

Research Articles: 1 through 6	Ashford, R.D., Curtis, B. & Brown, A.M. (2018). Peer-delivered harm reduction and recovery support services: Initial evaluation from a hybrid recovery community drop-in center and syringe exchange program. <i>Harm Reduction Journal</i> , 15(1). https://doi.org/10.1186/s12954-018-0258-2	Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the united states: A systematic review. <i>Journal of substance abuse treatment</i> , 63, 1–9. https://doi.org/10.1016/j.jsat.2016.01.003	Chen, J. A., Glass, J. E., Bensley, K. M. K., Goldberg, S. B., Lehavot, K., & Williams, E. C. (2020). Racial/ethnic and gender differences in receipt of brief intervention among patients with unhealthy alcohol use in the U.S. Veterans Health Administration. <i>Journal of Substance Abuse Treatment</i> , 119. https://doi.org/10.1016/j.jsat.2020.108078	Damian, A. J., Mendelson, T., & Agus, D. (2017). Predictors of buprenorphine treatment success of opioid dependence in two Baltimore city grassroots recovery programs. <i>Addictive behaviors</i> , 73, 129–132. https://doi.org/10.1016/j.addbeh.2017.05.010	Dickerson, D. L., Brown, R. A., Johnson, C. L., Schweigman, K., & D'Amico, E. J. (2016). Integrating motivational interviewing and traditional practices to address alcohol and drug use among urban American Indian/Alaska Native youth. <i>Journal of substance abuse treatment</i> , 65, 26–35. https://doi.org/10.1016/j.jsat.2015.06.023	Greenfield, B. L., Roos, C., Hagler, K. J., Stein, E., Bowen, S., & Witkiewitz, K. A. (2018). Race/ethnicity and racial group composition moderate the effectiveness of mindfulness-based relapse prevention for substance use disorder. <i>Addictive Behaviors</i> , 81, 96–103. https://doi.org/10.1016/j.addbeh.2018.02.010
Design Variable & measurement method	Researchers conducted a data analysis, utilizing Pearson chi-square tests or Monte Carlo chi-square tests with CI.	Researchers conducted a systemic review. This review included peer-reviewed literature and empirical quantitative studies	Researchers accessed data found in the VA's national Corporate Data Warehouse and conducted a descriptive patient analysis. They utilized a modified Poisson Regression model. Researchers ran regression models, unadjusted and adjusted, and then reran the models with multiple imputation.	Researchers utilized summary statistics with a 2-sample <i>t</i> -test, chi-squared tests, and logistical regression analysis	Researchers conducted focus groups to collect qualitative data which was then analyzed through coding and the use of a mixed methods software program.	Researchers conducted a secondary analysis of existing data using a of a randomized clinical trial to compare mindfulness-based relapse prevention (MBRP) and cognitive-behavioral relapse prevention (CBRP). Study variables of race and ethnicity were statistically analyzed with chi-square and <i>t</i> -tests, Researchers utilized negative binomial regression to study the relationships between treatment and substance use outcomes and individual and group race and ethnicity, and substance use outcomes.
Sample	<p>Participants were engaged through the Missouri Network for Opiate Reform and Recovery (MO Network) MO SAFE mobile outreach services or at the brick and mortar center.</p> <p>The sample size consisted of 417 participants, with 244 of the participants identifying as male, 166 of the participants identifying as female, and 7 of the participants identifying other as a gender.</p> <p>The race/ethnicity composition of this research was 66.9% of the participants identified as white, 23.7 % of the participants identified as black, 7% of the participants identified as multi-racial, and 2.4% of the participants identified as other.</p> <p>Sexual orientation was identified with 7.7% of the participants identifying as</p>	<p>Study samples included research conducted between 1998 and 2014 that utilized various research designs</p> <p>These samples were limited to studies of people in recovery from SUD and AUD.</p> <p>Due to extensive Exclusionary criteria, the sample size was greatly diminished to 9 studies.</p> <p>Exclusionary criteria for the samples included cross-sectional studies, those missing comparison groups or control groups, studies with samples of less than 50 participants, studies on tobacco or Nicotine addiction.</p> <p>Additional exclusionary criteria included outcomes related to peer employee and volunteers, interventions</p>	<p>The sample size for this research was 779,041 patients. Researcher located these individuals from a pool of 1,172,606 positive alcohol screens, for 830,825 patients.</p>	<p>Participants in this study were identified as clients who met the DSM5 diagnostic criteria for OUD.</p> <p>Participants were self-referred and voluntarily participating in treatment. Of the 445 participants, 374 participants, or 84.04%, of the participants identified as African American.</p>	<p>Focus groups consisted of urban community members from 2 communities in California. One community was located in Northern California and the other community was located in Southern California.</p> <p>Members of the focus groups were identified as American Indian (AI) and Alaska Native (AN) youth, American Indian and Alaska Native parents, specialized service providers for American Indians and Alaska Natives, American Indian and Alaska Native elders, and senior stakeholders.</p> <p>Researchers conducted 10 focus groups, with each group consisting of 3 participants to 12 participants.</p> <p>These groups were help at various locations.</p>	<p>The sample size was 286 participants who were recruited from one of two treatment agencies.</p> <p>Criteria to participate in this study was that individuals had to be 18 years of age or older, speak fluent English, be medically cleared to participate, attend treatment sessions, consent to randomized assignment, and have previously completed an episode of treatment.</p> <p>Exclusionary criteria consisted of “current psychotic disorder, dementia, suicidality, imminent danger to others, or participation in prior MBRP trials.”</p>

	bisexual and 7.5% of the participants identifying as homosexual	delivered by peers or peer paraprofessionals, mutual-aid support-based studies, studies on peer interventions and participation in mutual aid groups, and interventions that excluded peer support and recovery.				
Study Purpose	This study aimed to understand the intersectionality of harm reduction services, peer recovery support services, and recovery community organizations (rco's) in supporting persons with a history of or current substance use to support expanding the work of rcos.	Researchers sought to gain an understanding of the effectiveness of peer delivered services to support recovery from substance use disorders (SUD's).	<p>This study aims to explore the relationships of power and privilege, race and ethnicity, and gender impact healthcare.</p> <p>Researchers sought to prove or disprove disparities, and if proven, to assess the magnitude of their existence.</p>	This study aimed to understand intersectionality, for marginalized populations, of socio-demographic factors and treatment outcomes in community-based buprenorphine programs.	<p>This study aims to collect feedback to develop a culturally relevant, Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY) program.</p> <p>Researchers also aimed to understand challenges impacting youth AI and AN population, cultural traditions, and for participants to provide feedback on what they would like to see integrated into the program and the program's logo.</p>	<p>This study aimed to understand the relationship between race/ethnicity and MBRP.</p> <p>As well, researchers sought to investigate the relationship between individual and group racial compositions and treatment outcomes, interactions, and treatment efforts.</p>
Theory	Researchers utilized an ecological framework.	There was no theory listed.	Researchers used an intersectionality framework	There was no theory listed.	There was no theory listed.	There was no theory listed.
Type of Program	This research focused on recovery community organizations (rcos), and peer recovery support services (PRSS).	This research focused on peer-delivered recovery support services for individuals in recovery from addictions.	This research focused on brief intervention rates, and the manner in which these rates are impacted by race, ethnicity, and gender, in the Veteran's Administration healthcare system.	This research focused on community-based recovery centers.	This research focused on culturally relevant prevention intervention program. Researchers sought to integrate culturally relevant components into a program designed to meet the needs of a minority, underrepresented, and underserved population.	This research focused on relapse prevention modalities and outcomes pertaining to race and ethnicity.
Target Population	Research targeted persons currently using substances intravenously. Vulnerable characteristics of participants in this research included homelessness, criminal justice impacted, LatinX, and LGBTQI+.	Research targeted various populations, with 8 of the studies reporting race and ethnicity.	Research targeted U.S. Veterans who were documented as having an outpatient appointment and a positive screen for unhealthy alcohol use.	Research targeted predominantly African American, urban communities and participants were receiving Buprenorphine treatment.	Research targeted AI and AN rural community members.	Research targeted race and ethnicity minority populations.
Key Findings:	Peer recovery support services (PRSS), outreach programs, and rcos are viable for engagement and harm reduction programs.	Peers recovery support services are beneficial to the recovery process and increase positive outcomes for individuals who receive peer recovery support services.	<p>Research shows race/ethnicity and gender disparities in the rate in which individuals receive brief interventions, in the VA system.</p> <p>The VA healthcare system utilizes a standardized alcohol screening tool. Research suggests that targeted interventions, rather than a standardized tool may be more appropriate.</p>	Research shows a correlation between sociodemographic factors and success and housing factors and success. Research involved two sites, one site in East Baltimore and one site in West Baltimore, and there were statistical differences in the data.	<p>AI and AN youth in urban communities encounter specific challenges. These challenges contribute to substance use.</p> <p>Youth, parent, and provider participants identified a high availability of drugs and multiple reasons to use drugs.</p> <p>This underserved population needs accessibility to culturally appropriate drug and alcohol interventions.</p> <p>The research participants viewed the development and implementation of the</p>	<p>Research shows that mindfulness-based relapse prevention as a relapse prevention modality, is more effective in Caucasian populations for minimizing an alcohol relapse and more effective in race or ethnic minorities for minimizing a drug relapse.</p> <p>The study indicates that individual race and ethnicity identity markers and group race/ethnicity markers may impact outcomes.</p>

					MICUNAY program favorably.	
Findings: Age				Treatment retention increases with age; treatment models are needed to support young people.	Youth participating in this research indicated community stressors, safety concerns, and a lack of resources. Youth experienced cultural identity issues and encountered incorrect labeling and stereotyping. When compared to all other youth race and ethnicity groups, AI and AN experience higher rates of lifetime alcohol use and a stronger desire to use alcohol and marijuana.	
Findings: Criminal Justice	Research showed a correlation between participants who experienced current probation or parole conditions and less episodes of peer service engagement and showed that participants were more likely to have experience an overdose reversal through the administration of Narcan since their last peer service engagement.					
Findings: Homelessness and housing	Individuals who experienced homelessness had less episodes of engagement and an increased likelihood of overdose.			Individuals who experience homelessness were less likely to stay engaged in the program versus those who had stable housing. Stable housing variables correlate with longer engagement with the program.		
Findings: Insurance Coverage				Most of the clients, 72% of the participants had public insurance coverage, and 19 % of the participants had no insurance coverage.		
Findings: Race and/or ethnicity, special populations, and underrepresented or marginalized groups	Race and ethnicity factors significantly correlate to quantity of peer engagements with LatinX participants having a decreased likelihood of multiple peer engagements and multiracial participants having an increased likelihood of multiple episodes of peer engagements. Significant correlations between Naloxone	Research found a correlation between race and ethnicity and medical and behavioral health disparities.	American Indian/Alaska Native, and Black patients received interventions at a rate lower than that of white patients and women receive interventions at a rate lower rates than that of men. Research shows that 17.8% of the patients received VA benefits. This indicates a comorbid disability or	The factors of gender, race, employment legal issues, and incarceration did not have a significant correlation to program engagement. However, research supports the development of programs to support younger populations.	AI and AN youth populations experience risk factors that predispose them to early initiation of substance or alcohol use. A loss of culture; intergenerational trauma and poverty, and stigma are contributing factors to substance and alcohol use.	Individuals identified with a race or ethnicity, on an individual basis, experienced more heavy drinking days, during the 12-month period, when compared to white individuals. When assessing group race and ethnicity compositions, in groups comprised of more than half of the group members identified as white compared with groups

	administration and sexual orientation existed, with participants who identifying as Bisexual most likely to have been administered Narcan since their last peer engagement and individuals identifying as homosexual least likely to have been administered Narcan since their last peer engagement		<p>perhaps a socioeconomic deficiency.</p> <p>Black women, Black men, and Asian/Pacific Islander women were least likely to receive brief intervention services.</p> <p>White men, Hispanic men, and Asian/Pacific Islander men were most likely to receive brief intervention services.</p> <p>Brief interventions for alcohol use received among the veteran population varies across race, ethnicity, and gender domains and these characteristics intersect forming disparities in the rate of which these interventions are received. Additional information in these studies should include contributing factors of disparities in healthcare.</p>			comprised of more than half of the group members identified as a race or ethnic minority, the latter group experienced more drug use days in a 12-month period of time.
Strengths:	This study provided insight into future work to identify vulnerability factors for developing services and implementing them in community-based services settings. The research provides further insight into the needs of future areas of research.	This research supports the development of peer recovery support services.	The sample size of this study was a strength.	<p>This study focused on underrepresented African American</p> <p>This study points to the potential to provide community-based services, in areas where medical services are under available, to vulnerable populations.</p>	This research focused on developing a culturally appropriate program for meeting a gap in needs for a high-risk, underserved, and underrepresented population.	<p>This study supports relapse prevention modalities, showing positive outcomes for populations engaged in relapse prevention treatment modalities.</p> <p>However, research also provided insight into future work to develop culturally relevant modalities to prevent relapse across different populations.</p>
Limitations	<p>Self-reporting and transient or criminal justice associated stigmas may create reporting biases. This study lacked data on the utilization of PRSS and the participant's history of substance use.</p> <p>Additionally, variations in data about syringe distribution and syringe exchanges may have caused variances in the data.</p>	There are multiple limitations of this study. These limitations include inconsistency in measuring prior treatment episodes, research methods, randomized samples, and various definition of recovery and peer workers.	<p>Researchers were unable to access information related to provider interactions and social determinants of health. This hinders researcher's ability to access qualitative experiences that may contribute to alcohol use.</p> <p>Another limitation of this study is that no data was used after 2013. This does not permit researchers a scope of understanding on the current state of the U.S. VA healthcare system.</p>	There was no control in this study. The study lacked randomization, controls, and withdraw data. Additionally, self-reporting increases risk for reporting biases.	<p>This study, whole culturally relevant for the group of people involved in the study, may not culturally relevant for all AI and AN populations across the U.S.</p> <p>There were also limitations in the recruitment strategies.</p>	<p>A limitation of this study was that individuals could self-identify race and ethnicity. Researchers were unable, as a result of this being a secondary study, to investigate the differences between the categorizations.</p> <p>Regarding race and ethnicity, researchers identified the limitation that self-identification does not always align with socially assigned identification.</p> <p>Additionally, while data was collected on days of alcohol or substance use, data does not include quantity of use,</p>

						consequences of use, or quality of life factors.
Areas of Future Research	Future research is needed to support program delivery and funding to better enable rcos and PRSS community-based services settings in identifying and addressing the needs of vulnerable populations.	Future research is needed to understand various forms of peer service delivery, types of services, quantity and frequency in which services are received, the context of service delivery, and the role of cultural context in peer support service settings. Researchers also identified the need for future studies to include comparison groups.	Future research is needed on correlating factors of alcohol use and medical conditions worsened by alcohol use among African American women. Additional future research topics may include alcohol and drug use studies on gender and race/ethnicity among Asian American, Pacific Islander, American Indian, and Alaskan Native populations to better understand culturally relevant treatment needs.	Future research is needed on the impact of housing and homelessness on treatment and recovery. Further implications of this study indicate a need for future research on developing culturally appropriate interventions.	Future follow up research is needed. Researchers in their first year of clinical test, but more work must be done to make this a viable evidence-based practice.	Future research is needed to more fully understand factors of recurrence of use. Additional future research suggestions include factors related to race and ethnicity and treatment outcomes, treatment modalities, and geographical factors.
Research Articles: 7 though 12	Hennessy, E. A. (2018). A latent class exploration of adolescent recovery capital. <i>Journal of Community Psychology</i> , 46(4), 442–456. https://doi.org/10.1002/jcop.21950	Kelly, J. F., Fallah-Sohy, N., Vilsaint, C., Hoffman, L. A., Jason, L. A., Stout, R. L., Cristello, J. V., & Hoeppner, B. B. (2020). New kid on the block: An investigation of the physical, operational, personnel, and service characteristics of recovery community centers in the United States. <i>Journal of Substance Abuse Treatment</i> , 111, 1–10. https://doi.org/10.1016/j.jsat.2019.12.009	Logan D.E., Lavoie A.M., Zwick W.R., Kunz K., Bumgardner M.A., Molina Y., (2019) Integrating addiction medicine into rural primary care: Strategies and initial outcomes. <i>Journal of Consulting and Clinical Psychology</i> , 87(10):952-961. doi:10.1037/ccp0000410	Manuel, J. I., Yuan, Y., Herman, D. B., Svikis, D. S., Nichols, O., Palmer, E., & Deren, S. (2017). Barriers and facilitators to successful transition from long-term residential substance abuse treatment. <i>Journal of Substance Abuse Treatment</i> , 74, 16–22. https://doi.org/10.1016/j.jsat.2016.12.001	Satinsky, E. N., Doran, K., Felton, J. W., Kleinman, M., Dean, D., Magidson, J. F., & Myers, B. (2020). Adapting a peer recovery coach-delivered behavioral activation intervention for problematic substance use in a medically underserved community in Baltimore city. <i>PLoS ONE</i> , 1, 15(1), e0228084. https://doi.org/10.1371/journal.pone.0228084	Subbaraman, M. S., Laudet, A. B., Ritter, L. A., Stunz, A., & Kaskutas, L. A. (2015). Multi-source recruitment strategies for advancing addiction recovery research beyond treated samples. <i>Journal of community psychology</i> , 43(5), 560–575. https://doi.org/10.1002/jcop.21702
Design Variable & measurement method	Researchers used a cross-sectional research design that included latent class analysis, and latent mixture modeling.	Researchers conducted onsite visits, semi-structured interviews with site directors, and online surveys with staff.	Researchers utilized retrospective data analysis to determine data points. The initial assessment was used to create baseline data. Researchers utilized follow up appointment data points. In instances of a missed follow up appointment, researchers utilized a randomized assignment for the appointment immediately preceding or occurring immediately after the missed follow up appointment. Data was analyzed by abstracting pertinent data from medical records to assess mental health hypotheses and outcome related to polysubstance use and retention factors. Researchers utilized chi-square tests for	Researchers conducted a qualitative study that consisted of semi-structured interviews. Data analysis was conducted through coding and the use of a mixed methods software program.	Researchers conducted a qualitative study. This included semi structured interviews conducted with individuals meeting age, mental illness, and substance use criteria. Additionally, researchers conducted focus groups. Thematic analysis was utilized to identify outline themes, sub-themes, and definitions.	Researchers utilized demographic comparisons across recruitment sources, recovery samples, and treatment samples.

			<p>nominal-level variables and continuous variables were measured with t tests.</p> <p>Researchers used generalized estimating equations, with confidence intervals, for measuring longitudinal mental health outcomes.</p>			
Sample	<p>The sample included adolescents between 12 years of age and 17 years of age.</p> <p>Nearly half of the sample size, 49 % of the sample, were identified as male. Participants identified as white, Hispanic, Black, or other races.</p> <p>Fifty-seven percent of the participants identified as white. Twenty-three percent of the participants identified as Hispanic.</p> <p>Nine percent of the participants as black, and 11 % of the participants identified as other race.</p>	<p>There were 32 participating sites in this study. These sites included state funded sites located in Massachusetts, Connecticut, Vermont, and New York, and non-state funded sites located in New Hampshire and Maine.</p> <p>The individual participants included 30 site directors and 59 staff members.</p>	<p>The sample for this research included referrals from a previous addiction medicine provider, in-house referrals, and self-referrals who were seeking medication to treat a substance use disorder. Participants received a substance use assessment.</p> <p>Individuals who were seeking pain management services were excluded from this study.</p> <p>The sample size was 101 participants.</p>	<p>The sample size consisted of 32 individuals who were participating in a long-term SUD treatment program.</p> <p>Eligibility to participate in this study was restricted to individuals who could speak and understand English.</p> <p>Individuals who were discharged early were excluded from the study.</p> <p>The sample consisted of 10 participants in level 10 treatment, which permits day passes; 10 participants in Level 2 treatment, which permits day and overnight passes; and 12 participants in Level 3 treatment, which permits weekend passes and working permissions.</p>	<p>The sample size consisted of 30 interviewees who were above 18 years of age and presented with no signs of serious mental illness. All interviewees had a history of substance use or were using substances at the time of the study.</p> <p>Focus group participants were staff at a local recovery resource center and peer recovery coaches from the local stakeholder network,</p>	<p>The sample included grassroots community organizations; treatment and alumni groups; the National Council on Alcoholism and Drug Dependence; the National Alliance for Medication Assisted Recovery; Harm Reduction for Alcohol; 12-step treatment and sober living alumni groups; state and regional behavioral health entities; Faces & Voices of Recovery; mutual aid support groups; 155 treatment entities; peers attending Alcoholics Anonymous (AA) self-help groups; 300 Alano clubs; and other informal partnerships of physician groups, addictions magazines, websites and radio programs, the study's expert panel of physicians and researchers, and other friends and personal contacts.</p> <p>More than 400 AA Central Directory of state offices were contacted by mail or email.</p> <p>Researchers also recruited electronic and print media sources.</p> <p>Comparison samples were drawn from a 2011 survey of 2,526 adults over the age of 18 by New York State Office of Alcoholism and Substance Abuse Services (OASAS), a 2010 survey of 7,969 adults over the age of 18 from the National Alcohol Survey (NAS N12), the 2012 Faces & Voices of Recovery's Life in Recovery (LIR) survey of 3,208, and the 2010 U.S. census data</p>
Study Purpose	This study aims to understand if sex, race and ethnicity, and previous episodes of substance use	This study aims to conduct a systemic review to gain an understanding of the characteristics of recovery	This study aims to explore the relationship between behavioral health for addiction treatment in an	This study aims to explore the impact of individual, interpersonal, organizational,	This study aims to explore attitudes concerns peer recovery coach delivered interventions for individuals	This study aimed to identify more effective recruitment strategies for addiction and recovery studies, isolate

	<p>disorder treatment, create recovery capital classes.</p> <p>The study also aimed to identify the impacts of substance use severity, participation of self-help groups, and motivation.</p>	community centers (rccs) and populations who utilize services at rccs.	integrated medical care setting.	<p>community, and policy factors for individuals transitioning from long-term SUD treatment into a community setting.</p> <p>Researchers aim to develop a transition model to aid in transitioning individuals from SUD into a community setting.</p>	not receiving SUD treatment services.	demographic characteristics associated with specific recruitment strategies to increase representation of underrepresented populations, and to determine what populations are missed in research utilizing only one method for recruitment.
Theory	There was no theory listed.	There was no theory listed.	There was no theory listed.	Researchers applied the socio-ecological framework.	There was no theory listed.	There was no theory listed.
Type of Program	This research focused on recovery capital, comprised of community-based resources, financial resources, social supports, community resources, and religious resources.	This research focused on rccs in the northeastern U.S.	This research focused on a buprenorphine addiction medicine program in an integrated care model.	This research focused on a long-term SUD residential treatment program	This research focused on peer recovery support services.	This research focused on engagement with mutual aid groups, recovery community organizations, and online platforms.
Target Population	Research targeted adolescents between 12 years of age and 17 years of age.	Research targeted rccs and explored their location, operation and budget, services, leadership composition, and membership composition.	Research targeted a rural community; medically underserved community members, many of which meet qualifying factors for public insurance; and a substantial minority population.	Research targeted individuals admitted into a long-term SUD treatment program in an urban setting.	<p>Research targeted community members of a race or ethnicity minority, in an urban community with rates of low-income, homelessness, and community members experiencing accessibility barriers to care.</p> <p>Individuals in this community were also identified as being medically underserved, experiencing vulnerabilities, and being difficult to reach.</p>	Research targeted underrepresented and minority populations.
Key Findings:	<p>Research showed that there are five classes of recovery capital.</p> <p>These classes were identified as resource-wealthy recovery capital class; strong social, weak community recovery capital class; religious, resource-poor recovery capital class; strong community recovery capital class; and secular, weak community recovery capital class.</p>	Research showed that these community-based services are accessible and act as a recovery supportive hub in their communities to support individuals in recovery across a continuum of recovery stages and needs.	<p>Utilizing an integrated care model for buprenorphine programs is a suitable alternative for rural communities.</p> <p>Research shows that this integrated care model improves outcomes related to retention and mental health.</p>	<p>Risk and protective factors for transition into a community setting from a long-term SUD treatment programs were assessed across individual, interpersonal, organizational, community, and policy domains.</p> <p>Risk factors included housing and employment; discharge planning, transition assistance, and aftercare; supports, and funding for services along the continuum of care post residential treatment.</p>	<p>Key themes from the interviews and the focus group were identified as preference to work with a peer service provider, perceptions on appropriateness of peer professional provided interventions, barriers, environmental factors, substance use severity of participants receiving these behavioral interventions, and integration into the current system.</p> <p>Research showed that integrating peer recovery support services into the existing behavioral health system, to supplement the behavioral health component of treatment would be beneficial, and seen as favorable, to service recipients.</p>	<p>Research showed that online platforms and mutual aid groups yielded underrepresented minority and treatment naïve populations.</p> <p>Rco's are more likely to reach African American and rural populations.</p> <p>Social media yielded the highest response for young people.</p> <p>Treatment samples had less female and less individuals who were older.</p> <p>Research on recovery is needed to drive best practices, good policy, and funding for recovery supportive services. Multifaceted approaches for recovery-based research sample recruitment is needed</p>

Findings: Age	Individuals in the religious, resource poor class, had less recovery capital, health insurance, and financial stability. They were more likely to be older and of a race or ethnicity minority population.	Of members attending the sites, 22.6 % of the members were under 25 years of age.				<p>Social media is the most effective form of recruitment to reach young people in recovery.</p> <p>This method of outreach produced nearly twice as many young people responses in comparison to other methods.</p> <p>Individuals who are older than 65 years of age are likely underrepresented in treatment studies.</p>
Findings: Criminal Justice		Of members attending the sites, 42.7 % of the members were involved with the legal system at the time of the study, and 15.9 % of the members were referred through the criminal justice system.		Individuals in this research were largely criminal justice impacted with 59 % of the participants mandated to attend treatment and 90.36 % of the participants having been impacted by the criminal justice system over their lifetime.		
Findings: Homelessness and housing				<p>Individuals in this research largely reported experiencing homelessness with 81 % of the participants experiencing homelessness of temporary housing situations and with 93.8 % of the participants identifying housing and employment needs as important to transitioning from the program into their community.</p> <p>Unmet housing needs, for some of the participants, resulted in an inability to complete the program and discharge into a community setting.</p> <p>Additional barriers to obtaining housing barriers include employment barriers due to criminal records and limited housing options for individuals without a comorbid mental health condition.</p> <p>Post-treatment housing barriers include moving into a high risk or low-resource community.</p>	<p>An interviewee identified a strength in having a peer professional relate to shared experiences of homelessness and the likelihood to increase motivation for honesty.</p> <p>Homelessness and housing insecurity were identified by interviewees and focus group participants as barriers to standard behavior health treatment interventions and were identified as priority needs over behavioral health interventions.</p>	
Findings: Insurance Coverage	In this study, 94 % of the participants had healthcare coverage, with 74% of the participants identified as not		Transportation barriers to receiving treatment exist. This is problematic for traveling to receive	Only one of the participants in this study did not have public insurance, all other		

	<p>having a family income beneath the poverty line.</p> <p>There is a correlation between the recovery capital class that reflected the highest rates of race and ethnicity and a lack of insurance.</p>		<p>treatment, and extended release medication options, such as injectable naltrexone, are not covered by public insurance.</p> <p>Insurance coverage of study participants was identified as 65 % of participants having Medicaid insurance, 19 % of participants having private insurance, 12 % of participants having Medicare insurance, and 4 % of participants having no insurance or an alternative.</p> <p>Offering care in an integrated system circumvents many obstacles faced by rural community members in need of addiction medicine services.</p>	research participants had Medicaid benefits.		
Findings: Race and/or ethnicity, special populations, and underrepresented or marginalized groups	<p>Adolescents in the religious, resource poor class were most likely to identify with a race or ethnicity minority population.</p> <p>Individuals in this class were more likely to have the least of each recovery capital domains, the lowest health scores, increased financial instability, and to have more peers who did not view marijuana or alcohol use in a disapproving manner.</p>	<p>Research showed that, of site directors 86.7% of the directors identified as white, 13.3 % of the directors identified as black or African America, 6 + of the directors identified as other, and 3.3 % of the directors identified as Latino or Hispanic.</p> <p>Among staff, 86.4% of the staff identified as white, 10.2 % of the staff identified as black or African American, 3.4 % of the staff identified as other, and 10.71% of the staff identified as Latino or Hispanic.</p>	<p>Vulnerability factors of the participants were identified as 75 % of the participants met criteria for polysubstance use, 39 % of the participants identified IV drug use, and 77 % of the participants were identified with a cooccurring mental health diagnosis.</p> <p>The racial distribution of</p> <p>Of participants in this study 55.7 % of the participants identified as Caucasian, 24.6 % of the participants identified as Native Hawaiian, 11.5 % of the participants identified as more than one race, 4.9 % of the participants identified as other, and 3.3 % of the participants did not report their race.</p>	<p>Participants in this study self-identified in the following manner. Forty-three-point-eight percent of the participants identified as black, 34.4 % of the participants identified as Hispanic, 12.5 % of the participants identified as white, and 9.4 % of the participants identified as other.</p>	<p>Of the interviewees, 50% of the participants identified as black, 47% of the participants identified as white, and 3% of the participants identified as mixed race.</p> <p>Of the center staff, 55 % of the staff identified as black, 36 % of the staff identified as white, and 9 % of the staff identified as Asian.</p> <p>Findings of this research indicate that with appropriate implementation, peer support services offered separately from behavioral health services but as part of a recovery plan can support vulnerable populations and populations that are difficult to engage,</p>	<p>Individuals who have less education, those who are in earlier recovery, individuals in natural recovery, and those not exercising complete abstinence were more likely to be reached through social media outlets.</p> <p>African Americans were most likely to be reached through rcos.</p> <p>The most effective methods for reaching underrepresented race groups; populations who had no previous episodes of treatment; individuals who were not exposed to 12-step mutual aid groups; and non-abstaining individuals were identified as other sources, family and friends, craigslist, social media, and non-12-step self-help groups.</p> <p>Web-based surveys may yield less respondents who identify as Hispanic and other racial minorities.</p>
Strengths:	This research provides information on youth services, culturally influenced needs, and recovery capital classism to support the need for further understanding and development of youth and African American youth recovery supportive services.	This research focused on an area where little research has been conducted and collected demographic race and ethnicity data on staff of rccs. Further research can provide insight to professional representation of underrepresented populations	This research described and provided evidence-based outcomes for providing buprenorphine-based addiction services and mental health services in an integrated medical care setting to rural communities.	Findings from this research support the development of a transition model to enhance transition from residential treatment to community settings. This research identifies possible targets to enhance this transition.	<p>This research showed the need for low threshold services for individuals with a substance use disorder.</p> <p>These services eliminate barriers to engagement; improve quality of life, outside of a clinical setting; and reduce harmful</p>	<p>A strength of this research was the level of collaboration, partnership, and the reach of the study.</p> <p>Results from this research inform recruitment strategies and justify a need for more board-based recruitment strategies to be utilized in</p>

		in the community-based recovery arena.		Findings show pertinent developments that could notably improve short- and long-term outcomes.	consequences of substance use.	future recovery-based research.
Limitations	A limitation of this research is that recovery capital is a recent concept with limited knowledge on the breadth and impact of recovery capital, particularly among adolescent populations. Additionally, there is no preexisting study such as this, and future studies will need to attempt to repeat similar findings to test reliability.	<p>While researchers scored sites on physicality and location and assessed for employee demographics, research lacks data on community demographics. This limits the availability to assess the site locations for not in my backyard (NIMBY) stigma and membership for equitable representation and supports in the rcc setting.</p> <p>Additionally, this research was geographically limited.</p> <p>Research included self-reporting measures which can cause reporting biases.</p> <p>Limited existing research also indicates a need for future research to replicate outcomes to provide further research reliability.</p>	<p>This study lacked a control group. Additionally, in some instances follow up data was not accessible.</p> <p>Another limitation of this study was that behavioral health interventions were conducted at the providers discretion.</p>	<p>The sample for this research causes limitations in that the sample size was small, consisted of mostly males, focused on one program and lacks a geographical reach.</p> <p>Self-reporting, interviewee expectations, and perceptions may result in biases.</p>	<p>Limitations for this research include a small sample size for both the interviewee group and the focus group.</p> <p>Individuals participating in this study had no experience with the proposed model, and so therefore can only provide a baseline to be used in comparison to future, post-implementation, data.</p>	<p>Limitations of this research can be found in data collection inconsistencies. The collection of data related to vocational schooling was not collected in each survey sample. This diminishes the amount of data available for comparison.</p> <p>The way race and racial categories are listed varies across the survey samples and lack standardization.</p>
Areas of Future Research	<p>Future research is needed on youth supports and vulnerabilities in youth-based recovery supportive services.</p> <p>Additional research is also needed to better understand recovery capital and vulnerabilities.</p>	Future research is needed to understand a broader geographical catchment area, to further explore community demographics, and to provide reliability of rcc domains.	<p>Future research is needed to expand evidence-based services and integrated care into rural communities.</p> <p>Additional research is needed to understand the difficulties for, and needs of, practitioners serving rural communities to identify their barriers to practice and continuing education. Researchers cited several barriers impacting practitioners as they pertain to those living off the mainland U.S.</p>	<p>Future follow up research may target other geographic locations, size and type of communities, and incorporate women into the sample.</p> <p>Women may encounter gender specific barriers that were not reflected through this research</p>	Further research is needed to understand barriers specific to substance use disorder treatment in comparison to behavioral health treatment.	Future research is needed to reach individuals utilizing the natural recovery pathway.