Scoring the places people live, work, & recover

Update & Extension of the Recovery-Ready Community Index

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Introduction

In 2020, Iowa State University's Public Science Collaborative created a first in the nation, statewide recovery-ready community index comprised of recovery readiness scores for hundreds of Iowa communities. In its first instantiation, the Recovery-Ready Community Index (RRCI) included 17 recovery resource or service categories (e.g., housing, childcare, peer support meetings) and just under 16,000 total resources. These place-based community assets emerge from the science of recovery and can help people in recovery and recovery support organizations such as treatment centers, recovery courts, peer support groups) to leverage these assets to improve recovery.

> *"Building recovery-ready communities is what we all should be driving toward, as advocates, policymakers, and health professionals. That work must include the full continuum of supports, from harm reduction to abstinence-based recovery and every point in between. When I exited treatment 14 years ago, I was handed a list of local AA meetings."*
> *Brent Canode, executive director of the Alano Club of Portland (quoted by Foundation for Recovery)*

Using the RRCI, we created interactive maps that enable the exploration of Iowa communities across four recovery dimensions. We also created a top-30 list of recovery-ready communities (see Table 1 of the 2020 report) and suggested that owing to the breadth, depth, and strength of their recovery resources and culture, these communities would be especially high-value for recovery community center development. Since the writing of that report, Iowa has witnessed the founding of seven recovery community organizations, including five recovery community centers and two collegiate recovery programs.

Through the ongoing partnership between the Public Science Collaborative and the Iowa Department of Health and Human Services, we have expanded the community-based recovery data infrastructure from 17 to 24 recovery resource and service categories and from roughly 16,000 to nearly 40,000 total community resources. The considerable expansion of the recovery data infrastructure warrants a revisit and an update to the RRCI.

In this report, we describe newly added recovery resources, revisions to the calculation of the RRCI, a second measure of community recovery readiness, updated rankings across four community sizes, and updated community recovery resources assessments (formerly Community 360 Reports). Guiding this work is an effort to align with SAMHSA's Office of Recovery, and their advocacy for expanding peer-provided services in every community and addressing the social determinants of health.

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COMMUNITY RECOVERY READINESS

Recovery-Ready Communities: A recovery-ready community is one that "contains the principal services and resources…that when present in a community, provide the necessary elements to promote the successful recovery process of individuals living and engaging within it in that community" (Ashford et al. 2020: 7). In the recovery-ready community framework, the presence of a rich and diverse number of recovery-friendly support services and community resources is a necessary condition. That's because the services and resources, when properly organized, integrated, and oriented toward recovery, "create the environment that individuals and families need by providing all the necessary tools, services, and supports for recovery to occur" (Mumba & Mugoya 2022: 10).

A recovery-ready community provides a comprehensive and supportive environment for individuals recovering from substance use disorders (SUD). This includes a continuum of care that spans prevention, treatment, and long-term recovery support. Key elements include accessible healthcare, peer support networks, educational and employment opportunities, harm reduction services, anti-stigma initiatives, and a sense of purpose. By fostering collaboration among community members, institutions, and policymakers, a recovery-ready community aims to create a nurturing ecosystem that promotes sustained recovery and overall well-being. The Recovery-Ready Community concept emerged from two mainstream recovery theories, including the Recovery-Ready Ecosystems Model and the Recovery-Oriented Systems of Care model.

In Iowa, a recovery-ready community supports multiple recovery pathways, meets the needs of its recovery population, is integrated and coordinated across the formal and informal recovery-oriented system of care, and has a vibrant recovery culture. Kentucky, which has perhaps the most institutionalized and well-developed concept of a recovery-ready community, is a model for Iowa to consider. Kentucky funds community-based recovery readiness and designates stand-out communities as recovery-ready. Also unique to the Kentucky model is a certification program that includes measurable characteristics such as safe medication disposal sites, housing assistance, and prosocial peer group programs for youth (See Appendix C for certification scoring). Iowa might *consider developing recovery readiness criteria and promoting recovery readiness as a community goal*.

Recovery Service and Resource Data: Table 1 lists the newly expanded set of community-based recovery services and resources. We now include more resource and service categories, ranging from peer support specialists and recovery coaches to churches, YMCAs, drug-drop-off sites, and recovery houses.

The 2024 Version of the RRCI spans 24 types of recovery resources and services (RRS), ranging from clinical supports such as hospitals, MAT sites, and treatment centers, to informal and communal resources such as libraries, churches, gyms, and schools. We also include peer-based resources such as recovery houses, community centers, and coaches, peer support groups. The resource categories are listed in the first column of Table 1, followed by counts of each resource in Column two. Column three categorizes the 24 resources and services into SAMHSA's four dimensions of recovery: Community, Health, Home, and Purpose. Column four categorizes resources and services according to the CDC's five social determinants of health dimensions, including Social & Community Context, Neighborhood and Built Environment, Healthcare Access and Quality, Education Access and Quality, and Economic Stability. Organizing community recovery services and resources according to SAMSHA recovery categories and CDC social determinants categories illustrates the broad base of community assets that inform our 2024 Recovery-Ready Community Index and help communities and practitioners to better understand their community's assets and deficits.

The categories with the most resources are trails (9973), sports facilities (8337), and churches (5418). Categories with the fewest total resources include access centers (3), recovery organizations (7), and workforce development offices (18). As the state continues to invest in recovery-specific resources, we have seen a substantial increase in those assets, growing to seven recovery organizations, 37 recovery houses, more than 200 peer support specialists and recovery coaches, and more than 1800 regular mutual aid meetings. Communities with a large and diverse number of recovery resources are well-positioned to support the recovery journey of their residents. People living in a community with few recovery resources will often have a more challenging recovery, owing to fewer external supports.

Table 1. Twenty-Four Types of Community-based Recovery Resources and Services in Iowa

Community Resource or Service	*Count*	*SAMSHA Recovery Categories*	*CDC Social Determinants Categories*
Access Centers	3	Health (Wellbeing)	Healthcare Access & Quality
Recovery Organizations (Community & Collegiate)*	7	Community (Environment)	Social & Community Context
Workforce Development Offices	18	Purpose (Vocation)	Economic Stability
Intimate Partner Violence Programs	34	Home (Family)	Social & Community Context
Recovery Housing*	38	Home (Family)	Economic Stability
Shelters	39	Home (Family)	Economic Stability
YMCAs	47	Health (Wellbeing)	Neighborhood & Built Environment
College or Universities	56	Purpose (Vocation)	Education Access & Quality
Mental & Behavioral Health Center	175	Health (Wellbeing)	Healthcare Access & Quality
MAT Sites	182	Health (Wellbeing)	Healthcare Access & Quality
Peer Support (Specialists & Coaches)*	229	Community (Environment)	Social & Community Context
Section 8 Housing	261	Home (Family)	Economic Stability
SUD or Gambling Treatment Centers	289	Health (Wellbeing)	Healthcare Access & Quality
Hospitals and Clinics	412	Health (Wellbeing)	Healthcare Access & Quality
Drug Drop-off Sites	437	Health (Wellbeing)	Healthcare Access & Quality
Lakes and Beaches	482	Community (Environment)	Neighborhood & Built Environment
Libraries	571	Community (Environment)	Neighborhood & Built Environment
Schools	1499	Purpose (Vocation)	Education Access & Quality
Mutual Aid Meetings*	1807	Community (Environment)	Social & Community Context
Childcare Providers	3615	Home (Family)	Economic Stability
Parks and Playgrounds	5179	Community (Environment)	Neighborhood & Built Environment
Place of Worship	5418	Purpose (Vocation)	Social & Community Context
Sports Facilities	8337	Community (Environment)	Neighborhood & Built Environment
Trails	9973	Community (Environment)	Neighborhood & Built Environment
Total Resources	*39108*	*4*	*6*

NOTES: Data were most recently collected between July 1-Aug 20, 2024. Four Sources, see Appendix Table XX.
*Peer-based recovery resources.

Ashford Recovery Readiness: In addition to updating the Recovery-Ready Community Index, we have created a new measure of recovery readiness modeled on the two-component formula first proposed by Ashford et al. (2020). The first component is the total number of resource types. In the Ashford paper, the first component scored from 0-14 because he identified 14 different community recovery resources. In aligning our measurement of recovery readiness with ROSC and RREM theories of recovery, we have taken a more holistic approach to quantifying community recovery resources, including several essential community resources that are not explicitly 'recovery' resources (e.g., childcare, shelters, drug drop-off sites). With our more expansive and inclusive approach, the first component of the index has a range of 0-24. The second component of the Ashford index is a truncated version of the conventional resource abundance measure. In the Ashford approach, a community can get an additional value, ranging from 0-24 in our data infrastructure, for each resource category for which there are two or more resources in the community (e.g., one point for two or more child care centers, one point for having two or more hospitals/clinics).

The Ashford index is, not surprisingly, strongly correlated with population size. Larger cities tend to have more recovery resources, and the index strongly aligns with the population principle. As such, a small community will almost always present as less recovery-ready than a large city because the two components count resources without adjusting or correcting for population size. Nevertheless, we have included the Ashford index so that communities have more metrics to self-evaluate their recovery readiness.

The Revised 2024 Indices: The 2024 RRCI is grounded in the abundance of recovery resources in a community and in the richness of the community's recovery culture. We measure abundance in two ways: Absolute abundance (total number of resources & services), and relative abundance (total resources per 10,000 people). Communities with large stocks of recovery services and resources are well-positioned to support diverse recovery journeys. But because resource abundance in absolute terms favors large cities, where more people will tend to mean more resources, we include a relative measure of abundance that adds weight to the index for smaller communities that have fewer total resources but still have large stocks of recovery resources *relative to their population size*. Our third component, recovery culture, is measured as the total number of mutual aid meetings per 10,000 people. Places with a large and diverse number of peer support meetings are better positioned to support multiple pathways to recovery. In our view, a large number of meetings signals that the community is oriented toward recovery. So as not to double-count, we excluded mutual aid meetings from the abundance measures.

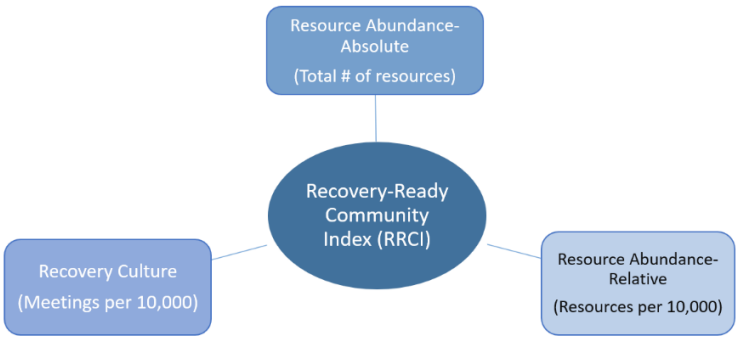

Figure 1. 2024 Recovery-Ready Community Index

A community's RRCI score is the average score on the three subindexes after first converting each subindex to a percentile score ranging from 0-99. The community with the highest overall recovery readiness across the three subcomponents gets an RRCI score of 99, and the community with the fewest recovery resources gets scored 0. Thus, higher scores signal greater recovery readiness.

Places with a vibrant suite of peer-support groups indicate that people in recovery will find acceptance, support, and community, each of which is important to the recovery journey for many people with a substance use disorder or other harmful experiences with addiction. Places with a large number of recovery resources and services stand a better chance to navigate a recovery pathway that aligns with their recovery needs, economic resources, cultural context, and stage of recovery. A community with a vibrant culture of recovery and a large and diverse suite of recovery resources is well-positioned to sustain their recovery. These are the community features we sought to capture in our scoring system.

The 2024 RRCI Rankings: In the tables that follow, we present the top 10 cities in each of three population categories: Large (>50,000 residents), medium (10,000-49,999), and small (2,500-9,999), with communities ranked by their overall RRCI score. Table 2 reports the top 10 most recovery-ready large communities in Iowa. Ankeny ranks first on the updated RRCI, owing to its high scores on resource abundance per capita (total number of recovery resources, especially parks and athletic facilities). Ames follows in second, also with a high per capita number of total recovery resources. Des Moines takes the 10th spot on the 2024 rankings due to its much lower relative resource abundance score. Council Bluffs scored high on recovery culture (peer support meetings per capita) and ranked third among big cities on its RRCI score.

On the Ashford Recovery Ready Score, Des Moines, Cedar Rapids, and Iowa City lead the pack. Ankeny and West Des Moines score lower Ashford's index than on the RRCI owing to the lower relative abundance of resources (per capita). Of the top 10 communities among the largest cities, five are home to recovery organizations (Des Moines, Cedar Rapids, Council Bluffs, Ames, Iowa City, Sioux City). Two interesting cities in this year's rankings are Dubuque and Waterloo, both of which score in high on the RRCI and the Ashford index. Given its position as one of the largest and most racially diverse cities in Iowa, Waterloo is an especially high value community for additional recovery organization expansion.

Table 2. Top 10 Recovery Ready Communities: Large Cities (50,000+)

		Public Science Collaborative Index				
City	*Population*	*Recovery Ready Community Index (RRCI)*	*Resource Abundance-Absolute (1)*	*Resource Abundance-Relative (2)*	*Recovery Culture (3)*	*Ashford Recovery Ready Score*
Ankeny	68392	72.3	99.8	38.0	78.9	26
Ames	66265	71.3	99.6	33.5	80.9	37
Council Bluffs	62670	68.2	99.1	16.1	89.6	38
West Des Moines	68744	68.1	99.4	23.1	81.7	33
Iowa City	74878	68.0	99.5	22.0	82.5	40
Sioux City	85469	66.9	99.3	8.3	93.1	38
Dubuque	59315	66.0	99.0	10.8	88.2	36
Waterloo	67256	64.9	99.2	14.8	80.6	38
Cedar Rapids	136929	64.4	99.9	9.2	84.2	43
Des Moines	213164	64.2	100.0	7.6	85.2	46

NOTES: RRCI is the average of the percentile ranking of each community on subindexes 1, 2, and 3. The Ashford score is calculated using index 1 and a truncated version of index 2.

Among medium-sized cities that range in population from 10,000-49,999, Johnston scored highest on the RRCI but ranked 9th on the Ashford index. Waverly, Pella, and Grimes also scored high on the RRCI. In terms of recovery culture, Fort Dodge scored highest, followed by Carroll, Oskaloosa, and Spencer. The Ashford index reveals that Fort Dodge, Spencer, and Le Mars are well-positioned to support multiple pathways to recovery. Overall, with solid RRCI, recovery culture, and Ashford index scores, Fort Dodge, Oskaloosa, Spencer, and Waverly appear to be well-positioned to support recovery community organizations such as recovery centers or cafes.

Table 3. Top 10 Recovery Ready Communities: Medium Cities (10,000-49,999)

		Public Science Collaborative Index				
City	*Population*	*Recovery Ready Community Index (RRCI)*	*Resource Abundance-Absolute (1)*	*Resource Abundance-Relative (2)*	*Recovery Culture (3)*	*Ashford Recovery Ready Score*
Johnston	23856	80.0	98.8	62.8	78.3	21
Waverly	10399	78.5	97.0	55.5	82.8	32
Pella	10556	74.3	96.9	48.0	78.0	23
Grimes	15402	71.7	97.4	38.8	79.0	16
Oskaloosa	11492	71.7	96.4	29.7	89.2	26
Spencer	11351	71.2	96.3	29.6	87.8	32
Le Mars	10549	70.3	96.2	32.0	82.6	30
Coralville	22494	70.0	98.3	35.9	75.8	24
Carroll	10270	69.7	95.9	22.2	91.1	28
Fort Dodge	24850	69.4	97.9	17.1	93.3	34

NOTES: RRCI is the average of the percentile ranking of each community on subindexes 1, 2, and 3. The Ashford score is calculated using index 1 and a truncated version of index 2.

Among the small cities (2,500-9,999), Fairfield and Chariton rank first and second, followed by Osceola and Decorah. DeWitt, and Charles City also rank high among small cities on abundance measures. In terms of recovery culture, Fairfield, Algona, and Onawa all score high, with Chariton scoring lowest among the top 10 communities. The Ashford index also ranks Fairfield first, followed by Osceola and Decorah. As well-rounded communities, scoring well on a variety of these measures, Osceola, Decorah, and Fairfield appear to be set up to support a diversity of recovery pathways and can support formal recovery organizations such as centers and cafés.

Table 4. Top 10 Recovery Ready Communities: Small Cities (2,500-9,999)

		Public Science Collaborative Index				
City	*Population*	*Recovery Ready Community Index (RRCI)*	*Resource Abundance-Absolute (1)*	*Resource Abundance-Relative (2)*	*Recovery Culture (3)*	*Ashford Recovery Ready Score*
Fairfield	9474	78.9	96.5	43.5	96.8	30
Chariton	4203	78.9	93.9	60.1	82.7	23
Osceola	5455	77.7	94.6	50.4	88.1	28
Decorah	7611	77.5	96.0	49.4	87.0	28
Charles City	7364	76.2	95.5	40.9	92.2	26
Onawa	2876	76.0	87.9	45.5	94.7	22
Cresco	3899	76.0	91.0	48.4	88.7	20
Center Point	2573	75.8	87.4	51.0	88.9	15
Algona	5443	75.3	92.8	36.8	96.2	25
DeWitt	5508	75.2	94.7	50.6	80.2	24

NOTES: RRCI is the average of the percentile ranking of each community on subindexes 1, 2, and 3. The Ashford score is calculated using index 1 and a truncated version of index 2.

In small towns (1,000-2,499), Central City, Belleview, and Elkader take the top spots on the RRCI, with high scores on all three components but especially driven by their abundance measures. In this category, Manning, Ida Grove, Logan, and Pocahontas have especially high recovery culture scores, indicating a high number of mutual aid

meetings for their populations. On the Ashford index, Logan, West Union, Ida Grove, and Elkader stand out as the top four within this group. Considering the data, we believe that Elkader, Ida Grove, and Logan may be able to support recovery organizations, especially cafés, due to their smaller population sizes.

Table 5. Top 10 Recovery Ready Communities: Small Towns (1,000 - 2,499)

		Public Science Collaborative Index				
City	*Population*	*Recovery Ready Community Index (RRCI)*	*Resource Abundance-Absolute (1)*	*Resource Abundance-Relative (2)*	*Recovery Culture (3)*	*Ashford Recovery Ready Score*
Central City	1166	89.2	88.2	89.4	89.9	14
Bellevue	2132	88.5	91.1	83.6	90.9	16
Elkader	1326	87.9	88.2	86.9	88.4	20
Manning	1444	86.3	84.5	75.4	99.0	19
Ida Grove	1969	85.2	88.2	72.1	95.3	21
Pocahontas	1614	82.4	84.5	68.9	93.9	19
West Union	2468	82.2	89.5	67.4	89.8	21
Corning	1592	81.0	85.3	71.6	86.2	18
Springville	1160	80.4	79.7	71.7	90.0	10
Logan	1437	80.4	81.2	65.2	94.8	22

NOTES: RRCI is the average of the percentile ranking of each community on subindexes 1, 2, and 3. The Ashford score is calculated using index 1 and a truncated version of index 2.

RRCI Action Steps and Uses Revisited:

The 2020 Recovery-Ready Community Report included a "Further Uses of the RRCI" section. One of our suggested uses of the RRCI was the following:

> *"We anticipate that an RRCI database would be useful to inpatient treatment service providers, who could use these community-level indicators as part of their discharge consultation programs. At discharge, it might be helpful to consult clients on the kinds of communities that would best support their recovery journey, by pointing, for example, a person of faith to places with large stocks of churches and 12-step programs, or a veteran to a community with a VA hospital or clinic as well as other kinds of resources that would best meet their cultural, economic, and social needs. More to the point, we suggest that the RRCI enables a data-driven approach to discharge that maximizes the chances of sustained recovery following completion of SUD treatment."*

The social determinants of health literature is clear that the local context, including neighborhoods and cities, influences our health and well-being. The social and environmental conditions in which people live out their recovery journey can be either protective or risky. Living near recovery resources like churches, parks, libraries, and other pro-social and accessible community infrastructure increases the odds of a successful and stable recovery, while living in the opposite conditions (e.g., density of alcohol establishments, minimal green space, and limited public infrastructure) threatens recovery.

For these reasons, we suggest the community-level attributes and conditions contained in the RRCI data can help people make more informed decisions about where to live and carry out their recovery journey. People in recovery are better positioned to make recovery-supportive life decisions when they know about, and have access to, local recovery services and resources. To support the Iowa recovery movement and the goals of the Department of

Health and Human Services, we have published community-level data to recovery-iowa.org and to a PSC-designed and developed recovery-ready community index dashboard (https://publicsciencecollaborative.shinyapps.io/RRCI/).

We also advocate for the utility of the concept of 'recovery readiness'. To the extent that disaster and crisis response organizations such as first responders, medical institutions, treatment providers, recovery organizations, and other relevant state, local, and national organizations incorporate recovery readiness into their planning and business operations, communities will be better positioned to respond to the current and future substance use epidemics. We believe that the recovery readiness reports and RRCI scoring components can make a positive contribution.

PSC has produced 300 community recovery readiness assessments, one for each community of at least 1,000 residents. These reports are available at recovery-iowa.org. When paired with the other rich, localized health and well-being data, including the community risk assessments found in each of the recovery readiness reports, the RRCI can guide communities and recovery organizations in planning, outreach, program development, advocacy, and volunteer activities.

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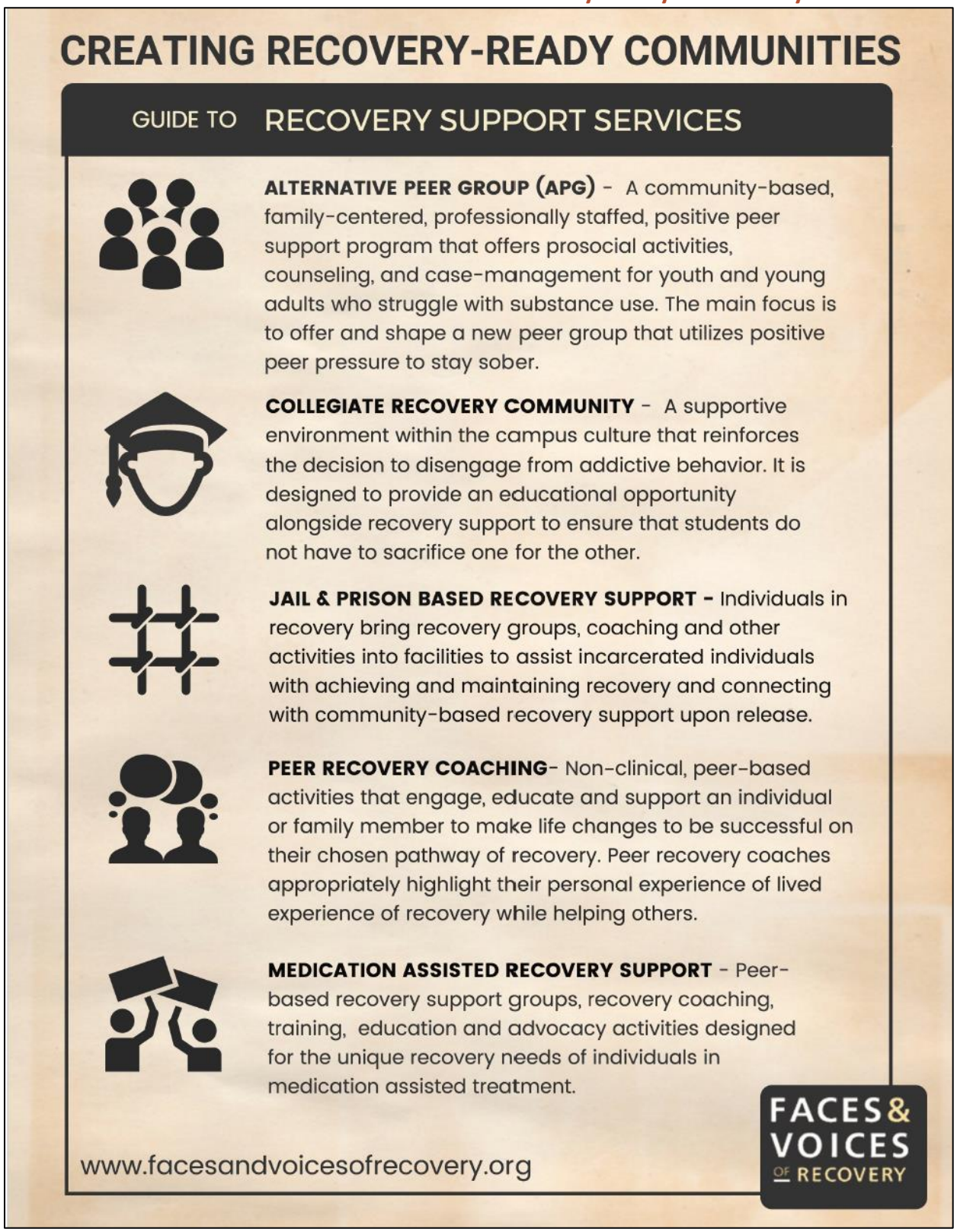
APPENDIX A: Indices and Measures Definitions

- RRCI: Average of the three RRCI subindices: Resource Richness, Resource Abundance-Relative, and Recovery Culture. Each subindex is normalized to a percentile ranking that ranges from 0-99, with the ranking identifying the percentage of communities with a lower RRCI score than the target community.
- RRCS: Three-item latent factor derived from the following subindices: Resource Richness, Resource Abundance-Absolute, and Recovery Culture.
    - Resource Richness: The number of different types of resources in the community (excluding mutual aid meetings). For example, a community that has a hospital, a park, and a church with no other types of resources would have a value of 3. This measure was denoted as the "Breadth" measure in the original RRCI.
    - Resource Abundance-Absolute**:** The total number of resources (excluding mutual aid meetings).
    - Resource Abundance-Relative: The total resources per 10,000 people (excluding mutual aid meetings).
    - Recovery Culture: The total mutual aid meetings per 10,000 people.
- Shannon Resource Diversity Index: This index produces a metric, ranging from 0-n, measuring the diversity of resources and services in a community. A higher value implies greater diversity in the types of resources in a community (excluding meetings).
- Simpson Resource Diversity Index: Simpson diversity index for resource types (excluding meetings)—a higher value implies greater diversity in types of resources. The Simpson index can also be interpreted as the likelihood of randomly drawing two different types of resources (e.g., if you randomly select two resources in a community with a Simpson index of 0.75, there would be a 75% chance they would be two different types of resources.
- Margalef Resource Diversity Index: This index measures resource and service richness in a community. This index is more sensitive to 'rare' resources, such as access centers and recovery community organizations.
- Shannon Index of Mutual Aid Meetings: This index captures the range of mutual aid organizations offering at least one meeting in a community (AA, NA, SMART recovery). A higher value implies greater diversity in types of resources.
- Simpson Index of Mutual Aid Meetings: Simpson diversity index for different types of meetings (AA, NA, etc.)—a higher value implies greater diversity in types of resources.
- Mutual Aid Meetings Richness (Count): Number of different types of meetings in the community—a community that has AA and SMART Recovery meetings with no other meeting types would have a value of 2.

APPENDIX B: Faces and Voices Elements of a Recovery-Ready Community



CREATING RECOVERY-READY COMMUNITIES

GUIDE TO RECOVERY SUPPORT SERVICES

RECOVERY COMMUNITY CENTER - Recovery-oriented sanctuary anchored in the heart of the community. A physical location where the recovery community can organize. A hub for recovery and family support services. Services may include recovery coaching, life skills groups, employment, education and housing support.

RECOVERY HIGH SCHOOL - Secondary school designed specifically for students in recovery from substance use disorder or dependency. Although each school operates differently depending on available community resources and state standards, each recovery high school share common goals.

RECOVERY COMMUNITY ORGANIZATION - an independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services (P-BRSS).

RECOVERY RESIDENCE - A sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems. They offer peer-to-peer recovery support with some providing professionally delivered clinical services all aimed at promoting abstinence-based, long-term recovery.

TELEPHONE RECOVERY SUPPORT - Calls to people in recovery to "check in" to provide support and encouragement as well as information about community resources, recovery meetings or other supports that may help them maintain their recovery.

www.facesandvoicesofrecovery.org

FACES & VOICES OF RECOVERY

APPENDIX C: Kentucky Recovery Ready Communities Certification Program Scoring Criteria

Recovery Ready Communities Certification Program Population Categories, Scoring, and Criteria

Population Size	Category	Total Points Required Per Category	Total Required Composite Score
200,000 or more	1	80	240
50,000 to 199,999	2	75	225
25,000 to 49,999	3	70	210
24,999 or less	4	60	180

Category		Possible Points	Resources/Interventions
Prevention			
	Community	4	Active local Ky-ASAP board that funds evidence-based prevention programs or interventions
	Community	2	Demonstrates cooperation or referral agreement between community partners on substance use disorder (SUD) issues
	Community	4	Safe medication disposal sites/programs
	Community	3	Assistance for houseless population with a special emphasis on SUD
	Community	5	Community-Based Organizations address needs around food, housing, and transportation insecurity
	Community	4	Evidence-based community youth prevention and education programs that complement school-based efforts
	School	5	Evidence-based youth prevention and education programs (Universal) in school
	School	5	Student assistance programs that promote access to appropriate interventions for SUD issues among student population
	School	3	School-based mental health professionals receive SUD anti-stigma training
	Mutual Aid	3	Pro-social peer group programs for youth
	Mutual Aid	3	Pro-social peer group programs for college-age individuals
	Mutual Aid	5	Active local chapters of recovery advocacy groups
	Healthcare	3	Pharmacies stock and dispense naloxone (At least 50% of community pharmacies)
	Harm Reduction	3	Harm reduction program
	Harm Reduction	5	Harm reduction program offers access to peer support and treatment location services
	Harm Reduction	2	Harm reduction program offers access to free vaccinations
	Harm Reduction	2	Harm reduction program offers access to free HIV and HCV testing
	Harm Reduction	5	Harm reduction program offers access to free syringe support services
	Harm Reduction	2	Harm reduction program offers access to fentanyl test strips
	Harm Reduction	3	Eligible healthcare practitioners in the community have completed required training and are actively accepting new patients choosing to utilize Buprenorphine
	Harm Reduction	4	Community hosts or participates in Naloxone training and distribution
	Harm Reduction	4	Hospital system that serves community participates in the Kentucky Statewide Opioid Stewardship program
	First Responders	4	First responders (Police, EMT, and Fire) are trained to administer and carry naloxone
	First Responders	3	First responders operate a naloxone leave behind program for patients and bystanders
	First Responders	5	Police-based deflection/diversion program for SUD/behavioral health issues
	First Responders	5	Law Enforcement, Fire, and EMS demonstrate the ability to perform treatment referrals
	Court	4	Court participates in Responsive Education to Support Treatment in Opioid Recovery Efforts (RESTORE) Training
		100	
Treatment			
	Community	5	Access to locally funded treatment vouchers (other than KORE or UNITE) for individuals who need financial aid to access or complete treatment
	Community	3	Integrated community health worker, peer support specialist, or healthcare navigator program to assist people with SUD

	Healthcare	3	Eligible healthcare practitioners in the community have completed necessary training to prescribe buprenorphine
	Healthcare	2	Pharmacies stock and dispense all FDA- approved medications for opioid use disorder (MOUD) and accept new patients
	Healthcare	3	Local hospital emergency department permits or provides peer support services and linkage to treatment services
	Healthcare	5	Local hospital provides access to MOUD in the emergency department or other hospital and clinic settings
	Healthcare	5	Access to all levels of evidence-based counseling services (ASAM Levels 1-3.7)
	Healthcare	5	Federally Qualified Health Centers (FQHCs), Rural Health Clinic, or Primary Care provides SUD treatment services including FDA-approved MOUD therapies
	Healthcare	3	MOUD prescribers and community pharmacists serving the same patients demonstrate coordinated continuum of care
	Healthcare	3	Local hospital system and providers employ evidence-based pain management strategies or interventions
	Providers	5	Treatment providers utilize American Society of Addiction Medicine (ASAM) assessments at intake and on an ongoing evaluation basis to determine length/intensity of treatment
	Providers	3	Treatment providers serving the community provide meaningful access to MOUD without arbitrary tapering or quantity limits not supported by ASAM
	Providers	4	Community provides access or transportation support to residential treatment services to all potential clients including pregnant and parenting women
	Providers	4	Community Mental Health Center (CMHC) is active in SUD/OUD assessment and treatment
	Providers	2	Treatment providers implement evidence-based treatment modalities that incorporate trauma-informed practices
	Providers	5	Demonstrated referral coordination among providers to ensure no treatment waiting lists for potential clients
	Providers	2	Access to simultaneous treatment of SUD and co-occurring mental health disorders
	Legal	3	Family Recovery/Drug Court
	Legal	3	Judges follow the recommendations of evidence-based assessments and do not order specific modalities or lengths of treatment not supported by the assessment
	Legal	3	Department of Public Advocacy's Alternative Sentencing Worker Program recommendations are utilized by local judges
	Legal	4	Prosecutor-based diversion or alternative sentencing program for SUD/behavioral health issues (i.e., Rocket Docket, MRRT,...)
	Legal	3	Casey's Law utilized by County Attorney
	Legal	2	Veterans Treatment Court or Veterans Treatment Docket
	Legal	4	Judges utilize graduated sanctions for probationers in regards to SUD issues
	Corrections	4	Inmate access to MOUD during incarceration and community supervision periods
	Corrections	4	State inmates serving time in county jails have access to evidence-based treatment programs
	Corrections	4	County inmates serving time in county jails access to evidence-based treatment programs
	First Responders	4	Community utilizes a multidisciplinary quick response team (QRT) for overdoses
		100	
Recovery Support			
	Mutual aid	3	Recovery support meetings that occur at least once a day
	Mutual aid	5	Recovery support meetings scheduled in a way that support multiple schedules or work shifts
	Mutual aid	5	Recovery support meetings open to and supportive of people choosing to utilize MOUD in their recovery
	Mutual aid	5	Recovery support meetings for family/loved ones
	Employers	3	SUD anti-stigma training for employers
	Employers	3	Local chamber of commerce has a policy or resolution encouraging members to engage in fair chance employment
	Employers	4	Local employers employ individuals in treatment or recovery and those who may be justice-involved
	Employers	5	Local employers adopt employee assistance programs (EAP) consistent with Kentucky Transformation Employment Program (KTEP)
	Corrections	3	Jail-based work release program that incorporates local fair chance employers
	Corrections	4	Jail-based education and employment services
	Corrections	5	Jail-based re-entry support services provided prior to release (e.g., IDs, take home maintenance medications, take home naloxone kits...)
	Government	3	SUD anti-stigma trainings for public officials and first responders
	Community	3	Community has available recovery housing stock
	Community	5	Recovery housing adheres to either National Association of Recovery Residences (NARR) standards or the Oxford House model
	Community	5	Available recovery housing stock allows residents who utilize MOUD
	Community	3	Revolving loan fund for rental and utility deposits
	Community	3	Quality affordable childcare programs or subsidies for people affected by SUD
	Community	4	Access to no or low-cost employment and educational opportunities
	Community	5	Recovery Community Center (RCC)
	Community	5	Community RCC adheres to the Association of Recovery Community Organizations (ARCO) National Standards of Best Practices for Recovery Community Organizations
	Community	4	SUD anti-stigma trainings for faith-based community
	Community	4	SUD anti-stigma training for community members
	Community	3	Community or nonprofits provide access to high speed/reliable internet service at no cost for individuals in recovery to explore educational or employment options
	Community	3	Access to free expungement services for individuals in treatment or recovery
	Community	5	Access to transportation solutions for individuals in treatment or recovery
		100	
Total Possible Points		300	