

Godley, M.D., Passetti, L.L., Hunter, B. D., Greene, A.R. & White, W.L. (2019). A randomized trial of volunteer recovery support for adolescents (VRSA) following residential treatment discharge. *Journal of Substance Abuse treatment*, 98, 15-25.

Conclusion

“Barriers for treatment providers to offer extended continuing care include: (a) lack of payor coverage for continuing care; (b) shortage of clinical time due to large caseloads; (c) difficulty maintaining adolescent attendance at community clinics over an extended period of time; and (d) distance and transportation issues, especially for youth from rural and small urban communities (Flynn & Brown, 2016; Godley & Godley, 2011). Although VRSA requires commitment of resources to cover costs for a project manager to recruit, train, and supervise volunteers, remaining support costs are minimal. Providers may also consider developing decision rules for transferring youth to VRSA in order to decrease large caseloads and create more time for counselors to respond to new referrals. AOD remission at 12 months was similar to the more intensive and expensive assertive continuing care (Godley et al., 2014), supporting the possibility that the present study may offer a cost-effective alternative for the field. Future research is needed to expand the range of youth who achieve high recovery support session completion rates, assess the effect of increasing recovery support call duration, and to test VRSA with outpatient youth.” (Page 23)

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