire Health Protection Program (NHHPP) in 2014, which evolved into the Granite Advantage Healthcare Program in 2019. This program includes an array of substance use disorder benefits and provides health insurance coverage at little or no cost for qualifying individuals (Covering New Hampshire, 2021). Federal resources include funding from the Overdose Data to Action (OD2A) grants from the CDC and State Opioid Response (SOR) Grants from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Since 2016, New Hampshire has used funding from the SABG and the Governor’s Commission on Alcohol & Other Drugs, in addition to other funding sources, to develop PRSS. PRSS are systems of social support designed and delivered by individuals who have experienced SUD recovery. This peer-based model helps individuals engage in the recovery process and embodies a message of hope for the recovering community (SAMHSA, 2009). These services support individuals making progress in the four dimensions of recovery. PRSS are relatively inexpensive and play an essential role in the continuum of services, assisting individuals initiating and maintaining their recovery.

EVALUATION PURPOSE

AFMC is contracted to provide data collection and evaluation support and services to the New Hampshire Bureau of Drug and Alcohol Services (BDAS) contracted prevention, early intervention, treatment, and recovery support programs, as directed by New Hampshire’s DHHS and in adherence to federal and state funding source requirements.

The New Hampshire DHHS has contracted with Harbor Care to act as the state’s facilitating organization (FO). In this role, Harbor Care is required to develop infrastructure and provide program support to a rapidly growing number of RCOs and recovery centers providing PRSS across the state. RCOs are “independent, non-profit organizations led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services” (Valentine, White, & Taylor, 2007). A single RCO can have multiple recovery community centers. A recovery community center (RCC) is a peer-operated center that serves as a local resource of

community-based recovery support and helps build Recovery Capital among individuals and the community.

According to SAMHSA, recovery is “a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential” (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). There are four major dimensions that support recovery:

- Health – overcoming or managing one’s disease(s) or symptoms and making informed health choices that support physical and emotional well-being
- Home – having a stable place to live
- Purpose – conducting meaningful daily activities and having the independence, income, and resources to participate in society
- Community – having relationships and social networks that provide support, friendship, love, and hope” (SAMHSA, 2020)

The goal of the FO model implemented by DHHS is to create a statewide, geographically diverse PRSS network by increasing capacity through the development of new recovery centers and support to existing RCOs. The Department’s system for PRSS serves New Hampshire citizens over the age of 17 who are seeking to gain, maintain, or enhance their recovery from substance use. Services are also included to promote involvement and to support participants’ families and caregivers throughout the recovery process. PRSS is a system of social support designed and delivered by individuals who have experienced substance use disorder (SUD) and recovery. This peer-based model helps individuals engage in the recovery process and embodies a message of hope for the recovering community (SAMHSA, 2009). Recovery coaching is an integral component of PRSS. Participants receive one-to-one mentoring, wherein the focus is to work with the service recipient on development and accountability with a personal Recovery Wellness Plan. Recovery coaching aids in navigating recovery while reducing barriers. The FO subcontracts with 14 RCOs as of October 2023, providing support and oversight of all state-funded PRSS administered by RCOs under contract with DHHS.¹ The FO provides key operational support functions, project management, training, technical assistance, compliance monitoring, quality improvement assistance, data collection, and evaluation of outcomes for all the RCOs. This allows for

¹ One RCO (Reality Check) did not receive funding in both SFY2022 and SFY2023. For purposes of comparison, it is not included in some analyses.

the centralization of certain operational functions while ensuring the most efficient use of funds. **Figure 4** shows the locations of each of the RCCs.

The FO has developed data collection processes for participant-level data for all RCOs they contract with through the RecoveryLink™ database platform. The FO provides ongoing technical assistance (TA) to the RCOs to ensure the integrity of the data collection process. DHHS and the FO have utilized RecoveryLink™ to evaluate PRSS supported by the State.

An initial evaluation of state-funded PRSS was conducted using data from SFY 2021. Results from those analyses served as a baseline for future evaluations and indicated that PRSS and other activities facilitated by the RCOs were effective in increasing recovery capital. “Recovery capital is a construct central to the substance use disorder treatment and recovery field, and the Brief Assessment of Recovery Capital was operationalized in a 10-item measure (**Appendix 1**). The BARC-10 is a strengths-based (validated) measure that is completed via self-report to assess the level of broader personal, social, physical, and professional resources in an individual’s environment that are used to initiate and sustain recovery, including structural supports, such as a recovery-supportive living space and community relationships” (Vilsaint, Kelly, Bergman, Groshkova, & Best, 2022).

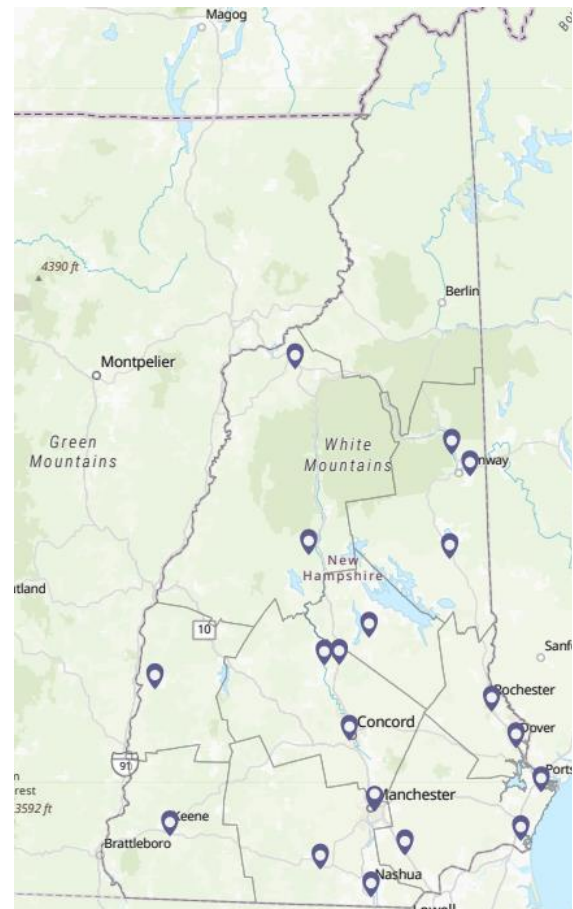
In summary, as a result of PRSS, there was a significant difference between baseline and current BARC-10 scores in SFY2021. On average, current scores were 2.4 points higher than baseline scores, which is statistically significant.

Regression analyses were conducted to identify which PRSS were possible predictors of BARC-10 scores. Analyses showed that the most common PRSS associated with increased recovery capital include the following:

- Attending a higher number of total meetings
- Attending a higher number of prosocial activities
- Attending a higher number of advocacy activities
- Completing recovery plan goals

After the initial evaluation, a set of recommendations was implemented by BDAS and the FO. These recommendations aimed to improve data collection processes and increase BARC-10 completion rates. The RCO directors were also tasked with encouraging participants to attend more meetings, prosocial activities, and advocacy activities.

Figure 4. RCC locations



Setting recovery plan goals is not a requirement of participants receiving PRSS, however, many participants choose to make a list of recovery plan goals. For participants that did choose to set goals, RCO staff were encouraged to assist participants in completing recovery plan goals. AFMC created a quarterly report [dashboard](#), which allowed RCO staff members to monitor these key metrics over time.

The goal of this report is to compare SFY2022 and SFY2023 data and to determine if key metrics identified in the SFY2021 evaluation are still associated with increased recovery capital.

DATA SOURCES AND METHODOLOGY

Data for this evaluation were collected during SFY2022 and SFY2023 from RecoveryLink™ and Data Quality Community Forums facilitated by the FO.

All quantitative data was collected from RecoveryLink™, which is a platform specifically designed to collect data for PRSS. Data entry is conducted by RCO staff members, and technical assistance for RecoveryLink™ is provided by Harbor Care. RecoveryLink™ data is collected for every participant who received recovery coaching or telephone support services at any of the BDAS-funded RCOs. At the end of the evaluation period, Harbor Care sent AFMC RecoveryLink™ data for the entire evaluation period. The quantitative data collected in RecoveryLink™ includes, but is not limited to:

- Participant demographics
- Participants' current service type
- History of substance use and mental illness
- Participants' current recovery pathway
- Type and number of PRSS received
- BARC-10 assessment score(s)

The FO hosts bi-monthly Data Quality Community Forums for RCO directors and staff members. In these meetings, the FO provides updates regarding contractual requirements and RecoveryLink™ and also facilitates discussions with RCO staff about challenges they might encounter. Beginning in SFY2023, AFMC attended these meetings to discuss the details of the SFY2021 evaluation, demonstrate the quarterly report dashboard, and gather qualitative data about the RCOs' strategies for implementing the SFY2021 recommendations.

After obtaining the quantitative data from RecoveryLink™, AFMC conducted a variety of statistical analyses, including a paired sample t-test, logistic regression, and linear regression. The goals of these analyses were as follows:

- Determine the effectiveness of PRSS
- Identify which PRSS were possible predictors of BARC-10 scores
- Identify predictors of BARC-10 scores using a variety of dependent or outcome variables
- Compare SFY2022 and SFY2023 data

For purposes of these analyses, all significance is reported at a level of 95%, meaning that the probability of the results occurring by chance is 5% (0.05) or less. Significance is denoted by the letter p . Therefore, if $p \leq 0.05$, results are statistically significant. All results shown in this report are statistically significant.



KEY FINDINGS

BARC-10 ANALYSIS

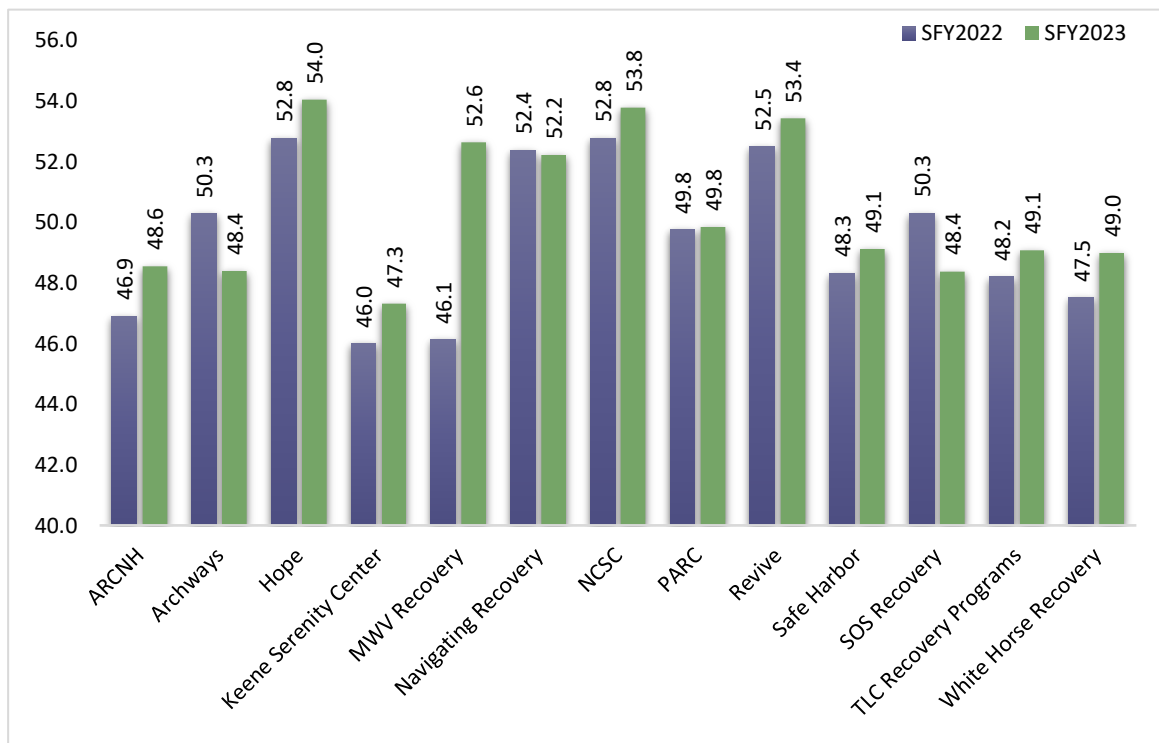
To determine the effectiveness of PRSS, analyses were conducted to determine if recovery capital increased as a result of receiving PRSS. The BARC-10 can be completed at any of the following engagement sessions: brief check-ins, follow-up engagements, full intake sessions, care coordination sessions, and initial recovery plan sessions. Brief check-ins are telephone recovery support services, which consist of weekly calls lasting approximately 15 minutes that serve as wellness check-ins, which also provide an opportunity to monitor recovery progress. During brief check-ins, participants can request referrals for other services, including assistance with daily living skills, housing, and mental or

physical health services. Support services also include job seeking skills, assistance with managing personal finances, educational opportunities, safety, legal aid, improving interpersonal relationships, as well as spiritual resources. Follow-up engagement sessions typically last one hour and are used to record recovery coaching sessions, in which the recovery coach assists participants in the maintenance and ongoing development of a recovery plan.

Analyses show that there was a statistically significant difference between BARC-10 scores at intake and the most recently reported BARC-10 scores ($p < 0.0001$) in both SFY2022 and SFY2023. In SFY2022, the average increase in scores was 1.5 points. The average increase in scores in SFY2023 was slightly higher (1.7 points). These results demonstrate that PRSS are effective at increasing recovery capital.

Of the 13 RCOs that received BDAS funding in both SFY2022 and SFY2023, Mount Washington Valley Recovery Coalition had the highest increase in average BARC-10 scores (6.5 points) from SFY2022 to SFY2023. The only three RCOs that had decreased average BARC-10 scores from SFY2022 to SFY2023 were Archways (-1.9 points), Navigating Recovery of the Lakes Region (-0.2 points) and SOS Recovery (-1.9 points). It should be noted that the decrease in scores from Navigating Recovery of the Lakes Region was less than 0.5 points (Figure 5).

Figure 5. Average BARC-10 scores by RCO, SFY2022 – SFY2023



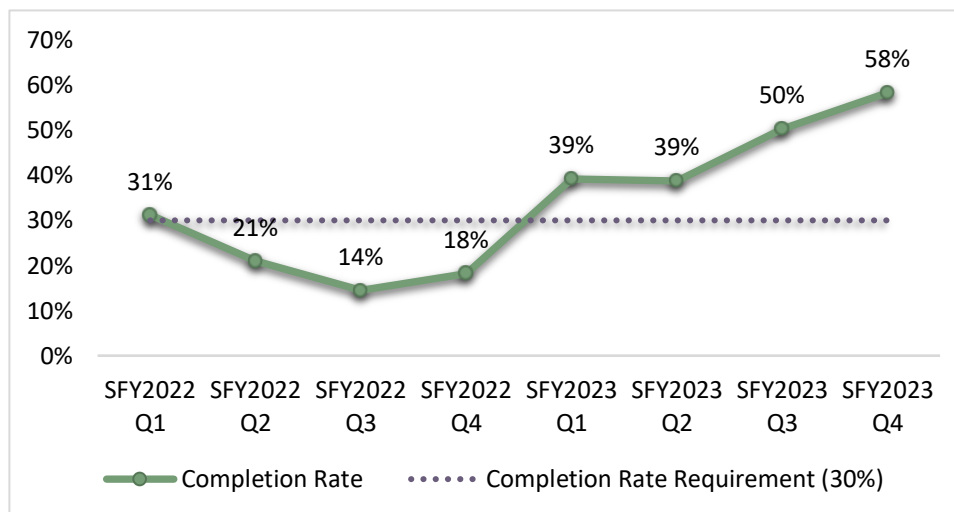
Of the 25,765 engagements in which a BARC-10 could have been completed, a BARC-10 was completed at 6,897 engagements, which results in a completion rate of 26.8% for SFY2022. In SFY2023, the BARC-10 completion rate increased drastically to 39.6% (8,830 completed BARC-10s; 22,305 eligible BARC-10

engagement sessions). Beginning in January 2023, the FO implemented a contractual requirement for all RCOs which required a monthly BARC-10 completion rate of at least 30%. The FO pulls completion rate reports monthly; any RCOs that do not meet this requirement monthly are required to complete a plan of correction with the FO. Therefore, increasing BARC-10 completion rates has been a primary focus of the FO and RCOs.

AFMC attended Data Quality Community Forums held by the FO to discuss methods of increasing BARC-10 completion rates with RCO directors and staff members. The executive director of Navigating Recovery of the Lakes Region in Laconia explained that, if all staff members have a 30% or greater BARC-10 completion rate and enter all engagements and outcomes, then the entire staff is rewarded with an activity like bowling. The staff barely missed the 30% requirement in January and February 2023, but the executive director stuck to their requirements and encouraged staff, and they met the requirement in March 2023. This strategy has been successful and has fostered some healthy competition. Staff members who are doing really well encourage staff members who are struggling and provide helpful tips. The executive director does daily updates with employees regarding data quality and completion so that staff members know where they stand and can go back and enter data from the previous day if they have forgotten. Previously, they were only using this check-in method, but since using the new reward system, there has been more buy-in with staff.

During each quarter of SFY2023, Navigating Lakes of the Recovery had a BARC-10 completion rate of at least 39%. In the previous SFY, the BARC-10 completion rate was only above 30% during Q1 (Figure 6).

Figure 6. BARC-10 completion rates by quarter at Navigating Lakes of the Recovery, SFY2022 – SFY2023

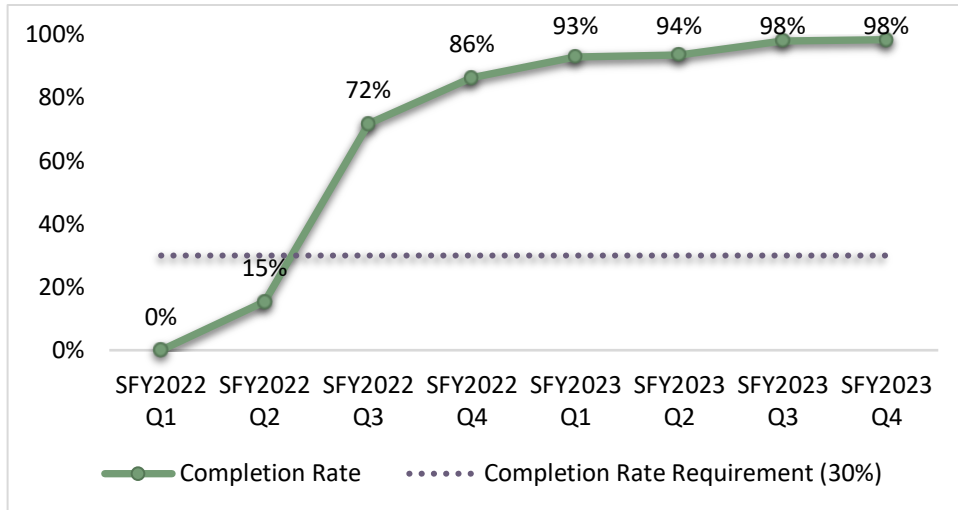


Plymouth Area Recovery Connections (now doing business as Archways Plymouth) has consistently exceeded the BARC-10 completion rate requirement since Q2 of SFY2022 (Figure 7). One staff member reports that staff used to ask the BARC-10 questions in each session, but now he uses motivational interviewing (MI) to guide the conversation with the BARC-10 questions in mind. Sometimes, he will

need to ask a few of the questions individually, and he also confirms answers with the participant. He reported that he usually estimates answers when using MI but always confirms to make sure his estimates are correct. He tries to use this method in every applicable session, except for intake sessions. When a participant is new, he does go through each BARC-10 question individually, and as he gets to know the person, he uses the MI strategy.



Figure 7. BARC-10 completion rates by quarter at Plymouth Area Recovery Connections, SFY2022 – SFY2023



Archways and SOS Recovery were not present in the Data Quality Community Forums, but the FO reported that they use a strategy similar to Navigating Recovery of the Lakes Region. Specifically, Archways compares each staff member’s completion rate against the organization’s average rate, which helps to increase healthy competition between staff.

Other RCOs did not attend the Data Quality Community Forums.² However, RecoveryLink™ data shows that the following RCOs have consistently met the requirements for BARC-10 completion rates: Addiction Recovery Coalition of New Hampshire, Archways, North Country Serenity Center, Revive Recovery Resource Center, and SOS Recovery. A comparison of BARC-10 completion rates by quarter and by RCO are shown in [Appendices 2-12](#).

During the Data Quality Community Forums, the FO explained that there are no specific trainings focused on how RCO staff should administer BARC-10s. Instead, RCOs give instructions to their respective staff members on how to administer assessments. The FO explained that when staff members fully understand the reasoning and background of recovery capital and BARC-10s, there is more buy-in to administer BARC-10s. The FO reported that they are working to develop additional information/training on administering the BARC-10.

PEER RECOVERY SUPPORT SERVICES

After demonstrating that PRSS are effective at increasing recovery capital, it is important to conduct further analyses to determine which PRSS are most effective at increasing recovery capital. Appropriate regression analyses were conducted using both SFY2022 and SFY2023 data to identify which PRSS were possible predictors of increased BARC-10 scores. More detailed analysis can be found in [Appendix 13](#).

² Attendance of the Data Quality Community Forums is not required.

Unless otherwise noted, the following PRSS were statistically significant ($p \leq 0.05$) for both SFY2022 and SFY2023.

Predictors of Improved³ BARC-10 Scores:

- Attending an increased number of total meetings
- Attending an increased number of prosocial meetings
- Attending an increased number of educational meetings
- Attending an increased number of advocacy meetings
- Having an increased number of completed recovery plan goals
- Having an increased number of active recovery plan goals
- Having increased average recovery plan progress
- Attending an increased number of total group sessions (SFY2022 only)
- Having an increased number of total successful brief check-ins
- Having an increased average session length (SFY2022 only)
- Attending an increased number of total engagement sessions
- Attending an increased number of video engagement sessions (SFY2022 only)
- Attending an increased number of telephone engagement sessions
- Attending an increased number of in-person engagement sessions
- Attending an increased number of email engagement sessions
- Having an increased number of active referrals
- Utilizing a 12-step abstinence-based recovery pathway
- Utilizing a 12-step non-abstinence-based recovery pathway
- Utilizing a clinical therapy recovery pathway (SFY2022 only)
- Utilizing a community recovery support recovery pathway
- Utilizing a harm reduction/moderation-based recovery pathway (SFY2022 only)
- Utilizing a medication assisted treatment (MAT) recovery pathway (SFY2022 only)
- Utilizing a physical fitness recovery pathway
- Utilizing a combination of recovery pathways (SFY2022 only)

Predictors of Higher Current BARC-10 Scores:

- Attending an increased number of total meetings
- Attending an increased number of prosocial meetings
- Attending an increased number of educational meetings
- Attending an increased number of advocacy meetings
- Having an increased number of completed recovery plan goals
- Having an increased number of active recovery plan goals
- Having increased average recovery plan progress

³ An improvement in scores is represented as a binary option (i.e., scores either did or did not improve) as opposed to a numeric increase in scores.

- Having an increased number of total successful brief check-ins
- Attending an increased number of total engagement sessions
- Attending an increased number of video engagement sessions
- Attending an increased number of telephone engagement sessions
- Attending an increased number of in-person engagement sessions
- Attending an increased number of email engagement sessions (SFY2023 only)
- Having an increased number of active referrals (SFY2022 only)
- Utilizing a 12-step abstinence-based recovery pathway
- Utilizing a 12-step non-abstinence-based recovery pathway (SFY2023 only)
- Utilizing a community recovery support recovery pathway
- Utilizing a physical fitness recovery pathway
- Utilizing a combination of recovery pathways
- Utilizing another (unlisted) recovery pathway (SFY2023 only)

Predictors of Higher Average BARC-10 Scores:

- Attending an increased number of total meetings
- Attending an increased number of prosocial meetings
- Attending an increased number of educational meetings
- Attending an increased number of advocacy meetings
- Having an increased number of completed recovery plan goals
- Having an increased number of active recovery plan goals
- Having increased average recovery plan progress
- Attending an increased number of total group sessions (SFY2022 only)
- Having an increased number of total successful brief check-ins
- Attending an increased number of total engagement sessions
- Attending an increased number of video engagement sessions
- Attending an increased number of in-person engagement sessions
- Utilizing a 12-step abstinence-based recovery pathway
- Utilizing a 12-step non-abstinence-based recovery pathway (SFY2023 only)
- Utilizing a community recovery support recovery pathway
- Utilizing a physical fitness recovery pathway (SFY2022 only)
- Utilizing a combination of recovery pathways
- Utilizing another (unlisted) recovery pathway (SFY2023 only)

SUMMARY

Analyses show that the following PRSS were most commonly associated with increased recovery capital:

- Attending an increased number of total meetings
- Attending an increased number of prosocial meetings
- Attending an increased number of educational meetings

- Attending an increased number of advocacy meetings
- Having an increased number of completed recovery plan goals
- Having an increased number of active recovery plan goals
- Having increased average recovery plan progress
- Attending an increased number of total engagement sessions
- Attending an increased number of in-person engagement sessions
- Attending an increased number of video engagement sessions
- Utilizing a 12-step abstinence-based recovery pathway
- Utilizing a community recovery support recovery pathway
- Utilizing a physical fitness recovery pathway
- Utilizing a combination of recovery pathways

These results indicate that increased attendance and active participation in PRSS are the two most important PRSS associated with increasing recovery capital.

COMPARISON OF ACTIVITIES FROM SFY2022 TO SFY2023

After the SFY2021 evaluation, RCO directors and staff members were also tasked with implementing new strategies to increase participant engagement. AFMC attended Data Quality Community Forums to discuss this topic with RCO directors and staff. Staff from Keene Serenity Center stated that they have been putting an increased emphasis on engaging participants who had previously only utilized transportation and harm reduction services. They have been focusing on how to engage these participants in services that increase recovery capital, such as prosocial or educational meetings. Keene Serenity Center has also recently seen an increase in engagement because they have been advertising recovery support services within their community. Staff from Plymouth Area Recovery Connection stated that they show participants their BARC-10 progress over time, which motivates participants to continue to work hard in their recovery journey.

In order to compare the total number of prosocial, educational and advocacy events provided by each RCO, the RCOs have been aggregated into four categories (small, medium, large, and extra-large) based on the average number of unique (i.e., unduplicated) participants at each RCO (**Figure 8**).⁴

Figure 8. Categories of RCOs based on average number of unique participants

Size	RCO	SFY	Total Unique Participants	Average Participants
Small (Average Participants: Less Than 50)	Addiction Recovery Coalition of New Hampshire	2022	20	36.5
		2023	53	
		2022	40	24.5

⁴ This was calculated using the Individual Services Report (ISR) data in RecoveryLink™ and may differ from data shown on the dashboard, which is calculated using Main Outcomes Report data from RecoveryLink™.

	MWV Recovery Coalition	2023	9	
	White Horse Recovery Center	2022	50	42
		2023	34	
Medium (Average Participants: Between 50 to 100)	Keene Serenity Center	2022	50	80.5
		2023	111	
	North Country Serenity Center	2022	101	89.5
		2023	78	
	Plymouth Area Recovery Connection	2022	53	59
		2023	65	
Large (Average Participants: Between 101 to 300)	Archways	2022	314	299.5
		2023	285	
	Navigating Recovery of the Lakes Region	2022	266	252
		2023	238	
	Safe Harbor Recovery Center	2022	76	118.5
		2023	161	
	TLC Recovery Programs	2022	171	212
		2023	253	
Extra-Large (Average Participants: Greater Than 301)	Hope for New Hampshire Recovery	2022	560	487
		2023	414	
	Revive Recovery Resource Center	2022	369	351
		2023	333	
	SOS Recovery	2022	630	595
		2023	560	

PROSOCIAL ACTIVITIES

“Prosocial behavior represents a broad category of acts such as helping, sharing, comforting, donating, and volunteering and cooperation, that are intended to benefit others” and is often defined as the opposite of antisocial behavior (Dovidio & Banfield, 2015). Prosocial meetings include a variety of activities, such as art classes, chess, or volunteering at a local community event. Hope for New Hampshire Recovery in Manchester does an excellent job of providing prosocial events for participants. Painting, singing, writing poetry, playing music, and embracing one’s creativity are vital parts of Hope’s program. Specifically, participants at Hope wrote a poem with the subject matter of their choosing. Based on what the poem said and how it made the reader feel, another participant created a painting or

drawing. A third person studied the painting or drawing that was based on the original poem and created another poem based on how the visual art made them feel. This process was repeated several times and resulted in a chain of poems and visual art, each based on one's interpretation of the previous piece.

- Of the small RCOs, Addiction Recovery Coalition of New Hampshire increased the number of prosocial activities provided from 12 activities in SFY2022 to 224 meetings in SFY2023. This is a 1,766.67% increase in one year. The number of prosocial activities provided by Mount Washington Valley Supports Recovery did not change from SFY2022 to SFY2023. The number of prosocial activities provided by White Horse Recovery Center decreased from SFY2022 (n=29) to SFY2023 (n=12), resulting in a 58.6% decrease (**Figure 9**).
- Of the medium-sized RCOs, both Keene Serenity Center and Plymouth Area Recovery Connection increased the total number of prosocial activities provided from SFY2022 to SFY2023 (**Figure 10**). However, the number of prosocial activities provided by North Country Serenity Center decreased from 173 to 22, which is an 87.3% decrease. It is unclear why there was such a dramatic decrease.
- Three of the large RCOs provided an increased number of prosocial activities from SFY2022 to SFY2023 (**Figure 11**). Specifically, Navigating Recovery of the Lakes Region increased the number of prosocial meetings by 512.8% from SFY2022 to SFY2023. Archways was the only large RCO that did not provide an increased number of prosocial activities from SFY2022 to SFY2023 (55.1% decrease).
- Only one of the extra-large sized RCOs provided an increased number of prosocial activities from SFY2022 to SFY2023 (**Figure 12**). Hope for New Hampshire Recovery had a 2,011.6% increase in the number of prosocial activities from SFY2022 to SFY2023. This is the largest increase in the number of prosocial activities of all RCOs.



Figure 9. Total prosocial activities provided by small RCOs

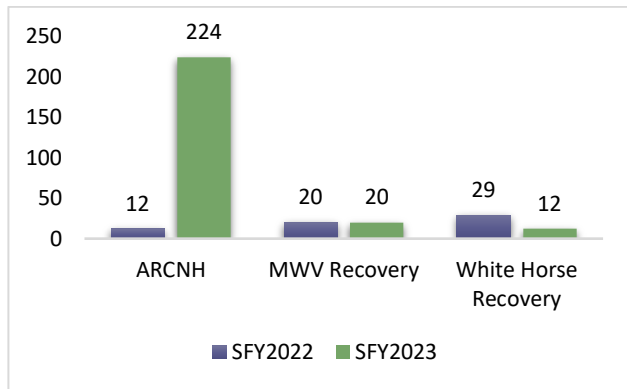


Figure 10. Total prosocial activities provided by medium RCOs

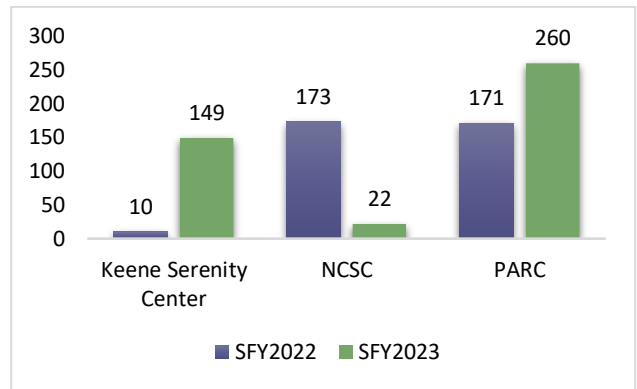
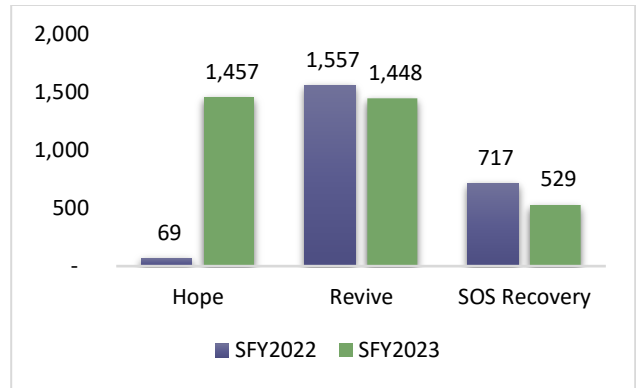
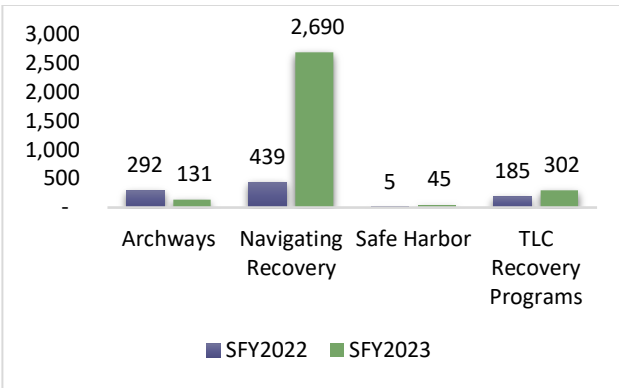


Figure 11. Total prosocial activities provided by large RCOs

Figure 12. Total prosocial activities provided by extra-large RCOs



ADVOCACY ACTIVITIES

Advocacy is defined as supporting or arguing for a cause or policy. Advocacy activities can be focused on community-based issues, such as testifying on behalf of new legislation supporting harm reduction or meeting with local business owners to promote recovery friendly workplaces. Advocacy activities can also be focus on self-advocacy, which is defined as “an individual’s ability to effectively communicate, convey, negotiate, or assert one’s interests, desires, needs, and rights (Van Reusen, 1996). Self-advocacy activities can include working with a recovery coach to set and complete goals or getting education on various recovery programs. Improving one’s ability to self-advocate through education and building relationships help build confidence and foster independence.

- All three of the small RCOs provided an increased number of advocacy activities from SFY2022 to SFY2023 (Figure 13). White Horse Recovery Center provided 47 advocacy activities in SFY2023, which is a 683.3% increase from SFY2022 (n=6).
- Both Keene Serenity Center and Plymouth Area Recovery Connection provided an increased number of advocacy activities from SFY2022 to SFY2023 (Figure 14). North Country Serenity Center provided 104 advocacy activities in SFY2022 and 34 in SFY2023, which is a 67.3% decrease.
- Archways was the only large sized RCO that did not provide an increased number of advocacy activities from SFY2022 to SFY2023 (Figure 15).
- All three of the extra-large-sized RCOs provided an increased number of advocacy activities from SFY2022 to SFY2023 (Figure 16). Specifically, Hope for New Hampshire Recovery only provided two advocacy activities in SFY2022. In SFY2023, they provided 710 (35,400% increase). This is the largest increase of any of the RCOs.

Figure 13. Total advocacy activities provided by small RCOs

Figure 14. Total advocacy activities provided by medium RCOs

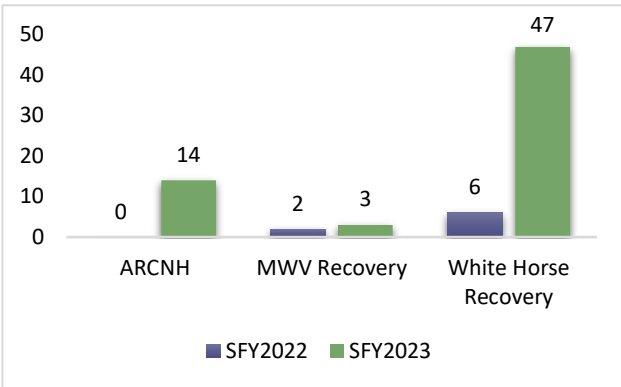


Figure 15. Total advocacy activities provided by large RCOs

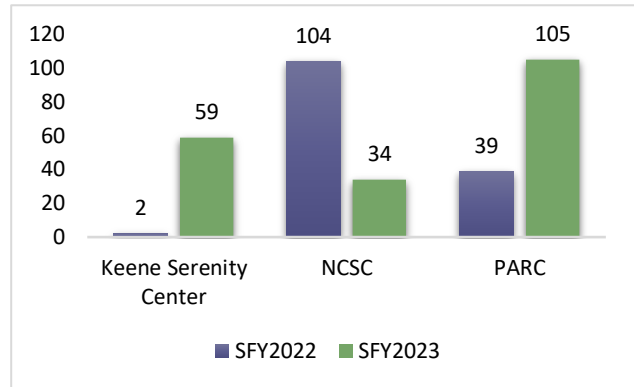
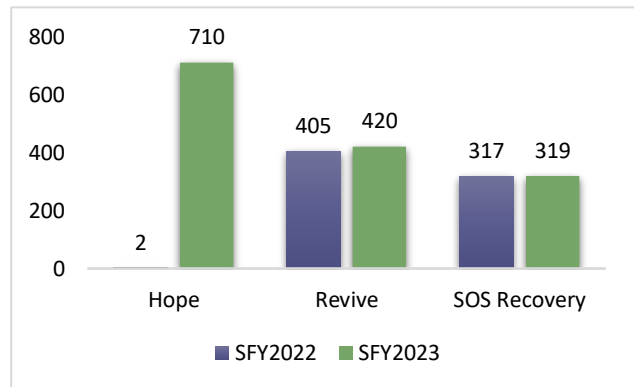
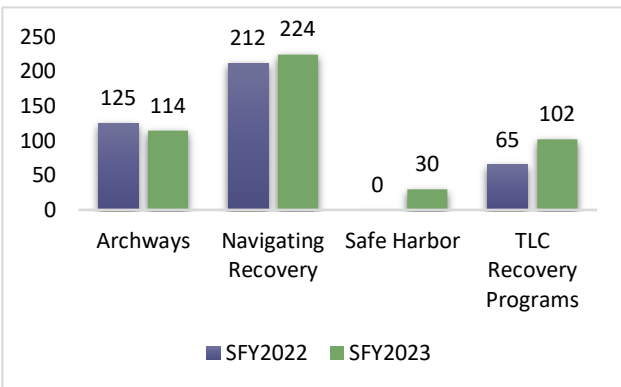


Figure 16. Total advocacy activities provided by extra-large RCOs



EDUCATIONAL ACTIVITIES

Educational meetings encompass a variety of topics, including, but not limited to, parent education groups; overdose education and prevention, including naloxone administration training; harm reduction education; education regarding public health issues such as HIV/AIDS, hepatitis C, and sexually transmitted infections (STIs); and education regarding trauma and substance use. These educational sessions are very valuable and help participants learn new and different topics within their recovery community.

- All three of the small RCOs provided an increased number of educational activities from SFY2022 to SFY2023 (Figure 17).
- Keene Serenity Center was the only medium-sized RCO that provided an increased number of educational activities from SFY2022 to SFY2023 (Figure 18). In SFY2022, they provided four educational activities, and in SFY2023, they provided 39. This is an 875.0% increase.
- Archways was the only large-sized RCO that did not provide an increased number of educational activities from SFY2022 to SFY2023 (Figure 19). There was a 6,262.5% increase in the number of educational activities provided by Navigating Recovery of the Lakes Region from SFY2022 (n=32)

to SFY2023 (n=2,036). Of all RCOs, this is the second largest percentage increase in number of educational activities provided from SFY2022 to SFY2023.

- Both Hope for New Hampshire Recovery and Revive Recovery Resource Center provided an increased number of educational activities from SFY2022 to SFY2023 (Figure 20). Hope for New Hampshire Recovery had the largest percentage increase (22,050% increase) in the number of educational activities provided from SFY2022 to SFY2023. There was a 51.2% decrease in the number of educational activities provided by SOS Recovery from SFY2022 to SFY2023.

Figure 17. Total educational activities provided by small RCOs

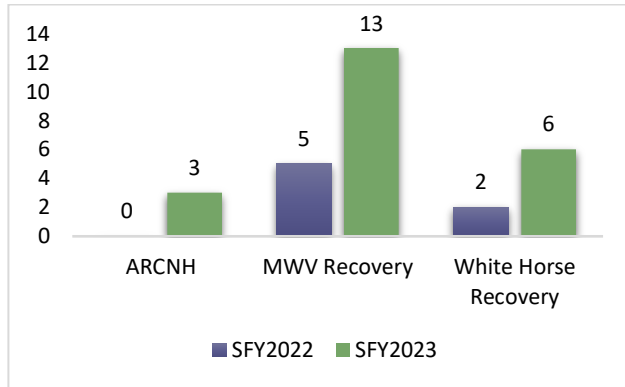


Figure 18. Total educational activities provided by medium RCOs

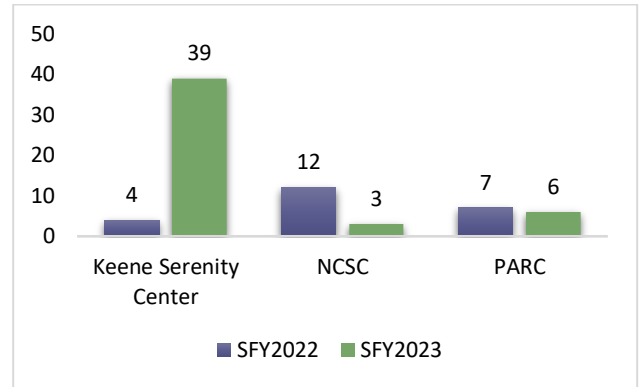


Figure 19. Total educational activities provided by large RCOs

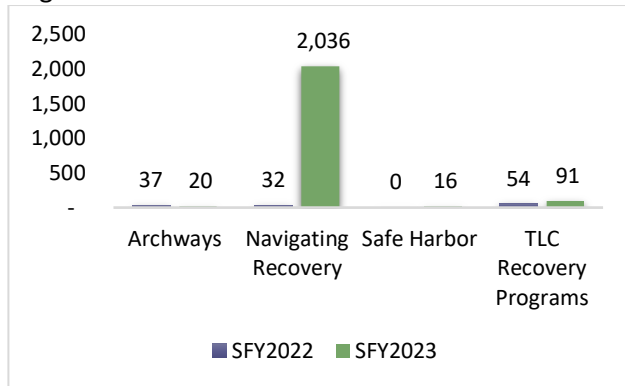
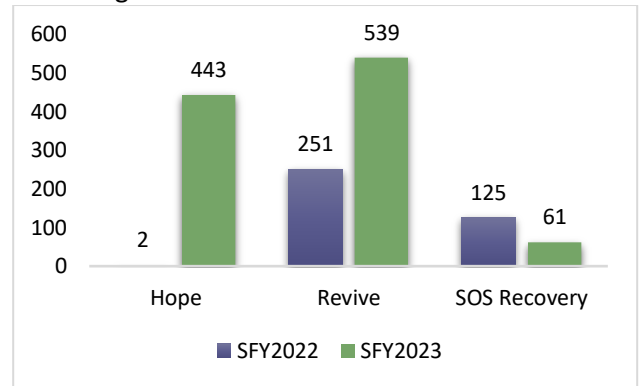


Figure 20. Total educational activities provided by extra-large RCOs



RECOVERY PLAN GOALS

Setting recovery plan goals is not a requirement for participants who receive recovery coaching. However, setting recovery plan goals can help individuals clarify their values, build confidence, and build self-awareness. Completing recovery plan goals was one of the most common factors associated with

increased recovery capital in the SFY2021 evaluation. With this in mind, RCO directors and staff were encouraged to promote goal setting with their participants beginning in SFY2023.

- **Figures 22-24** show the total number of completed recovery plan goals at each RCO in SFY2022 and SFY2023. The average number of completed recovery plan goals per participant is calculated by dividing the total number of completed goals by the total number of unique participants.
- Of the three small RCOs, participants at Addiction Recovery Coalition of New Hampshire had a substantial increase in completed recovery plan goals from SFY2022 to SFY2023 (**Figure 21**). In SFY2023, participants completed an average of 2.8 goals each.
- All three of the medium-sized RCOs showed increases in the number of completed recovery plan goals from SFY2022 to SFY2023. Both North Country Serenity Center and Plymouth Area Recovery Connection showed substantial increases (**Figure 22**). In SFY2023, participants at North Country Serenity completed an average of 2.2 goals each compared to 0.7 completed goals in SFY2022. Similarly, in SFY2023, participants at Plymouth Area Recovery Connection completed an average of 1.9 goals each compared to 0.6 completed goals in SFY2022.
- Among large RCOs, Archways and Navigating Recovery of the Lakes Region both showed substantial increases in the number of completed recovery plan goals from SFY2022 to SFY2023 (**Figure 23**). In SFY2023, participants at Archways completed an average of four recovery plan goals each, compared to less than one goal each (0.9) in SFY2022. At Navigating Recovery of the Lakes Region, the average number of completed goals per participant doubled from SFY2022 (n=14.5) to SFY2023 (n=28.0). In total, participants at Navigating Recovery of the Lakes Region completed nearly 7,000 goals in SFY2023. The number of completed recovery plan goals by participants at Safe Harbor Recovery Center increased slightly from SFY2022 (n=0) to SFY2023 (n=5). The number of completed recovery plan goals by participants at TLC Recovery Programs decreased from SFY2022 (n=106) to SFY2023 (n=49), resulting in a decrease of 53.8%. Furthermore, compared to the total number of participants at TLC Recovery Programs, in SFY2022, participants completed an average of 0.6 recovery plan goals each, whereas participants completed an average 0.2 recovery plan goals each.
- Hope for New Hampshire Recovery was the only extra-large RCO in which participants completed an increased number of recovery plan goals from SFY2022 (n=94) to SFY2023 (n=143), resulting in a 52.1% increase. The number of completed recovery plan goals by participants at SOS Recovery decreased from SFY2022 (n=463) to SFY2023 (n=101), which results in a 78.2% decrease. Although the total number of completed goals decreased from SFY2022 to SFY2023 at Revive Recovery Resource Center (**Figure 24**), the average number of completed goals per participant only decreased from 16.8 in SFY2022 to 15.8 in SFY2023. Revive Recovery Resource Center works closely with the recovery court (or drug court) in Hillsborough County. According to information published by the New Hampshire Judicial Branch, recovery court “combines community-based programs with strict court supervision and progressive incentives and sanctions.” By linking individuals with involvement in the justice system to recovery programs, the recovery court programs aim to address individuals’ substance use “that led to criminal behavioral, thereby reducing recidivism.” These programs are presented as an

alternative to jail time (New Hampshire Judicial Branch, 2023). Participants who are involved in the recovery court program are required to engaged in recovery coaching services at Revive. The increased participation in recovery court programs helps explain why participants at Revive have completed more goals compared to participants at other RCOs.

- All RCOs might have participants that are involved in a recovery/drug court program, but some RCOs' involvement is more extensive than others. Other RCOs are not involved with recovery/drug courts specifically but work closely with other corrections and criminal justice programs ([Appendix 14](#)).



Figure 21. Total completed goals by participants at small RCOs

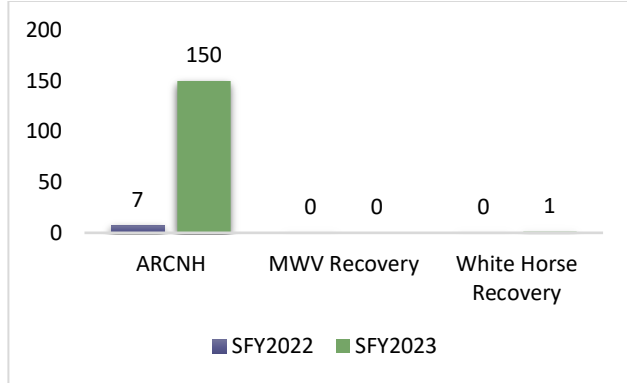


Figure 22. Total completed goals by participants at medium RCOs

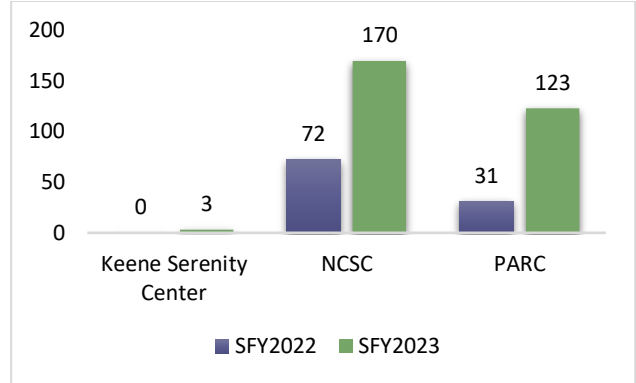


Figure 23. Total completed goals by participants at large RCOs

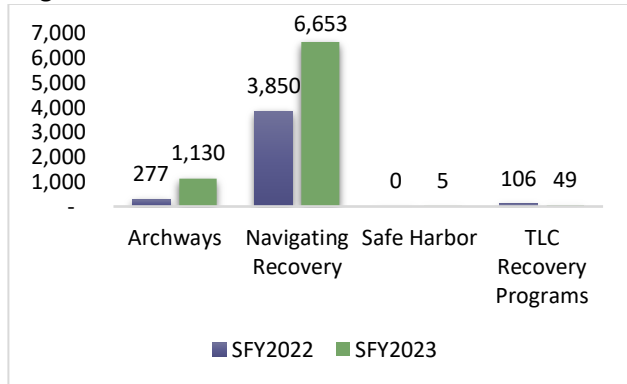
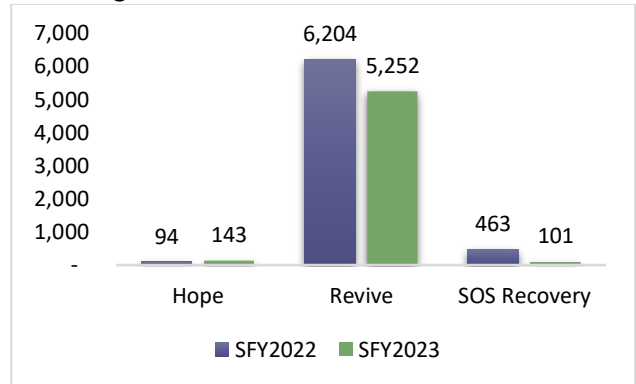


Figure 24. Total completed goals by participants at extra-large RCOs



RECOVERY PATHWAYS

Recovery pathways are highly personalized and are unique to each participant’s “needs, strengths, preferences, goals, culture, and background, including trauma experience, that affect and determine their pathway(s) to recovery” (SAMHSA, 2009). Examples of recovery pathways include, but are not limited to the following:

- A 12-step abstinence-based program
- A 12-step non-abstinence-based program
- Clinical therapy
- Community recovery support
- Digital recovery support
- Harm reduction/moderation
- Medication-assisted treatment (MAT)
- Physical fitness

Utilizing a physical fitness-based recovery pathway was one of the most commonly reported pathways associated with increasing recovery capital. A systematic review of 43 studies analyzed the impact of physical activity interventions on individuals experiencing SUD. Of all 43 studies, 37% (n=16) studied substance use. 75% (n=12) of these studies reported a significant decrease in substance use. Other noted improvements included health-related QOL, decreased depressive and anxiety symptoms, and self-satisfaction. Improved physical outcomes were also noted, such as improved heart rate and blood pressure, aerobic capacity, and improved muscular capacity, which is defined as “a combination of muscle strength and endurance” (Piche, Daneau, Plourde, Girard, & Romain, 2023). The most common physical fitness intervention was of moderate intensity (e.g., jogging, brisk walking, and weightlifting) for 60 minutes three times a week.

Archways Franklin has a robust physical fitness facility available to their participants. The facility contains treadmills, elliptical machines, recumbent bikes, and a variety of weightlifting equipment. The gym at Archways Franklin is an excellent example of how individuals can utilize a physical fitness recovery pathway. However, this recovery pathway can be utilized by participants who do not have access to a gym. Organizing a walking group that meets two to three times a week would be a great alternative to exercising in a gym. The walking group would still serve the purpose of a physical fitness recovery pathway, but it would also help participants create a community with a shared interest. It is recommended that RCOs encourage participants to find a form of physical activity that they enjoy and integrate it into their recovery pathway of choice.

Utilizing a combination of pathways was commonly associated with increased recovery capital. Utilizing multiple pathways allows participants to customize a recovery pathway that best aligns with their unique recovery goals. For example, someone utilizing MAT might also utilize a 12-step non-abstinence-based program and attend Medication-Assisted Recovery Anonymous (MARA) meetings. Participants should be encouraged to test multiple pathways to find the best fit for them.

CONTRIBUTING FACTORS

Appropriate regression analyses were conducted to identify predictors of BARC-10 scores using a variety of dependent or outcome variables. More detailed analysis can be found in [Appendix 15](#). Many of the contributing factors are key components of the three categories of recovery capital: personal, family, or social and community. The dependent variables (contributing factors) included in the analyses are not services directly provided by the RCOs. However, PRSS provided by the RCOs could have a positive influence on these factors, which would theoretically improve participants’ recovery capital.

Unless otherwise noted, the following PRSS were statistically significant ($p \leq 0.05$) for both SFY2022 and SFY2023.

Predictors of Improved BARC-10 Scores:⁵

- Having an increased average engagement with friends score

⁵ An improvement in scores is represented as a binary option (i.e., scores either did or did not improve) as opposed to a numeric increase in scores.

- Having an increased average engagement with family score
- Having an increased average engagement with community score (SFY2022 only)
- Having an increased average physical health score
- Having an increased average mental health score
- Having an increased average QOL score
- Having an increased average self-satisfaction score
- Having health insurance (SFY2022 only)
- Having a primary care physician (PCP)
- Having access to or owning transportation (SFY2022 only)
- Being stably housed
- Being employed (full-time or part-time) (SFY2022 only)
- Having no prior involvement with the justice system (SFY2022 only)
- Having less than a high school education
- Having an education level greater than a high school diploma or GED⁶

Predictors of Higher Current BARC-10 Scores:

- Having an increased average engagement with friends score
- Having an increased average engagement with family score
- Having an increased average engagement with community score (SFY2022 only)
- Having an increased average physical health score
- Having an increased average mental health score
- Having an increased average QOL score
- Having an increased average self-satisfaction score
- Having health insurance
- Having a PCP (SFY2023 only)
- Having access to or owning transportation
- Being stably housed
- Being employed (full-time or part-time)
- Currently on probation or parole
- Having less than a high school education (SFY2023 only)
- Having an education level greater than a high school diploma or GED⁷

Predictors of Higher Average BARC-10 Scores:

- Having an increased average engagement with friends score
- Having an increased average engagement with family score
- Having an increased average engagement with community score (SFY2022 only)

⁶ For these analyses, education levels greater than a high school diploma or GED include: some college; a vocational/certificate program graduate; associate's degree; bachelor's degree; graduate degree; and doctoral degree.

⁷ For these analyses, education levels greater than a high school diploma or GED include: some college; a vocational/certificate program graduate; associate's degree; bachelor's degree; graduate degree; and doctoral degree.

- Having an increased average physical health score
- Having an increased average mental health score
- Having an increased average QOL score
- Having an increased average self-satisfaction score
- Having health insurance
- Having a PCP (SFY2023 only)
- Having access to or owning transportation
- Being stably housed
- Being employed (full-time or part-time)
- Currently on probation or parole
- Having less than a high school education (SFY2023 only)
- Having an education level greater than a high school diploma or GED (SFY2023 only)

SUMMARY

Analyses show that the following contributing factors were most commonly associated with increased recovery capital:

- Being stably housed
- Having an increased average engagement with friends score
- Having an increased average engagement with family score
- Having an increased average physical health score
- Having an increased average mental health score
- Having an increased average QOL score
- Having an increased average self-satisfaction score

While the RCOs cannot directly provide stable housing; increased engagement with friends, family, and community; and increased levels of physical health, mental health, self-satisfaction and overall quality of life, it is possible that the RCOs can have a positive influence on these factors. Assisting participants in finding stable housing is often a goal of recovery coaching sessions. However, the state of New Hampshire is experiencing a housing crisis. Reported in August 2023 by the New Hampshire Fiscal Policy Institute (NHFPI), “Renters and potential home buyers are very likely to face serious challenges in finding suitable and affordable housing in the Granite State.” To meet the current housing demand, the State would need approximately 23,500 additional housing units (New Hampshire Fiscal Policy Institute [NHFPI], 2023). The New Hampshire 2023 Residential Cost Survey Report, published by the New Hampshire Housing Finance Authority reports that the median monthly rent for a two-bedroom apartment is \$1,764, which is an 11.4% increase from 2022 (\$1,584). The median household income for renters in New Hampshire is approximately \$51,432 in 2023. Based on this metric, an affordable gross monthly rent would equal approximately \$1,286. Only 7% of two-bedroom units are at or below the threshold of affordable rent based on the median household income of renters. Furthermore, the rental vacancy rate for two-bedroom apartments is 0.6% as of August 2023. In some counties (Belknap and Carroll), there is a 0% vacancy rate for all rental units. All of these issues have compounded to create a

housing crisis in the State. Creating a more balanced housing market where the State’s residents can find and afford housing is a multi-faceted approach. NHFPI explain, “Additional funding and financing tools to support the development of single-family and multifamily housing are key.” Planning and zoning changes would enable New Hampshire communities “to add different types of housing to meet the needs” of people regardless of income, age, or location (New Hampshire Housing, 2023).

Having increased average physical health, mental health, QOL, and self-satisfaction scores were four contributing factors commonly associated with increased recovery capital. As previously mentioned, engaging in 60 minutes of physical fitness three times a week showed improvements in health-related QOL, decreased depressive and anxiety symptoms, and self-satisfaction. Improved physical outcomes, such as improved heart rate and blood pressure, aerobic capacity, and improved muscular capacity, were also shown to improve physical outcomes. Just by engaging in physical activities of moderate intensity, participants can potentially increase scores in each of these four areas.

Increased engagement with family scores is one of the most common contributing factors associated with increased recovery capital. Several RCOs have programs that are focused on parenting and families, such as the Families in Recovery Program and the Parenting Journey in Recovery Program. The Families in Recovery Program is “a family-centered trauma-informed initiative designed to build nurturing parenting skills.” This is an evidence-based program that focuses on reducing the negative effects of SUD on families, parents, and parent-child relationships (SOS Recovery Community Organization, 2023). The Parenting Journey in Recovery includes activities, discussions, a family-style meal, and complimentary childcare. This program “provides a valuable source of fellowship and support and enhances awareness of potential triggers that may escalate re-occurrence [of substance use]” (Parenting Journey, 2023). Recovery programs like these facilitate increased engagement with families.

RECOMMENDATIONS AND CONCLUSIONS

BARC-10 ANALYSIS

To determine the effectiveness of PRSS, analyses were conducted to determine if recovery capital increased as a result of receiving PRSS.

Analyses show that there was a statistically significant difference between BARC-10 scores at intake and the most recently reported BARC-10 scores ($p < 0.0001$) in both SFY2022 and SFY2023. In SFY2022, the average increase in scores was 1.5 points. The average increase in scores in SFY2023 was slightly higher (1.7 points). These results demonstrate that PRSS are effective at increasing recovery capital.

In SFY2022, the average BARC-10 completion rate for all RCOs was 26.8%. Beginning in January 2023, the FO implemented a contractual requirement for all RCOs, which required a monthly BARC-10 completion rate of at least 30%. Therefore, increasing BARC-10 completion rates has been a primary focus of the FO and RCOs. In SFY2023, the BARC-10 completion rate increased drastically to 39.6%.

It is recommended that the FO work with staff members at RCOs who have consistently not met the required BARC-10 completion rate. Specifically, completion rates at Keene Serenity Center, Mount

Washington Valley Supports Recovery, and TLC Recovery Programs did not consistently reach 30% during SFY2023. During the Data Quality Community Forums, the FO reported that they are working to develop additional information/training on administering the BARC-10. Additional trainings could help staff members fully understand the reasoning and background of recovery capital and BARC-10s, which could motivate them to administer more assessments. Staff members at these RCOs could also implement some of the previously mentioned strategies to increase BARC-10 completion rates. For example, RCO directors could provide an incentive to staff who meet completion rate requirements each month.

PEER RECOVERY SUPPORT SERVICES

Analyses show that the following PRSS were most commonly associated with increased recovery capital:

- Attending an increased number of total meetings
- Attending an increased number of prosocial meetings
- Attending an increased number of educational meetings
- Attending an increased number of advocacy meetings
- Having an increased number of completed recovery plan goals
- Having an increased number of active recovery plan goals
- Having increased average recovery plan progress
- Attending an increased number of total engagement sessions
- Attending an increased number of in-person engagement sessions
- Attending an increased number of video engagement sessions
- Utilizing a 12-step abstinence-based recovery pathway
- Utilizing a community recovery support recovery pathway
- Utilizing a physical fitness recovery pathway
- Utilizing a combination of recovery pathways

These results indicate that increased attendance and active participation in PRSS are the two most important PRSS associated with increasing recovery capital.

ACTIVITIES

Attending an increased number of total meetings, specifically, prosocial, advocacy, and educational activities, are some of the PRSS most commonly associated with increased recovery capital. Therefore, it is recommended that the RCOs continue to work to provide more of these activities.

Both Navigating Recovery of the Lakes Region and Hope for New Hampshire Recovery provided over 2,000 additional prosocial activities from SFY2022 to SFY2023. It is recommended that they share their strategies for providing additional prosocial activities to other RCOs. The other RCOs might find this helpful and be able to implement some of these strategies at their own centers.

White Horse Recovery Center, Keene Serenity Center, Plymouth Area Recovery Connections, TLC Recovery Programs, and Hope for New Hampshire Recovery were most successful at increasing the

number of advocacy activities from SFY2022 to SFY2023. This is encouraging since White Horse Recovery Center is a small RCO, and Keene Serenity Center and Plymouth Area Recovery Connections are medium-sized RCOs. Compared to the large- and extra-large sized RCOs, White Horse Recovery Center, Keene Serenity Center, and Plymouth Area Recovery Connections have less staff, which could make it more difficult to provide activities. It is recommended that these three RCOs share their strategies for providing advocacy activities with Mount Washington Valley Supports Recovery and North Country Serenity Center, specifically, as these two centers are similarly sized and were not as successful at providing more advocacy activities.

North County Serenity Center and SOS Recovery were not successful at providing more educational activities in SFY2023. It is concerning that North County Serenity Center provided dramatically fewer prosocial, advocacy, and educational activities in SFY2023. However, the number of participants at North County Serenity Center decreased to 78 participants in SFY2023 from 101 participants in SFY2022. It is recommended that the FO work with North County Serenity Center to determine if they need additional assistance moving forward.

RECOVERY PLAN GOALS

Setting recovery plan goals is not a requirement for participants who receive recovery coaching. However, setting recovery plan goals can help individuals clarify their values, build confidence, and build self-awareness. Completing recovery plan goals was one of the most common factors associated with increased recovery capital in the SFY2021 evaluation. With this in mind, RCO directors and staff were encouraged to promote goal setting with their participants beginning in SFY2023. Overall, participants at the RCOs were successful at completing an increased average number of goals per participant. It is recommended that the RCOs continue to promote goal setting with their participants.

RECOVERY PATHWAYS

Recovery pathways are highly personalized and are unique to each participant. Utilizing a physical fitness-based recovery pathway was one of the most commonly reported pathways associated with increasing recovery capital. A systematic review of 43 studies analyzed the impact of physical activity interventions on individuals experiencing SUD. Of all 43 studies, 37% (n=16) studied substance use. 75% (n=12) of these studies reported a significant decrease in substance use. Other noted improvements included health-related QOL, decreased depressive and anxiety symptoms, and self-satisfaction. Improved physical outcomes were also noted, such as improved heart rate and blood pressure, aerobic capacity, and improved muscular capacity. The most common physical fitness intervention was of moderate intensity (e.g., jogging, brisk walking, and weightlifting) for 60 minutes three times a week (Piche, Daneau, Plourde, Girard, & Romain, 2023). Utilizing a combination of pathways was also commonly associated with increased recovery capital. Utilizing multiple pathways allows participants to customize a recovery pathway that best aligns with their unique recovery goals. Participants should be encouraged to test multiple pathways to find the best fit for them.

CONTRIBUTING FACTORS

Analyses show that the following contributing factors were most commonly associated with increased recovery capital:

- Being stably housed
- Having an increased average engagement with friends score
- Having an increased average engagement with family score
- Having an increased average physical health score
- Having an increased average mental health score
- Having an increased average QOL score
- Having an increased average self-satisfaction score

While the RCOs cannot directly provide stable housing; increased engagement with friends, family, and community; and increased levels of physical health, mental health, self-satisfaction, and overall quality of life, it is possible that the RCOs can have a positive influence on these factors. Assisting participants in finding stable housing is often a goal of recovery coaching sessions. However, the state of New Hampshire is experiencing a housing crisis. Planning and zoning changes would enable New Hampshire communities “to add different types of housing to meet the needs” of people regardless of income, age, or location (New Hampshire Housing, 2023).

Having increased average physical health, mental health, QOL, and self-satisfaction scores were four contributing factors commonly associated with increased recovery capital. As previously mentioned, engaging in 60 minutes of physical fitness three times a week showed improvements in health-related QOL, decreased depressive and anxiety symptoms, and self-satisfaction. Improved physical outcomes, such as improved heart rate and blood pressure, aerobic capacity, and improved muscular capacity, were also shown. Just by engaging in physical activities of moderate intensity, participants can potentially increase scores in each of these four areas.

Increased engagement with family scores is one of the most common contributing factors associated with increased recovery capital. Several RCOs have programs that are focused on parenting and families, such as the Families in Recovery Program and the Parenting Journey in Recovery Program. Recovery programs like these facilitate increased engagement with families.

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APPENDIX

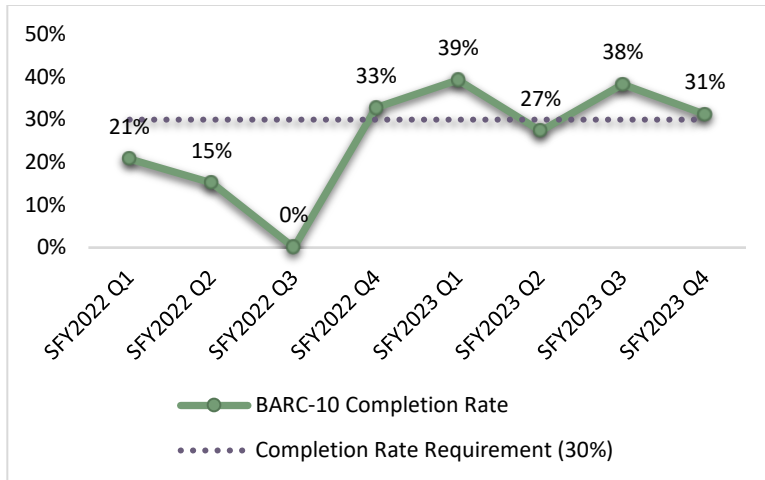
Appendix 1. BARC-10

Please mark the degree to which you agree or disagree with the following statements about your recovery.

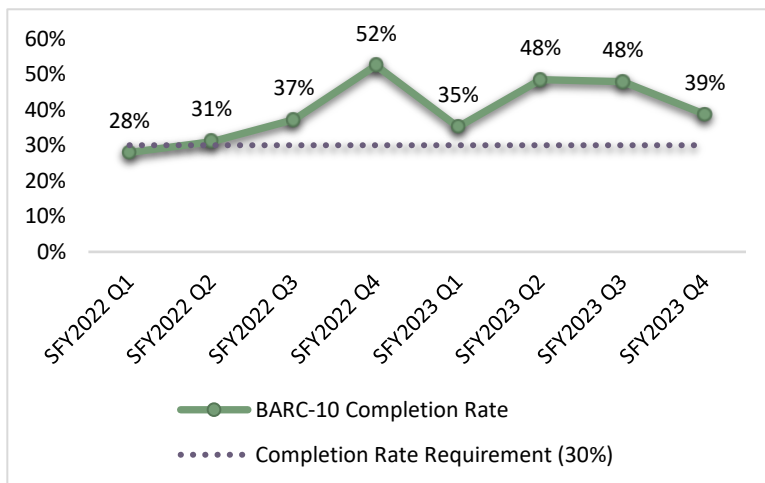
Statement	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
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There are more important things to me in life than using substances.	1	2	3	4	5	6
In general, I am happy with my life.	1	2	3	4	5	6
I have enough energy to complete the tasks I set myself.	1	2	3	4	5	6
I am proud of the community I live in and feel part of it.	1	2	3	4	5	6
I get lots of support from friends.	1	2	3	4	5	6
I regard my life as challenging and fulfilling without the need for using drugs or alcohol.	1	2	3	4	5	6
My living space has helped to drive my recovery journey.	1	2	3	4	5	6
I take full responsibility for my actions.	1	2	3	4	5	6
I am happy dealing with a range of professional people.	1	2	3	4	5	6
I am making good progress on my recovery journey.	1	2	3	4	5	6

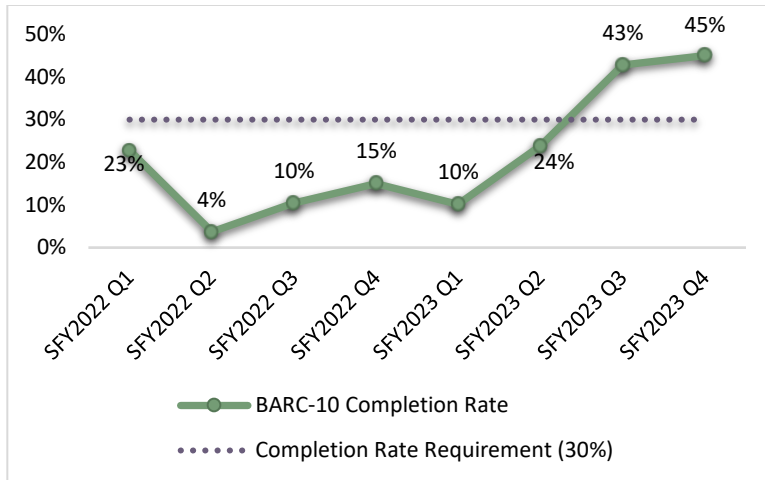
Appendix 2. BARC-10 completion rates by quarter at Addiction Recovery Coalition of New Hampshire, SFY2022 – SFY2023



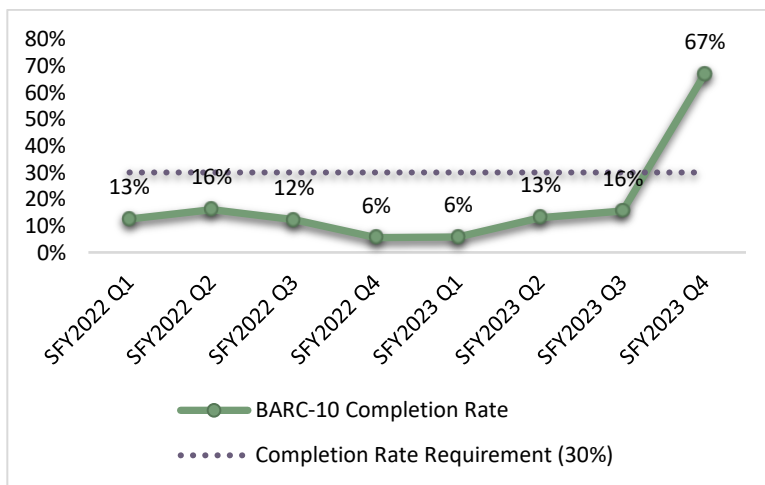
Appendix 3. BARC-10 completion rates by quarter at Archways, SFY2022 – SFY2023



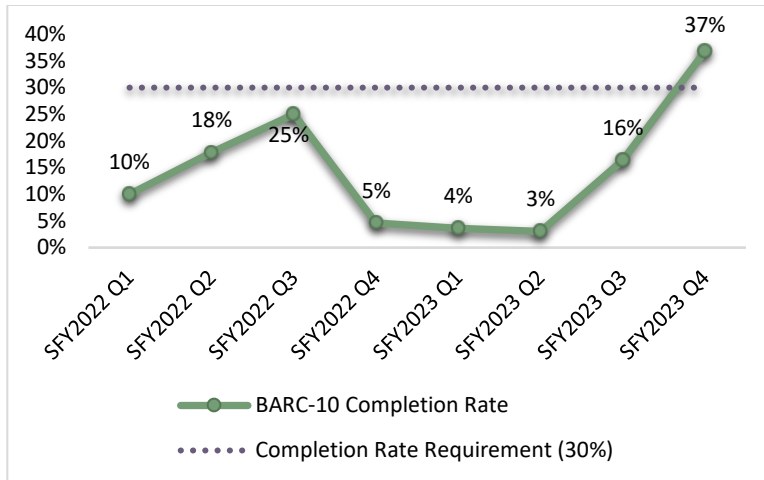
Appendix 4. BARC-10 completion rates by quarter at Hope for New Hampshire Recovery, SFY2022 – SFY2023



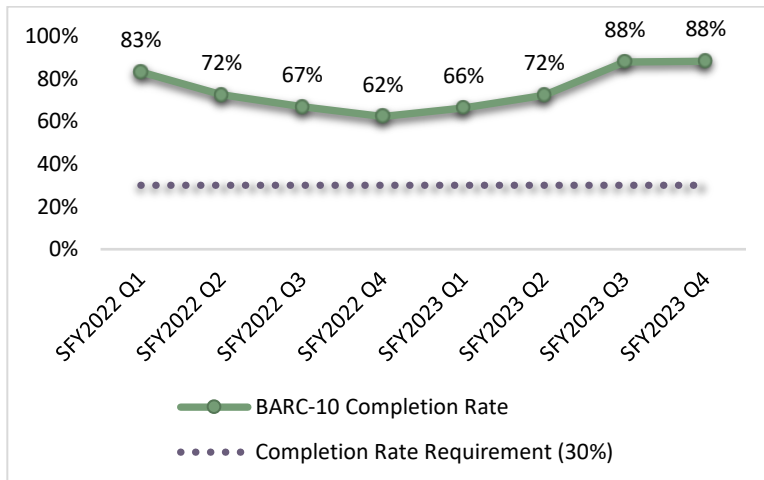
Appendix 5. BARC-10 completion rates by quarter at Keene Serenity Center, SFY2022 – SFY2023



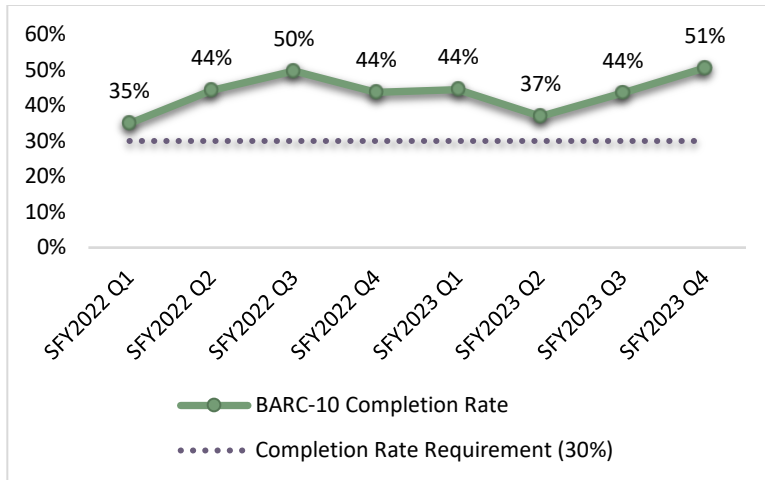
Appendix 6. BARC-10 completion rates by quarter at Mount Washington Valley Supports Recovery, SFY2022 – SFY2023



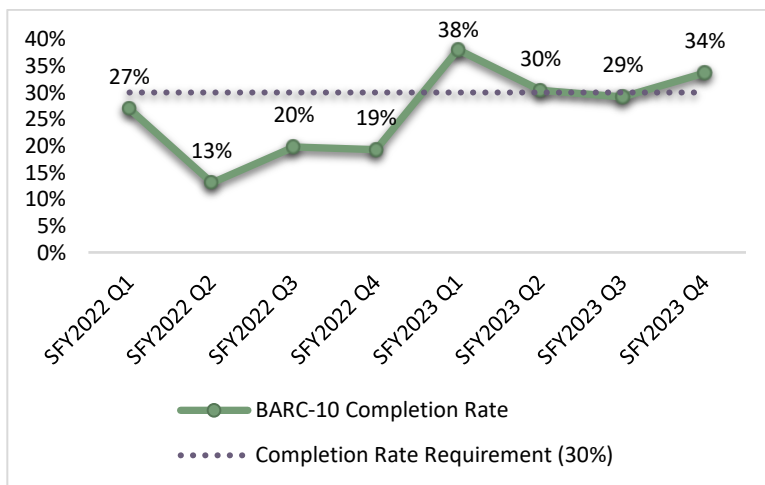
Appendix 7. BARC-10 completion rates by quarter at North Country Serenity Center, SFY2022 – SFY2023



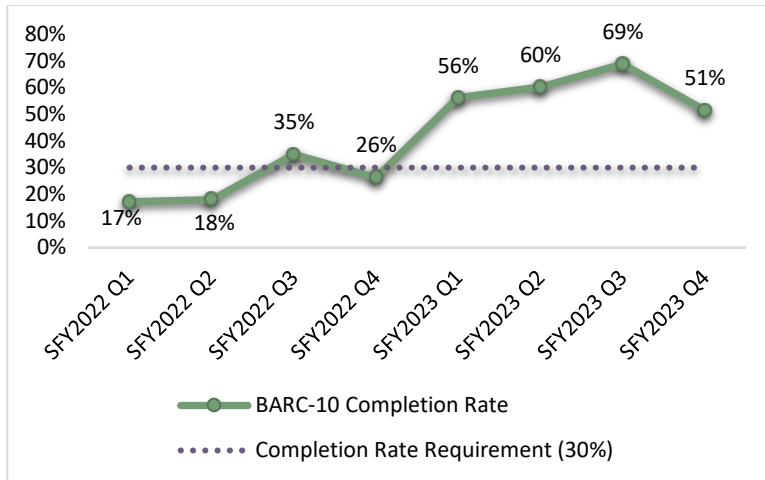
Appendix 8. BARC-10 completion rates by quarter at Revive Recovery Resource Center, SFY2022 – SFY2023



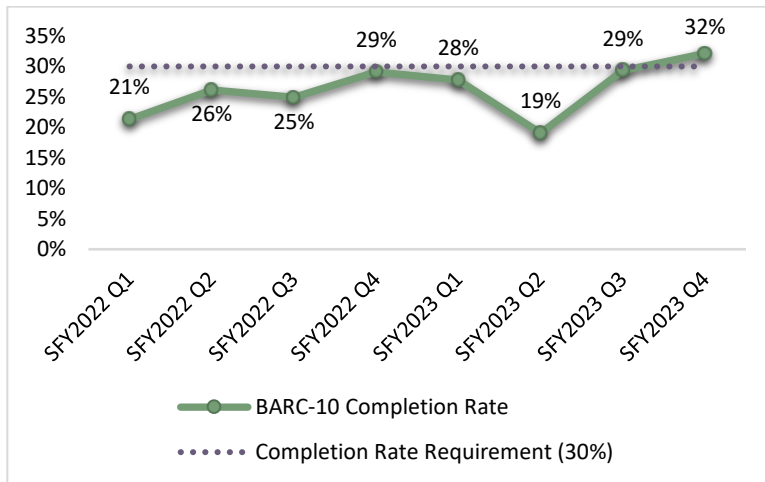
Appendix 9. BARC-10 completion rates by quarter at Safe Harbor Recovery Center, SFY2022 – SFY2023



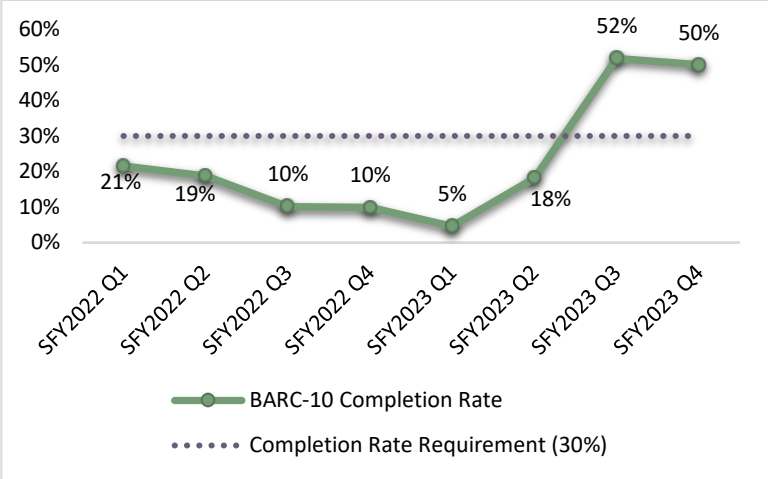
Appendix 10. BARC-10 completion rates by quarter at SOS Recovery, SFY2022 – SFY2023



Appendix 11. BARC-10 completion rates by quarter at TLC Recovery Programs, SFY2022 – SFY2023



Appendix 12. BARC-10 completion rates by quarter at White Horse Recovery Center, SFY2022 – SFY2023



Appendix 13. PRSS that are statistically significant predictors of recovery capital

	2022		2023		2022		2023		2022		2023		Number of Times Significant
	BARC-10 Improve		BARC-10 Improve		BARC-10 Current		BARC-10 Current		BARC-10 Average		BARC-10 Average		
	Sig?	p-value	Sig?	p-value	Sig?	p-value	Sig?	p-value	Sig?	p-value	Sig?	p-value	
Total Meetings	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Prosocial Meetings	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Educational Meetings	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Advocacy Meetings	X	<.0001	X	0.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Completed Goals	X	<.0001	X	0.0069	X	<.0001	X	0.0034	X	<.0001	X	0.0062	6
Active Goals	X	0.0002	X	0.0048	X	0.0003	X	0.0004	X	0.0009	X	0.0057	6
Average Recovery Plan Progress	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Total Group Sessions	X	0.0002							X	0.0206			2
Total Successful Brief Check-Ins	X	<.0001	X	<.0001	X	<.0001	X	0.015	X	<.0001	X	0.0181	6
Total Engagement Sessions	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Total Coordination Sessions					X	0.0005*			X	0.0005*			2
Average Session Length	X	<.0001			X	0.0028*			X	0.0006*			3
Total Video Sessions	X	0.0046			X	0.0105	X	0.0135	X	0.0058	X	0.0186	5
Total Telephone Sessions	X	<.0001	X	<.0001	X	0.0186	X	<.0001					4
Total In-Person Sessions	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Total Text Message Sessions													0
Total Email Sessions	X	0.0474	X	0.0014			X	0.0379					3

Total Other Sessions							X	0.0204*			X	0.0436*	2
Total Active Referrals	X	<.0001	X	0.0096	X	0.0184							3
Total Completed Referrals													0
Recovery Pathway: 12 Step Abstinence Based Program	X	<.0001	X	0.0289	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Recovery Pathway: 12 Step Non-Abstinence Based Program	X	<.0001	X	0.029			X	0.009			X	0.0011	4
Recovery Pathway: Clinical Therapy	X	0.0004											1
Recovery Pathway: Community Recovery Supports	X	<.0001	X	0.0371	X	0.0013	X	0.0104	X	0.0251	X	0.0018	6
Recovery Pathway: Digital Recovery Supports							X	0.0049*					1
Recovery Pathway: Harm Reduction/Moderation	X	0.001			X	0.0268*			X	0.0326*	X	0.0047*	4
Recovery Pathway: MAT	X	<.0001											1
Recovery Pathway: Physical Fitness	X	0.0499	X	0.0324	X	0.0123	X	0.0335	X	0.0061			5
Recovery Pathway: Combination of Pathways	X	<.0001			X	0.0145	X	<.0001	X	0.0131	X	<.0001	5
Recovery Pathway: Other Pathway Not Listed							X	0.0004			X	<.0001	2

*Associated with decreased recovery capital.

Appendix 14. RCO involvement with the criminal justice field

RCO	Involvement with Criminal Justice Field
<p>Archways</p>	<p>Archway’s staff has received formal training in assisting criminal justice involved participants. In an effort to build a criminal justice involved program at Archways, multiple staff have applied for and been approved to entry into the state corrections facility to begin relationship building with participants reentering the community. Archways also has established collaboration with local probation and parole offices, and regularly receive referrals from Merrimack County navigators while building their community corrections program.</p>
<p>Addiction Recovery Coalition of New Hampshire</p>	<p>ARCNH continues to partner with the Souhegan Valley First Responders to address prevention efforts and to educate and assist with navigating the treatment system. Their new Program Manager has extensive experience with the Department of Corrections and will be working on further developing relationships with them.</p>
<p>Hope for New Hampshire Recovery</p>	<p>A formerly incarcerated Hope member chairs a weekly meeting, "Life Outside the Walls," which draws about a dozen participants weekly. They have a strong partnership with the Manchester Police Department and have provided statewide police training on working with people with co-occurring disorders.</p>
<p>Keene Serenity Center</p>	<p>They currently go to Cheshire County Corrections and offer recovery coaching and support groups on the female side. Many of the inmates are Federal, which creates challenges for offering referrals. They support drug court by offering coaching and transportation to participants. The drug court coach uses our office for engagements. They collaborate with probation and local police.</p>
<p>Mount Washington Valley Supports Recovery</p>	<p>They work with the Trust program and Carroll County drug court.</p>
<p>Navigating Recovery of the Lakes Region</p>	<p>They provide in-person group coaching to residents at Belknap County Corrections (since 2017) and collaborate with probation and parole.</p>
<p>Revive Recovery Resource Center</p>	<p>Revive sits on both Hillsborough County (South & North) recovery/drug court teams and has been</p>

	<p>providing Peer Recovery Support Services to these programs. Revive has been conducting outreach to the NH DOC since 2021, where they hold monthly Peer Recovery Support Services Informational Sessions. Revive has a relationship with Hillsborough County House of Corrections and has been working with all populations at Valley Street Jail including the ACT program and anyone who puts in a request slip to attend Recovery Support Groups in person at the jail.</p>
Safe Harbor Recovery Center	<p>Their volunteer service program partners with drug court and Job Launch works with Probation Officers, Diversion and Pre-Trial services, attempting collaboration with youth justice program in area.</p>
SOS Recovery	<p>Peer-Strength program run in Strafford and Rockingham Counties within probation, parole, correctional facilities, and five drug courts, including Federal Drug Court (LASER program).</p>
TLC Recovery Program	<p>TLC provides two in-person All Recovery meetings and one Family in Recovery Group at Sullivan County DOC. They are facilitating Sullivan County DOC aftercare program and supervise the LADC and PRSS facilitating the program. TLC is providing peer support for incarcerated individuals up to one month prior to their release. They have two PRSS embedded in Family Treatment Court. We have referral partnerships with Sullivan County DOC and Probation. They also have MOU's in place for Collaborative Outpatient Services with Sullivan County DOC and Probation.</p>
White Horse Recovery	<p>Ossipee/Conway: They work with local probation/parole and drug court for transportation to appointments and assisting with community service hours. Most recently in Ossipee, they have been working with Carrol County DOC Case Manager assisting in transportation to treatment as well as providing items from our thrift store as needed.</p> <p>Littleton: They continue to work with Grafton County DOC Alternative sentencing programs including Drug Treatment Court, Mental Health Court and FIRR.M.</p>

Note: This information was provided in Q4 SFY2023 quarterly reports that each RCO sent to the FO.

Appendix 15. Contributing factors that are statistically significant predictors of recovery capital

	2022		2023		2022		2023		2022		2023		Number of Times Significant
	BARC-10 Improve		BARC-10 Improve		BARC-10 Current		BARC-10 Current		BARC-10 Average		BARC-10 Average		
	Sig?	p-value	Sig?	p-value	Sig?	p-value	Sig?	p-value	Sig?	p-value	Sig?	p-value	
Insurance Status	X	0.0087			X	0.029	X	0.0016	X	0.0352	X	0.0004	5
PCP Status	X	<.0001	X	0.001			X	<.0001			X	0.0004	4
Transportation Status	X	<.0001			X	0.0046	X	<.0001	X	0.0356	X	<.0001	5
Stable Housing	X	0.0004	X	0.0052	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Employed	X	0.0002			X	<.0001	X	<.0001	X	<.0001	X	<.0001	5
Currently on Probation or Parole					X	0.001	X	<.0001	X	<.0001	X	<.0001	4
No Justice Involvement	X	0.0014	X	0.0015									2
Education: Less than High School	X	<.0001	X	0.0026			X	0.0051			X	0.0337	4
Education: High School/GED													0
Education: Greater than High School	X	<.0001	X	0.0114	X	0.0432	X	0.0101			X	0.0069	5
Average Engagement with Friends Score	X	0.0034	X	0.0116	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Average Engagement with Family Score	X	0.0213	X	0.0013	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Average Engagement with Community Score	X	0.0097			X	<.0001	X	<.0001	X	<.0001	X	<.0001	5
Average Physical Health Score	X	0.0013	X	0.0008	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Average Mental Health Score	X	<.0001	X	0.0006	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Average QOL Score	X	<.0001	X	0.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6
Average Self-Satisfaction Score	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	X	<.0001	6

