

Project Abstract — Voices of Hope, Inc.

Recovery Community Services Program · NOFO TI-26-003

Voices of Hope, Inc., a peer-run Recovery Community Organization in rural Cecil and Harford Counties, Maryland, will expand peer recovery support services for adults with substance use and co-occurring disorders and their families. Maryland's overdose deaths have fallen to a ten-year low — meaning far more people now survive and need a pathway into recovery. In the past year 325 residents of these counties survived an opioid overdose; 67 died. Yet every peer Voices of Hope employs is funded by a categorical crisis function; not one existing award funds a peer to carry a recovery caseload. This project funds that. It will serve 225 unduplicated individuals in Year 1 and 1,335 over five years.

Population and geographic area. Adults 18+ with substance use disorders (SUD) or co-occurring substance use and mental disorders (COD), including those in recovery, and their families. Catchment: Cecil County (population 102,885) and Harford County (255,441) — 358,326 residents in Maryland's rural northeast corner, both State-designated rural jurisdictions.

Population characteristics. Ages 18–80, approximately 69 percent between 25 and 44, close to evenly divided between male and female, overwhelmingly Medicaid-enrolled or uninsured; all services are free. Opioid use disorder predominates, increasingly with stimulant and polysubstance use. Co-occurring mental disorders are common and largely untreated: Cecil County is a mental health professional shortage area with no Medicaid-accepting trauma specialists, and 33.7 percent of its adults report three to eight adverse childhood experiences (23.0 percent statewide). Many are involved with the criminal justice, social services, or emergency medical systems.

Strategies and interventions. Peer recovery support services delivered by certified peers carrying a sustained recovery caseload from two 24-hour walk-in recovery centers and in the community; linkage to treatment, primary care, behavioral health, benefits, housing and employment within 30 days, with peers accompanying participants to appointments; 90-day retention with a named peer; family recovery support through scheduled groups and education; safe recovery spaces; outreach; overdose prevention education and naloxone distribution; and recovery housing scholarships. Evidence-based practices: Wellness Recovery Action Planning and Motivational Interviewing, within the Stages of Change model.

Goal. To expand access to peer-delivered recovery support services for individuals with SUD and COD and their families in rural Cecil and Harford Counties, so that every person who survives an overdose or seeks recovery has an immediate, credentialed, 24-hour pathway into sustained recovery and self-sufficiency.

Measurable objectives.

- Begin service delivery by the end of Month 4; serve 225 unduplicated individuals in Year 1 and 1,335 over five years.
- Each year, ≥70 percent of participants complete a Wellness Recovery Action Plan with a certified peer within 30 days of intake.
- Each year, ≥60 percent of enrolled participants are linked to at least one clinical or community service within 30 days of intake, with peer-supported follow-up confirming the linkage held.
- Each year, ≥60 percent of enrolled participants remain engaged with their peer recovery specialist for at least 90 days.
- Each year, ≥60 family members receive structured family recovery support.
- Each year, ≥75 percent of participants active at six-month reassessment show, in SPARS, reduced use, stable or improved living conditions, and improved employment or education.
- Each year, 100 percent of peers delivering services hold the Maryland CPRS credential or are actively accruing supervised hours toward it.

Unduplicated individuals served with award funds: Year 1: 225 · Year 2: 250 · Year 3: 275 · Year 4: 285 · Year 5: 300 · Five-year total: 1,335.