

Aftercare Needs Assessment

For Gunnison County

Prepared For:



GUNNISON VALLEY HEALTH

&



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Date: February 1, 2023

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ACRONYMS

Acronym	Acronym Definition
AA	Alcoholics Anonymous
AFR	Advocates for Recovery
AHS	Axis Health Systems
AUD	Alcohol Use Disorder
CARR	Colorado Association for Recovery Residences
ED	Emergency Department
GCJ	Gunnison County Jail
GVH	Gunnison Valley Health
MLP	Medical Legal Partnership
IOP	Intensive Out Patient
JBBS	Jail-Based Behavioral Health Services
MAT	Medically-Assisted Treatment
MLP	Medical Legal Partnership
NARR	National Association for Recovery Residences
OD	Opioid Use Disorder
RCC	Recovery Community Center
RCO	Recovery Community Organization
SUD	Substance Use Disorder

1. Key Findings

This report addresses insufficient aftercare services for individuals in Gunnison County who are dealing with substance abuse and addiction. This report identifies gaps in aftercare services and unmet needs. In addition to a comprehensive literature review, the barriers to recovery and best aftercare practices are highlighted. Our views are shaped by the concerns and issues brought to light by members of the Gunnison community who are currently in recovery. The resulting recommendations are proposed in the hopes of expanding, connecting, and bolstering aftercare resources in Gunnison County.

1.1 Situation Analysis

- Gunnison County has made great strides recently to support those in recovery.
- Collaboration between aftercare programs is insufficient.
- Recidivism remains a problem in emergency department and jail settings.
- Communication between treatment facilities and aftercare service providers is lacking.
- Alcohol remains the most used and abused substance in Gunnison County.
- First-time DUI rates have increased significantly over the past 5 years.

1.2 Goals and Objectives

- Utilize Social Environmental Theory, literature reviews, and community interviews to provide a multilevel analysis of the county's aftercare needs.
- Better understand needs of people in recovery.
- Identify barriers to recovery.
- Assess the needs of behavioral health providers.
- Recommend solutions for bolstering recovery options in Gunnison County.
- Deep dive into the concept of Recovery-Oriented System of Care, Recovery Capital, and what it means to expand the continuum and quality of recovery care.

1.3 Barriers to Successful Recovery Faced by People in Recovery

- Housing
 - Those in recovery frequently face precarious housing situations or homelessness because of barriers associated with the negative consequences of substance use disorders.
 - Barriers include:
 - Eviction
 - Poor credit
 - Criminal history
 - Low/no income
- Education

- Lack of education can be a significant barrier to recovering from substance abuse and can impact an individual's ability to access treatment, find employment, and maintain long-term recovery.
- Employment
 - Those in recovery face a variety of challenges to find quality employment. Local employment options are not always safe and supportive environments for someone in recovery. Barriers to recovery-friendly employment include:
 - Poor work history due to substance misuse
 - Lack of education and work experience/skills
 - Recurrence of substance abuse
 - Employers' lack of patience/understanding of the dynamics of recovery
 - Balancing time commitments with probation/treatment requirements
- Having children
 - Substance-dependent parents with children face additional difficulties accessing and maintaining participation in recovery services. These include:
 - Little to no childcare support
 - Time constraints
 - Financial obligations
 - Fear of losing child custody
 - Unequal burden of responsibility for women parents, exacerbated by gender disparity in aftercare option
- Lack of community
 - Lack of social capital, the resources that are available to individuals through their social community and relationships, can contribute to substance abuse in several ways.
 - Substance abuse behaviors may be fostered through the absence of positive community and in turn is replaced by substance-abuse social norms and peer pressure.
 - People who lack strong social connections lack the important positive peer support that acts as a barrier to stressors.
 - Individuals with limited social connections may have increased risk of using substances to cope with stress and other challenges.
- Lack of legal advocacy
 - People in recovery, especially those with criminal records, may have trouble finding housing or employment if they have a criminal record related to their substance abuse.
 - People in recovery may face challenges related to their treatment and recovery, such as finding appropriate support services or navigating the legal system.
- Unhealthy lifestyles and culture of substance abuse
 - The community has favorable norms towards substance use and abuse (i.e. substance use and abuse are normalized).
 - Reconnecting with unhealthy social circles upon re-entry can be problematic for maintaining sobriety.
 - Ease of access, prevalence, and perception of harm (or lack thereof) impact substance use rates.

1.4 Best Practices for Removing the Barriers to Recovery

- Parent-centered recovery options, subsidized/free childcare (Childcare barrier).
- Sober-living Oxford/CARR models (Housing barrier).
- Social Enterprise Businesses / Employment as Treatment (Employment barrier).
- Recovery Friendly Workplaces (Supportive work environment).
- Medical Legal Partnerships (Legal Advocacy Barrier).
- Sober-friendly community space (Lack of community barrier).
- Recovery Community Center (Recovery-oriented system of care).

1.5 Future Research

- Education
 - Pursuing education can be a key factor in supporting substance abuse recovery for many individuals. Education can provide a sense of purpose and direction, motivation, improve employment prospects, promote personal growth and development, and provide a sense of accomplishment.
 - Completing educational goals can be an important factor in maintaining motivation and commitment to recovery.
 - Overall, education can be a valuable resource for individuals in recovery. More research needs to be done to understand the best ways to provide educational opportunities to those in recovery.
- Women and Childcare
 - Childcare resources for parents in substance abuse recovery are crucial for supporting recovery, reducing barriers to treatment, and promoting well-being of both parents and children.
 - Specialized support for women with substance use disorder and their children is needed to allow them to seek help without fear of retribution and to take care of their children while in recovery.
 - Incorporating family-child therapy services to help children heal traumas and stressors caused by living in a substance-abuse environment is recommended.
 - Future research should focus on providing more women-centered and parents-with-children recovery options.
- Data Collection
 - Currently, there are limitations to accurately estimate recidivism rates using quantitative data.
 - Data collection, storage, and sharing of recidivism data is challenging to access.
 - Recidivism is defined in multiple ways depending on what is being studied, leading to potentially inconsistent results.
 - Gunnison County Jail (GCJ) only posts inmate roster once a day, skewing recidivism data with use of Personal Recognizance (PR) bonds.
 - Future research should focus on defining relevant and pertinent recidivism data regarding alcohol and drug-related offenses that come through the GCJ.

1.6 Recommendations

- Develop a Medical Legal Partnership with MLPColorado.
- Organize a business coalition with local businesses to foster recovery-friendly workplaces.
- Implement a sober living home, preferably a CARR level 2 housing model.
- Center a Recovery-Oriented System of Care by seeing recovery as a multilevel process, and addressing basic needs through best practices, which include:
 - Develop a Recovery Community Center (RCC) with the support of a Recovery Community Organization such as Advocates for Recovery.
 - Connecting existing recovery resources together through the centralized location of an RCC.
 - Reaffirm the collective responsibility in supporting those in recovery.
 - Encourage more sectors of the community to be involved in the recovery process.
 - Continue to work with those in recovery to address their needs and support their reintegration into community.

2. Introduction

The recovery and aftercare needs of individuals in Gunnison County struggling with substance abuse and mental health issues are a point of concern for both providers and individuals struggling with addiction. These concerns extend to those re-entering the community after jail as well as to those receiving higher levels of treatment in locations outside of Gunnison County.

Gunnison County's geographical location and relatively small population contribute to barriers in accessing necessary care. As mapped by the Colorado Department of Public Health and Environment (CDPHE), Gunnison County, along with many other rural counties across the state, has a health professional shortage. This shortage spans primary care, dental, substance use disorder, and mental health services in Gunnison County [1]. A common theme across quantitative and qualitative data shows that one repercussion of living in a health professional shortage area is that some people leave, or are transported, to communities to access health resources. The current framework of accessing behavioral health services outside of the community implies that rural communities, such as Gunnison County, need to have options to support people when they re-enter the community from mental health services, detox, substance abuse treatment, jail, or other behavioral health related services.

There exists a breadth of support groups to aid people in their recovery from substance addictions. The primary purpose of each group is to facilitate positive support and a foster a sober network of individuals who have struggled with addiction. While Gunnison County offers a range of support groups that aim to provide a substance-free space for connection and community, recidivism remains a persistent issue in both the emergency department and jail settings. Additionally, these resources remain largely unknown to those in recovery, and they are operating in silos. There are a number of systemic, community, and relationship factors that contribute to this problem.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides four major dimensions of recovery: health, home, purpose, and community. While support groups such as Alcoholics Anonymous, SMART Recovery, Celebrate Recovery, Mindfulness in Recovery, and others work to create a sense of community among those in recovery, other dimensions, including purpose and home, are not as adequately addressed. Basic needs including housing, employment, and childcare can be challenging to find for those not in recovery. For those in early recovery, those re-entering the community from jail or behavioral health related services, the lack of safe and affordable housing, employment, and childcare can be compounding risk factors potentially leading to relapse and recidivism.

Organizations and community coalitions including Gunnison Valley Health, Axis Health Systems, and the Grasp Consortium continue to expand prevention, treatment, and recovery services for youth and adults. Section 7. examines specific programs that are successful in helping individuals with substance use disorder and opioid use disorder in other communities, and considers their potential applicability in Gunnison County. Section 8 and 9 recommend ways to enhance current recovery and aftercare options in Gunnison County, and propose strategies for supporting individuals upon re-entry into the community, with the goal of reducing turnover in the emergency department and jail.

2.1 Methodology

For this study, researchers utilized a socioecological model to explore the issue of recovery [2, 3]. The socioecological model is a framework that views individuals and their behaviors within the context of the various levels of influence that shape their lives. These levels include the individual level (e.g., personal characteristics and behaviors), the interpersonal level (e.g., relationships and social connections), the organizational level (e.g., institutions and policies), and the community level (e.g., cultural norms and values). This model is often used to understand the complex factors that contribute to health behaviors, including substance abuse and recovery.

By considering the multiple levels of influence that shape an individual's behavior, it is possible to identify and address the root causes of substance abuse and develop targeted interventions that support recovery. For example, an individual may have a personal history of trauma that contributes to their substance abuse, but they may also be influenced by social and cultural factors (peer pressure and economic stressors) that perpetuate one to engage in substance use [4]. By considering these various levels of influence, it is possible to develop a comprehensive approach to treatment that addresses both the individual's personal needs and the broader contextual factors that contribute to one's substance abuse.

Overall, the socioecological model is a valuable tool for understanding the complex and multifaceted nature of substance abuse and recovery, and for developing targeted interventions that support individuals in their recovery journey. In adopting this approach, this study relies on three methods described below.

2.1.1 Literature review

A series of reports were utilized to find evidenced-based programs, policies, and procedures to narrow down options that have the potential to be successful in Gunnison County. The literature takes a comprehensive look into effective ways to integrate sober living models in rural communities, as well as how to meet the needs of historically disadvantaged groups across the nation. This method was included as a way to seek out evidenced-based programs that can be tailored to fit the needs of Gunnison County residents.

2.1.2 Data Collection

Data originates from national, state, and local sources to estimate the prevalence of SUD/ODU in Gunnison County. Sources seek to understand the level prevalence of SUD/ODU diagnoses, of recidivism, basic demographics of those seeking services, and the number of those being transported out of the community for higher levels of care. Quantitative data helps frame gaps in recovery and aftercare, and helps lay a foundation for considering how to fill such gaps.

2.1.3 Interviews/Focus Groups

Interviews are an integral part of this report. Qualitative data frequently reinforced patterns discussed in quantitative data. Additionally, through the process of interviewing those in recovery, researchers were able to examine promising programs in other communities that could help meet the needs of those in recovery in Gunnison County. Researchers also interviewed various providers, those actively running

sober living homes across the country, those working as peer coaches in other communities, lawyers supporting Medical Legal Partnerships, and more. The interviews provide a deeper level of understanding of programs, challenges associated with differing programs, and insights into ways the programs can be modified to fit the needs in Gunnison County.

2.2 About the Authors

John Powell is the Data Coordinator for Gunnison County Juvenile Services Department and has worked on needs assessments to address gaps in behavioral health services. Cole Copper is Graduate Student in the Rural Community Health MBS from Western Colorado University program with an emphasis on addressing health issues at the community level. Jeff Moffett is Principal of Triple Point Strategic Consulting, a firm specializing in data analysis for health and housing assessments, economic development and sustainable tourism.

2.3 Acknowledgements

Jenny Birnie, the Executive Director of the Foundation and Community Liaison for Gunnison Valley Health, received funding from the El Pomar Foundation to fund this project. We would like to extend gratitude to both Jenny Birnie and the El Pomar Foundation for their interest in supporting the recovery community in Gunnison County.

We would also like to express our deepest gratitude to the following individuals and organizations for their contributions to the Aftercare report. Their support and expertise were invaluable in the research and writing of this report:

- Kari Commerford and Juvenile Services
- Jenny Birnie and Gunnison Valley Health
- Shelby Mainville and Jail-based Behavioral Services
- Andrea Breiner and Axis Health Services
- Marc Scanlon and MLPColorado
- James Gannon and Advocates for Recovery
- Butch Lewis and CARR

We would also like to extend appreciation to all the different organizers and house managers across the US who provided guidance and wisdom into all the dynamics within the sober living home, and all the community members who provided insights into the recovery journey. We would also like to thank our colleagues, friends, and family for their support and encouragement throughout the process.

Finally, we would like to thank our readers for taking the time to read this report. We hope that it will be a valuable resource for understanding the challenges and needs within the recovery journey, and that it will inspire further research and action.

3. Prevalence of Substance Abuse in Gunnison County

A wide variety of challenges face behavioral health providers in Gunnison County. The intention of this section is not to dive into state or national policies that impact eligibility for care, behavioral health workforce (or lack thereof), insurance, or billing. Rather, this section looks at behavioral health through the lens three main players in the community: Gunnison Valley Health, Axis Health System, and the Judicial System. Undoubtedly, there is overlap between populations seen within these three organizations. The adult population frequently shows up in systems through ways of crisis (i.e. emergency room, mobile crisis, jail, etc.), and then are referred to other programs and resources in the community.

This information will set the stage to make an argument for ways that the community can fill gaps in aftercare and recovery services in the community. More specifically, this information will help the reader understand who in the community is accessing services, what substances people are struggling with, how many people are struggling with SUD/ODU, and how they are showing up in systems.

Gunnison County's State of the Community 2022 Report estimated the prevalence of substance abuse, alcohol abuse, and mental illness in Gunnison County [5]. This study developed several different techniques for estimating prevalence and relied on data from a variety of sources including Substance Abuse and Mental Health Services Administration (SAMHSA), Colorado Crime Statistics, the 2019 West Central Public Health Partnership (WCPHP) Survey, the U.S. Census, and others.

Table 3-1 shows the share of persons in Gunnison County abusing substances and struggling with mental illness. Individuals may fall into one or more categories.

Table 3-1. Prevalence of Substance Abuse and Mental Illness in Gunnison County, 2021

	Minimum %	Maximum %
Alcohol Disorder	10	20
Drug Abuse	5	15
Mental Illness	15	20

Source: Gunnison County State of the Community 2022 Report.

The authors found that substance abuse was not becoming more pervasive, yet for those struggling with substance abuse the problems were becoming more acute and needing a higher level of care. This led to increased visits to the ED for behavioral health related reasons, which led to the creation of the Gunnison Valley Health's (GVH) mobile crisis team.

GVH conducted a Community Health Needs Assessment (CHNA) in 2022 to determine community health needs and to develop a strategic plan to address the respective needs. Drug/substance abuse ranked as the number four health priority, with 55 percent of respondents rating it as an extremely important issue to be addressed. This ranks behind mental health (1), affordable healthcare (2), and affordable housing (3) [6]. The GVH CHNA serves as a reminder of the interconnectedness between basic needs and behavioral health outcomes.

3.1 Prevalence of Substance Use Disorder and Opioid Use Disorder within Axis Health Systems

Axis Health Systems (AHS) offers a wide-range of services for people struggling with behavioral health related issues in the South West region of Colorado. This organization, formally known as the Center for Mental Health (CMH), works to provide a subset of in-person services in Gunnison County.

Between 2010 and 2019, the CMH saw a 70 percent increase in unique clients served [5]. This points to the growing demand of behavioral health services in Gunnison County. Over the last six years, from 2017 to 2022, Axis Health Services had 234 clients diagnosed with SUD/OD in Gunnison County. Of those 234, 159 of them were men, and 75 were women. Eighty-eight percent of the clients identified as white, 60 percent of clients make less than \$20,000 annually, and 76 percent make less than \$50,000 annually.

Services include, but are not limited to, mental health and substance abuse screening, diagnoses, and prescription of medications to stabilize individuals with mental health problems. Additionally, AHS partners with Front Range Clinic to provide Medically-Assisted Treatment (MAT) services with those struggling with addiction, or co-occurring disorders. This is a framework that supports recovery while people are living at home and potentially working a part-time or full-time job. This framework is one aspect that allows for people to have support, while maintaining relative normalcy in their community. However, services provided through Axis Health Systems does not fit all of the needs required for people in recovery. Section 5.7 describes how this framework can be challenging for individuals struggling with addiction.

3.2 Prevalence of Drug and Alcohol Related Offenses in the Gunnison County Judicial System

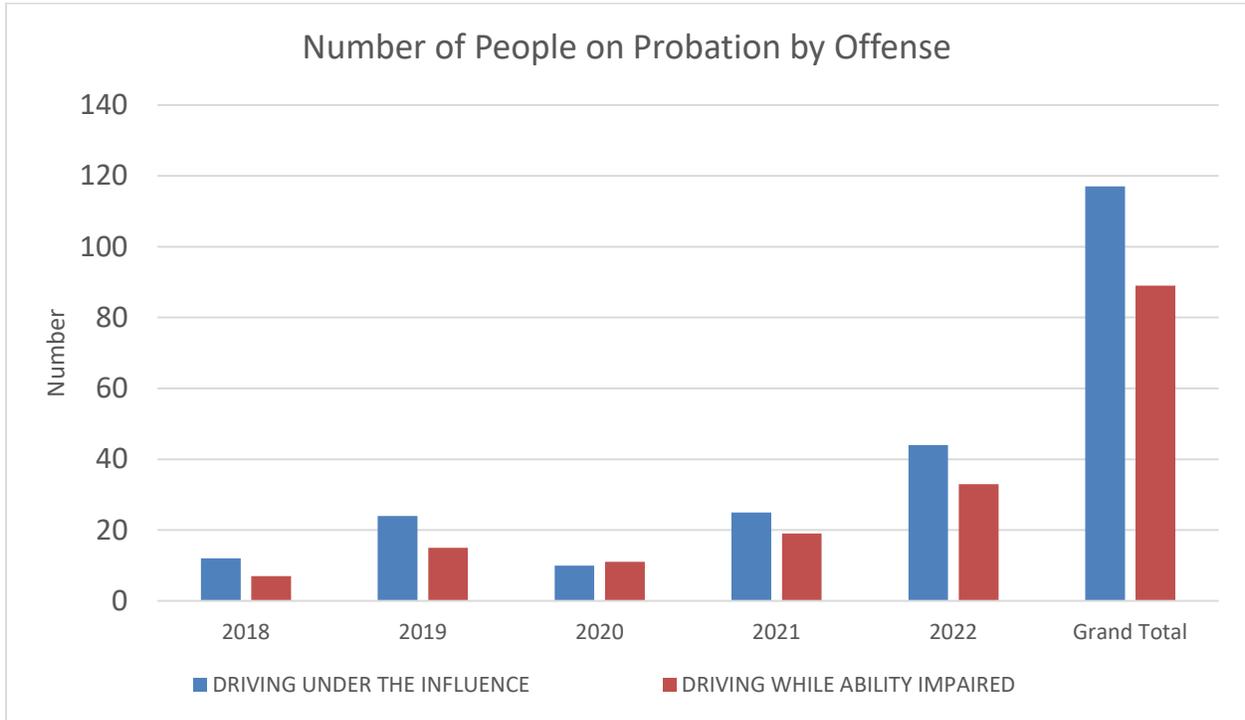
The Gunnison County Judicial System is another point of entry for people struggling with SUD/OD. For someone entering the Judicial System with a relatively low-level drug or alcohol offense consequences might include serving time in the County Jail, being on probation for a length of time, problem-solving court, or a combination of these outcomes. There are other avenues and paths that individuals can take through the judicial system, but this report will focus on these three aspects.

Generally, individuals on probation or in jail have access to a variety of behavioral health resources to support him or her prior to re-entry into the community. Some services are required, while others (like therapy) might be optional while on probation or in jail. Regardless, for a period of time people have the ability to access services in order to procure necessary tools to be successful outside of the Judicial System. JBBS has extended these efforts for people beyond the Judicial System. The following information is to show basic demographics of those on probation, frequency of specific offenses, and to synthesize patterns seen in the data.

3.2.1 Probation

Data from the Division of Probation Services helps to illuminate demographics, level, number and frequency of offenses to effectively drill down into specific issues seen by the local probation office. This

information is another way to help quantify who is getting arrested and what they are getting arrested for. Additionally, this data includes a small amount of recidivism information, which is an important focus for this report. Patterns seen in probation data can help guide decision making regarding bolstering aftercare and recovery resources in Gunnison County.



Source: Division of Probation Services

Figure 1 Number of People on Probation by Offense 2018-2022 in Gunnison County

Driving Under the Influence (DUI) and Driving While Ability Impaired (DWAI) are the two primary offenses for those on probation for the last five years in Gunnison County as shows in Figure 1. The number of people with DUIs from 2018 to 2022 increased from 12 to 44 respectively. It is unclear if this sharp increase is attributable to a greater number of people getting caught, or an actual increase in the number of people drinking and driving.

While the drastic increase in DUIs is concerning, another important distinction to make is that between first time DUI offenses, and repeat DUI offenses. Over the last five years, there have been 22 DUIs with one prior DUI, 14 DWAI with one prior alcohol related driving offense. Literature surrounding repeat DUI offenders points to three main concerns the repeat offender group: 1) More likely to have committed a non-DUI crime, 2) More likely to have ever used illicit drugs during their lifetime, and 3) A higher percentage of repeat DUI offenders self-reporting a lifetime incidence of depression, anxiety, and trouble concentrating. Additionally, repeat DUI offenders in rural communities are generally white, non-married men [7].

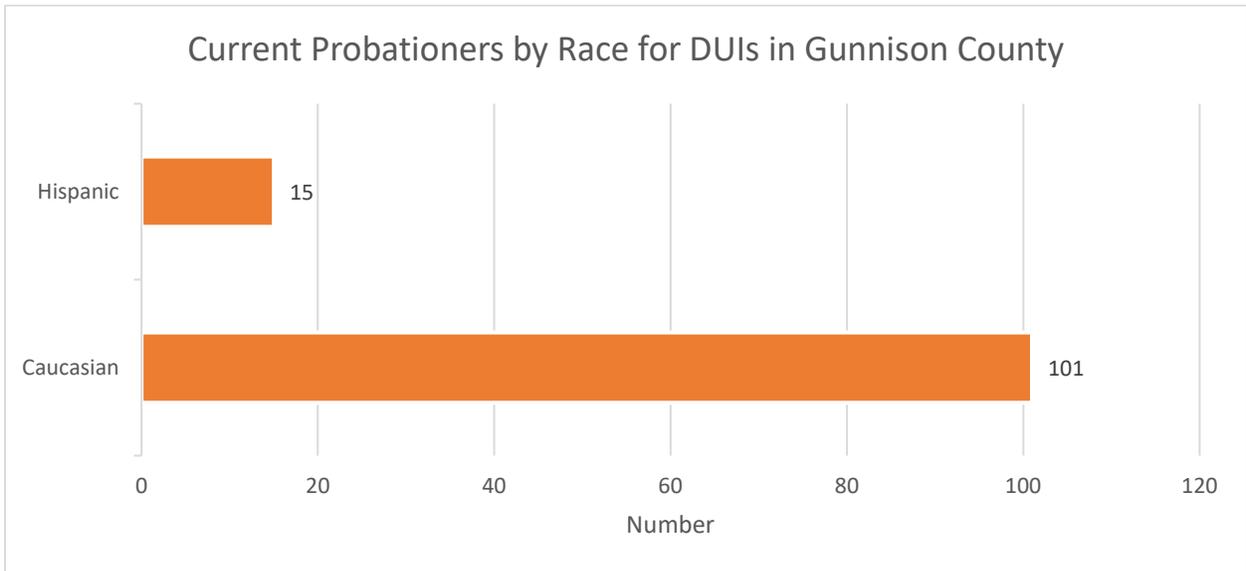


Figure 2 Probationers by Race for DUIs in Gunnison County

Figure 2 shows demographic breakouts of active cases of people on probation for DUIs in Gunnison County. Asian, Black/African American, and American Indian demographics were suppressed due to insufficient data. This reinforces literature surrounding demographics of those who receive DUIs in rural communities. Roughly 85 percent of those currently on probation for a DUI are white, while about 13 percent are Hispanic. While Figure 2 does not quantify the gender breakdown of those who have received DUIs, state level DUI data for Colorado shows that roughly 75 percent of those arrested for DUIs in 2019 were men [8]. It is likely that the majority of those who are actively on probation for a DUI in Gunnison County are men. Demographics of those on probation for drug related offenses aligns with DUI data.

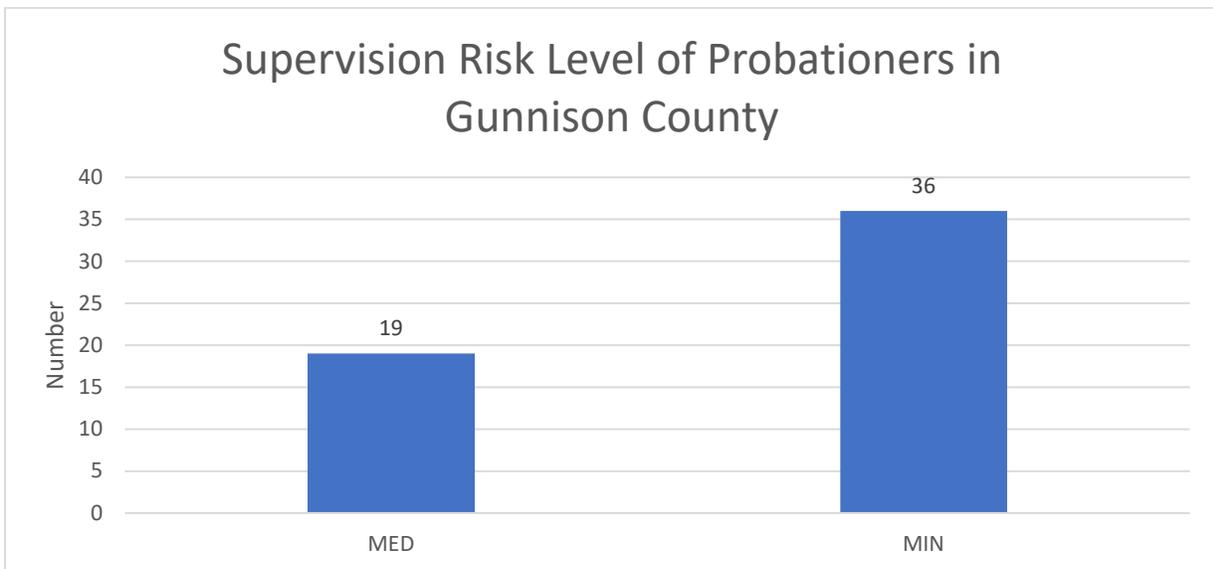


Figure 3 Supervision Risk Level of Current Probationers in Gunnison County

Figure 3 displays the number of people actively on probation in Gunnison County for a DUI, and their level of risk. Assessments are completed by the Probation department to determine risk level. By assessing risk, the probation department can tailor interventions accordingly to effectively reduce criminal behaviors. Those categories are Administrative (ADMN, ADCC, TOUT), Low (MIN), Moderate (MED, PSC2) and High (MAX) Risk. Some measures were suppressed due to low numbers. Depending on the level of risk as defined by probationary screening tools, those with multiple DUIs might be prime candidates for mental health treatment, substance abuse treatment, sober living homes, and support groups after leaving probation. Although some of these services are accessible through probation, it is important to acknowledge how individuals can receive support after leaving probation. Those with domestic violence charges, or “max” level risk are likely to be the population who could benefit from more recovery and aftercare services. Those who fall into the “min” category are likely on unsupervised probation, meaning they require minimal intervention and basic education classes.

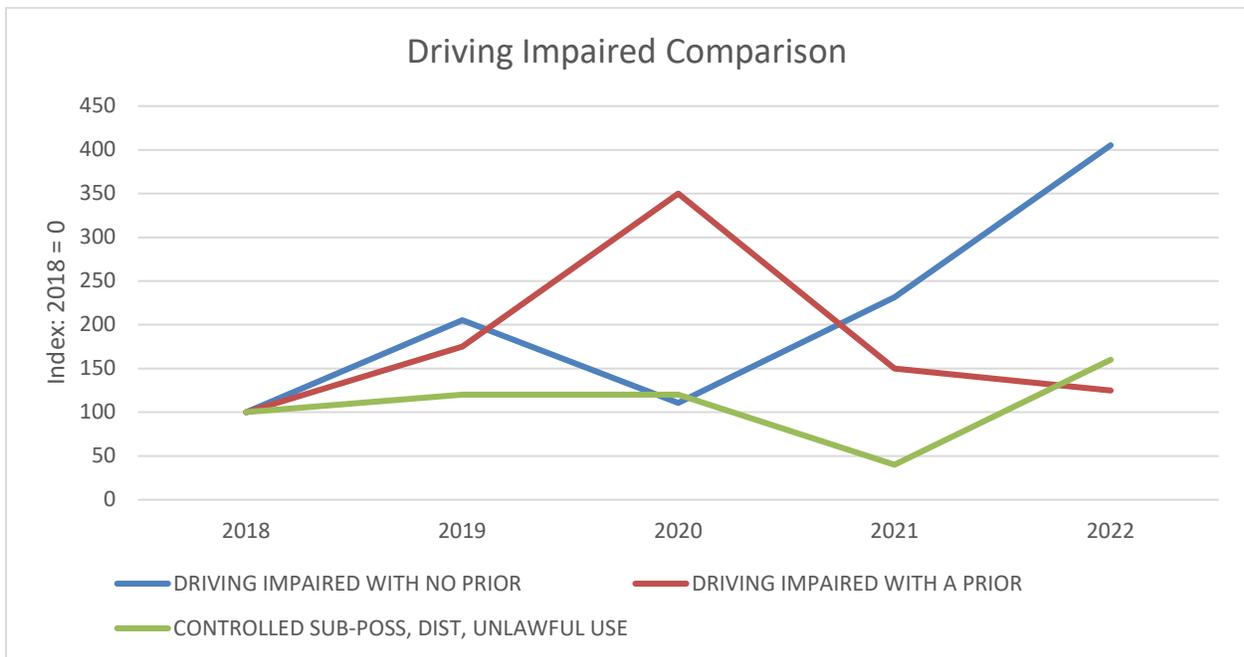


Figure 4 Driving Impaired Comparison

Figure 4 shows a percent change comparison between those who are on probation for driving impaired (DUI or DWAI) with no prior DUI/DWAI offense, and those on probation for driving impaired (DUI or DWAI) with one or more prior DUI/DWAI offenses. From 2018 to 2022, those on probation for a DUI/DWAI as a first-time offense increased by 400 percent, while those on probation for at least a second time for a DUI/DWAI only increased by roughly 25 percent. This brings to question policy or local policing efforts surrounding DUIs in Gunnison County. There might have been an increase in policing capacity specifically surrounding driving impaired. Conversely, there was a sharp spike in 2020 of people being arrested at least a second time for driving impaired; however, there has been a steep drop off of recidivism for driving impaired since 2020. This data does not capture recidivism for other offenses. However, those receiving more than one DUI might be people needing increased support either while on probation or after leaving probation. From 2018 to 2022, this equates to 36 individuals, or 9 individuals

per year on average that might benefit from increased aftercare and recovery services in Gunnison County. Additionally, receiving one DUI can be a traumatic and burdensome experience, meaning that aftercare and recovery resources would benefit far greater than an average of 9 individuals per month.

Figure 4 also shows the percent change of people who have been arrested for possession, intent to distribute, or unlawful use of a controlled substance. This is likely the group of people using methamphetamines and/or fentanyl as noted in interviews with local probation officers. Generally, this group is categorized in higher levels of risk, meaning that they require higher levels of treatment. Over the last five years, there has been a fairly consistent number of people arrested for these offenses equating to roughly 5 or 6 people per year.

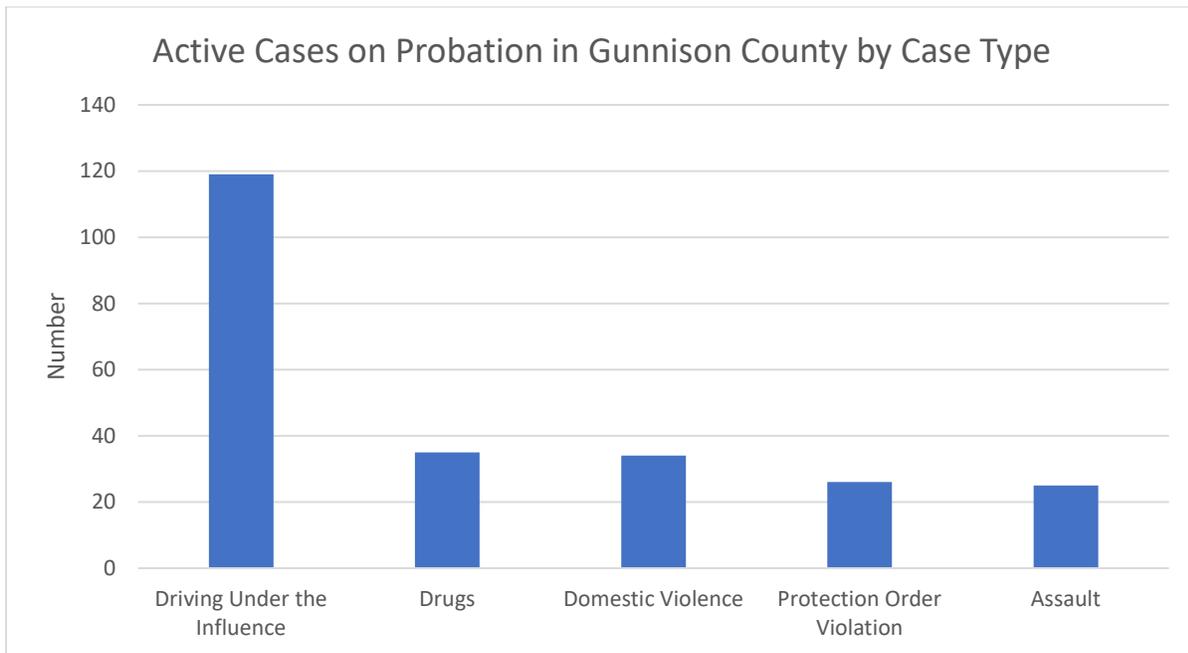


Figure 5 Active Cases on Probation in Gunnison County by Case Type

Figure 5 illustrates the top five reasons people are on probation in Gunnison County. Currently, there are 35 individuals on probation for a drug charge, 34 on probation for domestic violence, and 26 on probation for protection order violations. A specific concern noted in interviews was that people that are system involved are struggling with protection order violations. This means that people are out on bond, not following court orders while out on bond, and picking up another charge. People out on bond are frequently returning to situations that got them in trouble in the first place (unhealthy personal relationships, unsafe housing, etc.). Those with drug, domestic violence, or protection order violation charges are likely candidates for improved aftercare and recovery resources in Gunnison County.

3.2.2 Problem Solving Court/Drug Court

Currently, Problem Solving Court in Gunnison County has four individuals utilizing the program for drug or alcohol related offenses, while three people with domestic violence charges are in the program. Domestic violence should be noted for the reason that police officers frankly state that the majority, if not

all, domestic violence cases involve substance abuse (usually alcohol). Therefore, there are currently 7 individuals in the Problem Solving Court program that might from increased aftercare and recovery programs and resources. Although slightly dated information, recidivism rates among those who utilize drug court remains below 20 percent as of 2015 [5].

New Colorado drug laws lessen the sentence for possession of certain quantities of illicit drugs. Interviewees expressed that because the program is used to incentivize sobriety, more people now choose jail time over drug court, as now they can do 1 to 3 months jail time rather than a year of drug court. Getting sober takes a level of desire and motivation from individuals, as discussed in key informant interviews, and if people lack in those capacities to get sober, they might not succeed in drug court. Intrinsic motivation is only one small brick on the road to sobriety. These sentiments should not diminish the importance of this resource in the community, as increasing the opportunities for people to get sober could incite personal change. Providing more aftercare and recovery options locally might contribute to both the success of members entering and the number not re-entering the program, as they will be able to garner more support locally and be able to build recovery capital.

3.2.3 Gunnison County Jail Recidivism

The authors of this report used limited data from several sources including probation, GVH, Axis Health System, and Front Range Clinic to calculate upper and lower bound estimates of those receiving some form of behavioral health treatment for those diagnosed with Alcohol Use Disorder (AUD) or Substance Use Disorder (SUD). Recidivism as defined by state and federal guidelines was not calculated for this report; however, there is a small amount of information regarding repeat offenders of DUIs and DWAI.

Interviewees for this report described the nature of recidivism in the local jail. Many of those who frequently enter GCJ are addicted to fentanyl. Policy changes at the state level have worked to reduce the amount of time spent in jail, which is not inherently problematic and likely more equitable due to the fact that the defendant does not have to pay any money up front [9]. According to interviewees, many individuals entering GCJ receive Personal Recognizance Bonds or PR Bonds. To receive this bond, the judge determines the person is not a threat to the community, nor is the individual a flight risk. The person “bonds” out of jail with the understanding that he or she appears before the court for when required. PR bonds are standard for low-level crimes [10].

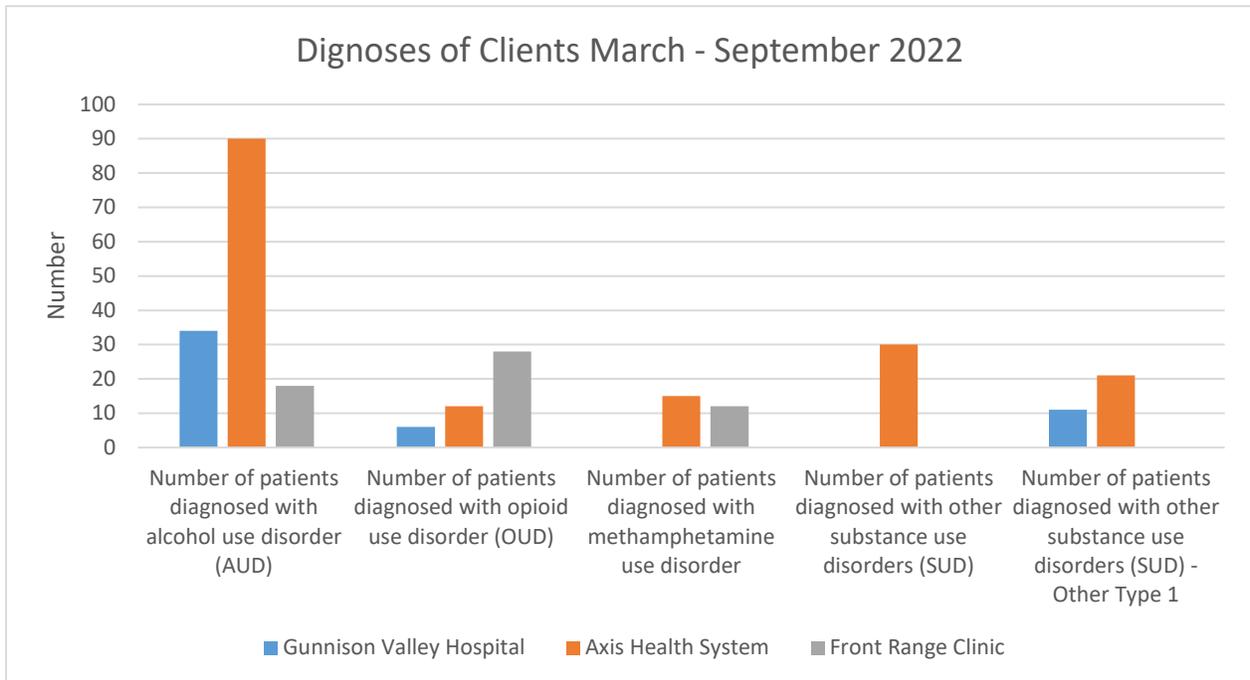
Another observation noted in interviews is that people that require longer stays are getting behavioral health support, which seems to be having positive long-term impacts:

The ones that are in jail for longer periods seem to be getting better due to frequent counseling and also getting away from their “friends or acquaintances” that they go back to and get right back on the drugs. Sometimes jail is the best place for these heavy users to get away from their influences and get the help they need to help them be fully clear headed and sober for a long enough period for them to make better choices. Many are working a good job now and maintaining being sober by changing their lifestyles and friendships here.

The nature of PR bonds, while increases equitability and reduces time spent in jail for those with low-level crimes, might have an unintended consequence of allowing people back into the community before

receiving services. While likely not an ideal situation to be incarcerated for long periods of time, individuals incarcerated for a longer period of time have the opportunity to detox from substances, and utilize Jail-Based Behavioral Health Services (JBBS). On average, 5 people per month are utilizing JBBS. This is another group that can benefit from increased aftercare and recovery resources.

3.3 Estimates of the Number of People Receiving Behavioral Health Services in Gunnison County for AUD or SUD



Source: RCORP

Figure 6 Number of Substance Related Diagnoses from March – September 2022

Figure 6 shows the number of people who have been diagnosed with alcohol or substance use disorder (AUD/SUD) between March and September of 2022. In total, 258 individuals were diagnosed with alcohol or substance use disorder within that span of time. The majority of diagnoses are alcohol use disorder, followed by opioid use disorder.

Assuming the lower estimate of those struggling with alcohol use disorder is ten percent (as noted in the State of the Community 2021 report), the number of people in Gunnison County roughly equates to 1,680. Over a sixth month timespan in 2022, 142 individuals were diagnosed with AUD, meaning that if that rate kept pace, 284 individuals would be diagnosed with alcohol use disorder in a given year. This equates to roughly 17 percent of individuals struggling with AUD have been diagnosed with AUD. If we assume that those who have been diagnosed with AUD are being treated for AUD, then 17 percent of those struggling with AUD receive treatment for AUD in the past year.

Similarly, for illicit drugs, 116 people were diagnosed with a SUD over a sixth month timespan in 2022. Assuming this rate continued for a year then 232 people were diagnosed with a SUD in 2022. Assuming the lower estimate of those struggling with SUD (excluding alcohol) is five percent, the number of people in Gunnison County struggling with SUD roughly equates to 840 people. This means in the past year that roughly 28 percent of those struggling with SUD have been diagnosed with SUD, and are therefore being treated for SUD.

Overall, of the roughly 2,520 people struggling with AUD or SUD, roughly 21 percent or 516 individuals were diagnosed with an AUD or SUD disorder in Gunnison County in the past year. This should be considered an “upper bound” estimate for those who are receiving some form of behavioral health treatment for AUD/SUD in Gunnison County assuming a diagnosis leads to treatment. Similarly, a lower bound estimate for those diagnosed with AUD or SUD in Gunnison County is roughly 9 percent or 221 individuals. Therefore, the number of people diagnosed with AUD or SUD receiving some form of behavioral health services in the past year for Gunnison County residents is between 9 and 21 percent, again, assuming diagnoses leads to treatment.

4. Challenges Facing Gunnison Valley Health’s Emergency Department

Section 4. focuses on more specific issues regarding Gunnison Valley Health’s emergency department. This helps to illuminate specific challenges seen in rural communities with inadequate detox and treatment options for cases involving higher levels of care. Issues including transportation of clients to facilities outside the community and issues regarding re-entry into the community are also addressed in this section.

4.1 Gunnison Valley Health Emergency Department

Gunnison Valley Health (GVH) provides access to several different services in the realm of prevention, treatment, and recovery of substance use disorder and opioid use disorder. Services include therapy, mobile crisis services, access to peer support specialists, access to Medically-Assisted Treatment (MAT) services provided by Front Range Clinic, school-based clinical social workers, and jail-based behavioral health services.

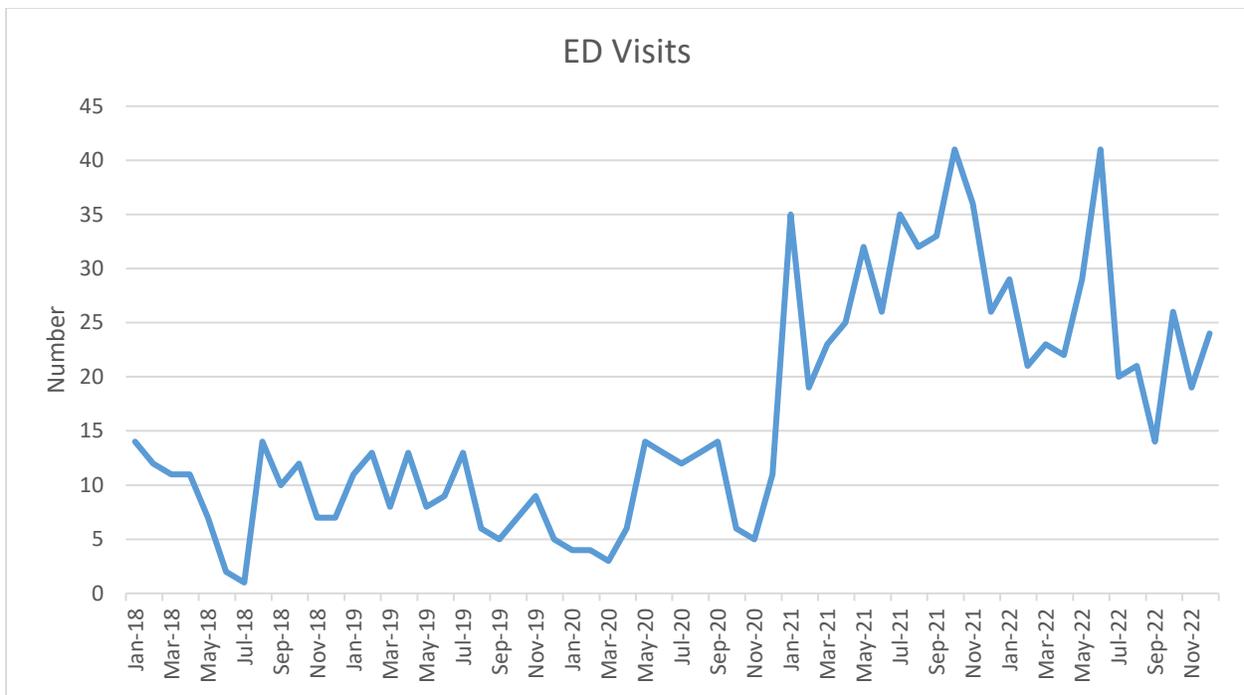


Figure 7 Emergency Department Visits 2018-2022

Figure 7 shows that over the last five years GVH has seen a significant spike of behavioral health related visits to the Emergency Department (ED) in late 2020 through much of 2022, with a slight drop off in the waning months of 2022. Although they have seen a decrease in behavioral health related visits to the ED, intensifying mental health and substance abuse remain top concerns for visits to the ED. Especially evident is the prevalence of fentanyl, alcohol abuse, suicide ideation and more. Of all visits in the past

two years, roughly 44 percent of visits were strictly substance related (overdose, withdraw, detox, intoxication, etc.).

Part of the reduction in behavioral health related visits can be attributed to the mobile crisis team, which meets people around Gunnison County who are struggling with a mental health or substance abuse crises. Mobile crisis workers are able to frequently make safety plans that allow people to remain in their home or transportation to another safe place without having to bring them into the ED. From July 2021 to June 2022, the mobile crisis team kept 136 people out of the ED. This equates to diverting 87 percent of mobile crisis calls from the ED, as some mobile crisis calls require transport to the ED.

With the data that is available, it is not possible to quantify the number of visits per individual on any time series scale. In short, it is not clear what the actual number of people who frequent the ED, and how often they are entering the ED for behavioral health related reasons. With data only tracked September-December 2022, on average, less than 5 people per month are not unique clients. A “not unique” individual is one that has received some behavioral health service from GVH prior to entering the ED. Through interviews it is also noted that the ED sees similar faces re-entering for behavioral health reasons. The majority of reasons for entering the ED are for substance or mental health related concerns, and sometimes both.

4.1.1 Transportation from the Emergency Department

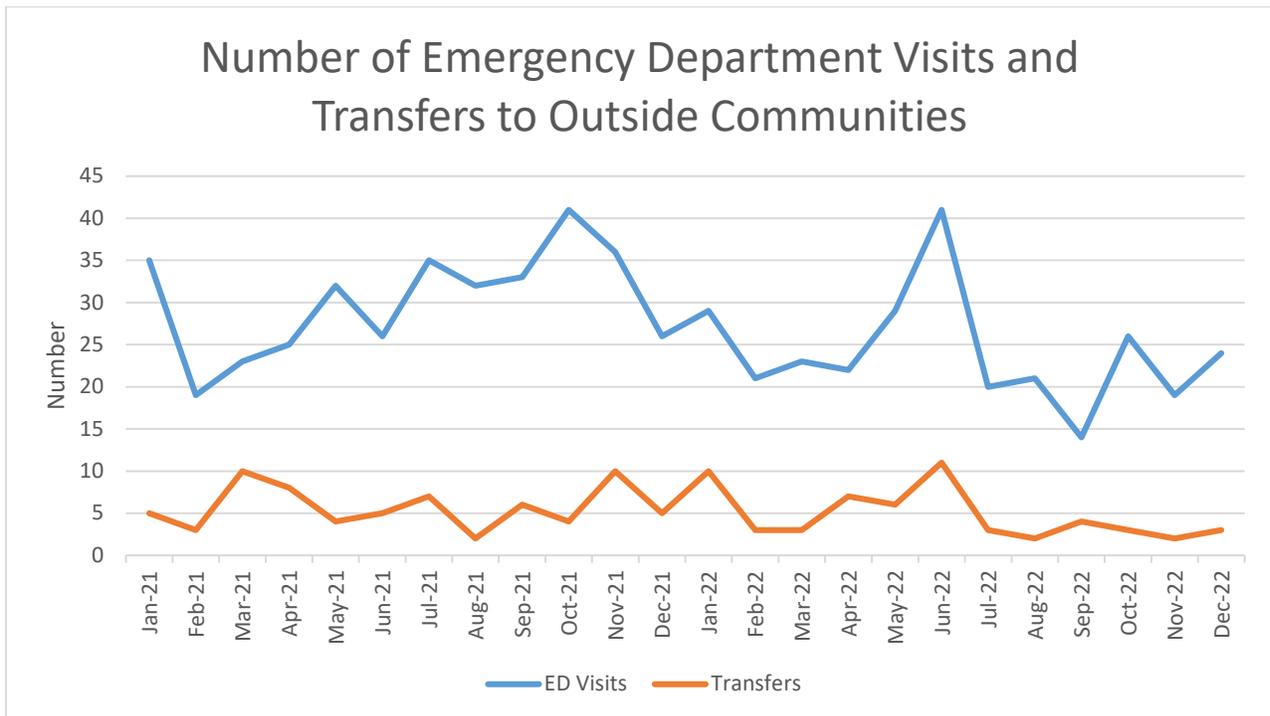


Figure 8 Number of Emergency Department Visits and Transfers Outside the Community

One significant problem facing GVH is the ongoing and persistent nature of re-occurring mental health and substance problems after transporting people to outside communities to receive higher levels of care.

Due to the lack of treatment options available in Gunnison County, roughly 20 percent of those who enter the ED for behavioral health related reasons are being transported outside of the county to receive treatment options as shown in Figure 8. This equates to roughly 5-6 people per month being transported to resources outside of the community for the past two years. After leaving higher level treatment options, Gunnison County residents quietly reenter the community without support or communication of discharge from treatment facilities. Mostly unbeknownst to GVH staff, these community members recirculate back into the ED, interact with mobile crisis, or end up in jail when the next crisis emerges.

4.1.2 Lack of Communication Between Treatment Facilities and GVH Aftercare Services

One interviewee working for Advocates for Recovery on the Front Range, Denver-Metro area explained that treatment frequently happens outside of the community, but recovery happens within the community. Three things have to exist for that to happen: 1) Recovery resources have to exist in a community, 2) People in recovery have to know about the resources at their disposal, and 3) People struggling with addiction or newly in recovery have to want and be able to utilize that service. Without adequate recovery resources in the community, behavioral health organizations will likely continue to see the same faces entering their doors. People leaving treatment facilities need a healthy human connection within Gunnison County. This connection can come from different places whether it is in a clinical setting or not; however, people re-entering the community frequently return to unhealthy connections that got them in trouble in the first place. Gunnison County has a variety of clinical support for people re-entering the community, yet it might be advisable to focus more efforts on non-clinical connections. This will work towards increasing the willingness of individuals to utilize recovery services.

Re-occurring visits to the ED is emblematic of three main things: 1) The nature of addiction and recovery, which more often than not, involves relapses, 2) The lack of communication between treatment facilities outside the community to GVH peer support specialists or Jail-Based Behavioral Health (JBBS) staff, and 3) The lack of adequate recovery support when a person re-enters Gunnison County. It is important to address that the breakdown in communication between treatment facilities outside of the community and peer support specialists is not always the fault of either organization. People entering treatment facilities have the right to privacy, in which cases, clients are not agreeing to a release of information. This means the treatment center cannot contact anyone regarding the client's whereabouts or when they might be released from the treatment center. Section 9.4 details one way this problem can be addressed.

5. Current Aftercare and Recovery Options in Gunnison County

It is important to acknowledge the current efforts surrounding aftercare and recovery in Gunnison County. This is not an exhaustive list of recovery options in Gunnison County. Aftercare refers to the ongoing supports and services provided to individuals in recovery. This includes both clinical and non-clinical services that one utilizes after completing a formal treatment program. The goal of aftercare is to help individuals maintain their recovery and prevent relapse by addressing their basic needs and providing access to resources and support.

The recovery options mentioned in this report those that were mentioned most frequently in interviews with providers and those in recovery. Some programs, such as Alcoholics Anonymous, have been in the community for many years and have helped numerous people gain and maintain sobriety. Other programs such as SMART Recovery are newer, meetings are not offered as frequently, and might not be as well-known as other programs. This does not insinuate some programs or more effective than others in helping maintain sobriety, but rather, consistency and community knowledge of a program might be key ingredients in increasing access to support groups. Each program provides a slightly different angle to the process of recovery. The road to recovery is non-linear, and therefore, an array of options provides autonomy for those in recovery.

Researchers were unable to pin down the utilization or frequency in which people attend all programs mentioned in this section; however, some of that information is provided for some of the programs. As noted earlier, people, place, and purpose are the main dimensions of long-term recovery. In general, the programs below seek to guide individuals in fostering healthy connections with sober other people, and aiding in the re-discovery of one's purpose. A full list of recovery resources is provided by the Grasp Consortium, which is not included in this report. This group created a Recovery Resource Guide that details location, contact information, and times of all programs associated with recovery in Gunnison County.

5.1 Alcoholics Anonymous

Alcoholics Anonymous (AA) [11] is perhaps one of the most well-known recovery support groups. AA is an abstinence-based self-improvement program that follows a twelve-step program rooted in the belief that a power greater than oneself is critical in finding meaning and helping maintain sobriety. AA is considered non-denominational and welcomes all spiritual beliefs (including agnostics and atheists). Another key concept is "sponsors," who act as peer support for those struggling.

People usually attend 2-3 times a week in a semi-structured therapeutic setting run by and for those in recovery, where people come together to share how their recovery is going and participate in discussions around life and substance abuse.

5.2 Front Range Clinic and Medically-Assisted Treatment

Medically-assisted treatment (MAT) [12] is a form of treatment for substance abuse that utilizes pharmacological interventions to support individuals in their recovery process. This approach to treatment

is based on the understanding that addiction is a complex, chronic brain disease that involves changes in brain chemistry and function. These changes can be addressed through the use of medications.

MAT involves the use of pharmacotherapies, which are medications that are specifically designed to address the symptoms and underlying causes of substance abuse. These medications can be used to reduce cravings, manage withdrawal symptoms, and restore normal brain function. Some examples of pharmacotherapies used in MAT include:

- Opioid agonist medications: These medications, such as methadone and buprenorphine, act on the same receptors in the brain as opioids (e.g., heroin, oxycodone) but have a lower potential for abuse and dependence. They can be used to help manage withdrawal symptoms and reduce cravings in individuals who are dependent on opioids.
- Opioid antagonist medications: These medications, such as naltrexone, block the effects of opioids and can be used to prevent relapse in individuals who are in recovery from opioid addiction.
- Alcohol agonist medications: These medications, such as disulfiram and naltrexone, can be used to reduce cravings and prevent relapse in individuals who are in recovery from alcohol addiction.

MAT is typically administered by a healthcare provider, such as a physician or nurse, who will work with the individual to determine the appropriate medication and dosage. It is important to note that MAT is not a standalone treatment and should be used as part of a comprehensive recovery plan that includes therapy, support from friends and loved ones, and other evidence-based interventions.

From March through August of 2022, Front Range Clinic served 58 clients in Gunnison County. Over half of the clients fall between the ages of 25 and 44 years old. Thirty-one percent of clients were diagnosed with alcohol use disorder, 48 percent were diagnosed with opioid use disorder, and roughly 21 percent were diagnosed with methamphetamine use disorder.

Overall, the goal of MAT is to support individuals in their recovery from substance abuse and to help them achieve and maintain long-term abstinence from drugs and alcohol. Research has shown that MAT, when used in conjunction with other forms of treatment, can be effective in reducing substance use, improving treatment outcomes, and reducing the risk of relapse.

5.3 SMART Recovery

SMART Recovery (Self-Management and Recovery Training) [13] is a non-spiritual recovery program focused on developing skills to develop "Self-Management" and "Recovery Training." SMART presents itself as a recovery program "grounded in science" and therefore focus on addiction as a dysfunctional habit. To address this habit, SMART has a 4-point program which is:

- Building Motivation
- Coping with Urges
- Problem Solving
- Lifestyle Balance

They also have their SMART toolbox that utilizes techniques like cognitive behavioral therapy (CBT) to address the 4-points. In Gunnison, Erin Wesley leads a mutual support group weekly to discuss the 4 points and how to use tools like CBT.

Currently, there is only one class offered per week. This class is underutilized, and only one member from the community consistently attends this weekly class. Factors including limited class offerings and insufficient marketing efforts might contribute to the underutilization of this group.

5.4 Celebrate Recovery

In a similar vein to AA is Celebrate Recovery [14], which is a Christian "biblically balanced" approach to sustainable recovery. They follow a "Christ-centered" 12-step program like AA. Their program is based on 8 principles of recovery based on the Beatitudes in Matthew 5. A primary focus is developing a community through Church and God.

They hold large group meetings as well as individual sessions. They also encourage participants with shared issues to form small groups of "accountability partners" to support one another closely. Meetings are managed by local church organizations. In the case of Gunnison, Bethany Church currently offers weekly open meetings.

5.5 Mindfulness in Recovery

Mindfulness in Recovery [15] provides support recovery care with an emphasis on developing mindfulness to develop meaning and make healthy choices to foster well-being. One of the founders, John Bruna, articulates mindfulness as going beyond being aware but also "the cultivation of concentration, wisdom, and the ability to make healthy choices that foster genuine happiness and a meaningful life."

Through this program, people interested in developing mindfulness support (around a non-sectarian Buddhist approach) can join a supportive community of like-minded people to practice mindfulness daily, weekly, and/or monthly. They have 3 key principles to approaching living mindfully:

- Practical - Ensuring skills can be integrated into one's recovery right away.
- Accessible - Layman language and examples that are clear and useful. Offering a range of resources from free to paid.
- Universal- Teachings that are helpful to anyone.

Local Mindfulness in Recovery classes have moved online since the COVID-19 pandemic. These classes originated in Carbondale, by a monk named John Bruna. These classes are accessible via online, and scholarships are available to those lacking resources to pay for the memberships. However, in-person classes remain non-existent until a neutral space is provided in the community.

5.6 Axis Health Services Intensive Out-Patient Program

Axis Health Systems started providing Intensive Out-Patient (IOP) services in Gunnison County within the last year. This program was provided on Monday, Wednesdays, and Fridays from 9am to 12pm. While conducting research for this project, this program had roughly 5 participants. Time constraints, jobs, insurance, and children are barriers to utilizing this service, even when it might be needed for someone re-entering the community. Unfortunately, this program, as of early 2023, is no longer available to residents in Gunnison County. If AHS is able to hire the personnel, this might be an option again in the future.

5.7 Grasp Consortium

The Grasp Consortium is comprised of behavioral health providers, family members impacted by addiction, those in recovery, and other interested community members. The consortium houses three main subgroups: 1) Recovery, 2) Harm Reduction, and 3) Education.

Currently, the Recovery subgroup is working towards actualizing sober living in the city of Gunnison. This involves a partnership with Bethany Baptist Church, who is providing funding for the purpose of purchasing or renting property with the intention of providing sober living.

The Harm Reduction subgroup continues to distribute Narcan, and provide Narcan trainings for all interested groups across the community. Additionally, this group is distributing fentanyl test strips at various locations around the community, and is aiding in the testing of HIV and HepatitisC at Western Colorado University and the jail.

The Education subgroup is organized to provide community education and provider education. Consortium funds are utilized to develop the local behavioral health workforce, and increase community awareness. Funds from the Grasp Consortium have supported two students in pursuing a master's in Behavioral Science in Community Health, those seeking to become a Certified Addiction Technician, (EMDR) training, and Spanish classes. Community educational opportunities included information in methamphetamine psychosis, SBIRT, and harm reduction trainings.

5.8 Jail-Based Behavioral Health Services

Since the inception in July, 2021 to December of 2022, Jail-Based Behavioral Health Services (JBBS) JBBS has provided support for 83 incarcerated individuals. JBBS is a proactive resource that seeks to provide behavioral health support for those who are incarcerated at the Gunnison County Jail (GCJ), and to provide necessary support for the same individuals after leaving GCJ. The following information breaks down this data from the last year and a half.

Basic demographics of those served by JBBS from July, 2021 – December, 2022:

Sex: Male (65%), Female (35%)

Race: White (67%), Patient Declined (15%), Other Race (10%), European (4%), Black or African American (1%), Asian (1%)

Ethnicity: Not Hispanic or Latino (72%), Hispanic or Latino (14%), Patient Declined (15%)

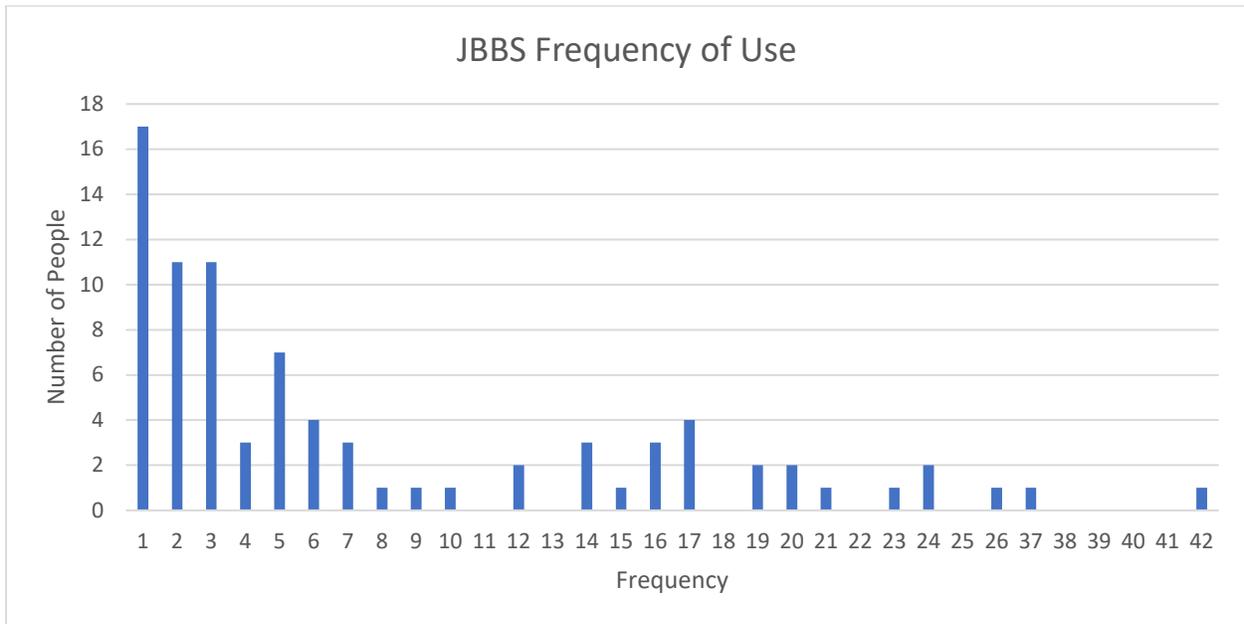


Figure 9 JBBS Frequency of Use

Figure 9 shows the number of people and how many services they have been provided while incarcerated at Gunnison County Jail. Of those who utilized JBBS services, roughly 20 percent only used one service. Of those who utilized JBBS services, 47 percent of people used only one, two, or three services with JBBS staff while incarcerated. One individual used JBBS services 42 times while incarcerated. Assuming that people who utilize JBBS services at four or more times while incarcerated will need services after leaving the jail, then at least 53 percent of individuals will need some form of aftercare and/or recovery resources.

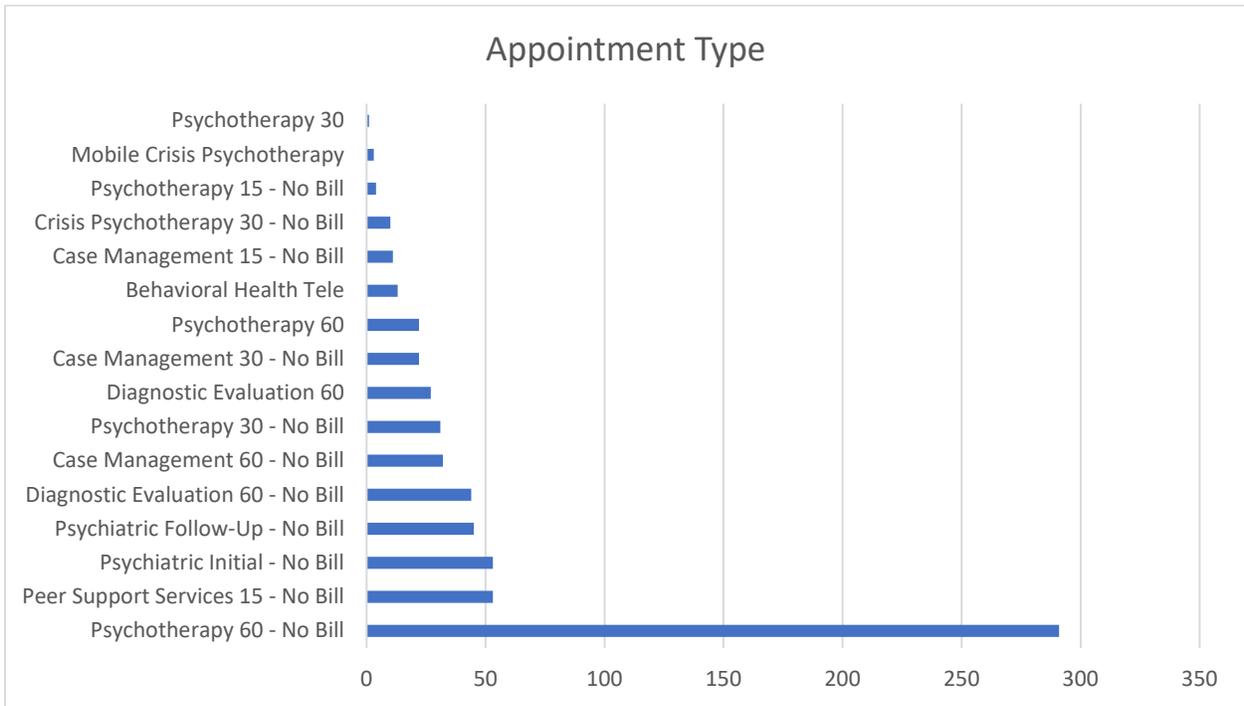


Figure 10 JBBS Appointment Type

Figure 10 depicts the most frequently utilized services people use while incarcerated at Gunnison County Jail (GCJ). Sixty-minute psychotherapy sessions have been the most utilized services for incarcerated individuals. The second most utilized service are 15-minute peer support specialist visits. Any appointment that includes the word “psychiatric” involves medication management for someone struggling with SUD, a mental illness, or both. “Case Management” refers to JBBS staff preparing for an individual to leave GCJ. This could involve reserving hotel rooms, purchasing basic need items such as clothing, etc. Beyond these clinical services, JBBS staff helps with coordination with courts and probation, helps with resumes and job applications, assistance with STI testing, financial assistance for a phone, clothes, shoes, bikes, dental work, rent, gas, etc. On a case-by-case basis, support can be provided to family members of incarcerated individuals as well. The client needs to consent to a release of information for JBBS staff to speak to the family. When this occurs, JBBS staff can offer therapy, case management, help navigating the court system, etc. The most common services provided to people leaving jail is ongoing mental health and substance use treatment, including medication management. Financial support is offered on a case-by-case basis, and services can continue for up to a year after someone leaves the jail. Estimates from JBBS suggest that roughly 4-5 per month need help with housing in some capacity after leaving jail. Generally, transitional housing (paying for a hotel room) is supported for about two weeks, in which time those who left jail are ideally seeking long-term housing.

In sum, access to services after leaving jail is necessary in reducing chances of recidivism and relapse for those struggling with addiction. JBBS can provide many of the clinical level supports for post-incarceration, and some support for basic needs. It will be important for individuals to not return to a

living situation that got them into trouble in the first place, to find connections with healthy individuals, and to have other basic needs supports while in early recovery.

5.8.1 Section 5 Summary: Expanding Upon Current Efforts

Within Gunnison, there is already a passionate and committed cohort of people facilitating recovery options, but there is still a need to bolster and support current aftercare resources for the community. While there are some aftercare options, could be more interconnected with each other's work. More awareness needs to be made as some people in recovery unsure of may not be sure about all recovery the options exist. What is more, there are unmet basic needs that have created significant barriers for people seeking recovery.

Uniting current aftercare options, identifying further recovery issues such as unmet basic needs, and developing new options is vital to continue expanding support for our community members seeking and sustaining recovery.

6. Barriers to Sustainable Aftercare and Recovery in Gunnison County

The failure to meet basic needs can significantly hinder an individual's recovery from substance abuse. From a socioecological and a Recovery-Oriented System of Care (ROSC) perspective, abusive interpersonal relationships, community norms favorable towards substance use, and the lack of quality of housing are all social determinants of health that can exacerbate the likelihood of relapse and limit recovery [4].

Addressing these fundamental needs is a crucial aspect of the comprehensive approach of to community-oriented recovery support. These issues go beyond anything one individual can overcome. Rather, they need recovery-oriented community support. The following section outlines both commonly identified barriers for those struggling with addiction, and also issues identified by people in recovery within Gunnison County.

6.1 Children

Substance-dependent parents with children face difficulties accessing and maintaining participation in recovery services [16, 17, 18, 19]. One of the main barriers for parents seeking treatment is caregiving responsibility. Child-raising takes a tremendous amount of time and energy, and many cannot afford to take time off and/or pay for childcare services while they seek treatment. Child-raising can itself contribute to substance abuse, as one IOP father noted, “We definitely need better childcare options, take care of kids, etc. That’s played into using drugs and alcohol. Super stressful situation. I felt like I was expected to provide for family and be a stay at home.” As a result, many parents may be unable or unwilling to utilize recovery options because of family obligations.

Parents may also fear that revealing their substance use disorder will result in them losing child custody [1, 3]. Intoxication/withdrawals, high rates of comorbid mental health issues like depression, and engagement in illegal activities diminish a parent's ability to foster a stable and nurturing environment, leading to an increased risk of maltreatment [16, 19]. The uncovering or revealing of a parent's substance use disorder (and the associated hostile environment for the child) frequently results in losing one's child to welfare systems. According to the federal government, 4 in 10 children in foster care have a parent with a substance use disorder. Many of these parents with substance use disorder do not seek treatment out of these fears of losing child custody.

Women, the majority of single-parent households, have the primary responsibility for childcare and thus face unique challenges in seeking treatment [19]. A 2015 survey found that more than 73 percent of new mothers with substance abuse disorders reported fear of identifying their issues due to losing custody of their newborn children [20]. Women struggling with addiction who are living in communities lacking women-centric sober treatments do not offer childcare services in general [17]. Women parents face a set of disparities that may make sobriety and a successful sobriety journey especially challenging.

6.2 Housing

Substance Abuse and Mental Health Administration (SAMHSA) has noted that a significant dimension that supports life in recovery is stable housing. This means that a safe, sober, and stable housing environment is a basic need for those in recovery [21].

Housing helps support recovery efforts and assists in helping one reintegrate into the community [22]. However, those in recovery frequently face precarious housing situations, or homelessness, because of barriers associated with the negative consequences of substance use disorders. Such barriers include eviction, poor credit, criminal history, and low/no income [23].

Another significant issue is that after receiving care and beginning their recovery journey, people often have to return to a housing situation un conducive to sobriety. Stable housing (and its associated support aspects) also negatively impacts one's ability to engage in a continuum of care and sustain a successful recovery journey. An interviewee from the State of the Community Report in 2021 elaborated that, “[Low-income housing units with substance abuse issues is like] living in a house on stilts over water surrounded by sharks” [24].

6.3 Education

Lack of education can be a significant barrier to recovering from substance abuse and can impact an individual's ability to access treatment, find employment, and maintain long-term recovery [25].

One way in which lack of education can be a barrier to recovery is by limiting an individual's knowledge about treatment options. Individuals who have limited education may not be aware of the various treatment options that are available to them or may not understand the benefits of seeking treatment. This can make it more difficult for them to access the help they need.

In addition, lack of education can impact an individual's job skills and employment opportunities, which can be an important factor in maintaining long-term recovery. Substance abuse can negatively impact an individual's education and job skills, which can make it more difficult for them to find employment after treatment. This can lead to financial insecurity and other challenges that may increase the risk of relapse.

Finally, lack of education can also contribute to stigma and discrimination, which can be a significant barrier to recovery. Individuals who have limited education may also face stigma and discrimination due to their substance abuse history, which can make it more difficult for them to access treatment and support.

Some members in IOP had voiced interest in continuing their education:

My alcoholism is symptomatic. I don't want to drink and do drugs, but for me to stop, I need socioeconomic mobility.... I would have pursued working in the medical field more but you have to leave town and I can't do that to my family. If there was more vocational stuff here, that would help a lot.

Some saw pursuing education to avoid environments that contributed to substance abuse. They also saw higher education employment opportunities as a way to reduce economic stressors because these newly available jobs would provide more socioeconomic upwards mobility.

6.4 Employment

Employment is a significant priority for people in recovery. To fully help obtain employment, Gunnison must be aware of the challenges that exist with people with histories of substance use disorders.

SAMHSA [25] finds that significant barriers include:

- Poor work history due to substance misuse
- Lack of education and work experience/skills
- Recurrence of substance abuse
- Employers' lack of patience/understanding of the dynamics of recovery
- Balancing time commitments with probation/treatment requirements

These examples frequently make people in recovery less favorable hiring candidates. Furthermore, many work environments may not understand the healing challenges, and may even hinder it with their own work culture of substance abuse (such as those in the service industry).

However, getting gainful employment is vitally important to those in recovery. According to research on employment, those who are employed are more likely to better success with abstinence, less criminal behavior, less likely to violate parole, and have more success in transitioning back into the community after treatment [26, 25].

Locally, employment challenges prevent many from gaining recovery-supporting employment. For instance, in Axis Health, people in IOP usually meet from 9:45 am to noon three times a week. This prevents many from being able to do full-time work. The local businesses the authors spoke to also admitted that in the past they have felt hesitant to hire people who are in recovery, given previous negative experiences and stigmas. Moreover, barriers like lack of transportation or affordable childcare prevent people from finding gainful full-time employment.

Even with time limits, it may be critical for people in recovery to find employment and support for this may be even more vital. A person in IOP echoed the potential benefits of this sort of support by stating, "I'm between jobs...hiring process, applying for jobs, and resume building is really stressful. Having more caseworker resources to help me build a resume, help advocate for myself to find stable employment, and help me organize and structure my life... manage and maintain appointments would also be helpful."

6.5 Lack of Community/Social Capital

Lack of social capital, the resources that are available to individuals through their social community and relationships, can contribute to substance abuse in several ways [27, 28]. For example, people with strong social connections tend to have access to more resources and support, which can help them cope with stress and other problems, reducing their likelihood of turning to substances as a coping mechanism. On

the other hand, individuals with limited social connections may not have as many resources and support systems, increasing their risk of using substances to cope with stress and other challenges.

Social connections can also shape an individual's behavior through social norms and peer pressure. Those surrounded by others who engage in substance abuse may be more likely to do so themselves, especially if they feel pressure to conform to group norms. Additionally, feeling isolated or disconnected from others can lead individuals to turn to substances to find temporary relief from not having basic human social connection needs being met, and the resulting negative emotions.

Finally, if one lacks a supportive community, individuals may have difficulty finding the resources and support to overcome substance abuse. A sense of belonging and purpose is often crucial to successful recovery. Without a strong sense of belonging, individuals may feel isolated and may be more prone to relapse. Lacking the support and guidance of a healthy community can also make it more difficult for individuals to overcome challenges and setbacks in their recovery journey. One IOP member remarked, “Some people are proud that they’re alcoholics or opioid users too. It’s celebrated to be fucked up in the community. Even for the good old boy cowboys.”

6.6 Legal Advocacy

People in recovery frequently have troubled legal pasts. Possession of illicit drugs can result in arrest, incarceration, and convictions leading to a criminal record. Furthermore, people in recovery may have trouble finding housing or employment if they have a criminal record related to their substance abuse. Also, people in recovery may face challenges related to their treatment and recovery, such as finding appropriate support services or navigating the legal system to obtain treatment or access to recovery resources. These different barriers can be partly addressed by legal aid programs [29]. Legal support can:

- Provide advocacy for employment
- Provide guidance in child custody cases
- Help address housing discrimination
- Navigating the application process and appealing denials of benefits (Medicaid, SNAP)

Having a lawyer's support can also provide protective advocacy against what can be perceived as an unconcerned/misinformed judicial system. Therefore, legal aid for people in recovery is essential in helping them navigate through the legal system and have the best outcomes. However, as important as legal services can be, accessing them can also be a considerable barrier. For instance, many people in recovery may not be aware that legal aid is available to them, or they may not know how to access it. Legal aid can be oftentimes unaffordable, especially given the economically precarious position many people in recovery find themselves in. For rural places like Gunnison, legal aid programs may not be available, so rural people in recovery may not have access to vital services and guidance provided by legal advocacy. Increasing access to legal aid and reducing the legal services gaps can be another important way Gunnison can support people in recovery [30].

Legal advice goes beyond criminal charges, and can include support for housing, legal status, child custody, disability, and more. Section 9.1 explores ways that different health organizations can provide legal support to those in recovery and those experiencing chaotic circumstances that require legal support.

Substance abuse recovery is a challenging and often complex process requiring significant effort and support. However, even after an individual has achieved sobriety and is actively working on their recovery, numerous barriers can often make it challenging to sustain recovery over the long term. Understanding and addressing these barriers is crucial to helping individuals sustain their recovery and achieve long-term success.

7. A Review of Other Recovery Models Around the Country

To address the aforementioned basic need barriers, the authors reviewed recovery models implemented in other communities for best practices. The following is a selection of relevant information from models and practices, specifically addressing people, place, and purpose given the issues outlined in Section 6. These different approaches also inform the final recommendations.

The researchers extensively studied the barriers to recovery in the community. After identifying these barriers, the researchers shifted their focus to examining different community recovery models and best practices that have been proven effective in addressing these challenges.

7.1 Recovery Oriented System of Care

The recovery journey is not a one-size-fits-all process. That is why it is so important to take a "recovery-oriented system of care" approach that acknowledges and values the various recovery resources that allow for successful recovery and reintegration into fulfilling, purposeful lifestyles [31, 32]. This model recognizes that everyone's recovery journey is unique and involves addressing different issues that may have contributed to their substance abuse.

An Recovery Oriented System of Care (ROSC) approach goes beyond simply reducing substance use, but rather works at the community level to understand what different recovery resources are needed, such as "hope, a sense of meaning and purpose in life, a sense of agency and efficacy, a sense of self-worth, and confidence in their own ability to make good choices" [32]. It also involves building social systems of support to help individuals in recovery maintain their progress and prevent relapse. By taking a holistic approach that addresses the various factors that contribute to substance abuse and recovery, it is possible to support individuals in their journey towards a healthy and fulfilling life.

driven support solutions help facilitate recovery. They established a Community Advisory Board (CAB) consisting of stakeholders ranging from local behavioral health coalitions to law enforcement, to providers of recovery services. CAB worked together to explore relevant issues, plan activities, discuss findings, and shape recommendations.

They looked at eight counties (Alamosa, Gunnison, Larimer, Logan, Montezuma, Prowers, Routt, and Summit) to look at the unique rural challenges to one's recovery journey. From these different counties they did in-depth interviews with providers and oral histories with adults in recovery.

Through these interviews, several main themes emerged:

- How adverse early life experiences set the stage for substance abuse.
- Treatment looks different for everyone.
- Recovery is not linear nor is the decision to pursue sobriety.
- Challenges to recovery due to not getting relevant support.
- Not limiting recovery support systems to clinical environments but rather to the multiple levels of one's lived environment.
- No one's recovery journey is without socially constructed barriers and caring "facilitators of recovery."

Overall, the report acknowledges that a major downfall for many recovery support systems is that they limit their scope to supporting clinical treatment practices and services. The need for recovery and aftercare continues past one's time in a rehab facility. Additionally, for many, recovery happens entirely outside this traditional clinical environment. The authors continually advocate for a variety of different ways of supporting people in recovery.

To even start recovery, the report makes the important point that one's basic needs have to be met. Whether it is: a stable and safe place to live like sober-living homes; offering a variety of treatment options such as Counseling and 12-step; being provided material and social support to meaningfully participate in a variety of life pursuits like child-raising, volunteerism, furthering one's education, support for recovery comes in many forms. Hence, the report makes the point that community actors from all levels need to come together to provide resources, increase access to care, and holistically support those in recovery.

While the report shares multiple thoughtful quotes from providers and those in recovery about what is required for effective recovery there is tension between goals and translating those goals into practice. Oftentimes what providers want to commit to and provide (self-determination and individualized treatment options for people in recovery) is blocked by a variety issue such as:

- Inability to provide culturally relevant responses to immigrant Spanish speaking communities.
- Lower socioeconomic status, the associated cost/barriers of being low income.
- Lack of available and affordable housing driving precarious home-environments which contribute to homelessness and other stressors.
- Limited services and bureaucratic barriers.
- A lack of continuum for health and recovery services.

- Stigmas, including a lack of empathy and understanding from family and peers about the complexities of substance use disorders and recovery.
- Lack of information and coordination between community members.

For Gunnison County, the gaps and barriers in aftercare present a major hurdle for providing a truly supportive recovery environment. Communities need to be involved in service delivery and support the decision-making/needs/desires of those in recovery. Following in the steps of this report, Gunnison Valley Health could find adequate guidance by creating a recovery support model based on four SAMHSA recovery dimensions (Health, Home, Purpose, and Community) so as to challenge the many different socio-material barriers to recovery and provide a diverse array of recovery advocacy.

7.3 Housing and Employment Pillars of a Recovery Oriented System of Care

This is a report that recommends the importance of shifting from acute care-based system to a recovery-oriented system of care (ROSC) [34]. As mentioned, this type of system prioritizes the needs and goals of the individual and encourages their active participation in their own recovery process. The suggestion for an ROSC is a part of a larger follow-up from a community qualitative needs assessment on how to support people transitioning from rehab centers in Skagit County, Washington. They looked at housing, employment, and education as key areas of concern.

Utilizing data from Washington’s Division of Behavioral Health and Recovery Substance Abuse Treatment Analyzer between 2015 and 2016. They found that the percentage of individual’s leaving outpatient treatment reporting homelessness is 9 percent. Out of those being discharged from intensive inpatient and long-term residential treatment, 48 percent of these individuals’ report experiencing homelessness at the time of discharge. This same group seemed to lack employment opportunities. Forty-seven percent were unemployed or receiving some type of disability, 24 percent were institutionalized, 1 percent only working part time upon discharge. Education was a clear disparity with 37 percent reported no high school degree and only 10% reported post high school education.

From this data, a common theme was that those in recovery were returning to a community with limited recovery support services to help them secure housing, employment, and maintain sobriety. This urgent need revealed the importance of strengthening recovery support services (like sober living homes) to provide a continuum of care and continued support for those exiting clinical substance-use disorder treatment services. A recovery-oriented system of care would need to assess each individual's "recovery capital"¹ so to support the individual where they need it most.

¹ Recovery capital is defined as "the sum of strengths and supports – both internal and external – that are available to a person to initiate and sustain long-term recovery from addiction"(3). Whether the individual lacks recovery capital in regards to safe housing, limited education, or restricted employment opportunities, a recovery-oriented system of care would assess these deficits and provide contextualized, relevant support.

Ways of offering recovery support were broken down into three solutions:

- Sober-living homes
- Social enterprise model for employment
- The Central City Concern in Portland Oregon as a city blueprint for providing and supporting these different programs.

Providing sober-living homes was emphasized as providing a basic need for those in recovery. They concluded that “the longer a person remains in an alcohol and drug free living environment with support for recovery the greater the chance of long-term sobriety; increased financial well-being and overall stability” [34, p. 11].

The social enterprise model is focused on supporting "affirmative businesses" and non-governmental organizations (NGOs) that are focused on addressing social need issues via the creation of purpose-driven, fulfilling jobs/training for those facing barriers and discrimination. This could look like the creation of a Café that employs those in recovery and puts its profits towards other community health programs.

Finally, the report pointed towards the Central City Concern (CCC) in Portland Oregon. The CCC is a non-profit agency that combines housing with a recovery-oriented approach to provide a variety of integrated services to support people with mental health and substance use disorders:

CCC provides a continuum of housing options for individuals, including several different types of transitional and permanent supportive housing...[combines this with] with intensive outpatient addiction services, primary care and mental health treatment, and recovery mentor/intensive case management....This AFDC housing is supported through HUD funds, Emergency Solution Grant, City of Portland general funds, Multnomah County treatment funds, and resident contributions [34, p. 10]

The CCC is an example of a community-led agency funded by a variety of non-profit, city, and state actors. This multi-level of support allows for a wider range of implementation of a recovery-oriented system of care to the community.

For Gunnison, adapting the principles of the CCC to our local community context could address our own issues of education, employment, and housing by providing services such as sober-living homes, mental health care, and continuing care to supporting job opportunities through the creation and management of “affirmative businesses.” The businesses created out of this could also provide important sober spaces for communities to gather and connect.

Overall, a recovery-oriented system of community care has the potential to improve the lives of individuals living with mental health and substance use disorders, and to create a more supportive and inclusive community for all.

7.4 Recovery Housing in Illinois: Brief Report from an Environmental Scan

In this report, the researchers conducted an "environmental scan" to examine the availability and quality of recovery housing in Illinois [35]. The insight given from this "scan" would then assess the State's need for recovery housing. In relation to this question, the authors also explored the challenges to running a high quality and effective recovery housing, based upon the National Association for Recovery Residences (NARR) standards.

With these research questions in mind, they started out with looking at all the different programs offered. They also performed interviews, looked at local estimates of those struggling with substance abuse, utilized focus groups with community members, did a review of scholarly literature on best practices, and finally did a peer reviews of current Illinois recovery homes.

The researchers found that there was a clear need for more recovery homes and recommended investing in the expansion of recovery homes. Due the short-term aspects of rehab centers, people are often barely on the path of recovery and need additional support. Recovery homes are thus often required to take on greater treatment roles. The report recommends making sure recovery homes are a "an authentic component of the prevention, treatment and recovery continuum of care that allows for both recovery housing and support services to be reimbursed" [35, p. 6].

The report also found some serious challenges including a lack of coordination between rehab facilities and recovery homes. Oftentimes, there is no soft handoff for those finishing rehab and then accessing aftercare resources within their community.

Despite the lack of comprehensive research on recovery housing, there is evidence of promising practices in this field based on the experiences and insights of stakeholders and a limited number of studies. These practices include:

- Recovery environments that promote physical and psychological safety.
- Opportunity to actively practice skills needed in recovery.
- Length of stay as a facilitator of recovery.
- Peer support and mutual accountability.
- Skilled staff with the capacity to access comprehensive support services.

Although there is variability in the types of recovery housing and services offered, as well as the duration and intensity of these services at different sites, these promising practices have been shown to have positive outcomes for those in recovery.

Long-term self-sufficiency can be difficult to achieve due to barriers such as employment and affordable housing. While providing stable and safe recovery housing addresses parts of this barrier, there must also be consideration for the importance of advocating for policy changes that limit the impact of criminal records on access to work and housing. For example, the report outlines how communities can push for shorter time periods during which charges appear on a person's record or for certain types of charges to be excluded from records. Additionally, offering the opportunity for individuals to expunge their criminal

history from their record based on their behavior and recovery progress may also be helpful. Overall, these approaches may help to increase access to work and housing and support long-term self-sufficiency.

The authors conclude by recommending that to support the recovery process, it is important to:

- Continue to highlight and promote promising practices in recovery, while also advocating for more comprehensive research on recovery housing and services.
- Encourage coordination between recovery housing providers and supportive service providers to ensure that residents receive comprehensive care.
- Recognize the dedication and passion of recovery housing providers, as this can be a key factor in facilitating positive outcomes for residents.

Overall, these efforts can help to foster a recovery-friendly community and support individuals in their journey towards recovery.

8. Best Practices for Providers to Foster a Recovery Friendly Community

In combination with the above review of different reports, the researchers also engaged in a literature review of different approaches to holistically supporting people in recovery. Within the framework of the socioecological and ROSC framework, healthcare providers should adopt best practices for fostering a recovery-friendly community that is multilevel in its interventions. This is done in order to provide support to individuals in a multitude of ways, which in turn, provides all the essential components of recovery capital at their disposal. When healthcare providers follow evidence-based practices, they help create an environment that supports recovery and encourages individuals to seek the help they need. The following sections will outline a variety of practices that support a non-judgmental and supportive environment, evidence-based treatment options, and possible collaborations with different recovery organizations.

8.1 Addressing Children-Parent Dynamic

For a genuinely supportive community recovery-based system in Gunnison County, there must be considerations for how to support parents, especially women with substance use disorder. This requires providing avenues for seeking help without fear of retribution. Parents in recovery also need specialized support in the form of childcare services so that they do not have to choose between seeking sobriety or taking care of their children. As an IOP parent noted, "Some moms can't afford childcare and be able to bring children to work. It'd be really helpful if there was someone to watch kids during group rehab so parents could get their stuff done."

In Colorado, a rural facility that offers childcare support is the "The Adult & Teen Challenge 180 Ministries - Women / Women with Children" center in Olathe, Colorado [36]. It is a faith-based treatment center that provides housing to mothers and children. The treatment is usually two years, with the mothers and children living in the facility together. Mothers do individual and group therapy while also taking classes in parenting and finance. In the second year, mothers are moved to an apartment to further acclimate into recovery living. During this last year, children are engaged in daycare services while the mothers are given further support to heal, learn caretaking skills for themselves (and their children), and find employment, which 180 assists with as well.

There are also non-governmental and volunteer-based organizations such as "Safe Families for Children," which offer housing and foster care for children while their parents seek recovery [37]. There are currently three "Safe Families for Children" community organizations in Colorado (Denver, Colorado Springs, and Fort Collins). Community Organizations like this could be pivotal in Gunnison as it has been found through the 2022 State of the Community Report that there is a major foster care disparity in the Gunnison County. Over the years there has been a major decline in foster care homes in Gunnison and this has led to many children left without stable housing after being removed from parent's with substance abuse [5].

Some recovery specialists [19] also believe in the need to help children heal the traumas and stressors created by living in a substance-abuse environment. So, they also recommend implementing an approach incorporating family-child therapy services where children can receive therapy and education.

By offering a variety of family-oriented care, both children and parents can be positively impacted by seeking/receiving recovery services. Providing childcare resources to parents in substance abuse recovery is important for supporting the recovery process, reducing barriers to treatment, and promoting the well-being of both parents and children.

8.2 Addressing Housing

Communities must approach housing as a part of a recovery-oriented community support system. While stable housing is a hopeful end product of recovery, as it reflects one's ability to meet the basic requirements of modern living, advocates of "housing first" would also argue that free or subsidized stable housing (with a drug-free supportive environment) can itself be a form of treatment [22] [21]. Housing-first advocates believe that stable housing embedded within a drug-free environment increases financial well-being and the sustainability of long-term sobriety. Therefore, per both a "housing-first" approach and SAMHSA's prioritization of housing as the key to recovery, it is in the best interest of Gunnison community to offer sober-living housing options to those in recovery.

Sober living supports three-pronged approach to recovery: people, place, and purpose. As mentioned in the State of the Community report [24], people are often re-entering the community after receiving higher levels of care or after incarceration, only to return to unsafe or unhealthy living situations. Housing has been an identified need in Gunnison County from many different angles, and has been deeply studied through many housing reports.

This report seeks to unravel the complexities with current sober living housing efforts to help the Grasp Consortium move their work forward. This section provides a summary of the different levels of sober living, offers insight into the cost associated with each level, and gives examples of different sober living models across the country. In short, there is no silver bullet when it comes to housing, and each community must determine what makes the most sense, and what is financially sustainable in the community. Additionally, issues of anonymity play a role in the effectiveness of not only support groups, but might be a contributing factoring into whether a person feels comfortable entering a sober living home in the community. However, there are sober living models that are successful in rural communities, but it will take the close collaboration of a breadth of individuals to actualize sober living in Gunnison County.

The National Alliance for Recovery Residencies (NARR) “was founded in 2011 by a group of organizations and individuals with deep recovery housing expertise, with the goal of developing and promoting best practices in the operation of recovery residences” [38]. NARR provides a framework for understanding the different levels of sober living to help communities decipher what model will fit best in a respective place.

The Colorado Alliance for Recovery Residences (CARR) was founded in 2017, with the similar purpose standardizing sober living in Colorado [39]. CARR’s intention is to increase the safety and effectiveness of sober living homes in Colorado to protect residents and owners alike. CARR brings national best

practices to Colorado and establishes bench marks that homes must meet in order to be certified. To be a certified sober living home, one either has to fall under the Oxford House model, or be CARR certified.

The Oxford House model qualifies under the NARR/CARR Level 1 certification; however, Oxford Homes generally receive funding from federal sources and are overseen by the Oxford House agency. In Colorado, there is typically one person who oversees all the Oxford Houses in one region of the state. Conversely, CARR sober living homes can receive funding through state grants, which are distributed through different managed service organizations (MSO). West Slope Casa, the MSO for the South West region of Colorado, is transitioning over to United Healthcare in early 2023. State funds from the Behavioral Health Association will now funnel through United Healthcare to rural communities to meet behavioral health needs. This is one consideration when deciding which model to integrate in Gunnison County.

The NARR/CARR model breaks down four levels of sober living homes. These levels are further discussed through this section.

Table 8-1. The NARR/CARR Four Levels of Sober Living Homes

Levels of Support	Level 1: Peer-run	Level 2: Monitored	Level 3: Supervised	Level 4: Treatment Provider
Administration	<ul style="list-style-type: none"> • Democratically run • Manual or P&P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policies and procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and procedures • Licensing varies from state to state
Services	<ul style="list-style-type: none"> • Drug screening • House meetings • Self-help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer-run groups • Drug screening • House meetings • Involvement in self-help and/or treatment services 	<ul style="list-style-type: none"> • Life skills development emphasis • Clinical services utilized in outside community • Service hours provided in-house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in-house • Life skill development
Residence	Generally single-family residences	<ul style="list-style-type: none"> • Primarily single-family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step-down phase within case continuum of a treatment center • Maybe be more institutional in environment
Staff	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

Source: NARR

8.2.1 Shelter

Shelters come in many forms: Night shelter, emergency shelter, hostels. In essence, they provide a momentary safe place to rest, to avoid danger, or respite from an inhospitable outside environment [40]. Each shelter has different functions, but they usually serve three particular groups:

- Women, but particularly single mothers and individuals who are victims of domestic abuse and/or sexual assault.
- Those experiencing homelessness. Particularly those with substance abuse. However, this can include those who are chronically homeless, and also homeless families.
- Those who experience loss of home, often from evictions to natural disasters to recently released from jail.

In general, the demographics of these shelters are not homogenous (lack of youths, immigrants, and indigenous peoples). According to 2019 data, in the state of Colorado there were 2,302 homeless, men, women, and children. Within those groups, 8% were families with children and 14% were fleeing domestic violence. Sixty-five percent were male and 72.2 percent were non-Hispanic (mainly white). Some main risk factors that exacerbated/contributed to homelessness were one or more disabling conditions (56.1 %), serious mental illness (24.7%), and substance abuse disorder (23.1%) For many, it is a last resort after all other social ties and resources have been used up [41].

The uses for shelters are varied: temporary refuge, a friendly/clean/supportive/safe, shelter against the elements, a warm meal. What is more, shelters provide interventions to the support continuum of care (these can include counseling for traumatized women, housing assistance for those experiencing homelessness, and mental health services). It is important to understand that Shelters provide more than just a bed and a safe place. Rather, they often shelter with interventions which result in critical benefits with long-lasting impacts that extend beyond one's brief stay [42].

Some Shelters incorporate a "housing first" model that helps homeless people (many with substance abuse issues) find housing which in turn helps them address underlying issues that contribute to homelessness, like substance abuse and health issues [43]. In Salt Lake City, The Road Home (TRH) is a shelter for homeless individuals and families. They administer the Rapid Rehousing Program (RRHP) which helps people transition back into stable housing. One study formed a focus group with homeless families and a standout statement was that, "When I had Rapid Rehousing, I felt safe" [43].

The study went on to find clear benefits (increase in a sense of security, safety, and quality of life) of Shelters, especially those who had a program like RRHP--which were vital in addressing both homelessness and substance abuse.

In regards to substance abuse, another study examined the impact of an outreach program that helped homeless people access treatment programs for their substance abuse issues. Over the course of a year, of the 73 project clients who were referred (at a shelter) to substance abuse treatment in a one-year period of time, 41% successfully entered treatment [44]. Much of the outreach came through working with those who used homeless Shelters.

The study explores the benefits of the aforementioned shelter-based substance abuse program and finds that those who access substance abuse services at homeless shelters were just as likely (or slightly higher 3%-8%) to complete stabilization and pursue long-term treatment as compared to those who accessed treatment at traditional agencies. For the authors of the study, the research therefore suggests that, "Expanding shelter services to include substance abuse counseling effectively links homeless persons with addiction services" and then points to another study that found "Shelter-based post-detoxification stabilization programs are associated with improved outcomes for homeless addicted persons, reducing the potential for relapse and repeat detoxification" [54. p.481]. Shelters with substance abuse interventions embedded in their care systems thus provide significant support to those with substance abuse treatment.

Emergency shelters, by providing resources outside of housing, have a variety of other uses than for individuals experiencing just homelessness and substance abuse. For example, a study that looked at homeless family data in Salt Lake County found that shelters that used "housing-first"/rapid rehousing interventions were key in decreasing family homelessness [45]. TRH provided a variety of interventions to assist homeless families (helping people gain employment, case management, and access subsidized housing). This shelter, amongst other shelters and interventions, were then correlated being a critical service that helped reduce Utah's homeless family number from by 20.2 percent between 2015 and 2017, from 1216 to 970.

In regards to Women/Domestic Violence Shelters, a review of 726 interpersonal violence victims who used a shelter found that these women saw improvements in mental health outcomes, a decrease in abuse, and improved social outcomes as a result of the interventions and benefits provided by the shelter [46].

There are many benefits to Shelters that go beyond servicing the homeless and those with substance abuse. It can be a key emergency resource for a host of different members of the community. What is more, it can be another way to provide resources to people who would not otherwise know about them. A great example of this is the Night Shelter Trust Dunedin in Dunedin, NZ [47].

Established in 2006, The Dunedin Night Shelter provides night shelter (opening up from 6PM to 9AM) to those in need. The Lodge makes the point that they help those who "have run out of options and their needs are urgent." Beyond those who are homeless, they regularly assist people who have lost jobs, are in recovery, or have experienced a relationship break up. The shelter provides sleeping arrangements, dinner, breakfast, clothes washing, and advice/assistance in gaining stable housing. People can only stay for 5 nights (with flexibility given individual circumstances).

Those who cannot find mainstream accommodation are offered a "short-term stepping stone accommodation" in the form of their drug & alcohol-free Phoenix Lodge program. At the Phoenix Lodge, people have a single bedroom with two sets of sheets/pillow cases, two Towels, desk & chair, fridge, heater Drawers, and/or shelving. Maximum stay is 12 weeks with a weekly rent cost (with one week rent in advance at all times). If adhering to the lodge's rules and expectations, the lodge will even provide a reference to assist them in securing mainstream accommodation. Both the Shelter and the Lodge have a house supervisor.

At the Dunedin Night Shelter and Phoenix Lodge, the importance of providing shelter (and warm meals) is combined with other systems of care and intervention. Shelter is important, but it is not enough. That is why the Dunedin Trust opened up the Phoenix Lodge, to expand the continuum of care. For example, part of the reason the Phoenix Lodge was opened was because the Dunedin Night shelter was often helping “men coming out of prison” and their homeless issues needed extended support (hence the references and rules to help develop stable housing behaviors).

The majority of shelters are run by non-profits but others are managed, and funded, by state or local agencies. The operating costs of a shelter are variable. However, according to a 2010 report by the U.S. Department of Housing and Urban Development Office of Policy Development and Research, on the lower end, some overnight emergency shelters have operating costs of roughly \$400 a month. Those that are extended stay or provide services to families are expected to cost roughly \$900 a month [48]. Higher capacity (more than 100 beds) tends to have lower costs due to economies of scale. A smaller program (with 20 to 40 beds) could see increased costs of over \$1000 a month. This seems to correspond with a 2006 study that found the operating cost of emergency shelters is between \$13,000-\$42,000 annually [49].

Shelters are a key resource for the community. They can be an asset for people of all sorts. From those with substance abuse issues to people recently released from jail to women in need of support or families facing homelessness, it is clear that that can be utilized by many different members of the community. What is more, a Shelter can and should be combined with other resources (like counseling, case workers, and further rehousing programs) which quickly compound their ability to provide support and pathways forward to stable and secure living.

8.2.2 Oxford House Model

The Oxford House Recovery Home model is one that is based on self-governance. Oxford Houses do not require a prearranged length of stay, and there is no professional staff on the premises. Residents at Oxford Homes pay for their own expenses (housing and food). Additionally, the residents build a community that requires that each person is responsible to the other residents through three main rules that residents in Oxford Homes must follow: pay rent and contribute to the maintenance of the home, abstain from using alcohol and other drugs, and avoid disruptive behavior. Violations of the rules subsequently lead to eviction of the home [50].

Frequently, support groups are integrated into the Oxford House model. Support groups include, but are not limited to Alcoholics Anonymous (AA) meetings, Narcotics Anonymous (NA) meetings. These meetings intend to foster bonding, relationship building, support, resilience, coping mechanisms, and accountability among residents.

8.2.2.1 Effectiveness

A 2010 study looked at the characteristics and the effectiveness of the Oxford House Recovery Homes model. The study reported the outcomes of 150 individuals in the Chicago Metropolitan area. A group of Oxford House residents were studied in comparison to a group receiving community-based aftercare services (Usual Care). Participants were tracked for over two years, and the study sought to understand

the rates of recidivism, demographics and the implications of subpopulations, and impacts beyond the Oxford House (i.e. community perceptions) [50].

Research shows, at least for treatment, that the longer a person stays in treatment, the likelier he or she is at maintaining sobriety and other positive outcomes [50]. This study shows that the average length of stay in an Oxford House was 10.1 months. Having no professional staff might help foster a culture of personal and communal responsibility, and tight relationship bonds. This study shows the average cost per person per week was \$98.75. The fact that people must pay to live at this residence might automatically incite personal buy-in. It is highly likely that people in recovery will need professional support of some kind due the high rate of co-occurrence of mental illness and SUD/OD. If this model is to be implemented in Gunnison County, considerations should include how to get residents connected to the necessary professional support, and how people will pay for higher levels of care.

8.2.2.2 Considerations

- For communities seeking to find a cost-effective model, the Oxford House model might be an attractive option.
- Considering how to integrate other support groups (other than AA and NA) into a sober living model should be a priority. Although AA and NA have supported people in recovery, they might not be the best options to support special populations needing recovery support including women, adolescent or elderly populations, different racial and ethnic groups, and people with disabilities.
- All of the Oxford House models are single-sex adult dwellings. This brings into question the equitability of this particular sober living model. Although Gunnison County might have a higher rate of men seeking aftercare support, a more flexible model should be considered to meet the needs of women, BIPOC populations, and those with disabilities.
- It is highly likely that people in recovery will need professional support of some kind due to the co-occurrence of SUD/OD and mental illness. If this model is to be implemented in Gunnison County, considerations should include how to connect residents to the necessary professional support.

It is important to highlight some key demographic data of Oxford House residents nationally. For 2021:

- Typical Number of People Served: 5 – 6
- Cost: Average cost/Person Per Week (National Average): \$132
- Primary demographics served nationally: White (69%), Never Married (58.9%), Divorced (26.6%), Prior Jail (85.2%), Residents Relapse Rate (22.9%)
- Coincidentally, this aligns with Gunnison County’s primary suicide demographics from 2004 – 2019: middle-aged, white men, never married [50].

8.2.3 Colorado Association for Recovery Residences

The Colorado Association for Recovery Residences (CARR) is a non-profit organization that promotes and supports recovery-oriented housing for individuals in recovery from substance use disorders and other behavioral health conditions. CARR ensures that recovery residences in Colorado meet the highest

quality and safety standards (Nationally set by NARR), and that residents have access to the resources and support needed to maintain their recovery. Through advocacy, education, and collaboration, CARR helps to create a network of safe, affordable, and effective recovery housing options throughout the state.

The organization also provides training and certification for recovery residence providers to ensure that they are equipped with the knowledge and skills they need to provide the best possible care for their residents.

8.2.4 CARR Level 2

Beyond the self-governed level 1 CARR/NARR (which is nearly identical to the Oxford model) is CARR/NARR Level 2 Monitored Sober Living Homes. Monitored houses are ran less democratically and instead have a house manager (HM) who's main priority is management of the facility and the upholding of the core principles of sober living. The principles are usually based on what is called a “social model” approach developed in California [51]. These values include using 12-step or other mutual-help group strategies to create a space where recovery is used as both as a tool to mutually support oneself and others. Autonomy and empowerment are key terms to reflect the belief that individuals should have a role in how their sober living environment functions, and how they have an important role in maintaining it. However democratic these homes may be, they always have an HM who has more say on how the sober living principles are followed within the space (such as curfews, ability to stay overnight elsewhere, consequences of breaking sobriety etc.). The HM is also responsible for posting and discussing the house rules. The HM is compensated in some form (usually rent is waived or they are employed). The HM is often someone who has been in recovery and/or is a senior resident of the home. CARR level 2 do not usually offer in-house treatment. Rather, the HM often provides some sort of weekly-check in/share time at the house and helps support individual's participation in out-side treatments (weekly AA meetings for example).

One of the most common, and most researched, monitored sober living homes is the California Sober Living Model [51]. California Sober Living Homes require incoming residents to be sober for at least 30 days prior to entry. Residents often pay a weekly or monthly rent cost. Rent cost is sometimes subsidized by either insurance and/or scholarships. Individuals are encouraged to stay at least 6 months. Homes within this model do not always provide things like case management and treatment planning. However, it is common for the HM to offer structured daily routines consisting of cleaning chores, housing meetings, and help facilitate engagement in out-side resources like 12-step meetings and group therapy sessions.

The California Sober Living Homes with HM's reflect a growing demand for professionalism and accountability. HM's may provide both credibility and feedback about how the Sober Living Homes are going. At the same time, it may be important to also have an anonymous reporting system in place so that people in recovery can also report any discrepancies or issues within the Home.

8.2.4.1 Effectiveness

Residents in California Sober Living Homes found significant improvement for reduced alcohol and drug use, abstinence rates, less mental health symptoms, higher levels of employment, less arrests, lower HIV risk, and better outcomes with criminal justice cases [51, 52, 53].

A 2012 study found that sober living homes combined with reinforcement-based treatment substantially improved abstinence in opioid dependent adults and led to better employment outcomes, in part due to promoting longer sober living house stays. Aspects of RBT included: peer reinforcement and goal planning. Individual counseling sessions two to three times a week, behavioral goals, and sponsored recreational activities in the community [54].

8.2.4.2 Considerations

- For communities seeking to find a model with more accountability at similar price a California Sober Living might be an attractive option.
- Having an HM can provide some level of in-house support but also provide guidance to connecting outside recovery support. Thus, addressing the additional support and community connections needed for those in recovery.
- The California Models are mainly same-sex but there are some co-ed examples. If Gunnison did want a more flexible gender housing situation, there are examples of that here. However, there would need to most likely two HMs (one for each gender) and some serious consideration about security and safety.

Group demographics are obviously varied by nature of their neighborhood location and socio-economic status. From data from both Eunomia Recovery Homes and the Clean and Sober Transitional Living in Sacramento County California:

- Typical Number of People Served: 8-9
- Cost: \$375-1500 with 46.9% paying less than \$599 a month.
- Primary Demographic Served: White (72.5%), Men (77%), High school education or GED (75%~)
- Referred by: self, family or friend (44 %) Criminal Justice: (29%) Inpatient Treatment: 15%
- The majority were either male (51%) or co-ed (30.6%) homes

8.2.5 CARR Level 3

CARR/NARR Level 3 homes usually provide a hybrid model between the less structured Level 2 homes and the clinical and structured level 4 homes. For many, there are not only HMs but also multiple supporting paid staff (e.g. therapists, recovery coaches, dieticians). While there is still a focus on residences fostering a sober living environment, mutual aid, and outside engagement with formal treatment centers, there are often services offered within the residence (wellness planning, group therapy, life skill training). These homes often require certain certifications for both the home and the house. There are a variety of different hybrid models with varying levels of self-governance, services offered, and licensing, this is commonly referred to as a Florida/Hybrid Model.

One hybrid model is the Savage Sisters Recovery located in Philadelphia [55]. For the first 30 days, those in recovery must do all the in-house and outside activities, and individual/group therapy (a variety of holistic therapies are offered). After the first 30 days, they do a check-in meeting to see what individual therapy they would like to continue. Autonomy is key for this model's belief in recovery. Whatever they want to do, the home will cover support it. Every resident has chores, participates in activities such as yoga and kickboxing, Rikki therapy, receives trauma-informed therapy, and must work part-time (assisted in the process of getting ready to work if need be). There is House manager (free rent) plus supporting staff (4 employees, 3 full time, 1 part time). Private funding foundation and a volunteer base help reduce costs.

One interesting aspect of this model is that they are partly overseen by Committee HER (Harmful Ethics Reduction). HER provides a place for those in recovery to anonymous reports about unethical/illegal experiences at recovery homes. This provides increased accountability and power for those in recovery to make sure their recovery home is held to a high standard.

8.2.5.1 Effectiveness

A 2010 study looked at the 18-month outcomes for 55 individuals who received outpatient treatment in combination with residence in Sober Living Homes [56]. In this case, the hybrid model included recovery Homes that are offered by Options Recovery Services (ORS), which is an outpatient program located in Berkeley, California. These homes had HMs and outside staffing support to facilitate treatment. Residents are usually set up with subsidized care through state and government support. For those on General Assistance (GA), the fees are \$250 per month and for those on Social Security Insurance (SSI) the fees are \$350 per month. Repeated measures analyze comparing 6-month time periods showed significant improvement on measures of alcohol and drug use, arrests, and days worked.

A 2017 study looked at 10 hybrid recovery/sober living homes in Texas. These homes bridge treatment, peer support, and recovery by providing recovery support services in house [57]. All residents meet with a recovery coach, undergo regular drug screening, and have access to intensive outpatient treatment—a program that was developed specifically to support the needs of residents in the homes. Unlike other models, these homes are supported through a mix of fees as well as insurance. Furthermore, it does not follow a strict social model system due to reduced self-governance. Furthermore, responsibility for recovery is distributed amongst residences, HM, and in/out-house treatment providers. This may provide more levels of social support in recovery. The study was descriptive so it did not provide evidence of the efficacy of the model.

8.2.5.2 Considerations

- For communities seeking to find a model that provides more integrated care and services, hybrid models maintain that a person in recovery is empowered and somewhat autonomous.
- Could be a possible alternative to a clinical rehab facility.
- Many of these services increase costs, but these costs are compensated through increase utilization of scholarships and local and state funding.
- The HER accountability process could be a key.

Demographics for the Savage Sisters Recovery model:

- Typical Number of People Served: 6-7
- Average cost for resident is \$150 a week (utility and rent) with 60% are paying. The rest are on scholarships.
- Total cost of operation per month (rent, cost of living, salary) is \$25,000 all houses.
- Length of stay is on average 6 months to a year
- Female only

8.3 Addressing Employment While in Recovery

Unemployment poses many barriers to completing treatment, reducing substance use, and maintaining sobriety. Conversely, employment plays a crucial role in the recovery process for individuals with substance use disorders. Improved quality and length of employment for people in recovery has been positively associated with lower rates of relapse, more likely to complete treatment, less criminal activity, fewer parole violations, and an improved quality of life as compared to unemployed people in recovery [58, 59]. The following sections outline different approaches to supporting recovery through workplace environments and employment opportunities.

8.3.1 Recovery-Friendly Workplaces

One of the challenges for individuals in recovery is finding a workplace that is supportive of sobriety. Unfortunately, some work environments may not be conducive to maintaining sobriety, and may even present obstacles to recovery. It can be difficult for people in recovery to find a place of employment that is understanding and supportive of their efforts to maintain a sober lifestyle.

Many work environments in Gunnison are frequently riddled with triggers and substance-abuse behaviors. Within Gunnison County, a common occupation is working within the hospitality industry (restaurants, hotels, tourism-related sectors). These workplaces are sometimes rife with drug use. SAMSHA found that almost 20% of accommodations and food service employees had used drugs in the past month, making it the industry with the highest rates of illicit drug use [60].

Drug/alcohol use is not only common in the food service industry/accommodation jobs; substance use is often encouraged. One IOP participant stated, “You're surrounded by alcohol, serving drinks, and everyone around you is drinking...My last job I was encouraged to drink. I was poured drinks by my boss on the clock.”

Having a drug-free and recovery-friendly workplace can be very important to supporting sobriety. In order to address this issue, the Colorado School of Public Health's Center for Health, Work & Environment developed a Recovery Friendly Workplace Initiative [61]. This project is focused on working with employers to, “Educate businesses, guiding them in creating workplaces that support workers struggling with common behavioral health conditions including substance use and addiction.”

Within this project, they offer the "Colorado Recovery Friendly Workplace Toolkit," which provides employers with documentation and guidance to foster a supportive and recovery-oriented workplace. They offer "foundational steps" like establishing a recovery-friendly culture by:

- Reducing stigma through mindful language
- Providing employee assistance programs (EAPs)
- Offering flexible scheduling to support individual recovery requirements
- Supporting educational resources for employers (like Recovery Friendly Leader)

By following these different steps and utilizing the education and resources within this toolkit, Gunnison businesses can help transform their workplace into an inclusive and equitable environment.

Many of the recommendations from the toolkit, such as EAPs, are being successfully utilized in real life to improve the overall mental health for all employees. Within the State, one of the most promising EAPs is Vail Health and Eagle Valley Behavioral Health's Mountain Strong EAP [62]. Through this EAP, eligible employees are provided six free sessions per year for individual, family and couples counseling. Peer support specialist connects employees to insurance options and assists in this process. These peers also do education on how to qualify for certain health benefits as well. Currently there are 11 employers that buy into the EAP which in turn provides access to mental health services for over 8000 employees in Eagle county. Employers pay an \$50 annual fee for each employee to cover program administrative costs. The EAP has over 95 providers (psychologists, counselors etc.), with 30-40% living in Eagle and the rest commuting through Telehealth.

In relation, there is also Vail Resorts Epic wellness program that offers free counseling sessions, health screening, and wellness coaching. These resources are also available to the roommates, family members, and other dependents of the employee. With a focus on fostering community health, these EAPs show that it is possible for companies to play a positive role in supporting mental health and recovery.

8.3.2 Employment as Treatment

One possible way to support employment recovery options is by implementing therapeutic workplace treatments [63, 64]. For this therapy approach, people in recovery are first educated in job skills and financially supported through stipends or vouchers. After training, they are hired and paid to work (usually part-time) jobs facilitated by social enterprises. However, these people in recovery must provide objective evidence of drug abstinence (usually in the form of a weekly drug test) to continue working or receiving maximum pay. One study found employment as therapy was found to increase abstinence of cocaine (54%) and opiate (60%) significantly as compared to the control --28% and 37% respectively [64]. Another study over the course of eight years found that those in therapeutic workplaces were twice as likely to maintain abstinence from opiates (50%) as compared to the control group [63].

To conclude, a literature review of employment as intervention found "Employment interventions were generally successful in reducing substance use...rates of homelessness were [also] consistently reduced...[and suggest that] rather than viewing employment and career training as a possible adjunct to treatment, this review suggests that such services could be explored for possible inclusion in core addiction treatment services [65].

8.3.3 Potential Benefits to Employers for Supporting those in Recovery

It should be possible to support a recovery-friendly workplace environment that also helps businesses. One way to do this is by helping businesses understand and access the Work Opportunity Tax Credit (WOTC). WOTC is a federal tax credit that encourages employers to hire people from groups with significant employment barriers. Individuals from targeted groups that qualify for the WOTC include:

- Formerly incarcerated or those previously convicted of a felony
- Those who have not worked for the last six months (long-term unemployed)
- Those who are on SNAP

Through utilizing this tax credit, companies can reduce effective tax rate and increase profits. After screening to see if potential hires qualify, employers can use the WOTC as a general tax credit that can save between \$2400 to \$9,600 per applicant. This could be a major incentive for businesses and GVH could help by assisting in the WOTC process. However, there are also companies such as "Clarus Solutions" who help with claiming WOTC on target groups and can also help in retroactively claiming benefits from current employees who qualify. Regardless of how it is facilitated, GVH and other community leaders can help support employers in pursuing the hiring and support of people in recovery by leveraging the financial benefits of WOTCs.

According to research done by the peer recovery center of excellence, employees in recovery who are supported by recovery-friendly workplaces, can be provided a host of savings. Beyond WOTCs, employees in recovery (EIRs) on average miss 13.7 fewer work days than employees with active addictions and 3.6 fewer work days than an average employee. The Colorado Consortium for Prescription Drug Abuse Prevention found EIRs saves employers an average of \$8,500 annually in turnover, absenteeism, presenteeism, and healthcare costs. It is thus beneficial for the Gunnison businesses and people in recovery pursue employment opportunities together.

Overall, the community can work at the individual level by supporting people in recovery by offering a range of support and fostering a more recovery-receptive environment in the workplaces in Gunnison County.

8.3.4 Social Enterprise Model

Creating a network of recovery-friendly workplaces is crucial for supporting individuals in recovery from substance use disorders. There are workplaces that specifically employ people in recovery and foster an environment that promotes recovery by being informed about the challenges of substance use disorders and providing support to employees.

In the following sections, the researchers explore the different ways communities and businesses can come together to support those in recovery.

8.3.4.1 Social Enterprise Businesses

SAMSHA continually emphasizes that purpose and community are significant components of the recovery journey. Purpose implies being able to do fulfilling daily activities such as meaningful jobs,

social work/activism/volunteerism, artistic endeavors, family or friend caretaking, and the ability to participate and contribute to one's society and community. Community is about having supportive relationships and social networks that provide a variety of components integral to one's recovery, such as friendship, care, and hope.

A significant barrier in this valley is the ability of people to find purposeful ways to work that cultivate sober/recovery-oriented communities. One growing strategy to address this is Social Enterprises businesses with a recovery focus. Social enterprises are, "Not-for-profit private organizations providing goods or services directly related to their explicit aim to benefit the community. They rely on collective dynamics involving various types of stakeholders in their governing bodies" [66].

The Social Enterprise Alliance, an influential national association, defines these enterprises as having the following three characteristics [66]:

- They directly address a social need and serve the common good.
- Their commercial activity is a strong revenue driver.
- The common good is their primary purpose.

There purpose of a Social Enterprise business includes social and value-driven goals that take priority over maximizing profits. This model would also require a slightly different revenue model with the understanding that many of these enterprises may require some subsidization or grants.

In regards to recovery, one example is the DV8 Kitchen in Lexington, Kentucky. This is a 501(3)c breakfast restaurant and bakery with the social goal of offering employment to those in recovery. The restaurant setting helps contribute to rehabilitation by paying about the average rate of the restaurant, doing weekly workshops that are recovery-oriented, and working with treatment centers to hire individuals (particularly those who have struggled to find employment elsewhere).

DV8 also focused on serving breakfast and lunch to allow their staff to attend night support meetings. Given the environment, staff form friendships over shared struggles and develop a "togetherness" that helps one another stay committed to recovery. Many employees also report a level of "accomplishment" from the quality work and the positive reception from customers. The fulfilling aspect of this work is reflected in DV8's low turnover rate (20%), which is consistently below the national turnover rate (70%) for the hospitality industry.

DV8 Kitchen shows that by developing a healing identity through meaningful work and helping foster a sober gathering space, people in recovery can challenge the multifaceted marginalization they experience. They become seen as a vibrant individual who is overcoming their challenges and, through this process, are helping enrich the community [66]. The focus of DV8 is to provide a variety of opportunities to those in recovery, and reflects the power of developing social enterprises with the goal of recovery-oriented care. The expected good benefits from a viable social enterprise business for those in recovery is another key example of how the Gunnison community can support our members in aftercare.

8.4 Medical Legal Partnerships

Legal aid has been highlighted both in our community and the literature review as a critical need for those in recovery. Providing free, or subsidized, legal support can help people in recovery maneuver through the complicated, and sometimes confusing, legal system [30]. One innovative solution to providing legal support is through Medical-legal partnerships (MLPs).

MLPs are collaborations between legal professionals and healthcare organizations [30] [29]. Through initial screenings to determine need, attorneys provide on-site legal assistance for social/legal needs, and provide legal representation if necessary. Such assistance can come in many forms. For instance, MLPs can help maintain stable housing through working with banks and rental services to extend loans/delay payments. They can also help with the legal processes such as regaining custody over one's child, ensuring worker rights are upheld, and advocating for the utility of treatments like MATs to different actors within the judicial and employment services. MLPs can provide other services to healthcare organizations beyond assisting those in recovery.

The researchers spoke with Marc Scanlon, Attorney with MLPColorado, a non-profit located in Commerce City, Colorado. MLPColorado mainly works with Salud Family Health Centers to address unmet legal needs for those accessing Salud's health resources. One of the main goals of MLPColorado is to address the social determinants of health that pertain to issues with legal system. For Marc, MLPs help people maneuver "legal issues that can impact their ability to achieve positive health outcomes."

The following are two examples of MLPColorado's legal assistance [67]:

Two seasonal agriculture workers on worker visas were in inhumane living conditions (12 men in a 3-bedroom, two-bathroom small house) working on a farm for up to 16 hours a day with sometimes no breaks. When workers raised concerns, the employers threatened to revoke the worker's visas.

These men went to Salud and met with a care manager to discuss these illegal conditions and she referred the mentor to MLPColorado. The lawyers quickly realized these conditions were illegal and helped both men apply for T-Visas (visas for victims of human trafficking). In the end, both men were awarded Lawful Permanent Resident status and their wives and children in Mexico have also been awarded legal status in the United States as derivative family members.

Another example is that MLPColorado helped a 66-year-old woman use the Fair Housing Amendment Act after she developed asthma and a chronic cough from an unsanitary and smoke-friendly apartment complex. With legal advocacy from MLPColorado, she was able to legally demand relocation to a new non-smoking building.

MLPColorado shows how MLPs can be of great importance to any health organization because they provide legal benefits that go beyond just support for those in recovery. As Gunnison has issues around both housing and a large number of immigrant/visa/undocumented workers, an MLP could provide a great deal of support for variety of different community members.

The Pro Bono Institute also discusses how MLPs support best practices and educate both legal and medical workers [29]:

Pro bono attorneys can help train medical professionals to identify common legal problems, while doctors can train attorneys and legal staff so that they better understand addiction and the recovery process. One optimal aspect of these partnerships is that pro bono attorneys reach out to patients, rather than the other way around, so attorneys assist patients with their specific needs and offer tailored solutions. This establishes a more client-centered process...pro bono attorneys are meaningfully involved in patients' lives, as they work with medical staff to understand specific treatment plans and other personal information.

Many healthcare organizations already have MLPs, so it is an established model that can support healthcare systems that wish to have more "holistic services." Gunnison County could provide subsidized legal aid to those in recovery through MLPs. This collaboration would provide higher quality personalized legal support and advocacy, especially when dealing with people within the criminal justice system that have misconceptions about substance abuse and recovery. The educational potential for doctors and lawyers through MLPs should also be seen as an additional benefit beyond providing better care for those in recovery.

8.5 Addressing a Lack of Community and Social Capital

Choosing recovery fundamentally requires significant lifestyle changes. Friends, activities, and environments that once were an integral part of one's life and identity may no longer be healthy to one's recovery due to their relation or contribution to substance abuse. Jason Howell, executive director of RecoveryPeople, describes it as "transplanting yourself from a culture and lifestyle of addiction into a culture and lifestyle of recovery" [68].

Recovery is rarely a solo journey, and having a peer-support community to help people with "organizing" and "structuring" one's recovery is vital. Having caseworkers/peer supporters who can advocate for people in recovery could be immensely beneficial. By being trusted and reliable community members, advocates could reduce hesitations from businesses to employ people with histories of SUD/ODs.

However, a significant barrier in Gunnison is that a recovery lifestyle provides little opportunity to engage socially with the community. One person in Axis Recovery's Intensive Outpatient Program noted how, "There's not a lot out there...9 - 10 comes around, I get fidgety. There's nowhere to go. Somewhere to go that is open late, is safe, and has things like games and internet access. Idle time and boredom are triggers."

As social beings, humans need people and places to support [27]. There is a need for sober spaces where people in recovery can come together and enjoy the essential socializing experience. Long-term recovery is best sustained by being part of a sober community space that nurtures healthy behaviors. We can look at social enterprises with a sober/recovery focus to create such a space.

A sober space can take many forms, but take, for instance, the AWAKE in Denver [69]. This public benefit corporation provides an alcohol-free bar, bottle shop, and craft coffeehouse experience. They also host events like live music. Their motto is, "We believe in the notion that we are all capable of socializing without alcohol. In fact, sobriety fosters genuine, connected relationships."

There are the apparent stigmas associated with being seen as an "addict" or "druggie." Still, there is also social isolation and rejection that happens when a person chooses recovery over engaging in activities or spaces that promote substance abuse (and with this being seen as "boring" or "lame"). Of course, for those in recovery, a significant part of this stigma is the assumptions and perceived judgments of others. While those in recovery cannot necessarily change the bigoted perceptions of others, they can begin developing a way of life that is meaningful and enjoyable. In doing so, they can be proud of who they are and how recovery has bettered their life. This fundamentally requires also being a part of a community that fosters a fulfilling and enjoyable lifeway.

Consistently, people in recovery in Gunnison County have shared the desire to have a place to gather, especially during the evenings. A place similar to AWAKE in Gunnison could meet the demands for a social gathering space not tied to drinking.

8.5.1 Recovery Community Center

Recovery Community Centers (RCC) are the synthetization of peer-led mutual-help organizations (like AA) and professional clinical services. RCCs combine professional and volunteer support to create an "attractive" recovery hub that enhances one's ability to recover by combining various modalities of services into singular spaces [70].

RCCs are based on the principle that sustaining recovery, reducing the frequency and length of relapse, and harnessing a variety of different community resources into one place [71]. They focus on more than just:

A function of medical stabilization (e.g., detoxification/medication) or acutely addressing psychopathology—although these are often critical—but also of providing and successfully mobilizing personal, social, environmental, and cultural resources that can be brought to bear on sustaining remission and recovery over time [70].

The accrument and combination of these different aspects are termed "recovery capital" [72]. Recovery capital refers to the various resources that an individual can draw upon in order to overcome addiction and achieve sustained recovery from substance abuse. These resources may include social support from loved ones, therapies that help foster healing, mindful practices that maintain healthy habits, legal advocacy, good physical and mental health, and access to treatment and recovery services. RCCs work to gather and enhance this different resource capital by providing a centralized space for recovery that increases availability, quality, and access.

By fostering such an environment, people in recovery can have a place to gather and connect. RCCs may support recovery by increasing exposure to other people in recovery and promoting bonding with peers. RCCs oftentimes also have peer-advocates, people who are trained by the RCC to help support the recovery of others. These peers have lived experiences that put them in the unique position to bond with those in recovery through shared struggles [73]. Through this friendship, these peers can provide guidance and support.

RCCs work to accrue resource capital and also allow them to be vital hubs for recovery coaching, relapse and recovery education/skills, counselors, and job-training linkages that sustain recovery. Those who wish to support recovery communities (like social workers) can now access a space where a sizable group of people will be in recovery. There has been limited research done on the design, budget, and effectiveness of RCCs as they are still the “new kids on the block” in terms of recovery treatment [70]. However, one study that explored 32 RCCs across the US found that the majority had a large focus on socializing, recovery coaching, employment help, education, and MAT support [70]. RCCs varied in budget, ranging from \$17,000 to \$760,000 with funding primarily coming from the State.

Another study looked at the demographics of these RCCs. Three hundred clients were interviewed [71]. There was an even split between male and female participants, with the majority being white and low-income (less than \$10,000 a year). The study found RCCs were associated with increased recovery capital. Further studies have shown that increasing recovery capital and social capital were related to improvements in psychological distress, self-esteem, and quality of life [74, 27]. In general, preliminary research on RCCs as found that developing these recovery resource hubs lead to significant improvements in abstinence, mental health, well-being, and quality of life [71].

The core principal of RCCs includes offering a social and recreational space so people in recovery can have community and socializing. As Gunnison community members have continually highlighted the lack of sober community spaces, an RCC could address this gap by providing the components to provide holistic support to those in recovery. In summary:

RCCs attract, engage, and provide benefits for individuals struggling with AOD disorders who are potentially facing the greatest challenges in terms of both density of clinical pathology and the lowest levels of quality of life and recovery resources...RCCs appear to provide a somewhat unique community-based venue for accessing highly valued, recovery-specific social support and needed resources that can instill hope, decrease stress, and help individuals to establish a solid foundation for recovery [71].

8.5.1.1 Recovery Community Hub Case Study

There are various recovery community organizations that provide centers that offer different (but equally important) community services.

Colorado Artists in Recovery provides a creative space for "Art, Music, Creative Writing, and other forms of creative expression workshops" developed and facilitated by local artists who are also in recovery [75].

Culinary Hospitality outreach and wellness (CHOW) provides tailored meetings for improving the wellness of those working in the hospitality industry. By offering a place to share stories and experiences, they hope to provide a place for "restaurant staff to feel supported, heard and appreciated. To facilitate gatherings where we can build meaningful connections" [76].

The Phoenix is a self-described "sober active community" [77]. They provide facilities in which people can pursue active lifestyles and community relationships. They offer engaging classes centered around sports like rock climbing, cross fit, and yoga. At the center of The Phoenix is fostering social connection and sober-oriented events.

Recovery Community Centers can be an invaluable resource for people in recovery, offering support, camaraderie, and access to resources and services that can help individuals succeed in their recovery journey. Incorporating aspects of the different organizations could help provide a dynamic and inclusive recovery-oriented community center in Gunnison. A potential partnership to develop a recovery community center could be with the "Advocates for Recovery Colorado" who have offices across Colorado and help develop recovery community centers and get people connected to resources.

9. Recommendations

Following from the research presented in this report, this section describes several recommendations we have for the Gunnison Community. These recommendations were chosen because they will help address different barriers, while also increasing key recovery capital (housing, community etc.). We have also coordinated these recommendations with different actors (MLPColorado, Advocates For Recovery), which increases the potential for the sharing of resources and expertise, thus expanding the positive impacts. In addition, these recommendations aim to help develop a recovery-oriented system of care and include more members in supporting recovery.

9.1 Develop an MLP with MLPColorado

Legal support can be an important resource for individuals in recovery from substance abuse. There are a variety of situations in which screening processes that lead to pro-bono legal assistance could provide significant support for individuals on their recovery journey. Marc Scanlon of MLPColorado has expressed an interest in collaborating with GVH and other Gunnison County health organizations to implement a legal advocacy system. By working with an existing organization like MLPColorado, it may be possible to manage the legal side of things remotely or by having an attorney on site. Alternatively, it may be more beneficial in the long run for GVH to employ a lawyer full-time and have MLPColorado provide initial consulting, education, and guidance as the program is developed. This is similar to the support that MLPColorado provided to Children's Hospital in Aurora's MLP program.

Given the clear need for legal services and the vocalized interest of MLPColorado, Gunnison County should take steps to develop a more robust system of free or subsidized legal services for individuals in recovery and those facing legal issues that impact their health, such as housing or discrimination/exploitation due to immigrant status. This will not only provide essential legal services for those in recovery, but also address the legal issues of those dealing with other Gunnison issues such as immigrant and housing discrimination—both of which hinder an individual's health and well-being.

9.2 Sober Living Home

A sober living home could provide a valuable resource for individuals struggling with substance abuse and addiction, offering a safe and sober environment where they can focus on their recovery. It can be a cost-effective alternative to treatment programs and inpatient rehab facilities. These homes often operate on a self-sustaining model, with residents contributing to the cost of living and maintenance. This can make sober living homes a more viable option for individuals who may not have the financial resources to afford more expensive forms of treatment.

Sober living homes can also provide long-term support for individuals in recovery. This can be especially beneficial for those who have completed a treatment program and are looking for a supportive environment to continue their recovery journey.

In addition to helping individuals recover, sober living homes can also positively impact the community. They can reduce the burden on emergency services and hospitals, as residents are less likely to engage in

risky behaviors such as driving under the influence or overdosing. Sober living homes can also foster a sense of community and support among residents, which can benefit their overall recovery and well-being.

Researchers of this report conducted over 10 phone interviews with different owners and house managers of sober living homes across the US. In these interviews, multiple individuals noted their advocacy for having a house manager. One house manager in Denver particularly reflected on how crucial it was, in his personal recovery journey, to have a house manager who was also in recovery and knew how to effectively house manage. On his own journey through recovery, he entered multiple sober-living houses. From his experience, the ones without oversight were the least successful (especially because those can develop negative attitudes and become “flop houses”). It was not until this person had found a CARR level 2 house, with multiple levels of accountability and oversight (residents support each other, house manager watches over residents, house director watches over) that he was finally able to sustain a successful recovery journey.

Given stories like this, and the ability for the house manager to provide guidance and facilitate acts that sustain the quality of a recovery house—such as helping organize the upkeep and chores of the house, drug testing for sobriety, helping maintain the house rules, facilitating AA attendance [78, 79]-- the authors recommend the development of a CARR Level 2 home with a house manager. With a CARR level 2 home, the house manager can maintain the sober living agreement by providing support and guidance for residents as they navigate challenges and overcome obstacles in their recovery journey. They also help facilitate communication between residents, which can sometimes be difficult to have naturally. They also can help manage finances and other house duties. They may also maintain the connection between different organizations like the jail or rehab facilities to help provide housing to those in need. The cost of the added house manager could be negligible by compensating their house responsibilities with free housing.

A CARR Level 3 home that combines a structured sober living environment with increased professional support, such as therapy or counseling, would be the most ideal for individuals seeking to address underlying issues related to their substance abuse and those who want additional support in their recovery journey. This type of sober living home can provide a supportive and structured environment that fosters recovery while also offering increased access to recovery services that can help individuals address the root causes of their substance abuse and develop coping skills to maintain their recovery. This one may be the costliest and it may be better to direct these recovery service options to a recovery community center than in a singular home. This option should be explored after the success of a CARR level two sober living home.

In conclusion, implementing a sober living home in Gunnison County can be a valuable resource for individuals in recovery from substance abuse. It can provide a cost-effective and supportive environment for individuals to work on their recovery, while also benefiting the community. We recommend that Gunnison County consider implementing a sober living home with a house manager as a means of addressing the issue of substance abuse and supporting individuals in recovery.

9.2.1 Zoning and Ordinances in Gunnison

We want to briefly address questions pertaining to zoning and city ordinances that are potential barriers to actualizing a sober living home in the City of Gunnison. Researchers recommend that the location of the sober living home should be somewhere within the city limits of Gunnison. This will increase access to other behavioral health and basic resources that might be problematic for a residence outside of city limits. The following Q & A seeks to provide some insight into federal laws that designate group homes, sober living homes, and recovery residences as allowable under the Federal Fair Housing Act.

Typically, residents that enter a sober living home are *diagnosed* with AUD and/or SUD. Furthermore, those entering sober living homes have received treatment through a rehab facility or similar treatment facility. Having an AUD/SUD diagnosis designates an individual as having a “disability” and therefore are protected under fair housing laws.

Common Questions Addressed in *CARR Guidebook and Best Practices*:

Do Group Homes, Sober Living, Recovery Residence Facilities Require Rezoning?

No, group homes, sober living, and recovery residence facilities are allowed in all residential zone districts. The municipality typically requires no action. The municipality zoning and ordinances will still govern noise, maintenance, and other potential issues the same as for any other residential home [80].

Are there limits on the number of people in a group home?

A Group Home or Sober Living facility that receives “reasonable accommodation” is approved for the number of residents as limited by the municipality building code, which typically permits up to one person per designated square footage area within the residence. Courts have consistently held that limits on unrelated persons do not apply to these homes as they are considered single-family units [80].

The City of Gunnison’s ordinances currently read that only 5 unrelated people can live under one roof. Considering that many sober living homes in other rural communities have 6-8 beds, and Gunnison County likely has the population demand to fill a 6-8 bed sober living home, this might be one point of concern when trying to realize a sober living home. Lawsuits in the state of Colorado recognize that under the guise of a “sober living home” people living in that residence are considered family, which allows an unlimited number of residents to live under one roof. Therefore, if a sober living home is Oxford or CARR certified, more than 5 people should be allowed to live under one roof within the City of Gunnison.

A likely next step to bring about a sober living home in the City of Gunnison should be a submission of a request for reasonable accommodation. This request should include the specific ordinance one would like reasonable accommodation for. In this case, the request should address the ordinance allowing only 5 unrelated people to live under one roof.

9.2.2 Feasibility and Demand Analysis

Based on data from a multitude of organizations serving those diagnosed with AUD or SUD, researchers estimate that between 250 and 516 are receiving some form of behavioral health services for AUD/SUD in Gunnison County. This accounts for a potential pool of people that could use and benefit from a sober living home. This pool of people is primarily white males, which makes opening a sober living home for single men a clear open when considering what kind of sober living home to open first. Opening a sober living home for women is likely a next step in regards to sober living homes, once a men's home is up and running. As noted in interviews, women's sober living homes are much more challenging to fill even in more populated areas of the state. With this in mind, it might be more important to better understand social and cultural nuances of why women are more hesitant to enter sober living homes before opening a women's sober living home.

As mentioned in section 9.2.1, Gunnison County likely has the population to support a 6-8 bed sober living home in Gunnison. A sober living home with 6 beds existed in Crested Butte over ten years ago; however, it was not due to the lack of numbers that the sober living home ceased to exist. With the steady demand of people needing aftercare and recovery services since that time, people coming through probation, jail, GVH, Axis Health Systems, or re-entering the community from outside locations, a 6-8 bed sober living home would likely be filled based on our estimations.

One point of concern for a sober living home in Gunnison is the aspect of stigma. Depending on the location, who is currently living in the home, or other related factors, individuals might not want to live in this location due to feeling of judgement, shame, or embarrassment. If by chance, the sober living home in the City of Gunnison was unfilled, it may consider opening its doors to people struggling with addiction from outside the community. This may increase the chances of sustaining a sober living home in Gunnison.

9.3 Recovery-Friendly Business Coalition

Finding employment is a challenge for people in recovery and a barrier identified in this report. Obstacles include stigma from businesses and difficulty accommodating work schedules as a result of intensive outpatient treatment. To address this issue, the authors explored the possibility of developing a "Recovery-Friendly Business Coalition" whereby local businesses offer short-term and flexible job opportunities to those in recovery. Further, a partnership between this business coalition and local health organizations could be developed with Axis or GRASP, for example, acting as advocates and liaisons for people in recovery.

9.3.1 Challenges Facing Recovery-Friendly Employment

In December, the researchers formed a focus group with local businesses to discuss the different opportunities and challenges for developing a program to employ people in recovery. All businesses were interested in providing employment (4-6 hours a week) and developing tailored positions specifically for those in recovery. However, there were concerns about accountability and providing relevant support.

Regarding accountability, there were concerns about the risks involved in employing people in recovery and how accountability is reaffirmed. What is more, business owners in general had the onus of attempting to help their troubled employees stay accountable. While trying to foster an intentional recovery-friendly workplace was a daunting task in itself, some questioned their ability to provide further support by stating, “I know things will come up regarding challenges with their recovery, so what should I do in that case? What can I offer just beyond a helpful job?”

Some also commented on the hope that there could be some financial support for taking these people on, such as help with utilizing the Work Opportunity Tax Credit. Concern was raised about the need to inform their other employees about bringing on someone with recovery and how this may interfere with HIPAA privacy rules.

Given this feedback, it is essential to consider how the community can support business owners to employ people in recovery. The role of accountability in supporting someone’s recovery journey should not fall merely on the business owners, nor should they be expected to be naturally well-versed in helping people in recovery. Also, business owners should be compensated in some way for their altruistic actions.

9.3.2 Solutions for Recovery-Friendly Employment

Developing partnerships between different health/recovery organizations (GRASP, Axis, and GVH), the Colorado Workforce, and probation services may be integral in fostering a successful recovery-friendly employment program. While many details remain unknown, these organizations have been identified as potential key partners that could help develop a system of support accountability between the community, business owners, and people in recovery. These groups could help advocate for people needing employment and also be a group that the owners can reach out to if there are challenges with a newly employed person. Probation could ensure people are staying sober, the Colorado Workforce could handle some of the logistics of hiring and using WOTC, and health organizations could provide further advocacy/accountability as well as education tool-kits for developing a recovery-friendly workplace. Possible privacy/HIIPA issues with this process will need to be evaluated and resolved as necessary.

The Gunnison County Substance Abuse Prevention Project (GCSAPP) coalition could potentially play a vital role within this business coalition, particularly the family-friendly workplace subgroup. One potential function of the subgroup could be to provide educational opportunities related to health and wellness for the business owners and employees within the coalition, possibly utilizing recovery-friendly workplace toolkits facilitated by a potential RCO/RCC. Additionally, the subgroup could serve as a bridge between business owners, health organizations, and individuals in recovery, facilitating communication and collaboration in the pursuit of promoting overall health and wellness within the workplace. By bringing together various stakeholders and providing resources and support, the subgroup could play a crucial role in promoting a healthy and supportive work environment for all members of the business coalition.

Finally, the family-friendly workplace subgroup could go beyond just providing flexible employment and recovery-friendly work schedules. This business coalition could be also focused on just continuing “family-friendly” workplace initiatives already existing in Gunnison, but with an emphasis on making sure they are recovery/sober friendly workplaces as well. By working together, businesses and local

organizations can help create a culture of support and understanding for individuals in recovery, which can lead to improved employee retention, productivity, and overall well-being. Additionally, education could be centered around facilitating the utilization of Colorado School of Public Health’s “recovery-friendly workplace toolkit” and the embedded resources (such as how to not use stigmatizing language, provide flexible scheduling setups, and developing EAPs). Through this education and support, local businesses can play a larger role in general in supporting all their employees. Overall, developing partnerships, with a focus on increasing workplace recovery friendliness, with local businesses is a win-win situation for the business, workers, and the community.

9.4 Recovery Community Organization and Advocates for Recovery

One issue identified through this research process has been that there is a lack of different types of recovery support and those that do exist are not cohesively connected. What is more, there is no current community belonging for those in recovery.

Through the literature review, interviews with those in recovery, and meetings with different recovery-oriented organizations, it seems clear that a recovery community center would be a positive first step in addressing these different issues. Recovery community centers (RCCs) could connect recovery capital into one place by providing a central space. This RCC could be a location where Gunnison could create and increase access to a more holistic range of recovery-focused services and resources. By offering a range of recovery-focused services, community connectedness, and resources in one place, RCCs can make it easier for individuals in recovery to access the needed support to maintain long-term recovery.

Having a centralized local space for recovery has already piqued the interest of local recovery groups. For instance, Dusty Sylvanson, who runs online mindfulness in recovery classes, has expressed that he would be willing to do in-person mindfulness if a suitable neutral space were made available and the necessary resources were put in place. In addition, other members of the community, such as Joe Bob Merritt of Somatic Sanctuary, also want to contribute to supporting those in recovery. Joe Bob in particular has a unique set of both carpentry and mindfulness skills and is willing to provide lessons at a RCC. It becomes quickly apparent that having an RCC can help provide support for more people wishing to support Gunnison’s recovery efforts.

9.4.1 Advocates for Recovery as Recovery Community Organizer

To facilitate the creation and sustainment of an RCC, it may be a good idea to utilize the support of a recovery community organization (RCO). An RCO is a type of organization that is focused on supporting individuals in recovery from substance use disorders and other behavioral health issues. These organizations can play a vital role in creating RCCs and developing peer-support systems.

The prominent RCO in Colorado is “Advocates for Recovery” which offers a range of recovery-focused services and resources, such as peer support, counseling, education and training, and access to recovery coaches. These services can be essential in helping individuals build the skills and knowledge needed to maintain long-term recovery and prevent relapse. In addition, RCOs can serve as a bridge between

treatment and mainstream society, helping individuals in recovery to reintegrate into their communities and access the resources they need to build healthy, fulfilling lives.

One valuable aspect of Advocates for Recovery is its use of a Memorandum of Understanding (MOU) to formalize partnerships between their community organization and rehab facilities. The MOU serves as a helpful guide for cooperation and collaboration between Advocates for Recovery and rehab facilities, helping to ensure that individuals in recovery receive the support and resources they need to maintain their recovery and thrive in their communities. By outlining the terms of the relationship and the expectations and responsibilities of each party, Advocates for Recovery can address the challenges that people returning to Gunnison after completing recovery may face.

Another major value to working with Advocates for Recovery is that they would potentially hire and train a peer-recovery coach from within the Gunnison community. The primary role of this specialist would be to connect individuals in recovery with the specific resources and support they need to maintain their recovery and achieve their goals. This could include connecting people with support groups, counseling services, or educational programs, as well as providing guidance and assistance with navigating the recovery process. Given the goal of expanding who is responsible in supporting recovery, these peer training are a perfect opportunity to do just that.

Gunnison County could potentially see numerous advantages from forming a partnership with a recovery community organization (RCO) such as Advocates for Recovery. By hiring and training a peer-support specialist from within the Gunnison community, Advocates for Recovery shows that they have a commitment to supporting and empowering individuals in recovery, and to building strong, resilient recovery networks within the community. Harnessing this commitment, creating a community space for recovery, and expanding different expertise, resources, and support that could be pivotal in developing a supportive recovery-oriented community.

10. Future Research and Further Investigation

10.1 Education

Pursuing education can be a key factor in supporting substance abuse recovery for many individuals. There are several ways in which education can support recovery, including by providing a sense of purpose and direction, improving employment prospects, promoting personal growth and development, and providing a sense of accomplishment [81].

Having a sense of purpose and direction can be crucial in maintaining motivation and commitment to recovery. Education can provide individuals with a goal to work towards and a sense of direction, which can help to keep them focused on their recovery journey.

Improving employment prospects can be critical to sustaining recovery, as access to quality jobs can provide financial stability, a sense of accomplishment, and a structured routine. These factors can all be important in maintaining sobriety and supporting ongoing recovery efforts.

Education can also promote personal growth and development by providing individuals with the opportunity to learn new skills, acquire knowledge, and develop personal interests. This can be an important factor in maintaining motivation and commitment to recovery, as it can help individuals to feel fulfilled and satisfied with their progress.

Finally, completing educational goals can provide a sense of accomplishment and pride, which can be an important factor in maintaining motivation and commitment to recovery. Overall, pursuing education can support substance abuse recovery in a number of ways and can be a valuable resource for individuals in recovery.

There are efforts to increase educational pathways through Western Colorado University, and the Pathways program through Gunnison Watershed School District. These programs will provide opportunities for those in recovery and the broader community. Future research should aim to better understand educational pathway opportunities for those in recovery in Gunnison County. Additionally, future research should also seek ways to financially support those in recovery while attaining more education.

10.2 Women and parent with Children recovery options

The provision of childcare resources for parents in substance abuse recovery is crucial for supporting the recovery process, reducing barriers to treatment, and promoting the well-being of both parents and children. This is particularly important for supporting women with substance use disorder and their children, as it allows them to seek help without fear of retribution and to take care of their children while in recovery.

Additionally, incorporating family-child therapy services where children can receive therapy and education is also recommended to help children heal the traumas and stressors created by living in a substance-abuse environment. In general, providing more women-centered and parents-with-children

recovery options is an important area of future research. Through interviews and quantitative data, it became clear that a men’s sober living home is a place to start. Interviewees expressed concerns around filling a women’s sober living home due to cultural pressures that reduce opportunities for women to move into a sober living home. In short, a more comprehensive study of women’s specific sober living homes is necessary before opening a home in Gunnison County.

10.3 Recidivism Rates for Substance Use Disorder and Alcohol Use Disorder in Gunnison County

Researchers of this report are limited in their ability to accurately estimate recidivism rates using quantitative data. Through the process of attempting to collect relevant information regarding recidivism it became clear that data collection, storage, and sharing of that data is challenging to access. There might be differing sources that collect recidivism rates; however, recidivism is defined a multitude of ways depending upon what one is trying to understand. One might want to understand one-year recidivism rates for alcohol related offenses as evidenced by the number of repeat DUI offenders in jail. This measure can also be estimated through probation. Another aspect that might skew recidivism data is that the GCJ only posts an inmate roster once a day. This means that with the use of PR bonds, people might enter and be released from the GCJ without being “detected” at least on the daily inmate roster. Overall, future research should focus on defining relevant and pertinent recidivism data regarding alcohol and drug related offenses that come through the GCJ.

11. Conclusion

Addressing substance abuse issues in the community of Gunnison is a significant task. People, place, and purpose are all core aspects that no person or organization adequately provide alone. That is why it is so inspiring that the Gunnison community has continually committed to working together to address these issues. Different members have continually pushed to develop recovery resources such as a sober living home, and this report hopes to inform the methods and thinking behind these different approaches-- like highlighting the value of an ROSC framework and best practices like a CARR Level 2 home with a house manager.

Overall, a central theme of this report is the need to develop more local and statewide collaborations with recovery organizations and strengthen them by developing a Recovery Community Center. An RCC would weave together existing recovery options under a single umbrella and provide a shared recovery space. In coordination with the development of an RCC, working with groups like MLPColorado and Advocates for Recovery, the recovery capital of the Gunnison would increase.

The RCC would bring different organizations and community members into shared recovery spaces, thus helping to increase community support for those in recovery. Legal aid, recovery-friendly workplace training, social support, interconnected recovery meetings, and other resource capital can all be centrally located within an RCC, allowing for easier and more effective utilization of current and future recovery resources.

By combining local community teachers with the peer advocacy training that Advocates for Recovery provides, more community members can be effective advocates in supporting people in recovery. By collaborating an RCC with a recovery-friendly business coalition, Gunnison can also begin to invite more community leaders to take a more prominent role in supporting recovery.

Taken together, these different recommendations help reaffirm the idea that recovery is a collective responsibility. By creating a network of recovery-friendly organizations, the quality of recovery capital increases and more people can contribute to work together to develop a recovery-oriented community.

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