

# **Recovery Research Technical Expert Panel**

## Executive Summary & Report

**Virtual Meeting**  
June 15-16, 2023

**Realizing Recovery**  
*Policy & Practice Improvement Series*  
Office of Recovery  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

*This document was developed by Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Recovery, while the content and themes outlined within were identified by participants—including technical experts and those with lived experience—during the Recovery Research Technical Expert Panel. Please note that the views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Office of Recovery, SAMHSA, or the U.S. Department of Health and Human Services (HHS).*

***A special thanks to each participant for their time and dedication towards advancing the field of recovery***

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## EXECUTIVE SUMMARY

On June 15-16, 2023, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Recovery conducted the *Recovery Research Technical Expert Panel*. This was an initiative to identify the current state of research on recovery from mental health and/or substance use conditions and inform the development of a national recovery research agenda. The gathering brought together 26 recovery researchers, federal and state officials, and recovery community leaders.

During the 2-day virtual event, the panel discussed current research on recovery and recovery support services and key directions for recovery research to be pursued in the future. These discussions were inclusive of recovery from both mental health and substance use conditions, as well as addressed issues related to recovery supports for youth and families.

### Key Findings

The following are key findings for the national recovery research agenda from the panel that may guide the Office of Recovery, SAMHSA:

- **Inclusion**
  - Establish a rotating work group to review, recommend, support, and disseminate recovery research.
  - Enlist, promote, and ensure collaboration of people with lived experience in the conceptualization, design, and conduct of recovery research.
  - Invest in more community-based participatory research programs to effectively address community needs and disparities.
  - Prioritize evaluators and technical assistance providers with lived experience.
  - Include mandates for inclusion of people with lived experience in all SAMHSA grants from start to finish - even State Block Grant efforts.
- **Equity**
  - Encourage research on institutional racism and how we can break it. Include people with lived experience and Black researchers to dialogue with institutions that hold the power to understand the barriers to entry into the research community.
  - Develop quality measures that are granular enough to capture findings related to people who are Black, Brown, Native, and of other demographics and are sensitive to change.
  - Support capacity for self-evaluation and data use within peer-run organizations with an emphasis on organizations serving communities of color and other minoritized groups.
  - Establish targeted funding and policies (research and interventions aimed at people of color (POC) by people of color) to support attainment of recovery capital for POC.
  - Use appropriate theoretical frameworks when conducting research specific to people of color who use drugs, and for those in recovery.
- **Peer Support Services**
  - Assess the efficacy of collegiate recovery via a research cohort.
  - Explore what the populations most in need of help related to achieving and maintaining recovery are (e.g., emerging adults, people of color, rural

communities), and what the barriers are (at every level of the socioecological model) to recovery support services for larger scale implementation.

- **Social Determinants of Health**
  - Provide incentives for researchers to employ alternative research methodologies to study recovery (e.g., Indigenous Research Methodology) to provide a more comprehensive understanding of recovery from different perspectives.
  - Help states with how to collect, analyze, and interpret data on social determinants of health and recovery.
- **Measurement**
  - Develop a unified and validated measure of recovery.
  - Provide technical assistance to state recovery leads on the dissemination, collection, interpretation, and application of recovery data measures and outcomes.
  - Empower service providers on the front line to measure and evaluate the services they provide.
  - Select one to two measures of recovery for standardization.
- **Rights Protection**
  - Evaluate the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program to both validate existing efforts and identify gaps.
  - Convene more opportunities for TEP meetings like this one.

# MEETING REPORT

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## DAY ONE

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### Welcome and Opening Remarks

#### ***Paolo del Vecchio, MSW, Director, Office of Recovery, SAMHSA***

Paolo del Vecchio thanked the Office of Recovery, Center for Behavioral Health Statistics and Quality, and the Center for Mental Health Services, along with the planning committee members composed of Dr. John Kelly, Dr. Marianne Davis, Dr. Nev Jones, and Dr. Grace Lee for pulling this meeting together. He emphasized the importance of this work, as research could assist in identifying the solutions to help people heal, grow, and thrive.

#### ***Tom Coderre, BA, Acting Deputy Assistant Secretary for Mental Health and Substance Use, SAMHSA***

Tom Coderre welcomed everyone and reminded everyone of the importance of recovery for millions of people in the United States who are living with substance use disorders (SUD) and mental health conditions. He emphasized that recovery is not only possible for everyone but essential for individuals, families, communities, and ultimately the nation. As seven of ten adults who have had SUD problems currently consider themselves in recovery, restoring their lives is one of the goals of this work. Advancing the field of recovery research is the next logical important step, especially since more data has been retrieved to advance this work.

#### ***Naomi Tomoyasu, PhD, Director, Center for Behavioral Health Statistics and Quality, SAMHSA***

Dr. Naomi Tomoyasu welcomed and thanked all for joining the first Recovery Research TEP Meeting. She knows research influences programs and policies and identifies the best and most practical interventions and measures for this recovery effort. She stated that measurement needs to be a part of recovery research, which will provide the foundation for future work.

### Overview of the Current State of Recovery Research

#### ***John Kelly, PhD, Director, MGH Recovery Research Institute***

In his discussion on the current state of substance use recovery research, Dr. John Kelly started with a quote from the Tracy Chapman song "Fast Car." He said that belonging, community, hope, and optimism are at the heart of recovery services, as referenced by this song.

Dr. Kelly then outlined the results from the previous convenings, and systematic reviews accomplished by SAMHSA in 2017 and 2018. Because of these outcomes, NIDA funded infrastructure-building grants that enabled a foundation for substance use recovery research. He covered some of the historical perspectives that have been influential, and he reflected on legislative changes moving from harsh, punitive sentencing towards laws enabling more people to get access to treatment, mental health, and affordable care.

Dr. Kelly then analogized a burning building to addiction and the recovery pathway. He illuminated some of the facts from recovery science of why it can be challenging for individuals to recover. He spoke about recovery capital and the resources necessary to provide an environment for people in recovery and to walk back into remission.

Dr. Kelly then quoted a Cochrane review of 27 studies that found Alcoholics Anonymous (AA) to be the most successful recovery program versus other approaches, such as cognitive behavioral therapy or motivational enhancement therapy. Remission over time is greater when AA is a part of the process. The healthcare offsets are \$10-\$15 billion cost savings in healthcare. Since not everyone wants to use AA, other multiple mutual aid organizations are also becoming very successful.

Dr. Kelly concluded by speaking about recovery support centers/services. They are populated by peers that engage individuals in recovery to make them feel welcome. Increased self-esteem and quality of life and a decrease in psychological distress are outcomes of these centers, along with long-term recovery, so they boost wellness. He identified the need to incorporate the recovery support services with clinical services to create a better outcome. Currently, clinical and community systems are siloed in approach.

***Nev Jones, PhD, Assistant Professor, University of Pittsburgh***

In her discussion on the current state of mental health recovery research, Dr. Nev Jones started by asking a question: "Where have we been, and where are we going?" Dr. Jones then discussed five broad topical areas: definitions, criticisms and concerns, measurement, lived experience involvement, and peer support and recovery services. She clarified language definitions to include the differences between symptomatic recovery and functional recovery, stating that a common frame of reference is necessary.

Dr. Jones covered some current concerns and critiques of the field. Politics was a topic under criticism. The focus has been on the individual to recover instead of on society. This mindset pushes responsibility onto the individual instead of structural racism or poverty, as well as co-optation and colonization. The framing of recovery also has negative overtones. She urged the group to hold systems accountable.

Dr. Jones said while there have been numerous measurement tools for mental health recovery, there has not been much consistency, especially prior to 2013. Specifically, no measure had undergone extensive psychometric testing, and none had data on test, retest, viability, or sensitivity change. Since then, measurement in mental health recovery research has improved. She stated that measurement still has areas for improvement, but positive strides have been made.

Dr. Jones continued with lived experience involvement in research. She cited several other countries such as Canada, Australia, and the UK that have dedicated centers of excellence focused on lived experience. She then called out pioneers in the field who have done transformative research. She highlighted SAMHSA's recent policy to include people with lived experience.

Dr. Jones expressed that peer support and recovery support services have too many systematic review papers. She acknowledged that people are focusing on different subsets of issues. She does not want to see just a hypothesis of what the mechanisms are but wants researchers to study and document results.

Dr. Jones concluded that mental health is getting worse in the US. She gave a plea to acknowledge social and structural determinants. She stated that poverty profoundly precedes and shapes what people experience. With all the wealth of the US, we need to change these determinants. She finished by honoring the pioneering work of peer research workers.

**Katheryn Sabella, PhD, Assistant Professor, University of Massachusetts Chan Medical School**

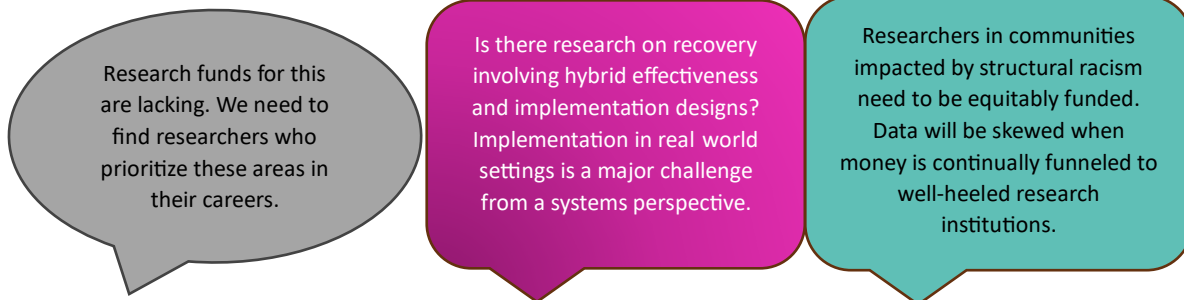
Dr. Katheryn Sabella focused her presentation on recovery research among young adults aged 14 to 30 years. A lot of services define this age group as 16 to 25. During this period, young people progress toward adulthood. Marriage, children, and home ownership happen afterwards. Since these markers are happening later and later in this stage, the trajectory to adulthood is happening at older ages, regardless of mental health or substance use challenges.

Dr. Sabella stated that the subculture of youth from the lens of recovery needs to be considered when it comes to the language used in the recovery process. She contextualized what are considered normal parameters for youth and young adults. She pointed to the complexity of a young adult accomplishing recovery who had not gone through the foundational work of adulthood.

Dr. Sabella then covered the domains of recovery. She spoke about overcoming or managing a person's disease or symptoms and making informed and healthy choices. The rub for some youth is that they do not attach themselves to this wellness model. As such, the language needs to be geared toward young adults.

Dr. Sabella concluded with inclusion and what that looks like for people with lived experience. She spoke about equity in young adults. She urged panelists to consider resilience as part of the solution instead of focusing on individual problems. She reminded the audience that youth and young adults often have a set of nonlinear experiences, and it is important to find the unique ways to empower them to find solutions.

**Chat Highlights**



**Topic 1 Overview: Inclusion**

**Amy Brinkley, CRS/CHW, CAPRCII, Recovery Support Systems Coordinator, NASMHPD**

Amy Brinkley introduced the topic of inclusion. She spoke about her personal journey and unfathomable loss. This journey inspired her advocacy work throughout her career. She explained that she was deeply invested in transforming the way recovery data and measure outcomes are collected for recovery programs professionally. Ms. Brinkley is passionate about how data are collected and seeks out individuals with lived experience for this information. She has focused on recovery infrastructure and identified significant issues within this process. She emphasized the importance of data collection for recovery research. She explained that often when someone leaves the system and successfully recovers, we lose that data and pathways to recovery.



### **Mark Salzer, PhD, Professor, Temple University**

Dr. Mark Salzer expanded on the topics that were brought up by Ms. Brinkley. Dr. Salzer thanked the National Institute on Disability Independent Living and Rehabilitation Research for their support and for their practices of inclusion from a disability, rights, and justice perspective. He expounded on the many benefits that this type of practice has for individuals with disabilities. He finished by speaking about the benefit of being a parent and challenged the participants to ponder how we could effectively support parents in recovery.

### **Key Suggested Action Items**

- Areas of Research
  - Focus on co-governance and implementation research.
    - Intersectionality of persons with lived experience in prison systems and with substance use disorders.
    - NIDA and NIMH should sponsor national events to focus on this topic.
- People with lived experience need to be part of the research team.
  - They should have clear roles as:
    - Primary leaders in research teams.
    - Co-investigators—grants can help fund this.
  - They should not be only relegated to research participants, as this means they are no longer your partner.
  - Offer fellowships for peer researchers.
  - People of color researchers should be involved in doing research on people of color. This concept needs to be included when grants are being developed.
- Measurement
  - Develop a unified, validated measure of recovery.
  - Standardize data collection to include data collection systems, evaluation, and recovery-oriented outcome measures that include lived experience.
  - Provide data and outcomes to service providers, so they can see the impact they made.
- Materials need to be written in the language the patient understands.

### **Chat Highlights**



### **Additional Comments from Participants**

- Areas of Research

- Focus on peer recovery models that people want—medication optimization, peer respite, hearing voices networks, wellness, open dialogue, etc.
- Co-production activities are happening in other countries are also happening in some states. A national study on how this looks in the states is needed.
- Examine the results of alternatives to an often-coercive system. How do we resolve the contradiction of being trauma-informed while we force people into services they don't want?
- How state funded peer projects are being evaluated for lived experience.
- People with Lived Experience in Leadership Roles
  - Promote Participatory Action Research—populations of interest need to be studied by researchers with relevant lived experience or authentic identification.
  - Leaders with lived experience are needed within state and federal agencies and Institutional Review Boards. There is a need to identify what training and supports are needed.
  - Revisit job requirements for researchers—think about how lived experience may be equivalent to other forms of academic and professional experience.
  - Develop mentorship initiatives for emerging researchers with lived experience by seasoned researchers with lived experience
  - Build leadership pathways to decision making roles in mental health policy, practice, and research.
- Research expectations
  - Establish a clear direction and vision of the research.
  - Increase funding opportunities for peer researchers.
- Measurement
  - Implement crowd sourcing as a way for peers to share their experiences with the system and with each other and to support effective advocacy.
  - There is a need integration and collection of feedback from individuals not in leadership positions.
- Provide attention to intersectionality, including race, class, sexual orientation, and gender identity, but also intensive long-term disability-related experiences, incarceration, and involuntary treatment. Lived experience is a huge umbrella.
- Create and fund supportive and inclusive environments that encourage ongoing participation of people with lived experience to sustain their meaningful involvement over the long term.
- Identify resources for peer-run organizations to use data and partner with researchers who share their values.
- There is a need for heavy investment in implementation science and support.
- Address environmental barriers.

## Topic 2: Equity

### ***Kelechi Ubozoh, BA, CEO, Kelechi Ubozoh Consulting***

Kelechi Ubozoh started the conversation acknowledging that not everyone starts from the same place. She gave personal examples and addressed the stigma regarding institutional barriers. She spoke to the research on disparities and problems but emphasized the need for powerful data. Ms. Ubozoh expressed appreciation for research done in the intersection of poverty and discrimination impacting minority populations instead of speaking to genetics and life choices in substance use.

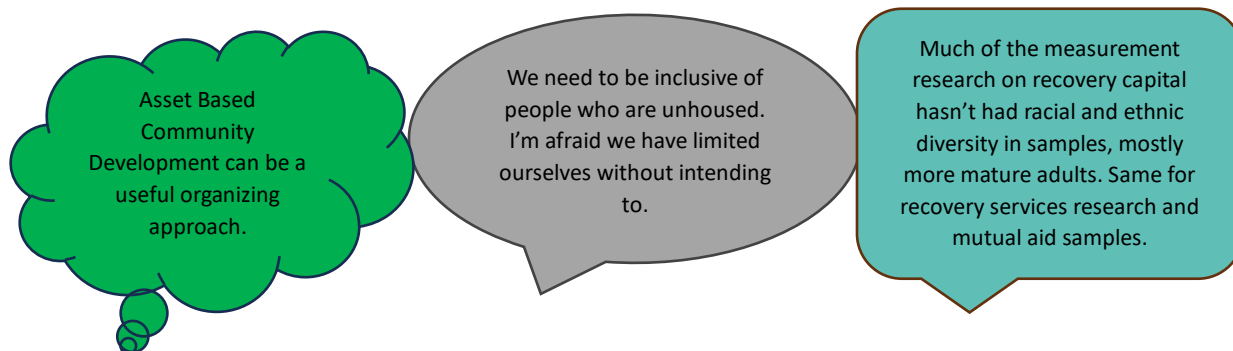
## **Corrie Vilsaint, PhD, Associate Director of Recovery Health Equity, MGH Recovery Research Institute**

Dr. Corrie Vilsaint, a recovery scientist, presented statistics illustrating health disparity and outlined steps to advance recovery science. First, she expressed the importance of establishing a baseline and determining the degree to which a health disparity existed. The next step to advancing health, equity, and recovery science is to establish equity in intervention services. A solution is establishing recovery services in the communities where people live as opposed to health care settings alone. The third step is to identify mechanisms of health disparities. She emphasized that research in this area has focused on change for the individual, despite the increasing national recognition of the structural drivers of health and equities. Her final step is preparing the next generation of scientists. She finished by addressing the complexities associated with this last task and the overall state of equity in the US.

### **Key Suggested Action Steps**

- Youth
  - Include young adult researchers with lived experience in the development and outreach of research.
  
- Examples Working at the Community Level
  - Identify and promote effective practices at the community level. For example, Kelechi Ubozoh worked on the Reducing Disparities campaign. Healing experiences were used in her community, and it worked.
  - Amy Brinkley and her group created a lived experience survey, asking their community what they were struggling with. It was open ended and included SAMHSA language. The results drove state decision making.
  
- Grants
  - Notices of Funding Opportunities (NOFOs) need to be targeted to those most in need. Reviewers should represent those communities.

### **Chat Highlights**



### **Additional Comments from Participants**

- Data
  - At the state level, data is not being used on unmet social determinants of health.
  - There is a missed opportunity to use qualitative data to better understand experiences.
  
- Areas of Research Needed:
  - The lack of understanding of history and current disparities among Black and Brown people

- The efficacy of holistic and Indigenous healing practices.
- Accessibility- e.g., who is reached versus who is not reached. We still do not know what constitutes a representative sample (among peer support specialists) when conducting research on the peer workforce.
- Effective outreach strategies to engage underserved populations, especially people who are hesitant/resistant to seeking care due to negative experiences and/or stigma.
- Recovery is multidimensional and embedded in communities. Research needs to be framed to account for this.
- Language/Communication
  - Understand that we do not all use the term “recovery” in Black, Indigenous, People of Color (BIPOC) communities.
  - Scalable recovery supports access scales for community with qualitative context to identify shared language.
  - Community generated evidence—a term that empowers directly impacted communities versus "evidence-based practices."
- LGBTQI+
  - There is needed research on state policies being put into place that may compromise the health and safety of multiple minoritized communities.
  - The intersection of LGBTQI+ and emerging adults needing services is tremendous.
- Youth
  - Prioritize youth themselves and not just family members.
  - How can we address trauma in youth systems in a person-centered manner?
  - More research support is needed for 16–25-year-olds with intersecting identities.
- Current equity efforts in federal and state governments and academia do not prioritize recovery and equity.
- Interventions are often developed in silos, for specific populations.
- What are the structural barriers for these groups to access, engage, and stay connected?
- Attention is needed to cross-disability equity issues.

### Topic 3: Peer Support Services

#### ***Kelly Davis, BA, Associate Vice President of Peer and Youth Advocacy, Mental Health America***

Kelly Davis shared her personal experiences with peer support services. She spoke to lived experience and peer support for young people. She said some of the major issues are financing, training, workforce organizations, and awareness. She spoke about peer training history, equity pieces, certification, and the intersectionality of previous topics. Ms. Davis encouraged the group to think about the organizational spaces and employment of peer support to include boundaries, barriers, and solutions. She implored the group to explore the gaps commonly found in peer support services and to address them.

#### ***Jonathan P. Edwards, PhD, Adjunct Instructor, Columbia School of Social Work***

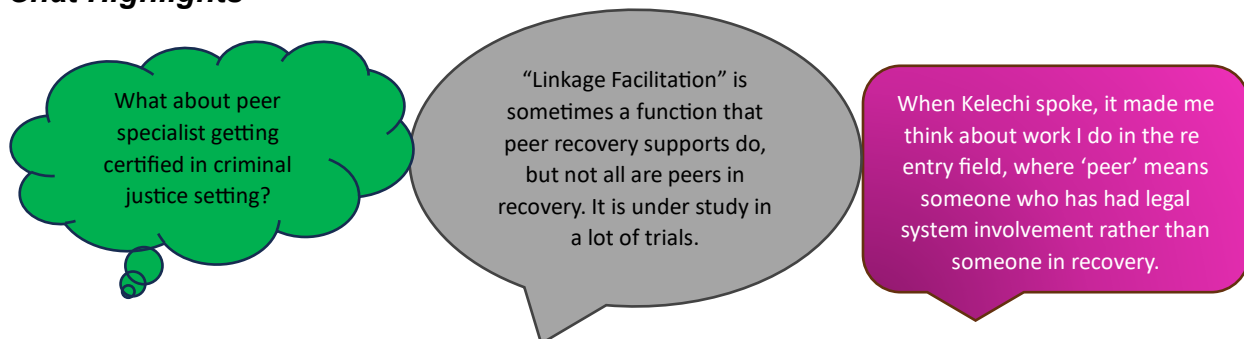
Dr. Jonathan P. Edwards also shared his personal experience in substance use and mental health recovery. He also said that more literature on peer-led interventions is needed. Finally, Dr. Edwards relayed his concerns regarding the well-being of the peer-to-peer workforce with respect to demographic characteristics. He finished by acknowledging that the system needs to

do a lot of work in terms of shifting organizational readiness to support peer support specialists' career growth.

### **Key Suggested Action Steps**

- Research on Peer Workforce Approaches is needed in areas such as
  - Recruitment
  - Training/Support for Peer Support Specialists
  - Financial stability of programs and of the workforce.
  - Safeguards around maintaining the integrity of peer support and the process of leadership.

### **Chat Highlights**



### **Additional Comments from Participants on Areas of Research Needed**

- Peer workforce—national numbers.
- Peer respites.
- Equity and peer services.
- Authenticity and peer services.
- The different types of peer work that exist, such as peers that go out with first responders, those embedded in ERs, etc.
- What successful peer-run agencies implement to sustain their staff.
- Peer-led approaches focused on reducing coercion.
- Peer support programs and services in youth-serving spaces, including schools.
- The landscape of peers across crisis ecosystems.
- What peers are asked to do, and their experience, when supervised by a non-peer versus a peer.
- Implementation research: Identify when peer support interventions work and when they do not.
- How to change the views that non-peer professionals and policymakers have on peer support interventions.
- Cross walking outcomes of peer support delivered in clinical settings as opposed to nonclinical settings.
- Look at how to facilitate the spread of peer support into rural areas, especially mental health professional shortage areas.
- Guidelines are needed for how to successfully ensure a healthy work environment for peers.
- What makes a peer to a given group of individuals in a program? How do we pay more attention to race in particular?
- States should be encouraged to collect data on those that are certified, those who get recertified (indicating they may be staying in the field), and the career opportunities available in the state.

## **Closing Thoughts for the Day**

***Grace Lee, PhD, Statistician, Office of Recovery, SAMHSA***

Dr. Grace Lee thanked everyone for contributing to these topics.

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## DAY TWO

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### Opening Remarks

#### ***Grace Lee, PhD, Statistician, Office of Recovery, SAMHSA***

Dr. Grace Lee thanked everyone for their contributions on day one and expressed gratitude for the perspectives, passion, and experience that were shared. She provided the agenda for day two and conveyed her excitement to hear about the research gaps related to the topics.

### Topic 4: Social Determinants of Health

#### ***Felecia Pullen, PhD, CEO, Let's Talk SAFETY, Inc.; The PILLARS; The SAFETY Net***

Dr. Felecia Pullen started with the analogy of a tree. She likened leaves to the social determinants of health, which are easy to see. She envisioned the branches and bark as the structural determinants in this model. They are determined by political determinants, which determine racial health and wealth gaps. She explained what this looks like, including the roots based in poverty and environment. She then spoke to the research gaps and current efforts to address key social and structural determinants that support and hinder recovery. The gaps are areas of hindrance for people, specifically Black people in recovery-oriented systems of care. She gave the example of research done in New York City that concluded that an intersection between race, poverty, geography, and addiction existed, which was really rooted in structural racism. She finished by urging the group to advocate for fair and equitable funding to support racially equitable and inclusive recovery-oriented systems of care. Dr. Pullen asked the group to internally assess if the systems within their work are contributing to anti-Black racism, oppression, and marginalization, through ideology or structurally implicit bias and if it is intentional or unintentional.

#### ***Margaret (Peggy) Swarbrick, PhD, Associate Director of Center of Alcohol & Substance Use Studies, Rutgers University; Collaborative Support Programs of New Jersey Wellness Institute***

Dr. Peggy Swarbrick encouraged the use of a wellness model as a holistic framework to examine social determinants as this model provides a broader scope of environmental, social, financial, intellectual, physical, emotional, spiritual, and occupational dimensions. She gave examples of research that provides insight into the wellness model.

### Key Suggested Action Steps

- Research on Self-Directed Care
  - Dr. Bevin Croft spoke to self-direction or self-directed care that was developed as a means to organize services and support whereby an individual is provided an individualized budget to purchase services to meet their self-identified recovery needs, such as a laptop, bus tickets to see family, or dirt to patch a driveway for someone to get to work. The research on this topic is very promising with demonstrated positive outcomes.
- Research on Housing
  - Housing that is affordable, attractive, and engaging is important. It provides the message to the individuals that they are worthy of real support for a real illness.

- The requirements and funding for group homes and live-in-care services need to be reviewed.
- Areas of Research Needed
  - Health care providers should be co-located with peer centers to reduce barriers to treatment, which impacts employment and quality of life. Providers want data on this topic, so more research is needed.
- Learning Communities: Alexia Wolf, Lieutenant Governor's Office in Delaware, and Co-Chair for DRSS Recovery Data Workgroup, spoke about a peer echo, or virtual learning community, for the SAMHSA region. They would love to work with some of the researchers in this meeting to disseminate information to the peer community.

### **Chat Highlights**



### **Additional Comments from Participants**

- Dignified Housing
  - Conduct outreach to the unhoused.
  - Research unhoused communities regarding recovery needs and the housing first model.
  - Move from "crisis" respite to hope and restoration respites.
  - Measure residential segregation at the neighborhood level and other neighborhood factors much more regularly and with nuance.
  - Research initiatives for recovery specific housing ventures.
- Education
  - Develop and evaluate educational interventions.
  - Research the opportunities people in recovery have access to in government funded programs (employment, education, etc.) based on the Americans with Disabilities Act.
  - Conduct research on recovery high schools.
  - Assess the evidence of long-term impact of interventions.
  - Research effectiveness of authentic peer support on college campuses.
  - Examine universal accessibility for students with mental health diagnoses.
- Social and Family Support
  - Research inclusion in faith communities.
  - Examine Sibling/Family peer support as well as perinatal Peer Support
  - Research parenting in recovery—breaking unhealthy cycles.
  - Train community members in peer support principles.
  - Collect the evidence on family caregiving respites
  - Ensure "family" is inclusive of chosen family.
  - Research inclusion in volunteering and other activities that promote meaning.
- Employment



- Research is needed on how to overcome provider resistance to supported employment.
- Develop and implement customized employment approaches.
- Research how to disseminate information to people in recovery about being employed without losing benefits.
- Support microenterprises and entrepreneurship.
- Research family member concerns about employment.
- Address implementation barriers to returning to work for SSI/SSDI recipients.
- De-implement employment models that pay less than a living wage.
- Expand asset-promoting interventions.
- Research pathways from collegiate recovery programs to employment, especially for people with criminal/legal system involvement.
- Examine peer-delivered financial wellness education or peer wellness coaching.
- Criminal and Legal System Diversion and Re-entry
  - Research peer-provided legal supports are needed.
  - Identify evidence-based practices that emphasize diversion and minimalization/elimination of criminal legal system involvement.
  - Identify strategies for equity-based balance and restorative justice in communities.
  - Research peer support for first responders.
  - Conduct qualitative studies on repeat offenders to explore access issues to social determinants of health and recovery support services.
- Trauma-Informed Care
  - Intervention and implementation research needed to adapt, develop, learn from, and test strategies designed to address the effects of structural racism to improve recovery outcomes.
  - How do we measure the health of an organization?
  - How can we apply healing centered approaches to this framework?
  - There is a need for stronger and more easily implementable measures of trauma-informed environments
  - How can trauma-informed care be operationalized in different settings/populations?
- Other Comments
  - SAMHSA could study/map out recovery spending across all these areas and monitor spending and impact over time.
  - Research impact of health/chronic disease management to address health disparities.
  - States use Block Grant funding to fund programs targeting all these areas. SAMHSA can study the data (outcomes) from the peer recovery programs implemented that are not captured elsewhere.

## Topic 5: Measurement

### ***Michael Freed, PhD, EMT, Chief of Services & Clinical Epi Branch, National Institute of Mental Health***

Dr. Mike Freed started by discussing the Collaborative Care Model, a model for primary care, mental health, and health integration. He explained why screening is recommended in primary care. NIH has notices of special interest that seek research around increasing uptake of evidence-based screening in diverse populations across the lifespan, as well as addressing evidence gaps in screening. He spoke about benefit design-services that have good evidence behind them. Dr. Freed then explained how measurement can be used as part of an overall

service delivery model. Importance needs to be placed on having notifications and other attention getters, so that beneficiaries do not fall through the cracks. He discussed quality measures to inform alternative payment models for flexibility. He then talked about measurement in the context of algorithm development, particularly looking to predict outcomes like suicide. He also discussed the cascade of care. Dr. Freed gave an example of how to assess appropriate suicide risk in different health settings to ensure patients don't end up boarded in emergency departments. He finished by discussing how findings from measures are interpreted and communicated to stakeholders like policymakers.

### ***Ashli Sheidow, PhD, Senior Research Scientist, Chestnut Health Systems***

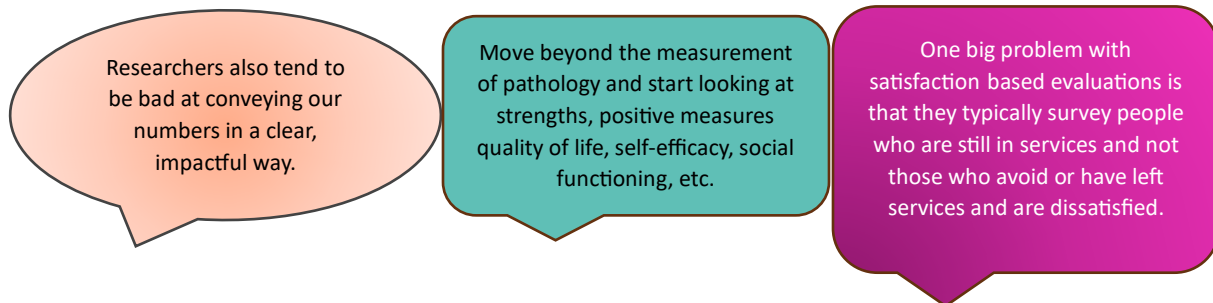
Dr. Ashli Sheidow started by thanking all involved in the recovery community. She shared her personal connections and experience with community-engaged work. The siloed system in place needs to be considered. Community-engaged work is part of measurement-engaged work. She referenced Dr. Jones' presentation, where she spoke about symptomatic recovery, functional recovery, and personal recovery. Dr. Sheidow continued with the labeling and terminology of recovery. She emphasized that limitations exist, yet holistic points of view are important. She further explained that terminology with emerging adults can be unclear. She also mentioned validity and flaws in questions. She continued with community-level change funding and accessibility. How decisions are made should be kept in mind. She mentioned that the research on mutual aid programs requires a unique set of skills.

### ***Key Suggested Action Steps***

- Language Used in Measurement
  - Integrate clinical language and person-first language. All parties need to be educated in the language for greater measurement.
  - People in recovery need to define recovery for themselves.
  - When working with adolescents, the language needs to match how they speak and what they know. For example, they use 'help' not 'support.' Quantitative data collection does not always align with qualitative data.
  - Descriptive definition needed for the term 'recovery.' Or should the term be let go and just measure different components of the construct?
  - Qualitative and quantitative data are needed. Talk to people to understand the complexity, derive questions from it, and then add numbers to it, so they can be crunched out in a statistical model.
- Construction and Presentation of Surveys
  - Move away from satisfaction surveys to experience surveys. They need to be culturally specific experience measures that are developed by specific communities because these constructs vary. More work needs to be done around experience and how it trickles down to practices.
  - People will not be forthcoming about experience if the person who is asking is the person who provided services. Need to consider lived experience and quality councils who do quality reviews to embed that practice in our state programs and our regulatory bodies, so that people have a neutral party, ideally a person with their own lived experience from their culture, who speaks their language, to be able to gather that data.
- Literature

- Literature needs to be shifted to social and structural determinants, including people's own perspective. It needs to be more empirical. More people of color need to be included. In some cases, there is just tokenism.
- These issues need to be brought to psychology and other professional journals.
- How do we move beyond the individual? How do we assess recovery ecosystems or capital? We need to look at factors in structural racism and how they play out. We need to understand the dynamics in different communities versus individual measures. Those in social power tend to do better. Where can we influence?
- Measures are needed around remission and recovery. Delineate the kind of remission-based warning signs or the resilience factors that may determine if a person is going to stay in recovery.
- From a policy perspective, there is a need for measurements that can be used for value-based payment incentives for home and community-based services and for behavioral health.
- Include recovery measures across SAMHSA, even if it is not the best. Look at the current state of recovery research to see what can be gleaned from that and see what we can apply from that. In the intermediate and long term, fund innovative and new research, but this will take years. Need to have ongoing short, intermediate, and long-term goals.

### **Chat Highlights**



### **Additional Comments from Participants**

- Lived Experience
  - This is needed in developing and administering quality measures
  - What we measure dictates policy. We need to be very careful about how we characterize people with lived experience and how their experiences are classified and measured.
- Areas to Measure
  - Social attitudes
  - Self-advocacy
  - Spirituality
  - Wellness focused, whole person metrics in mental health and substance use recovery
- Address privacy regarding measurement collection.
- Explore recovery ecosystems and recovery capital at the system level.
- Develop measures that will pick up cultural differences in response and interpretation.
- More work is needed on being part of the community rather than just situated in the community.

- Examine disability identity and labels
- Major dearth of person-centered measures in compliance and quality measurement (e.g., HEDIS measures).
- Examine linkage to harm reduction and uptake of harm-reducing behaviors.

## Topic 6: Rights Protection

### ***Bevin Croft, PhD, Project Director, Human Services Research Institute***

Dr. Bevin Croft described a system of voluntariness. It promotes self-advocacy, embraces self-risks, removes restraints and seclusion, and encourages voluntary options that are wanted. Use of coercion and involuntary intervention is an adverse system outcome. She explained that voluntariness unpacks the language that is used to talk about rights. Intervention research is needed to promote the rights of self-directed care services, psychiatric advanced directives, shared and supportive assistant related tools, and self-advocacy skills training. She explained that a lot of successful pilots exist. She emphasized that there needs to be research on why we don't use interventions. All the information is out there, but a host of implementation barriers that need to be minimized with fidelity tools also need to be addressed. Dr. Croft stated that there needs to be a shared assumption that behavioral systems are supposed to promote rights.

### ***Noel Vest, PhD, Assistant Professor, Boston University***

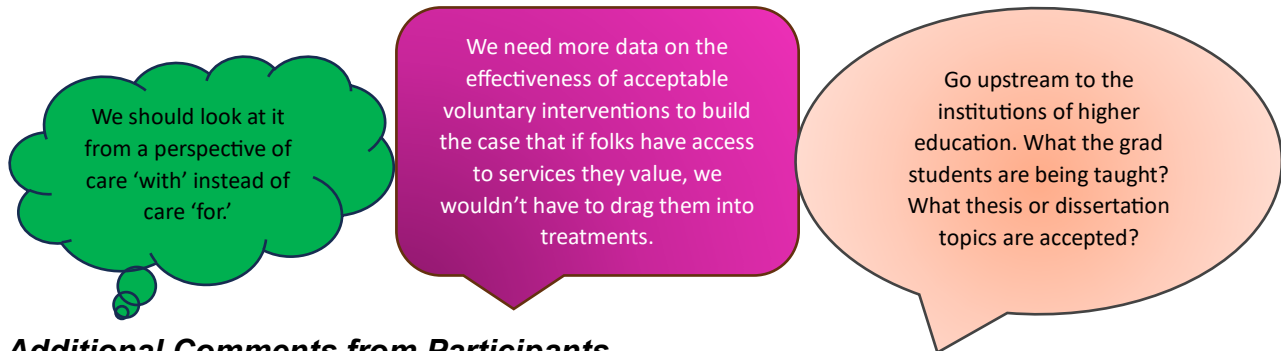
Dr. Noel Vest continued by sharing his experience of being incarcerated. He said that the War on Drugs conditioned society, and these deeply held beliefs need to be challenged. After his time in prison, he was able to work as a drug and alcohol counselor. He found that the therapeutic alliance that he had with peers was tainted with the release of information to outside agencies—child protective services, probation, courts, etc. No thought is given to after-care or focus on the recovery phase of the continuum of care either. Counselors are overwhelmed and have too much paperwork. Instead, non-clinical, community-based efforts or interventions are the heart of the recovery phase of continuum care. He explained that treatment centers only add 'recovery' to the end of their name and community centers are getting lost. These practices are remnants and policies that were forged through the War on Drugs and a violation of privacy that is accepted as common practice in the treatment phase of care. He expressed that recovery cannot be infiltrated, co-opted, or ruined by the same mistakes that were made in the past. He added that those coming out of prison are disenfranchised by the loss of voting rights, Supplemental Nutrition Assistance Program (SNAP), housing rights, etc. Dr. Vest finished by reminding the panel that there is an over-representation of Black and Brown communities in the prison population and criminal justice system.

### ***Key Suggested Action Steps***

- Involuntary Treatment
  - Conduct research on the long-term outcomes associated with coercive interventions.
- Examples from the Community
  - In Oregon, funding dollars for service are separate from community correction dollars, but in many states, that is the access point for service. This needs to be de-coupled.
- Areas of Research
  - Co-optation of recovery and how it's being changed or used, as well as data on the argument that those with mental health issues do not have insight into what's going on with them.

- How family members can get assistance for their family members.
- Convene more dialogue meetings between peers and well-established researchers including staff from NIMH, NIDA, NIAAA, and SAMHSA.
- Parents and families need to be present at our meetings.

### **Chat Highlights**



### **Additional Comments from Participants**

- Medication Assisted Treatment (MAT)
  - How often are MAT rights violated in recovery housing that will not accept MAT?
  - Examine rights violations of forced medication for people who don't want to be on or prefer to be weaned off MAT.
- Abuse in Behavioral Settings
  - Ensure public reporting of seclusion and restraint use in all behavioral health settings
  - Publish national and state tracking of reports of abuse and neglect
  - Report the number of complaints/grievances.
- Schools
  - Examine seclusion and restraint in schools.
  - Address crisis response practices for youth at school, like cops, ambulance, seclusion, and restraint.
- Areas for Research
  - Privacy and confidentiality.
  - Olmstead, ADA, and people in recovery.
  - Impact of policies restricting healthcare for people while incarcerated.
- Family
  - Focus on parents losing children due to substance use.
  - How do you most effectively balance when a parent needs to reduce harm but still prioritize individual rights?
  - Examine harmful impacts of guardianship and being a payee.
  - Address rights protections issues surrounding pregnant people.
  - Examine youth rights to determine their health care.
  - Address parental rights during a mental health or SUD crisis and loss of children
- Incarceration
  - Create models and look at wellness benefits of peer models for people transitioning from prison.
  - Eliminate the use of solitary confinement of people experiencing distress in prisons.
  - Examine the association of collateral consequences of conviction—loss of driver's license, voting rights, benefit eligibility on health/broader outcomes of individuals and families, etc.

- **Data Needs**
  - States need technical assistance (TA) around the collection, interpretation, and application of data. A TA center that partners with some of the researchers on this call would be amazing.
  - Need state data for comparison purposes—average length of stay at state hospital, how many people discharged to group homes compared to other states, use of involuntary treatment, etc.
- While parity enforcement has increased, we need to conduct studies on parity, including reimbursement rates, salaries, network adequacy, medical necessity criteria, etc. Include insurers that are not covered by the Mental Health Parity and Addiction Equity Act (MHPAEA) .
- What role does individual recovery have in the context of mass shootings, global climate disasters, and unrelenting lethal systemic racism?
- What are the implications of mandated reporting, particularly when disclosing thoughts of suicide?

## **Panelists' Closing Recommendations**

Panelists were asked to share one final recommendation that they wanted to leave SAMHSA with. This list combines the contributions from the conversation, chat, and Mural board during this section of the meeting.

- **Inclusion**
  - Establish a rotating work group to review, recommend, support, and disseminate recovery research.
  - Enlist, promote, and ensure collaboration of people with lived experience in the conceptualization, design, and conduct of recovery research.
  - Invest in more community-based participatory research programs to effectively address community needs and disparities.
  - Prioritize evaluators and technical assistance providers with lived experience.
  - Have mandates for inclusion of people with lived experience in all SAMHSA grants from start to finish - even State Block Grant efforts.
- **Equity**
  - Encourage research on institutional racism and how we can break it. Include people with lived experience and people of color researchers. Invite institutions that hold the power to be part of the conversations and understand the barriers to entry into the research community.
  - Develop quality measures that are granular enough to capture findings related to people who are Black, Brown, Native, and of other demographics and are sensitive to change.
  - Support capacity for self-evaluation and data use within peer-run organizations with an emphasis on organizations serving communities of color and other minoritized groups.
  - Establish targeted funding and policies (research and interventions aimed at people of color (POC) by people of color) to support attainment of recovery capital for POC.
  - Use appropriate theoretical frameworks when conducting research specific to people of color who use drugs, and for those in recovery.
- **Peer Support Services**

- Assess the efficacy of collegiate recovery via a research cohort.
- Explore what the populations most in need of help related to achieving and maintaining recovery are (e.g., emerging adults, people of color, rural communities), and what the barriers are (at every level of the socioecological model) to recovery support services being a bigger part of helping them.
- **Social Determinants of Health**
  - Provide incentives for researchers to employ alternative research methodologies to study recovery (e.g., Indigenous Research Methodology) to provide a more comprehensive understanding of recovery from different perspectives.
  - Help states with how to collect, analyze, and interpret data on social determinants of health and recovery.
- **Measurement**
  - Develop a unified and validated measure of recovery.
  - Provide technical assistance to state recovery leads on the dissemination, collection, interpretation, and application of recovery data measures and outcomes.
  - Empower service providers on the front line to measure and evaluate the services they provide.
  - Select one to two measures of recovery for standardization.
- **Rights Protection**
  - Evaluate the Protection and Advocacy for Individuals with Mental Illness Program to both validate existing efforts and identify gaps.
  - Convene more opportunities for TEP meetings like this one.

## Closing Thoughts

### ***Grace Lee, Statistician, Office of Recovery, SAMHSA***

Grace Lee thanked the panel for the last two days. She then shared the next steps. She asked for feedback about this event through the survey link.

### ***Naomi Tomoyasu, PhD, Director of the Center for Behavioral Health Statistics and Quality (CBHSQ)***

Dr. Tomoyasu shared that she appreciated the discussion and looks forward to working with the Office of Recovery on ongoing implementation.

### ***Paolo del Vecchio, MSW, Director, Office of Recovery, SAMHSA***

Paolo del Vecchio thanked all who contributed to this event and concluded that their work is about helping people heal and thrive in communities.

## About the Realizing Recovery Series

To advance recovery across the nation, the Office of Recovery (OR) forges partnerships to support all people, families, and communities impacted by mental health and/or substance use conditions to pursue recovery, build resilience, and achieve wellness. With this goal in mind, the OR initiated a series of (in-person, virtual, or hybrid) dialogue, technical expert panel, and summit-style convenings, beginning in February of 2023 with SAMHSA's Technical Expert Panel on Peer Support Certification.

The themes across these convenings—ranging from strengthening the general peer workforce to advancing recovery across tribal and justice-involved communities—aligns with a particular objective, strategy, or priority within [SAMHSA's National Recovery Agenda](#). All convenings, both past and present, reinforce efforts to forge new partnerships while strengthening old. Further, each convening and associated report serves not only as a foundation and guiding light for the Office of Recovery moving into 2024, 2025, and beyond; but also provides SAMHSA, the OR, and our federal, state, local, tribal, and territorial partners with the information that is needed to advance recovery across the nation.

To access materials and publications related to recovery—including other reports that are part of the Realizing Recovery Series, please visit <https://www.samhsa.gov/find-help/recovery>.

*The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.*



## Appendix A – Participant List

<b>Name</b>	<b>Affiliation</b>
Chyrell Bellamy, MSW, PhD	Yale University
Amy Brinkley, CRS/CHW, CAPRCII	National Association of State Mental Health Program Directors
Bevin Croft, MPP, PhD	Human Services Research institute
Kelly Davis, BA	Mental Health America
Sarah Duffy, PhD	National Institute on Drug Abuse
Jonathan P. Edwards, PhD	Columbia University
Ana Florence, PhD	Columbia University
Michael Freed, PhD, EMT	National Institute of Mental Health
Peter Gaumond, MA	Office of National Drug Control Policy
Brett Hagman, PhD	National Institute on Alcohol Abuse and Alcoholism
Jennifer Humensky, PhD	National Institute of Mental Health
Nev Jones, PhD	University of Pittsburgh
John Kelly, PhD, ABPP	Harvard University
Onawa Labelle, PhD	University of Windsor
Felecia Pullen, PhD	Let's Talk SAFETY, Inc.; The PILLARS; The SAFETY Net
Mark Salzer, PhD	Temple University
Daniel Schwartz, PhD	Assistant Secretary for Planning and Evaluation
Karen Scott, MD, MPH	Foundation for Opioid Response Efforts
Ashli Sheidow, PhD	Chestnut Health Systems
Peggy Swarbrick, PhD	Rutgers, Collaborative Support programs of New Jersey Wellness Institute
Faye Taxman, PhD	George Mason University
Kelechi Ubozoh, BA	Kelechi Ubozoh Consulting
Laura Van Tosh	Mental Health Policy Roundtable
Noel Vest, PhD	Boston University
Corrie Vilsaint, PhD	Massachusetts General Hospital
Alexia Wolf, MPH	Lieutenant Governor's Office in Delaware, Co-Chair for DRSS Recovery Data Workgroup

## Appendix B – Resources

### **Opening Comments and Overview:**

- <https://www.recoveryanswers.org/coars/>
- <https://recoverycafenetwork.org/>
- <https://www.missionparks.com/obituaries/Don-Culwell#!/Obituary>
- <https://nap.nationalacademies.org/catalog/23589/measuring-recovery-from-substance-use-or-mental-disorders-workshop-summary>
- [https://www.thenationalcouncil.org/resources/project-amp/?gad=1&gclid=Cj0KCQjw7aqkBhDPArisAKGa0oIHxR9m8EAqRfPOTCCPDR-bl66mnok09Eq2EuwbqH3XmBHdzmmaB2gaAtCJEALw\\_wcB](https://www.thenationalcouncil.org/resources/project-amp/?gad=1&gclid=Cj0KCQjw7aqkBhDPArisAKGa0oIHxR9m8EAqRfPOTCCPDR-bl66mnok09Eq2EuwbqH3XmBHdzmmaB2gaAtCJEALw_wcB)
- [http://www.tucollaborative.org/?smd\\_process\\_download=1&download\\_id=3762](http://www.tucollaborative.org/?smd_process_download=1&download_id=3762)
- <https://www.pathwaysrtc.pdx.edu/>

### **Session 1: Inclusion**

- <https://www.amazon.com/Well-Being-Project-Jean-Campbell-ebook/dp/B00DQ0F6OQ>
- [https://cep.msu.edu/upload/documents/Youth-Adult%20Partnership\\_v1.0.pdf](https://cep.msu.edu/upload/documents/Youth-Adult%20Partnership_v1.0.pdf)
- <https://www.iris.ssw.umaryland.edu/fellowship>
- [https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.20220514?casa\\_token=zktivUGhdUMQAAAAA%3A6vulRkGwJWOTseZ3e7dNnyjISxMzamSMpd-jMgYh2pw\\_f7\\_KOBs9tMW5tKTCBINK1LeSGq2S2Yg](https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.20220514?casa_token=zktivUGhdUMQAAAAA%3A6vulRkGwJWOTseZ3e7dNnyjISxMzamSMpd-jMgYh2pw_f7_KOBs9tMW5tKTCBINK1LeSGq2S2Yg)
- [https://www.researchgate.net/profile/Kent-Key-2/publication/338114927\\_The\\_Continuum\\_of\\_Community\\_Engagement\\_in\\_Research\\_A\\_Roadmap\\_for\\_Understanding\\_and\\_Assessing\\_Progress/links/5f2f596c92851cd302ea5778/The-Continuum-of-Community-Engagement-in-Research-A-Roadmap-for-Understanding-and-Assessing-Progress.pdf](https://www.researchgate.net/profile/Kent-Key-2/publication/338114927_The_Continuum_of_Community_Engagement_in_Research_A_Roadmap_for_Understanding_and_Assessing_Progress/links/5f2f596c92851cd302ea5778/The-Continuum-of-Community-Engagement-in-Research-A-Roadmap-for-Understanding-and-Assessing-Progress.pdf)
- [https://reporter.nih.gov/search/lf6uFlwtdUK\\_K04mlsEgLg/project-details/10150227](https://reporter.nih.gov/search/lf6uFlwtdUK_K04mlsEgLg/project-details/10150227)
- <https://pubmed.ncbi.nlm.nih.gov/35680246/>
- <https://grants.nih.gov/grants/guide/pa-files/PAR-23-049.html>
- <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-22-170.html>
- <https://www.who.int/initiatives/sports-and-health/friendship-benches>
- <https://acl.gov/news-and-events/announcements/upcoming-ncapps-webinars-person-centered-care-mental-health-services>
- <https://www.madinamerica.com/>
- <https://reporter.nih.gov/search/FPSkIJfRJOgvsOrjHp6seQ/project-details/10437754>
- <https://cherishresearch.org/what-we-https://heller.brandeis.edu/nida-center/about/index.htmldo/research/dissemination-science/>
- <https://grants.nih.gov/grants/guide/pa-files/PAR-23-095.html>
- <https://grants.nih.gov/grants/guide/rfa-files/RFA-MH-23-265.html>

### **Session 2: Equity**

- <https://cherishresearch.org/what-we-do/research/dissemination-science/>
- <https://heller.brandeis.edu/nida-center/about/index.html>
- <https://rei.norc.org/>

- [https://cultureishealth.org/wp-content/uploads/2023/06/ADA\\_CRDP\\_SWE\\_Full\\_Report\\_with\\_Exec\\_Summ\\_PARCLMU\\_6.1.23.pdf](https://cultureishealth.org/wp-content/uploads/2023/06/ADA_CRDP_SWE_Full_Report_with_Exec_Summ_PARCLMU_6.1.23.pdf)
- <https://www.amazon.com/Your-Consent-Not-Required-Guardianships-ebook/dp/B09YR1RQLJ>
- <https://stemequity.net/what-is-quantcrit/>
- <https://www.bmj.com/content/348/bmj.g3725>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5030159/>
- <https://resed.stanford.edu/neighborhoods/about-neighborhoods/theme-housing/university-theme-houses/academic-theme-houses/row-0>
- <https://forefdn.org/supporting-and-building-the-peer-recovery-workforce-lessons-from-the-foundation-for-opioid-response-efforts-2023-survey-of-peer-recovery-coaches>

### **Session 3: Peer Support Services**

- <https://pubmed.ncbi.nlm.nih.gov/31621351/>
- <https://visionycompromiso.org/who-we-are/who-are-promotores/>
- [https://www.tucollaborative.org/?smd\\_process\\_download=1&download\\_id=977](https://www.tucollaborative.org/?smd_process_download=1&download_id=977)

### **Session 4: Social Determinants of Health**

- <https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-24-016.html>
- <https://www.center4healthandsdc.org/building-financial-wellness.html>
- <https://cspnj.org/wellness-institute/>
- <https://www.recoveryanswers.org/>
- <https://www.tucollaborative.org/community-inclusion-resources/>
- <https://www.center4healthandsdc.org/building-financial-wellness.html>
- <https://alcoholstudies.rutgers.edu/wellness-in-recovery/quiz/>
- <https://doi.org/10.1176/appi.ps.201900522>
- <https://reporter.nih.gov/search/Q14JEygnCEazDRPTWI-Qhw/project-details/10521916>
- <https://www.mentalhealthselfdirection.org/>
- <https://grants.nih.gov/grants/guide/rfa-files/RFA-NR-23-003.html>
- <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-21-330.html>
- <https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-23-051.html>
- <https://grants.nih.gov/grants/guide/pa-files/PAR-23-112.html>
- <https://grants.nih.gov/grants/guide/pa-files/PAR-23-092.html>
- <https://citizen-network.org/library/global-standards-for-sds.html>
- <https://alcoholstudies.rutgers.edu/wellness-in-recovery/the-winr-addiction-advocacy-researchstudent-internship-faculty-fellowship-program/>
- <https://liberators4justice.org/2023/05/13/acl-meets-with-l4j/>
- <https://www.in.gov/fssa/hoosier-health-and-well-being-atlas/>
- <https://sponsorsinc.org/sponsors-housing/>
- <https://heller.brandeis.edu/parents-with-disabilities/>
- <https://schoolcrisishealing.org/school-suicide-postvention-recovery-and-renewal/>
- <https://hcsbadvocacy.org/>
- <https://deanofstudents.wsu.edu/media/pefid125/wsu-c4i-policy-issue-brief-2021.pdf>
- <https://nida.nih.gov/about-nida/racial-equity-initiative/funding-priorities/racial-equity-initiative-faqs>

### **Session 5: Measurement**

- <https://hcp-lan.org/apm-framework/>
- <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-22-170.html>
- <https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/ccbhc-ebp-implementation-science-pilot/>
- <https://ncats.nih.gov/ctsa/projects/community-engagement-across-the-ctsa-program-consortium>
- <https://www.healthaffairs.org/content/forefront/recommended-minimum-length-pharmacotherapy-opioid-use-disorder-actually-more-than-year>
- <https://www.nasmhpd.org/content/mental-health-recovery-what-helps-and-what-hinders-national-research-project-development>
- <https://directorsblog.nih.gov/tag/plan-for-enhancing-diverse-perspectives/>
- <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2018.0718>
- <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2788761>
- <https://grants.nih.gov/grants/guide/pa-files/PAR-23-095.html>
- <https://www.researchintorecovery.com/measures/inspire/>
- <https://grants.nih.gov/grants/guide/notice-files/NOT-DA-23-012.html>
- <https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-23-046.html>

### **Session 6: Rights Protection and Closing Remarks**

- <https://link.springer.com/article/10.1007/s10979-006-9032-1>
- <https://www.heal.nih.gov/research/research-to-practice/jcoin>
- <https://www.spotlightpa.org/news/2023/03/pa-mental-illness-jail-incompetent-treatment/>
- <https://onlinelibrary.wiley.com/doi/full/10.1111/acps.13152>
- <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf>
- <https://www.madinamerica.com/2018/01/researchers-expose-pharmaceutical-industry-misconduct-corruption/>