



# Research Priorities

Generated by the  
JEAP Initiative  
Community Boards




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### Key:

-  Justice-Involved Board
-  Provider & Payor Board
-  Young Adult Board

The icon indicates which Community Board(s) brought up these ideas in their brainstorming sessions.

## Recovery Journey

**Recovery is multi-faceted along an extensive timeline, and services and measures of success need to extend beyond abstinence or recidivism.**

Beyond recidivism and abstinence from substance use, what other elements can be considered as benchmarks to evaluate success along the recovery journey?



How can MOUD/MAT<sup>1</sup> and harm reduction be incorporated into measures of success?



What fosters resilience along the recovery journey and what role do recovery support services play? And especially how does this apply to emerging adults<sup>2</sup>?



Are there any holistic approaches for recovery support services – that address not just physical addiction (i.e., detox) but physical, emotional, social, and spiritual wellbeing – that show promise?



What helps emerging adults come back from a reoccurrence of use, especially if they have limited resources?



What factors increase substance use or criminogenic risk, and what recovery support services might help address these factors?



<sup>1</sup> MOUD: Medication for Opioid Use Disorder; MAT: Medication Assisted Treatment, also referred to as MAR: Medication Assisted Recovery

<sup>2</sup> Emerging adults refers to youth and young adults between the ages of 16 and 25

## Service Combinations

**The best combination and sequence of services to support recovery, and how to match and provide access to individuals, have yet to be determined.**

- What combination and sequence of services (including recovery support services) have the most impact for the individual? P
- Does effectiveness of service combinations or sequencing vary between different groups, such as emerging adults, people of color, and individuals with a history of trauma? P Y
- What combination and sequence of services (including recovery support services) have the most positive economic impact (consider recidivism, short-term and long-term utilization of Medicaid dollars, and housing stability)? P
- What aspects of recovery housing, and the combination of services within them, provide the most help? J P
- Beyond recidivism, what are the economic impacts of these? For example, do they reduce the use of healthcare and Medicaid dollars, child welfare system costs, etc.? P
- Are there any holistic approaches for recovery support services – that address not just physical addiction (i.e., detox) but physical, emotional, social, and spiritual wellbeing – that show promise? J P
- What assessment tools work best to match individuals to needed recovery support services? P
- Does offering multiple services (that include recovery support services) in one physical location increase effectiveness, for example, by removing transportation barriers? J P
- How does criminalization of substance use impact people’s access to various services (e.g., housing, SNAP, education funds) that support recovery? J
- How well have treatment/specialty courts performed since the Opioid Epidemic began, and how can recovery support services support their performance? J
- How might recovery support services address emerging adults involved in the justice system whose parents are also involved in the justice system or other systems (e.g., child welfare)? J

## Mental Health

**The existing service system is not well equipped to address co-occurring mental health and substance use challenges.**

What are the barriers to accessing quality combined mental health and substance use services and how can these be overcome using recovery support services?

J P Y

What additional challenges do emerging adults face compared to the general population, and how can recovery support services uniquely overcome these challenges?

Y

How can holistic approaches to recovery support services, which encompass physical, emotional, social, and spiritual wellbeing, best include mental health needs?

J P Y

How are evidence-based practices for mental health needs best implemented in a justice context? How does this vary between the juvenile and adult systems, and how can recovery support services play a role?

Y

How does discrimination within healthcare contribute to disparities in emerging adult knowledge about mental health and access to treatment within communities of color? How can this be reduced using recovery support services?

Y

## Underserved Communities

**Recovery support services may not address the needs of individuals from marginalized communities because of barriers to access and the lack of representation of individuals who are Black, Indigenous, Latinx, or AAPI/Asian; women; individuals with sexual and/or gendered differences (e.g., LGBTQIA+); and emerging adults.**

What strategies can increase representation of people of color, women, and emerging adults within recovery meetings such as Alcoholics Anonymous (AA)? How can mutual aid support such as AA and Narcotics Anonymous (NA), and peer support be more welcoming for these populations?

Y

What culturally relevant triggers for substance use exist for underserved communities and intersecting identities (e.g., Black & sexual or gendered difference)? How can recovery support services address these triggers?

J Y

Are recovery support services that are tailored to a specific community more effective in helping members of that community achieve recovery compared to recovery support services for the general population?

J

How can recovery programs take into account all facets of individuals' identities, given that intersectionality affects how people experience these support services and barriers?

Y

How do internal (e.g., mental health symptoms, internalized stigma) and external (e.g., racism, community stigma) barriers to accessing recovery support services differ across age, race, culture, ethnicity, geography?

J Y

What strategies increase access to recovery support services for underserved groups (e.g., LGBTQIA+ community, people of color, low-income individuals)? Where, if at all, are these groups getting services? Are providers engaging these populations? What are effective strategies to engage these groups?

J Y

What are the barriers for people of color to access and utilize mutual aid support such as AA and NA, and how can recovery support services help overcome these barriers?

Y

What are some strategies to get emerging adults engaged in treatment earlier in their lives using recovery support services? Would it be beneficial?

P

For individuals from marginalized communities who are incarcerated, what is the role of virtual models of reach-in services for matching them with peer support from a similar background?

J

What populations are served by different types of recovery housing and how do outcomes differ across housing types and population groups?

P

How are different populations accessing and paying for recovery housing?

P

What strategies can increase representation of people of color within recovery housing? How can recovery housing be more welcoming for people of color?

Y

What drives the lack of recovery housing specifically for women, especially housing run by women?

Y

Are emerging adults being incarcerated just because there aren't supports for them (e.g., no foster parents, nowhere to go)? Are there recovery housing options for them?

J

## Social Support

**Social support networks can heavily impact the recovery journey.**

What are the most critical elements in someone's social network that promote positive outcomes (e.g., social support, practical skill building, modeling), and how can these be leveraged in recovery support services?

Y

What are the challenges that emerging adults face in creating a positive social network that supports recovery?

Y

What strategies in recovery support services can help overcome those barriers/ address those challenges? Y

What is the best way recovery support services can provide education to parents about being supportive of their emerging adult experiencing substance use issues and taking a strengths-based approach? Y

How can recovery support services help emerging adults in the juvenile and adult justice systems be positive peers for each other? P

What policies, procedures, or laws (agency or statewide) create barriers for people with a criminal record to build a recovery-supportive social network that may include other people with a criminal record? J

## Emerging Adult Culture

**The dominant culture glorifies emerging adult substance use and makes it challenging for this population to talk about substance use issues or recovery.**

How can prevention efforts aimed at emerging adults help counter the glorification of substance use found across different forms of media and entertainment? How can we center the voices of people in recovery within these efforts? Y

Disclosing recovery or substance use treatment is often stigmatized among emerging adults in social settings. What strategies can help reduce this stigma? Y

How can harm reduction services and information best be included in substance use recovery programming for emerging adults? Y

## Trauma-Informed

**Trauma-informed<sup>3</sup> care within recovery support services is important.**

How do recovery support services address trauma and help individuals work through trauma? J P Y

What is the best sequence of services (including recovery support services) for those with justice and trauma histories to produce positive changes? P

Does trauma-informed care benefit recovery support services aimed at emerging adults? If so, what are the key ingredients of trauma-informed care? P Y

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<sup>3</sup> Trauma can result from a wide variety of traumatic experiences, including childhood abuse and neglect, involvement with the justice system, and significant physical injuries such as traumatic brain injuries.

Does trauma-informed care benefit recovery support services aimed at justice-involved populations? If so, what are the key ingredients of trauma-informed care? J P

What are the support plans for peer support specialists to deal with triggering and trauma? For themselves and for their clients? P

What culturally relevant triggers for substance use (e.g., intergenerational trauma) exist for underserved communities and intersecting identities (e.g., Black & sexual or gendered difference)? How can recovery support services address these triggers? J Y

## Recovery Housing

**The elements of recovery housing that make it most effective are under-researched – including internal operations, accessibility, connection with other services, and environment.**

What are the key ingredients of recovery housing (e.g., accountability, social support)? J

What aspects of recovery housing, and the combination of services within them, provide the most help? J P

Beyond recidivism, what are the economic impacts of these? For example, do they reduce the use of healthcare and Medicaid dollars, child welfare system costs, etc.? P

What populations are served by different types of recovery housing and how do outcomes differ across housing types and population groups? P

How are different populations accessing and paying for recovery housing? P

What strategies can increase representation of people of color within recovery housing? How can recovery housing be more welcoming for people of color? Y

What drives the lack of recovery housing specifically for women, especially housing run by women? Y

What prevents MOUD/MAT<sup>1</sup> from being accepted as legitimate recovery in different contexts: in recovery housing; in the justice system (e.g., treatment courts, law enforcement, prison staff); in treatment providers; in social networks? J P

What policies and strategies have led to increased acceptance of MOUD/MAT in different contexts, and how can that be replicated? J P



How can peer support specialists effectively assist individuals with the shift from transitional housing to long-term housing, especially given the housing crisis that is felt more broadly?

J

How can recovery support services, like housing, coordinate with jails and prisons to create long-term treatment plans, seamless supports, and continuity of care for those returning to the community?

J

Are emerging adults being incarcerated just because there aren't supports for them (e.g., no foster parents, nowhere to go)? Are there recovery housing options for them?

J

## Peer Support

**The role and qualifications for peer support specialists vary widely and best practices have yet to be determined.**

The work of a peer support specialist can fall on a continuum from just providing non-judgmental support to a more structured interaction including other responsibilities (e.g., providing transportation, case management, help with goal setting, help with financial planning, etc.) What points along this continuum are most effective?

J P

How does the type and amount of support (e.g., training, supervision, social support, counseling) that peer support specialists receive impact their effectiveness?

P

What are the best ways to evaluate whether someone is mentally or emotionally prepared to be a peer support specialist?

P

How does the amount of time peer support specialists have in recovery impact their effectiveness?

J P

How does receiving peer support services help retain clients in treatment and other services longer?

P

What are the variations in peer support certification standards from state to state and how do these affect outcomes?

P

What are best practices for peer-delivered reach-in services within jails and prisons prior to release?

J

What are the benefits of virtual models for peer-delivered reach-in services within jails and prisons, for example, for matching people of similar backgrounds or for rural prisons?

J

How can peer support specialists effectively assist individuals with the shift from transitional housing to long-term housing, especially given the housing crisis that is felt more broadly?

J

What are the barriers for peer support being billed to Medicaid (e.g., several states have limitations that the only organizations that can bill for peer services have to be affiliated with current treatment providers)?

P

## Reentry Services

**Additional support services are needed at the critical time of community reentry from incarceration.**

For individuals who are reentering the community from incarceration, what are the recovery programs or services that promote the best long-term outcomes?

J

What barriers do underrepresented groups face upon reentry (e.g., LGBTQIA+ community, people of color)? How can recovery support services help overcome these?

J

What policies, procedures, or laws (agency or statewide) create barriers for people with a criminal record to build a recovery-supportive social network that may include other people with a criminal record?

J

How can recovery support services, like housing, coordinate with jails and prisons to create long-term treatment plans, seamless supports, and continuity of care for those returning to the community?

J

Are there best practices for improving recovery support services in prisons and jails (i.e., not typical video-based programming), and how might these be implemented well?

J

What are best practices for peer-delivered reach-in services within jails and prisons prior to release?

J

What are the benefits of virtual models for peer-delivered reach-in services within jails and prisons, for example, for matching people of similar backgrounds or for rural prisons?

J

How can peer support specialists effectively assist individuals with the shift from transitional housing to long-term housing, especially given the housing crisis that is felt more broadly?

J

## MOUD/MAT Stigma

**People who use MOUD/MAT<sup>1</sup> confront stigma in different contexts.**

What prevents MOUD/MAT from being accepted as legitimate recovery in different contexts: in recovery housing; in the justice system (e.g., treatment courts, law enforcement, prison staff); in treatment providers; in social networks?

J

P

What policies and strategies have led to increased acceptance of MOUD/MAT in different contexts, and how can that be replicated?

J P

How does stigma around MOUD/MAT impact access to services and long-term outcomes for people using MOUD/MAT who are seeking and/or actively identifying as being in recovery? And how can recovery support services help?

J P

What are the best interventions recovery support services can use to help reduce stigma against MOUD/MAT? Is education alone sufficient?

J P

How well have treatment courts integrated MOUD/MAT into their programs? How does this impact effectiveness? And how can recovery support services within treatment courts help?

P

Beyond recidivism and abstinence from substance use, what other elements can be considered as benchmarks to evaluate success along the recovery journey?

J P

How can MOUD/MAT and harm reduction be incorporated into measures of success?

J P

## Non-Opioid Use

**Research and services for those with non-opioid substance use issues have been de-emphasized.**

What are the barriers to accessing services for people with non-opioid substance use issues (e.g., methamphetamine), and how can recovery support services help?

J

How can recovery support services help those who don't qualify for medical necessity to detox? (for example, respite homes for someone who has a reoccurrence of use while they are living in recovery housing, recovery supports for individuals with serious psychiatric symptoms stemming from substance use)

J

How can the initial phase of the recovery journey, such as medical detox, be expanded to include those with non-life-threatening medical detox needs? How can recovery support services help?

J

