EVIDENCE SNAPSHOT

An Evaluation of AmeriCorps-Supported Recovery Coach Programs

Fiscal Years 2020–2022

BUNDLED EVALUATION AND CAPACITY BUILDING PROJECT

Key Findings and Significance

This evidence snapshot provides highlights from the final report (Perrins et al., 2024) on the evaluation of recovery coaching services across 11 AmeriCorps-supported organizations serving individuals with substance use disorders (SUDs). These organizations participated in one of two waves of data collection, constituting two cohorts. Key findings and significance from study surveys, interviews, and focus groups with project directors, recovery coaches, and program participants (i.e., those receiving recovery coaching services) in the final data from both cohorts include:

- AmeriCorps-supported organizations leverage paid staff, AmeriCorps State and National members, and VISTAs to provide direct services and/or contribute to organizational activities to **serve diverse, and challenging-to-treat target populations.**
- Programs use a **holistic ("whole person") and culturally appropriate approach** to services to recognize clients as individuals, which may increase treatment effectiveness.

- Recovery coaches' **lived experience** with SUDs was generally believed to be important for building rapport and increasing client engagement, which can improve treatment outcomes. However, organizations varied in their definitions of, and requirements for, lived experience among their coaches.
- Hiring practices that disqualify candidates based on criminal history may impede otherwise qualified coaches from being hired.
- **Spending more time (9–16 hours/week) with a recovery coach** was associated with a large (1-point) increase in average recovery capital scores (range: 1–5) compared to those who spent less than 1 hour/week, adding evidence to suggest time spent with a recovery coach may be important for recovery capital outcome.
- Participants of evaluation capacity building (ECB) sessions self-reported the highest satisfaction rating for a session on "Feedback on the Bundled Evaluation," suggesting evaluation participation may be meaningfully enriched when **evaluation findings are shared with participants**, and opportunities for learning and discussion are provided.

Background

The United States is facing an unprecedented addiction and overdose epidemic. Drug overdoses have claimed over a million lives since 1999, with annual deaths increasing by 14 percent from 2020 to 2021 (Centers for Disease Control and Prevention, 2023). The mitigation of SUD prevalence and related mortality rates is a public health emergency in the United States. In 2018, President Trump signed the SUPPORT for Patients and Communities Act to address the widespread overprescribing and abuse of opioids, and President Biden has subsequently declared the administration's commitment to addressing addiction and the overdose epidemic (The White House, 2022). The efforts of federal agencies such as AmeriCorps are critical to successfully undertake this national priority. AmeriCorps increased its efforts to fund programs specifically targeting opioid addiction and other SUDs. One promising strategy in substance use treatment to address the rising rates of SUDs and drug overdose is the approach of recovery coaching.

Terminology

A wide range of terms is used to refer to the role of a recovery coach in the substance use space, for example "peer support specialist," and "navigator." The term "peer" often refers to a recovery coach that has some degree of shared experience with a SUD and/or recovery.

Recovery Coaching

Recovery coaching is the process in which a nonclinical professional typically provides guidance to individuals with an SUD by helping them access care and supporting them in the removal of barriers to recovery (Zandniapour et al., 2020).

The primary purpose of the work of recovery coaches is to function in a support role and to assist individuals seeking treatment by guiding the development of a recovery plan tailored to the strengths, needs, and goals of each individual to promote long-term recovery. These supports help individuals progress toward building the resources required to begin and maintain recovery, also known as recovery capital (Substance Abuse and Mental Health Services Administration, 2017). Literature on recovery coaching has demonstrated a positive effect of recovery coaching interventions on outcomes such as substance use, housing stability, justice-involved status, mental and physical health, and uptake of services related to recovery from an SUD (Bassuk et al., 2016; Eddie et al., 2019).

Knowledge Gap and the Current Study

The evaluation of recovery coaching as a substance use treatment strategy is still in nascent phases and more knowledge is needed on its implementation and associated outcomes. The current study aims to build upon the evidence base surrounding recovery coaching programs by detailing the services provided and the outcomes of program participants, recovery coaches, and organizations across AmeriCorps-supported organizations implementing a recovery coaching approach (regardless of whether the recovery coaching services are provided by AmeriCorps State and National members, VISTAs, or organizations' staff). In 2020, AmeriCorps contracted with an independent consulting firm, ICF, to provide a comprehensive evaluation of AmeriCorps projects' use of recovery coaching models and deliver targeted ECB services to AmeriCorps-supported organizations participating in the evaluation.

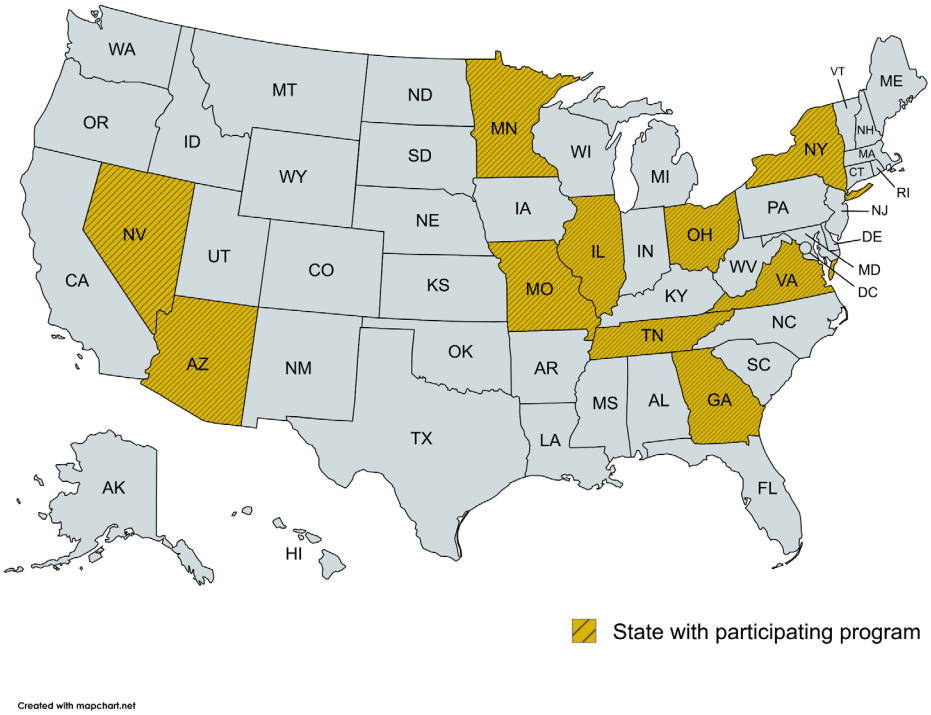
Research Questions and Methods

This evaluation collects and analyzes data from and about AmeriCorps-supported organizations with recovery coaching services to address focuses on three overarching research objectives: 1) to determine what recovery coaching models look like; 2) to describe promising practices and challenges in implementing recovery coaching models; and 3) to measure the effectiveness of the recovery coaching model in improving outcomes for the organizations, recovery coaches, and program participants.

Methods

This study's data collection and reporting processes resulted in two "cohorts" of participating organizations. Across both cohorts, a total of 51 project applications from fiscal year (FY) 2020–2022 for AmeriCorps State and National and AmeriCorps VISTA projects were reviewed for use of a recovery coaching model as well as organizations' unique structures, approaches, and populations served. The final sample included 11 organizations—7 AmeriCorps State and National grantees and 4 AmeriCorps VISTA sponsors—located in New York, Georgia, Tennessee, Virginia, Ohio, Illinois, Minnesota, Missouri, Arizona, and Nevada (see exhibit 1 for a map highlighting the states with participating programs).

EXHIBIT 1.— Map showing states with participating organizations



This evaluation used an ICF Institutional Review Board-approved mixed-methods approach including **online and paper-based surveys** collected between November 2021 and January 2024 from project directors/managers, recovery coaches, program participants (i.e., beneficiaries of recovery coaching), and comparisons (i.e., those who were receiving SUD treatment but not recovery coaching):

- **Project director/manager surveys** assessed organizational capacity, staff recruitment, ability to leverage grant financial support, and collaboration with partners and community resources.
- **Recovery coach surveys** assessed knowledge, attitudes, and behaviors; activities and services provided; experiences with the organizations; and experiences with program participants.
- **Program participant and comparison group surveys** assessed recovery capital, attendance to physical and behavioral health services, incidence of substance use, and experiences interacting with organizations and recovery coaches.

Virtual and in-person site visits were conducted between May 2022 and December 2023, and included 30- or 60-minute interviews and/or focus groups with project directors, recovery coaches, partner organizations, AmeriCorps members, and program participants.

Amazon gift cards for $25 were used as incentives to increase participation among comparison group survey respondents and program participant and recovery coach interviews/focus group participants. Exhibit 2 summarizes the number of survey and focus group/interview participants for each participant group.

EXHIBIT 2.—Number of participants across surveys and focus groups/interviews completed for each participant group

Participant Group	Surveys	Focus Groups/Interviews
Project Directors	20	35
Recovery Coaches	72	47
AmeriCorps Members or VISTAs	28	25
Program Partner	-	11
Program Participant	83	70
Comparison	20	-
Total	**231**	**188**

Due to organizations' general preference not to share contact information for potential participants, the majority of surveys were distributed by the organizations in a way that forbade the calculation of response rates.

Analysis

Analyses included basic descriptive statistics, including means, standard deviations, and percentages. In the absence of a sufficient sample size for a comparison group, the program participants' data were analyzed as a series of regression models, detailed further in the Program Outcomes section of the full report.

Interviews and focus groups were audio-recorded and transcribed for analysis. The transcripts were analyzed based on a codebook the study team developed. All qualitative data were indexed and coded for descriptive and thematic analyses using NVivo or Dedoose data analysis software. Interpretive analyses tested the research questions and examined the relationships between the elements of the program models. The themes that emerged most consistently—as well as themes that are less consistent but noteworthy—were identified. Quotes emblematic of findings trends and sentiments were also identified and are shared throughout the findings sections of the full report.

Findings

Recovery Coaching Program Implementation Findings

Recovery Coach Models, Services, and Activities

All 11 programs included in this evaluation treat individuals with SUDs and use a recovery coaching support model. To varying extents, recovery programming includes emphases on lived experience, cultural competence, holistic care, and harm reduction practices. The organizations varied in the geographic regions and populations of focus they served, the role of AmeriCorps State and National members/VISTAs, the terminology used for those performing the services of a recovery coach, and the applicability of lived experience for recovery coaches. Exhibit 3 summarizes each organization.

EXHIBIT 3.—Summary of participating organizations

Organization & Project Type	Project Mission and Target Population	Role of AmeriCorps State and National Members/VISTAs	Lived Experience of Recovery Coaches
Above and Beyond Family Recovery Center (AnB) **AmeriCorps VISTA**	**Mission**: AnB provides addiction recovery services to all individuals, including those who are unable to pay for them. In addition to recovery services, AnB offers supportive services, such as housing and employment assistance. **Focus Population:** Based in Illinois, AnB serves clients from Chicago and neighboring suburbs, with most clients coming from Chicago's West Side. AnB's populations of focus are low-income individuals and communities including individuals and families experiencing homelessness, unemployed individuals, individuals with disabilities, formerly incarcerated adults, veterans, and military families.	VISTAs support project management and capacity-building services related to housing and employment, community outreach, and education. Staff provided recovery coaching services.	Lived experience required: Yes Recovery coaches all have firsthand lived experience with an SUD. Recovery coaches are called "certified recovery support specialists" and are paid staff.
Align9 **AmeriCorps VISTA**	**Mission:** Align9 is an onramp to coordinated services through a faith-based 12-step recovery program. Services are offered at local churches, including housing, legal, Certified Peer Specialist (CPS), food, and employment. **Focus Population:** Align9 serves individuals who have had or are currently suffering from a	VISTAs support Align9 by supporting recovery coach development, coordinating social media communications, and assisting with health programming. Staff provided recovery coaching services.	Lived experience required: No Recovery coaches are not required to have firsthand lived experience with an SUD. Recovery coaches are called "peer recovery coaches."

Organization & Project Type	Project Mission and Target Population	Role of AmeriCorps State and National Members/VISTAs	Lived Experience of Recovery Coaches
	substance use disorder (SUD). The organization is focused on meeting local community needs related to the devastating effects of the opioid epidemic in the Counties of Roane, Loudon, Morgan, and Meigs in Tennessee.		
County of Washington **AmeriCorps State and National**	**Mission:** The County of Washington provides recovery coaching and develops recovery infrastructure, including recovery housing, transitional housing, evidence-based self-management programs, and community improvement projects. The initial focus is on wellness activities and sustained recovery from addiction. **Focus Population:** The organization serves individuals in western West Virginia and eastern Ohio who have had or are currently suffering from chronic illness.	AmeriCorps members serve as peer support workers providing recovery coaching services and other connections to resources to program participants.	Lived experience required: Yes Recovery coaches are required to have firsthand lived experience with an SUD and/or a mental illness, and are called "peer recovery support workers."
Covenant Community **AmeriCorps VISTA**	**Mission:** Covenant Community hosts a residential intensive treatment program that uses a therapeutic community model to assist its residents in overcoming their SUDs. **Focus Population:** The organization serves men experiencing homelessness and recovering from alcohol and/or an SUD in Atlanta, GA.	VISTAs serve in capacity building roles (e.g., social media communications), and do not provide direct services or have lived experience with an SUD. Staff provided recovery coaching services.	Lived experience required: Yes Peer support specialists are required to have lived experience with an SUD. However, the organization has recovery coaches who are not required to have lived experience.
Footprints **AmeriCorps VISTA**	**Mission:** Footprints fights the opioid epidemic by providing services through a coalition of community-based organizations, agencies, and institutions to those afflicted with SUDs and their family members.	VISTAs do not provide recovery coaching and do not directly work with individuals with SUDs. VISTAs support other components such as youth initiatives and capacity	Lived experience required: Yes Recovery coaches are called "peer specialists."

Organization & Project Type	Project Mission and Target Population	Role of AmeriCorps State and National Members/VISTAs	Lived Experience of Recovery Coaches
	Focus Population: The organization serves individuals and families in Kansas City, MO, experiencing homelessness and those who are unemployed; formerly incarcerated; or low-income, including low-income veterans.	building. Staff provided recovery coaching services.	
Foundation for Recovery (FFR) **AmeriCorps State and National**	**Mission:** FFR provides recovery support services for mental health and SUD recovery to vulnerable teenaged and adult populations. **Focus Population:** Based in Nevada, FFR targets individuals in detention centers, jails, and emergency room departments, and those in underserved areas with nonexistent or extremely limited services, such as rural and frontier communities.	FFR has AmeriCorps members serve as recovery coaches, delivering similar recovery support services and receiving the same training as the organization's coaches who were paid employees.	Lived experience required: Yes Recovery coaches are not required to have firsthand lived experience with an SUD or mental illness and are referred to as "peer recovery support specialists."
Healing Action Network (Healing Action) **AmeriCorps State and National**	**Mission:** Healing Action provides access to preventative mental health services through case management, opioid education, therapeutic counseling, peer support, and community education. **Focus Population:** Serving St. Louis, MO, and surrounding areas, Healing Action's population of focus is adult survivors of commercial sexual exploitation, which includes sex trafficking, prostitution, survival sex, escorting, stripping, and pornography. Most clients have experienced complex, multilayered trauma and have one or more mental health diagnoses.	AmeriCorps members provide case management, naloxone distribution, therapeutic counseling, and community education. Staff provided recovery coaching services.	Lived experience required: Yes Recovery coaching services are provided by "peer support specialists" who are required to have lived experience with an SUD and trafficking.
Maggie's Place	**Mission:** Maggie's Place offers residential housing with extensive wraparound services and resources. Recovery	AmeriCorps members serve as "mobility mentors" and live in residential housing alongside the mothers, providing support. They do not provide	Lived experience required: No Recovery coaches are alumni of

Organization & Project Type	Project Mission and Target Population	Role of AmeriCorps State and National Members/VISTAs	Lived Experience of Recovery Coaches
AmeriCorps State and National	coaching—through peer support staff—is one of those services. **Focus Population:** The organization serves pregnant women and new mothers experiencing homelessness in Phoenix, AZ, through their baby's first birthday. The organization continues to provide ongoing services after mothers leave Maggie's Place.	recovery coaching services and do not need to have lived experience with an SUD. Staff provided recovery coaching services.	Maggie's Place and have some lived experiences with SUD. Recovery coaches are called "peer supports."
NYC Peer Corps **AmeriCorps State and National**	**Mission:** NYC Peer Corps provides opioid overdose prevention education and connections to ongoing supports, leading to the long-term outcome of decreased mortality due to opioid overdose. **Focus Population:** The organization serves adolescents and young adults at risk for or struggling with opioid addiction and homelessness in New York City.	AmeriCorps members provide peer support to participants.	Lived experience required: No The program strongly encourages individuals with lived experience to become recovery coaches. Recovery coaches are called "peer corps members."
Recovery Corps **AmeriCorps State and National**	**Mission:** Recovery Corps places recovery coaches in multiple organizations, including recovery residence associations, recovery community organizations, treatment facilities, collegiate recovery organizations, and recovery high schools. **Focus Population:** Recovery Corps works with organizations in Minnesota and Illinois that serve teens and adults in recovery for various types of SUDs. Recovery navigators provide peer support to assist those in recovery in achieving their goals and increasing recovery capital.	AmeriCorps members serve as either recovery coaches, delivering peer support and recovery coaching services, or opioid response project coordinators.	Lived experience required: Yes Recovery coaches all have firsthand lived experience with an SUD. Recovery coaches are called "recovery navigators."

Organization & Project Type	Project Mission and Target Population	Role of AmeriCorps State and National Members/VISTAs	Lived Experience of Recovery Coaches
RHOPE **AmeriCorps State and National**	**Mission:** RHOPE offers opioid abuse prevention and recovery services, as well as economic opportunities across four different organizations—three of which were included in the site visit. **Focus Population:** The organization serves underserved citizens in Richmond, VA. The target populations served varied across organizations, ranging from those seeking a higher education to adults who self-selected or were court ordered to participate in the program.	AmeriCorps members at all three sites included in the site visits provide recovery coaching to program participants with SUDs.	Lived experience required: Yes (at one site) Recovery coaches are called "peer recovery specialists."

Lived experience is widely perceived as a key pillar of all organizations' recovery coaching models that allowed coaches to relate deeply with program participants and to build trust. The definition of "lived experience" within recovery coaching varied across organizations—some organizations defined lived experience as firsthand experience with SUDs, while others used broader definitions (e.g., family members with SUDs, or experience with other mental health/behavioral health challenges). Most organizations endorsed **culturally appropriate services** by providing their coaches and staff with continuing education to promote the use of culturally appropriate language and styles of interaction to reflect the communities of their participants.

> *You can have all the training in the world, but without lived experience, you won't be able to fully relate to clients.*
>
> AmeriCorps member

> *We don't want to only address the symptoms. … If you … don't investigate further what other issues [the] person is dealing with, your intervention will be very limited and most likely unsuccessful.*
>
> Project director

All 11 organizations seek to help participants to build themselves into who they want to be using a **holistic approach** to recovery. Holistic care entails a variety of in-house services and referrals for services such as financial, housing, employment, and mental health support.

Organizations must consider state restrictions around needle programs. Ten organizations include **harm-reduction strategies** as part of their program. These include providing Narcan, fentanyl testing strips, medication-assisted treatment, medication disposal bags, and needle exchanges to program participants.

Recovery Coach Hiring and Retention Challenges

Most organizations (N = 10) required that recovery coaches be certified or in the process of getting certified in order to serve as recovery coaches. **Two key barriers were noted in the hiring and retention of recovery coaches: background checks and stipends.** Organizations identified the **criminal history background check** as a significant barrier to hiring recovery coaches, especially when background checks are included as part of the certification requirements. The lived experience of potential recovery coaches often includes a

level of involvement with the justice system, and serving as an AmeriCorps member is a way to obtain skills when it proves challenging to find other employment due to criminal history background checks. AmeriCorps service **members' stipend** is another reported barrier to hiring and retaining recovery coaches; only half of the project directors agreed or strongly agreed that the member stipend is sufficient.

Recovery Coach Certification Requirements

Recovery coaching certifications are relatively new, and requirements continue to evolve as the SUD recovery space also continues to change. **The requirements varied by state and not all organizations required recovery coaches to be certified.** This variation is explored in further detail in the final report. In general, the certification process included a combination of certifications tests, a period of training, and set hours of supervised service, with some exceptions for people with lived experience.

Recovery Coaches' Roles and Experiences

Coaches assisted participants through the demonstration of **four key types of support:** emotional (i.e., deep listening and showing empathy), informational (i.e., connecting participants to knowledge and resources), instrumental (i.e., referrals to holistic range of services or help navigating forms), and affiliational (i.e., community supports, activities, and events such as Alcoholics Anonymous). Exemplary quotations from qualitative findings for each of these types of support are featured in a box on this page.

Coaches talked about a range of **significant challenges** they face in their roles. Many are in recovery from an SUD and are deeply affected if a client they work with overdoses. The complex issues that arise during recovery coaching, including struggles with mental health issues and histories of trauma, can be emotionally taxing for recovery coaches. However, all organizations provide targeted support to help coaches to do their job and to maintain their sobriety. This support was most commonly in the form of opportunities for recovery coaches to talk and share their experiences with one another, such as through weekly group meetings.

Perceived Outcomes

Survey Sample

Surveys collected demographic characteristics for recovery coach, program participant, and comparison group respondents. Due to small sample size, no analyses were conducted with comparison group responses. The survey sample characteristics for recovery coaches and program participants are summarized here.

Examples of Support Provided by Recovery Coaches

Emotional Support

I said I just want to talk for a minute. And so, they let me talk. They cried with me and they let me get this mess out.

– Program participant

Informational Support

I will … give them names of facilities that I have experience with or I've heard good things about and then [the participants] make the phone call.

– Recovery coach

Instrumental Support

[Recovery coaches] are working in conjunction with the counselors to say, 'We're looking at housing for afterwards or a job for after or getting a license back.'

– Project director

Affiliational Support

One important thing is that they provide leisure time—a quiet place to just be—and entertainment like group parties.

– Program participant

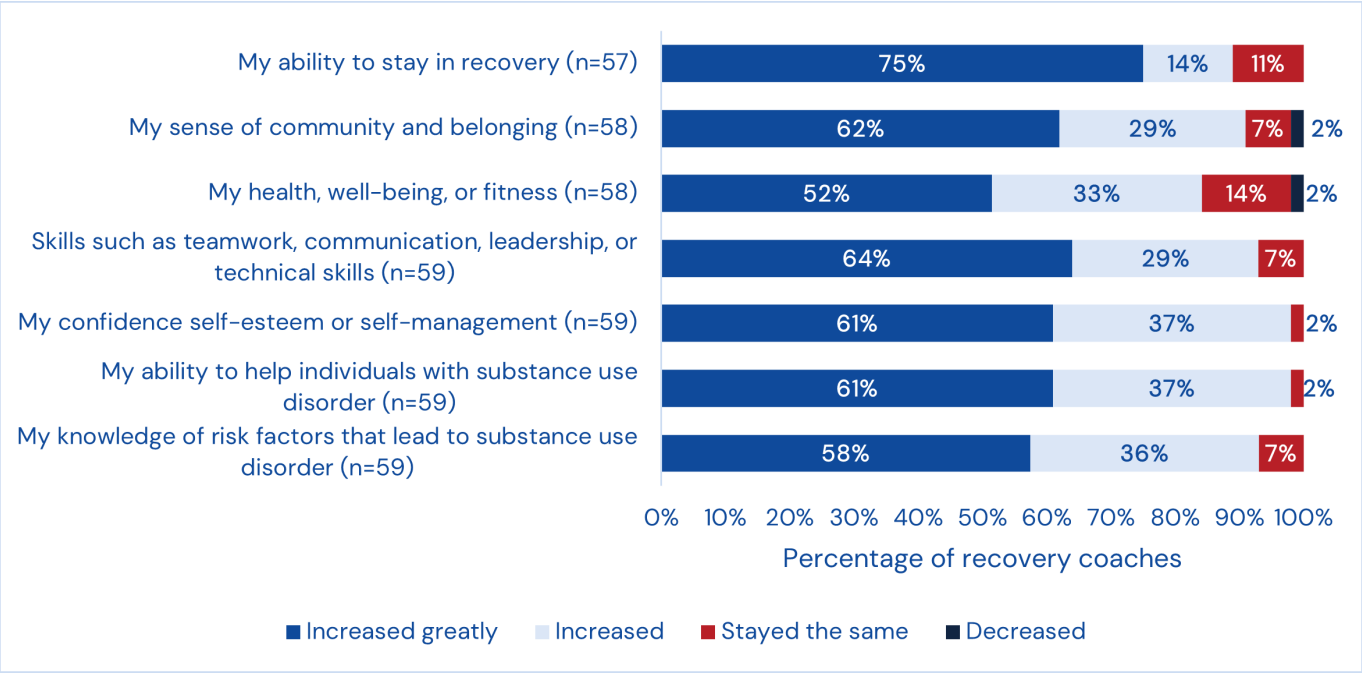
Over half of recovery coaches (57 percent) were female and were White (57 percent), and most were non-Hispanic (85 percent). The majority of recovery coaches (56 percent) were between the ages of 30 and 49. One-quarter (25 percent) of recovery coaches were college graduates.

Of the program participants, there was a relatively similar prevalence between male (48 percent) and female (36 percent) participants. More than 55 percent were White, and 20 percent were Black or African American. Sixty-four percent identified as non-Hispanic, Spanish, or Latino/a. Over half of the program participants (59 percent) were between the ages of 30 and 49 and the majority had a high school diploma or higher educational attainment (85 percent).

Recovery Coach Outcomes

Seven survey items captured the extent to which recovery coaches' knowledge, attitudes, and behaviors changed since becoming a coach. Across all items, 85–98 percent of coaches reported "increased" or "increased greatly," indicating a strong agreement that they have experienced a multitude of benefits through their role as a coach. Exhibit 4 shows the survey items and responses.

EXHIBIT 4.—Recovery coach self-reported changes in knowledge, attitudes, and behaviors



Source: Recovery Coach Survey: "Please rate the following statements based on whether each factor has increased or decreased for you since becoming a recovery coach."
Note: Totals may not add up to 100 due to rounding.

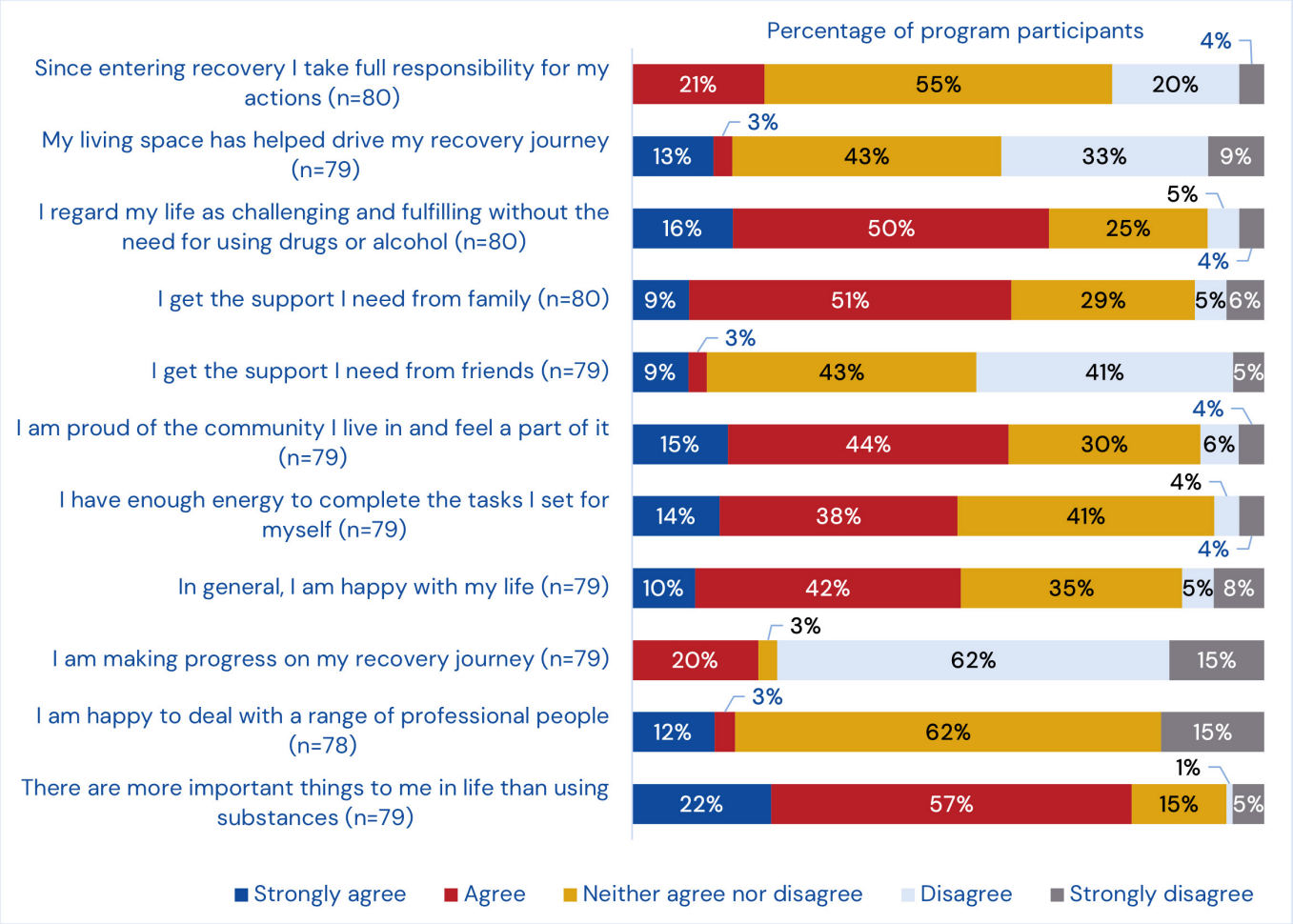
Program Participant Outcomes

Recovery capital comprises an individual's internal and external resources that help to enhance capacity for and commitment to living a sober life. Survey items, adapted from the Brief Assessment of Recovery Capital (BARC-10; Vilsaint et al., 2017), measured the program participants' self-reported recovery capital on a 5-point scale ranging from strongly disagree (1) to strongly agree (5). This study's sample had a mean score of 3.2 (SD = 0.7), and a range of 1.18–4.82. The sample's responses for each recovery capital survey item are summarized in exhibit 5.

> *I didn't have a life before [organization]. The life I had; I didn't want it. This place opened my eyes to way more than I thought it could be. They taught me how to be a man here, how to be responsible and accountable … how to be happy in my own skin.*
>
> Program participant

Promisingly, most participants agreed or strongly agreed to statements such as "I regard my life as challenging and fulfilling without the need for using drugs or alcohol," and "There are more important things to me in life than using substances." However, there was a wide range of responses across the items; for instance, 77 percent of respondents disagreed or strongly disagreed with the statement that they were making progress on their recovery journey. This range in responses suggests that multiple, complex dimensions of perceived self-efficacy may exist for program participants.

EXHIBIT 5.—Program participant responses to recovery capital survey items



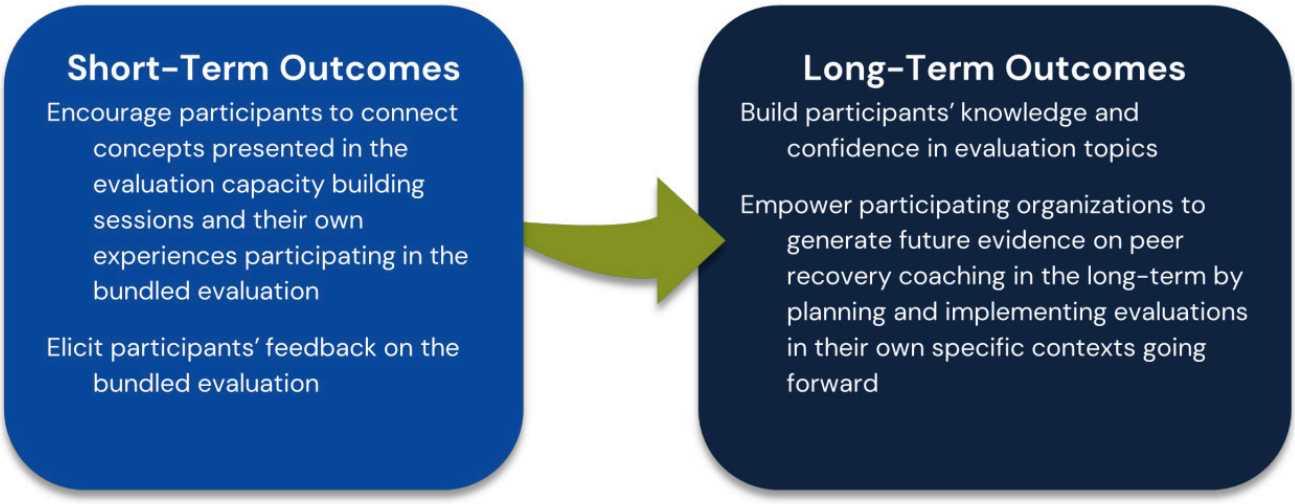
Regression model findings suggest **a statistically significant association in which participants that self-report spending 9–16 hours/week with their recovery coach had on average a 1-point higher mean recovery capital score (range 1–5) than those who spent less than 1 hour/week with their coach** (*b*= 1.01, std. error = 0.47, *p*-value = 0.03). Given the range of recovery capital scores, this is considered a large effect. The small sample sizes warrant caution in interpreting these findings, and a deeper dive with more participants may be helpful to confirm the findings of the potential recovery capital benefits of recovery coaching. More studies are also needed to confirm that 9–16 hours of coaching is a meaningful and distinct quantity, or whether linear models that operationalize time in a continuous sense might reveal incremental increases in recovery capital with increases in hours spent with a coach.

Evaluation Capacity Building

ECB was provided through 12 hour-long technical assistance sessions delivered on a monthly basis. The overall purpose of the ECB was to enhance participants' capacity as evaluation practitioners. ECB sessions

were divided into three modules: (1) Planning Evaluation; (2) Implementing Evaluation; and (3) Reporting and Using Evaluation. The curriculum was based on AmeriCorps evaluation capacity building core curriculum with extensive tailoring to the recovery coaching context. Exhibit 6 provides an overview of the intended short- and long-term outcomes of evaluation capacity building.

EXHIBIT 6.—Overview of intended short- and long-term outcomes of Evaluation Capacity Building



Across both cohorts, there were 24 representatives from a total of 11 organizations who attended at least one ECB session. These representatives included project directors, program officers, clinical directors, and other organizational staff. Surveys were administered at the end of each session to assess on a scale from 1 to 5 (with 5 indicating "very satisfied") participants' satisfaction with the session. All sessions had a mean satisfaction rating greater than 4, suggesting overall high satisfaction. The session on Feedback on the Bundled Evaluation had the highest rating overall, suggesting evaluation participation may be meaningfully enriched when **evaluation findings are shared with participants.**

Open-ended discussions after each session offered additional insights including:

- Participants felt their existing theory of change did not fully capture the contextual factors influencing their program, or clearly articulate the effect on AmeriCorps members themselves
- Participants appreciated learning from their colleagues about data collection strategies, especially those that minimize respondent burden and/or capitalize on administrative data they already collect
- Participants commented that client narratives and case notes often contain rich data, but they often struggle to analyze these data and feel these stories get lost.

Discussion, Limitations, and Lessons Learned

Rich mixed-methods data revealed common themes and variability across programs. The full report explored findings for future research to build upon.

In general, this evaluation documented the recovery coaching programs that were successful in many ways. They were **implemented across diverse regions** and for diverse, and **challenging-to-treat target populations**. Organizations leveraged paid staff, AmeriCorps State and National members, and VISTAs to support the programs by providing direct services and/or contributing to other organizational activities to build or strengthen capacity. Notably, interviews, focus groups, and surveys with coaches, project directors, and program participants showed the many benefits of recovery coaching. **Holistic care** and the treatment of

individuals in recovery as whole persons stood out as an instrumental feature and benefit of the programs. Organizations were versatile in engaging in partnerships to help provide a range of services or referrals—that could include, for example, behavioral therapy, art therapy, and yoga—which is important for reducing substance use and improving outcomes (Breslin et al., 2003). Organizations also sought to use **culturally appropriate services,** which is relevant and important given existing evidence that culturally competent treatment practices affect substance use treatment adherence and program completion (Substance Abuse and Mental Health Services Administration, 2006).

Lived experience among coaches was a cross-cutting theme in this evaluation's findings, carrying implications for recovery coach hiring requirements and practices**. Hiring requirements that perform criminal background checks can impede the hiring of otherwise qualified recovery coaches.** The importance of lived experience for recovery coach programming illuminated throughout the final report suggests hiring requirements should be amenable to opportunities that connect coaches with a deep, personal understanding of recovery to those who need that support.

This evaluation's sample demonstrated a **wide range in recovery capital scores**, suggesting those seeking treatment across AmeriCorps-supported organizations are varied in their perceptions of the internal and external resources that aid long-term recovery. This is not a surprising result but given empirical evidence that recovery capital predicts substance use and quality of life (Laudet & White, 2008), it serves as an important reminder that programs should account for recovery capital in addressing the gaps and needs within their populations of focus. The number of hours spent weekly with a recovery coach was statistically significantly associated with recovery capital scores, even after controlling for participants' gender. Those who spent 9–16 hours/week with a recovery coach had noticeably higher mean recovery capital scores than those who reported spending less than 1 hour with their coach. It is not yet clear whether this 9–16 hour category represents an optimal "dose" for recovery coaching as more research is needed with larger samples to verify these findings.

Important **limitations** affect the interpretability of the findings. The findings are vulnerable to several notable biases. The small sample sizes, purposive sampling procedures, and self-selection bias (along with lack of data on those who were recruited but declined to participate) limit our ability to assess the representativeness of our data, and also limit our ability to generalize study findings. Survey questions were generated for the current study's purposes and findings may lack external validity; one exception was the use of the validated BARC-10 (Vilsaint et al., 2017) in informing this study's 11-item survey to measure the program participants' self-reported recovery capital. Despite these limitations, rich mixed-methods data revealed common themes and variability across programs, and the final report highlights those key findings for future research to build upon.

A few **lessons learned** can improve similar evaluation efforts in the future. **Strategies to increase participation** rates are important for sufficient data. Strategies can include in-person information sessions for project directors and prospective participants to explain evaluation objectives and steps, and to assuage **concerns about confidentiality and data security**. Adequate **incentivization** may motivate greater participation and response, whether this entails compensation that is of greater monetary value or more germane to participants. **Flexible data collection methods** are important for participants; virtual options, shorter session durations, and scheduling accommodations are just some ways to improve data collection. **Each encounter with participants should be optimized** to achieve as many data collection tasks as possible; it was beneficial to distribute paper versions of the surveys at the time of focus/groups interviews to maximize response rates.

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