# Ride the Road to Recovery

## Annual Report

**SCOSAR**

**Databook 2025**

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# Executive Introduction:

The Ride the Road to Recovery (RRR) Transportation Data Book serves as a comprehensive operational and analytical resource documenting SCOSAR's recovery-focused transportation system throughout 2025. This living document represents more than a collection of statistics—it embodies the critical role that reliable, accessible transportation plays in supporting individuals navigating the complex journey of recovery from substance use disorder in Surry County, North Carolina.

**Purpose and Scope**
The document captures a full year of operational data, performance metrics, and outcome measurements that demonstrate how transportation access directly enables recovery success, legal compliance, healthcare continuity, and community reintegration.

**Why Transportation Matters in Recovery**
Transportation is not simply a convenience—it is fundamental infrastructure for recovery. For justice-involved individuals, those in treatment programs, and people working to rebuild their lives, the ability to reach critical appointments can determine success or failure. In 2025, RRR provided 1,345 trips to 253 individuals, with justice-involved clients comprising 60.9% of unique riders, underscoring transportation's essential role in supporting legal compliance, treatment continuity, and reduced recidivism. The program covered 80,269 miles across both urban centers and rural communities, demonstrating the extensive geographic reach required to serve Surry County's diverse population.

**A Foundation for Results-Based Accountability**
This data book reflects SCOSAR's commitment to results-based accountability and measurable impact—a principle articulated by Mark Friedman: *"Trying hard is not good enough. Having good intentions is not good enough. We are responsible for producing measurable change in people's lives."* Every data point, every performance metric, and every outcome measurement in this document represents progress toward that goal: creating real, measurable improvements in the lives of individuals and families affected by substance use disorder.

**What You Will Find**
The pages that follow detail RRR's service model, utilization patterns, geographic coverage, operational processes, fleet infrastructure, and performance outcomes. You will discover data on recovery capital measurements through the BARC-10 survey, showing that 74.4% of respondents demonstrated sufficient access to recovery resources. You will see evidence of the program's commitment to meeting clients where they are—literally—with pickups from nontraditional locations including shelters, hotels, libraries, and roadside locations.

**An Invitation to Engage**
Whether you are a funding partner, policy maker, community stakeholder, or program implementer, this data book invites you to understand the critical intersection of transportation access and recovery success. The evidence presented here demonstrates that transportation is not peripheral to recovery—it is central to it, enabling individuals to access treatment, fulfill legal obligations, maintain employment, and rebuild their lives with dignity and support.

*This document is updated annually as new data becomes available, ensuring stakeholders have access to current, accurate information for decision-making, planning, and continuous quality improvement.*

## Program Overview:

The Surry County Substance Abuse Recovery Transportation Program, widely known as "Ride the Road to Recovery" (RRR), continues to serve as a vital resource for Surry County residents who lack reliable transportation to access substance use disorder (SUD) treatment and recovery services. RRR offers no-cost, non-emergency, door-to-door, ride share transportation for individuals seeking connections to SUD treatment providers, court appearances, probation meetings, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, Treatment Accountability for Safer Communities (TASC) sessions, and scheduled non-emergency medical appointments for recovery focused efforts. The service operates Monday through Friday, 8:00 AM to 4:00 PM, excluding County holidays, and is available throughout Surry County.

RRR functions as a demand-response service, meaning vehicles do not follow fixed routes but instead travel according to each client's specific needs. To ensure efficient scheduling and maximize the use of limited vehicles and drivers, clients must reserve rides at least two business days in advance. This allows RRR staff to coordinate routes and match transportation requests with available resources.

In 2025, RRR expanded its impact through several key developments. The program launched the "Recovery to Work Transportation" initiative, providing limited-time transportation (typically two weeks) to clients with the greatest need, particularly those transitioning into employment. The program also enhanced its focus on transportation for treatment services in response to increased demand. To improve service quality and safety, RRR implemented customer service surveys, began collecting BARC-10 data to monitor social capital improvements, and developed new protocols for ride requests, delay notifications, and cancellations. Staff training was strengthened with courses in Mental Health First Aid, driver safety (in partnership with the Sheriff's Department), and overdose response (with Emergency Services). For added safety, panic buttons were installed in staff vehicles.

RRR's team grew in 2025, with the addition of a part-time driver and ongoing recruitment for afternoon coverage. The program's commitment to client-centered care is reflected in its evolving policies, including updated informed consent documents and clear communication standards. RRR remains an integral part of the Surry County Office of Substance Abuse Recovery (SCOSAR), supporting clients from the Post Overdose Response Team, Recovery to Work Program, Accountability and Recovery Court, Surry Transition Project, post release and a broad network of community agencies and service providers. Recent success stories highlight the program's role in fostering independence and recovery—such as clients who, after relying on RRR, regained their driver's licenses, secured employment, and achieved greater stability.

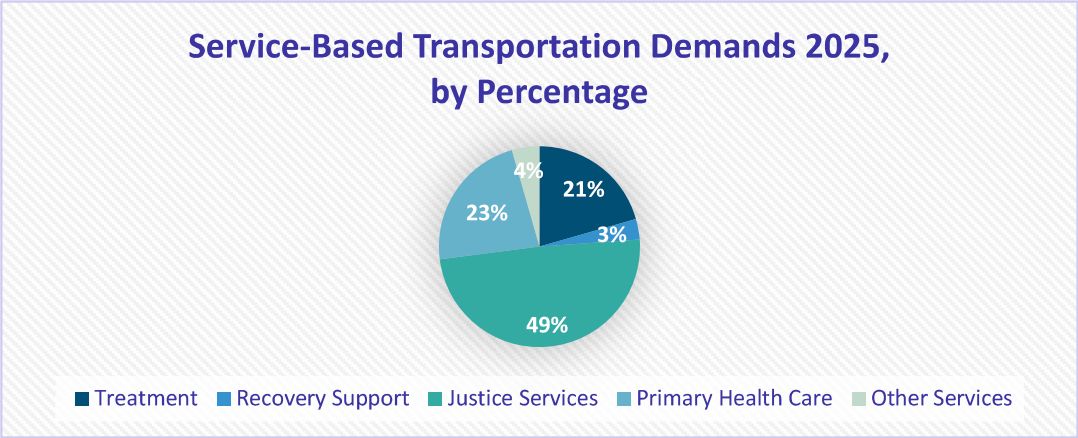
## Service Model

RRR operates as a centralized, demand-response transportation system providing door-to-door service across Surry County. Routes are not fixed and are planned based on client need, geographic efficiency, and available resources. The following summary reflects 2025 transportation data.

**Key Characteristics:** - Door-to-door service - Non-emergency transportation - Recovery-oriented approach - No-cost to eligible clients - Advance scheduling required – Ride share

| Service-Based Transpertation Demand 2025, by Count | |
|---|---|
| ***Program Snapshot 2025***<br>**Program Name:** Ride the Road to Recovery (RRR)<br>**Program Type:** Demand-response, non-emergency transportation<br>**Service Area:** Surry County, North Carolina (536 square miles)<br>**Target Population:** Individuals engaged in substance use treatment, recovery services, justice-involved programs, employment, and healthcare access<br>**Primary Barrier Addressed:** Lack of reliable transportation in a rural county | |
| **Service Type** | **Total** |
| Treatment | 372 |
| Recovery Support | 60 |
| Justice Servcices | 889 |
| Primary Health Care | 409 |
| Other Services | 80 |
| **Total** | **1,810** |

- **Treatment** services, including outpatient and inpatient programs, medication-assisted treatment (MAT), counseling, therapy sessions, and intake or discharge appointments. These trips directly support recovery initiation and maintenance.
- **Recovery** and stability, including recovery support groups, peer support services, employment or education activities tied to recovery goals, and case management services.
- **Justice-involved** obligations, including court appearances, probation and parole appointments, diversion programs, and other required justice-system engagements. This represents the largest share of trips, highlighting transportation as a critical support for justice compliance and system participation.
- **Primary care** visits, behavioral health services, medical follow-ups, and preventive care. These trips help reduce missed appointments and improve continuity of care.
- **Other** categories, such as housing-related appointments, social services access, DMV, and other approved recovery-supportive destinations.



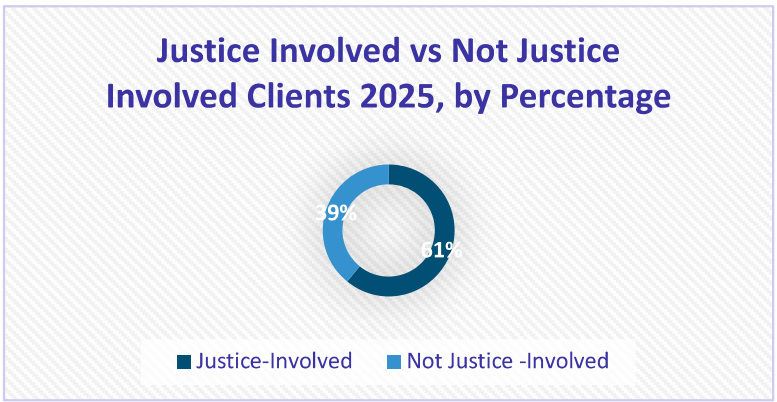

## Utilization Summary

Transportation utilization in 2025 reflects consistent, repeat engagement among a defined group of clients. With 1,3545 trips provided to 253 individuals, demand was driven by ongoing system requirements rather than one-time or occasional trips. The high proportion of justice-involved clients underscores transportation's role in supporting compliance and continuity of care, while total mileage illustrates the program's operational scale and geographic reach.

| Transportation Volume and Reach 2025 by Count | |
|---|---|
| Total Number of Request | 1,354 |
| Unique Individuals | 253 |
| Justice Involved Unique Individuals | 154 |
| Miles Driven | 80,269 |

### Justice-Involved Transportation Utilization

Justice-involved individuals accounted for 60.9% of all unique riders, demonstrating that transportation is a critical compliance-support service rather than an ancillary resource. For this population, transportation directly enables court obligations, probation requirements, treatment attendance, and continuity of care – reducing missed appointments, non-compliance risk, and system strain across justice and behavioral health partners. Utilization patterns indicate sustained, high frequency use, reinforcing transportation's role as essential operational infrastructure rather than occasional support.



# Approved Transportation Destinations

RRR provides transportation to recovery-supportive destinations within Surry County, including:

## Treatment & Recovery Services

- **Substance use treatment providers** - Licensed facilities or professionals that provide services for substance use disorder treatment.
- **Medication-assisted treatment (MAT)** - Treatment that combines FDA-approved medications with counseling to support recovery from opioid or alcohol use disorder.
- **Intensive outpatient programs** - Structured treatment programs that provide therapy and support several days per week while allowing individuals to live at home.
- **Recovery support meetings (AA/NA)** - Peer-led support groups that provide ongoing encouragement and accountability in recovery.

## Legal & Justice Services

- **Surry County Court** - Local court system where individuals attend hearings and legal proceedings.
- **Probation and parole –** Supervised release programs requiring regular check-ins and compliance with court-ordered conditions.
- **TASC** - A program that monitors treatment participation for justice-involved individuals.
- **Accountability and Recovery Court (ARC)** - A specialized court program that combines judicial oversight with treatment and recovery support.

## Healthcare Access

- **Health & Nutrition Center** - A community-based facility providing health screenings, nutrition services, and basic medical support.
- **Medical clinics** - Healthcare facilities providing routine and preventive medical care.
- **Pharmacies** - Locations where prescribed medications are dispensed.
- **Behavioral health appointments** - Scheduled visits for mental health or substance use counseling and treatment.

## Employment & Community Support

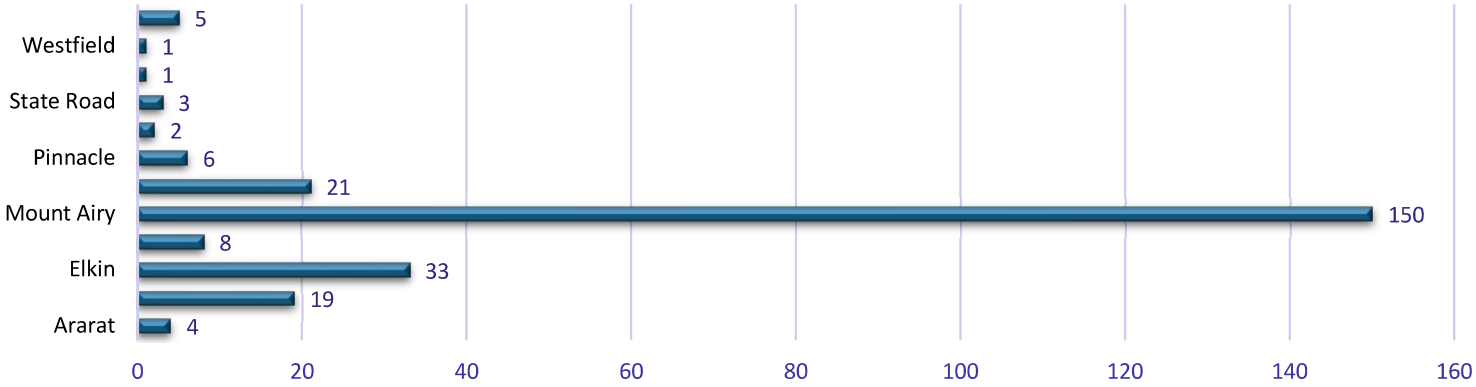
- **Employment sites (Recovery to Work)** - Approved workplaces participating in the Recovery to Work program.
- **Community service locations** - Approved sites where individuals complete court-ordered or volunteer service hours.
- **Approved recovery-supportive services** - Programs or services that promote stability, wellness, and long-term recovery.

## Geographic Coverage

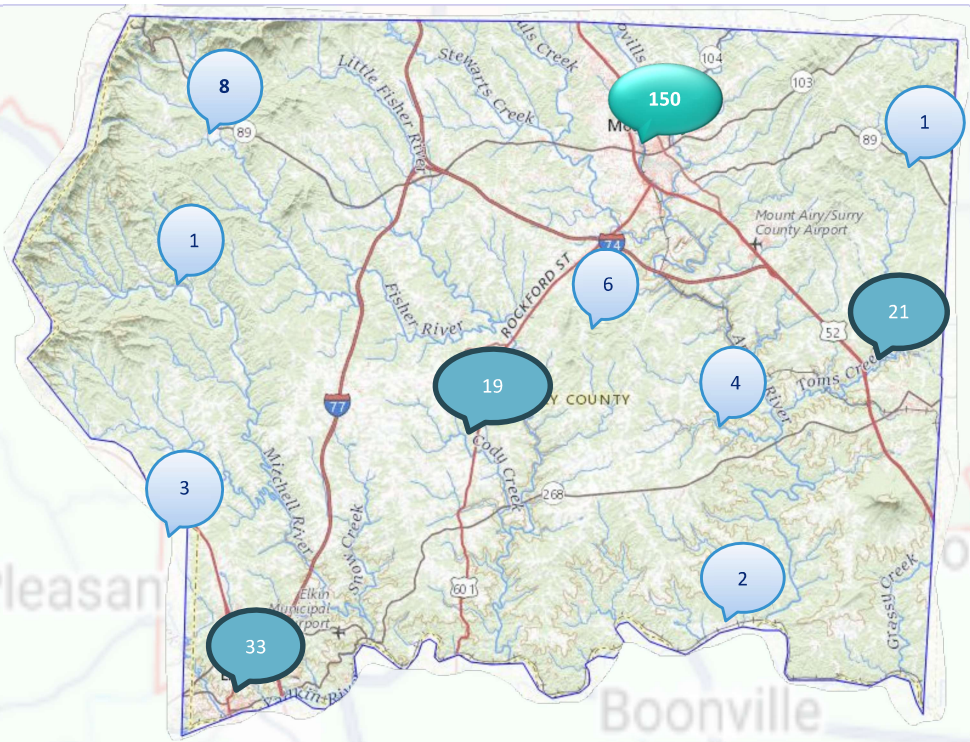
RRR serves both urban and rural communities across Surry County.

- ⇒ **Primary Service Areas:** - Mount Airy - Dobson - Elkin - Pilot Mountain
- ⇒ **Rural & Outlying Communities:** - Ararat - Lowgap - Pinnacle - Siloam - State Road – Thurmond - Westfield
- ⇒ Pickup locations may include nontraditional settings such as shelters, hotels, libraries, campgrounds, temporary housing, or roadside locations.

### Geographic Coverage of Individuals Served 2025




| | Ararat | Dobson | Elkin | Lowgap | Mount Airy | Pilot Mountain | Pinnacle | Siloam | State Road | Thurmond | Westfield | Out of Surry County |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 4 | 19 | 33 | 8 | 150 | 21 | 6 | 2 | 3 | 1 | 1 | 5 |



## Transportation Process Flow


1. **Ride request submitted (online – Ticket-to-Ride)**
   Clients or referring partners submit transportation requests through surrycountycares.com, capturing required details such as appointment type, date, location, and special needs. This initiates the transportation workflow.
2. **Eligibility verified**
   Staff review each request to confirm client eligibility based on program criteria and service purpose (e.g., treatment, justice-involved, recovery support).
3. **Ride scheduled on calendar**
   Approved requests are entered into the transportation scheduling system and calendar, ensuring alignment with driver availability, service hours, and operational capacity.
4. **Route planning and optimization**
   Routes are planned to maximize geographic efficiency while maintaining on-time arrival for appointments. Scheduling decisions consider distance, time windows, client needs, and opportunities to group rides when appropriate.
5. **Client confirmation (2-day advance)**
   Clients are contacted approximately two days prior to the scheduled ride to confirm appointment details, availability, and readiness. This step helps reduce no-shows and last-minute cancellations.
6. **Service delivery**
   Transportation is provided as scheduled, with drivers delivering door-to-door, non-emergency service in accordance with safety protocols, federal service standards, evidence-based training, and recovery-oriented practices.
7. **Data capture and documentation**
   Trip details—including attendance, mileage, service type, and any exceptions—are documented following service delivery. Accurate data capture supports reporting, compliance, and performance monitoring.
8. **Performance review and quality improvement**
   Transportation data are routinely reviewed to assess utilization trends, service effectiveness, and operational performance. Findings inform quality improvement efforts, system adjustments, and strategic planning.

## Operational Scale & Fleet Infrastructure

In 2025, the RRR transportation program delivered 80,269 miles of service, requiring 3,272.7 gallons of fuel to sustain access across Surry County. Mileage and fuel data reflect the operational intensity required to support treatment attendance, court compliance, healthcare appointments, employment engagement, and recovery-support services.

These measures provide critical insight into route optimization, budget forecasting, fleet maintenance planning, and long-term program sustainability.

| Efficiency Snapshot Table, 2025 | | |
|---|---|---|
| **Metric** | **2025 Total** | **Operational Significance** |
| Total Miles Driven | 80,269 | Demonstrates geographic reach and program scale |
| Total Fuel Utilized | 3,272.7 gallons | Core cost and sustainability indicator |
| Estimated Fuel Efficiency | 24.5 MPG | Reflects routing and vehicle optimization |
| Average Miles per Month | 6,772.417 | Supports fleet planning and budgeting |

***80,269 miles***

***Equivalent to driving across the United Sates more than 28 times in one year.***

RRR maintains a fleet designed to meet rural terrain and multi-passenger needs.
All vehicles receive routine maintenance and are equipped with safety and monitoring technology.

| Fleet Infrastructure, 2025 | | | |
|---|---|---|---|
| **Vehicle** | **Year** | **Type** | **Capacity** |
| Chrysler Pacifica | 2022 | Van | Multi-passenger |
| Nissan Pathfinder | 2022 | SUV | 3rd row seating |
| Nissan Pathfinder 4x4 | 2022 | SUV | 3rd row seating |
| Ford E-350 | 2020 | Minibus | Multi-passenger |

# BARC-10 2025 Survey Report

This report analyzes the responses of 90 respondents who received primarily transportation services from RRR. Between January 21, 2024, and November 17, 2025, these respondents completed the 10-item Brief Assessment of Recovery Capital (BARC-10). The BARC-10 was developed as a tool for assessing individuals' access to physical, environmental, social, and psychological resources that have been found to assist with the process of recovering from a substance use disorder (SUD). Respondents indicated the extent to which they agreed that they have access to various resources on a scale from 1 (Strongly Disagree) to 6 (Strongly Agree). Cumulative scores can range from 10 to 60 where higher scores indicate that an individual has greater access to internal and external resources that they can draw from for support during the recovery process. Scores of 47 or higher on the BARC-10 are associated with greater chances for long-term remission.

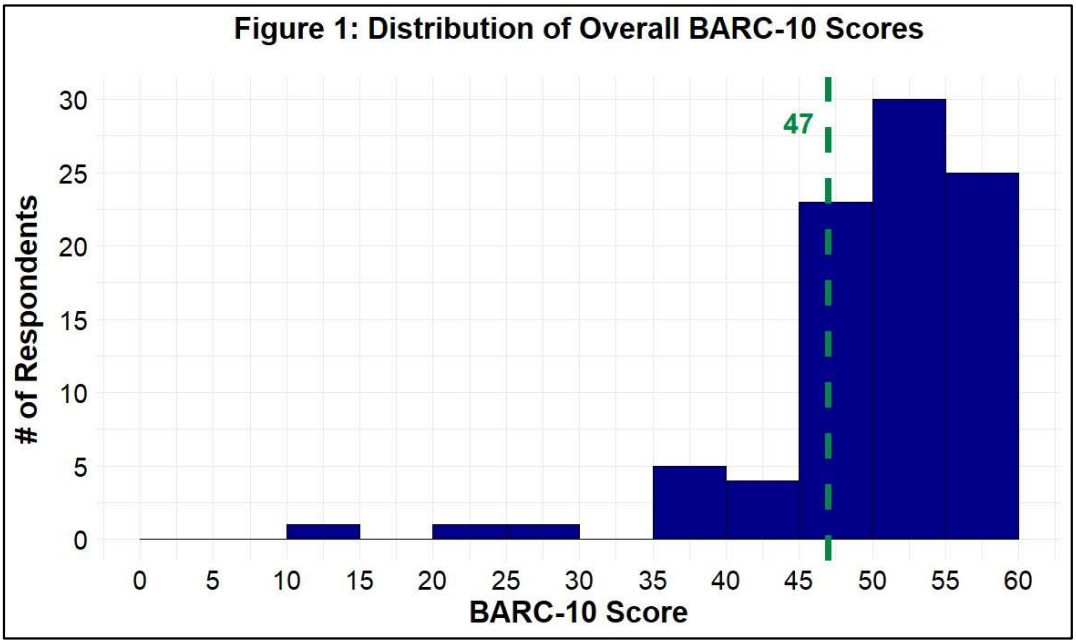
## REPORT

### Summary of Overall BARC-10 Scores

As shown in Table 1, the cohort of 90 individuals who were measured for the current report had overall BARC-10 scores ranging from 10 to 60. Despite this wide range, 74.4% of respondents had overall BARC-10 score of 47 or higher. Additionally, the average BARC-10 score was 49.8, which is above the threshold of 47 that is associated with greater chances of successfully recovering from a SUD. The distribution of overall BARC-10 scores is visualized in Figure 1 below. This graph similarly illustrates that a majority of respondents had cumulative BARC-10 scores of 47 and above.

**Table 1: Summary of Overall BARC-10 Scores (*n* = 90)**

| Summary Statistic | Value |
|---|---|
| Minimum | 10 |
| Maximum | 60 |
| Average | 49.8 |
| % scoring 47 or higher | 74.4% |




## Summary of Scores on the BARC-10 Subscales

The items on the BARC-10 can be organized into four subscales which measure access to different types of recovery resources, including health, purpose, community, and home.

As shown in Table 2, the health subscale of the BARC-10 assesses respondents' awareness of the importance of life beyond substance use, physical energy levels, and overall life satisfaction. The percentage of respondents who agreed or strongly agreed with each statement from the health subscale were:

- There are more important things to me in life than using substances (93.3%)
- I have enough energy to complete the tasks I set myself (70.0%)
- In general, I am happy with my life (62.2%)

**Table 2: Summary of Responses on the Health Subscale (*n* = 90)**

| Items | Strongly Agree | Somewhat Agree | Agree | Health Subscale | Somewhat Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|---|---|
| **There are more important things to me in life than using substances** | **77.8%** | **15.6%** | **4.4%** | | **0.0%** | **0.0%** | **2.2%** |
| **I have enough energy to complete the tasks I set for myself** | **31.1%** | **38.9%** | **24.4%** | | **1.1%** | **3.3%** | **1.1%** |
| **In general, I am happy with my life** | **26.7%** | **35.6%** | **24.4%** | | **8.9%** | **2.2%** | **2.2%** |

Over half of respondents agreed or strongly agreed that they have access to health-related resources that assist with the recovery process. Agreement was strongest in response to the statement, "There are more important things to me in life than using substances" (93.3%) and weakest in response to the statement, "In general, I am happy with my life" (62.2%).

As shown in Table 3, the purpose subscale of the BARC-10 assesses respondents' sense of personal responsibility, perceived progress in their recovery journeys, and ability to find challenge and fulfillment outside of substance use. The percentage of respondents who agreed or strongly agreed with each statement from the purpose subscale were:

- I take full responsibility for my actions (91.1%)
- I am making good progress on my recovery journey (84.3%)
- I am happy dealing with a range of professional people (80.0%)
- I regard my life as challenging and fulfilling without the need for using drugs or alcohol (76.1%)

**Table 3: Summary of Responses on the Purpose Subscale (*n* = 90)**

| Subscale Items | Strongly Agree | Somewhat Agree | Purpose Agree | Somewhat Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|---|
| I take full responsibility for my actions | 66.7% | 24.4% | 4.4% | 1.1% | 1.1% | 2.2% |
| I am making good progress on my recovery journey | 41.6% | 42.7% | 11.2% | 1.1% | 1.1% | 2.2% |
| I am happy dealing with a range of professional people | 38.9% | 41.1% | 13.3% | 3.3% | 1.1% | 2.2% |
| I regard my life as challenging and fulfilling without the need for using drugs or alcohol | 38.6% | 37.5% | 14.8% | 3.4% | 3.4% | 2.3% |

Over three-fourths of respondents agreed or strongly agreed that they derive purpose in various ways that have been associated with a successful recovery process. Among the statements on the purpose subscale, agreement was strongest with the statement, "I take full responsibility for my actions" (91.1%) and weakest with the statement, "I regard my life as challenging and fulfilling without the need for using drugs or alcohol" (76.1%).

As shown in Table 4, the community subscale of the BARC-10 assesses whether respondents receive support from friends and have pride in their communities. The percentage of respondents who agreed or strongly agreed with each statement from the community subscale were:

- I get lots of support from friends (63.3%)
- I am proud of the community I live in and feel part of it (56.7%)

**Table 4: Summary of Responses on the Community Subscale (*n* = 90)**

| Subscale Items | Strongly Agree | Somewhat Agree | Community Agree | Somewhat Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|---|
| I get lots of support from friends | 25.6% | 37.8% | 20.0% | 7.8% | 3.3% | 5.6% |
| I am proud of the community I live in and feel part of it | 23.3% | 33.3% | 25.6% | 12.2% | 3.3% | 2.2% |

Over half of respondents agreed or strongly agreed that they have access to communal resources that have been demonstrated to assist with the recovery process. Among the statements on the community subscale, agreement was stronger with the statement, "I get lots of support from friends" (63.3%) compared to the statement, "I am proud of the community I live in and feel part of it" (56.7%).

As shown in Table 5, the home subscale of the BARC-10 assesses the degree to which respondents' home environments assist with their recovery process. The percentage of respondents who agreed or strongly agreed with the statement from the home subscale was:

- My living space has helped to drive my recovery journey (77.5%)

**Table 5: Summary of Responses on the Home Subscale (*n* = 90)**

| Items | Strongly Agree | Somewhat Agree | Home Subscale Agree | Somewhat Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|---|
| My living space has helped to drive my recovery journey | 36.0% | 41.6% | 14.6% | 2.2% | 2.2% | 3.4% |

Over three-fourths of respondents agreed or strongly agreed that their living spaces help them with their recovery process (77.5%).

Table 6 below includes all of the statements from the BARC-10 ranked from highest to lowest by the percentage of respondents who agreed or strongly agreed with each statement.

**Table 6: Responses on BARC-10 Survey Items from Highest to Lowest Agreement**

| Survey Item | Subscale | % Agree or Strongly Agree |
|---|---|---|
| There are more important thing to me in life than using substances | Health | 93.3% |
| I take full responsibility for my actions | Purpose | 91.1% |
| I am making good progress on my recovery journey | Purpose | 84.3% |
| I am happy dealing with a range of professional people | Purpose | 80.0% |
| My living space has helped to drive my recovery journey | Home | 77.5% |
| I regard my life as challenging and fulfilling without the need for using drugs or alcohol | Purpose | 76.1% |
| I have enough energy to complete the tasks I set myself | Health | 70.0% |
| I get lots of support from friends | Community | 63.3% |
| In general, I am happy with my life | Health | 62.2% |

These results demonstrate that most respondents are aware of the importance of life outside of substance use and have a willingness to make efforts towards a successful recovery. However, some respondents still lack social support from friends, enough energy to complete tasks, and a general sense of happiness with their lives. Thus, despite over 90% of respondents indicating that they have sufficient internal resources in the form of an awareness of the importance of recovering, approximately 30-40% of respondents still lack sufficient external resources in the form of supportive friends and general life satisfaction.

## Pre- and Post- BARC-10 Scores

Of the 90 respondents included in the analysis described above who completed the BARC-10 between January 21, 2024 and November 17, 2025, three of these respondents also completed the BARC-10 between October 18th, 2021, and June 24th, 2024 and were included in the BARC-10 2024 Survey Report. Table 7 summarizes the change in overall BARC-10 scores among these three respondents who were measured at two timepoints:

**Table 7: Pre- and Post- BARC-10 Scores**

| Client ID | Date of First BARC-10 | Date of Second BARC-10 | First BARC-10 Score | Second BARC-10 Score | Change in BARC-10 Scores |
|---|---|---|---|---|---|
| KE1086 | 4/23/2024 | 3/26/2025 | 46 | 51 | +5 |
| TH372 | 5/15/2023 | 1/9/2025 | 43 | 47 | +4 |
| VE693 | 5/15/2023 | 3/26/2025 | 38 | 49 | +11 |
| Averages | | | 42 | 49 | +7 |

The average BARC-10 score at the first time of assessment was 42. The average BARC-10 score at the second time of assessment was 49. This demonstrates that average BARC-10 scores improved by 7 points after receiving services from PTRC for one to two years.

Additionally, although none of the three respondents scored 47 or higher on the BARC-10 the first time they were assessed, all three respondents' BARC-10 scores were 47 or above the second time at which they were assessed. These results demonstrate a notable improvement in these respondents' access to important physical, mental, social, and environmental resources that assist with successfully achieving long-term remission after receiving services from PTRC.

## Summary of the BARC-10 2024 Survey Report Cohort Outcomes

The BARC-10 2024 Survey Report summarized the BARC-10 scores of 149 respondents who completed the BARC10 between October 18th, 2021, and June 24th, 2024. Whereas the current cohort of respondents had moderate service needs and primarily received transportation services, the previous cohort of respondents from the 2024 report had more intense needs and received various services from PTRC. Thus, outcomes from the two cohorts cannot be directly compared. However, summarizing the results from the BARC-10 2024 Survey Report can assist with tracking outcomes from cohort to cohort of individuals receiving PTRC services. Table 8 summarizes the key findings from the BARC-10 2024 Survey Report.

**Table 8: Outcomes from the 2024 BARC-10 Survey Report Cohort**

| | |
|---|---|
| **Average Overall BARC-10 Score** | **48.7** |
| **% Scoring 47 or above** | **65.1%** |
| **BARC-10 Items with Highest % Agreed or Strongly Agreed** | - **I take full responsibility for my actions (97%)**<br>- **There are more important things to me in life than using substances (93%)** |
| **BARC-10 Items with Lowest % Agreed or Strongly Agreed** | - **In general, I am happy with my life (58%)**<br>- **I am proud of the community I live in (50%)** |

The average score of the 2024 cohort on the BARC-10 was 48.7 with 65.1% of the cohort indicating sufficient access to recovery resources by scoring 47 or above. The two items from the BARC-10 with the highest levels of agreement were:

- I take full responsibility for my actions (97%)
- There are more important things to me in life than using substances (93%) The two items from the BARC

10 with the lowest levels of agreement were:

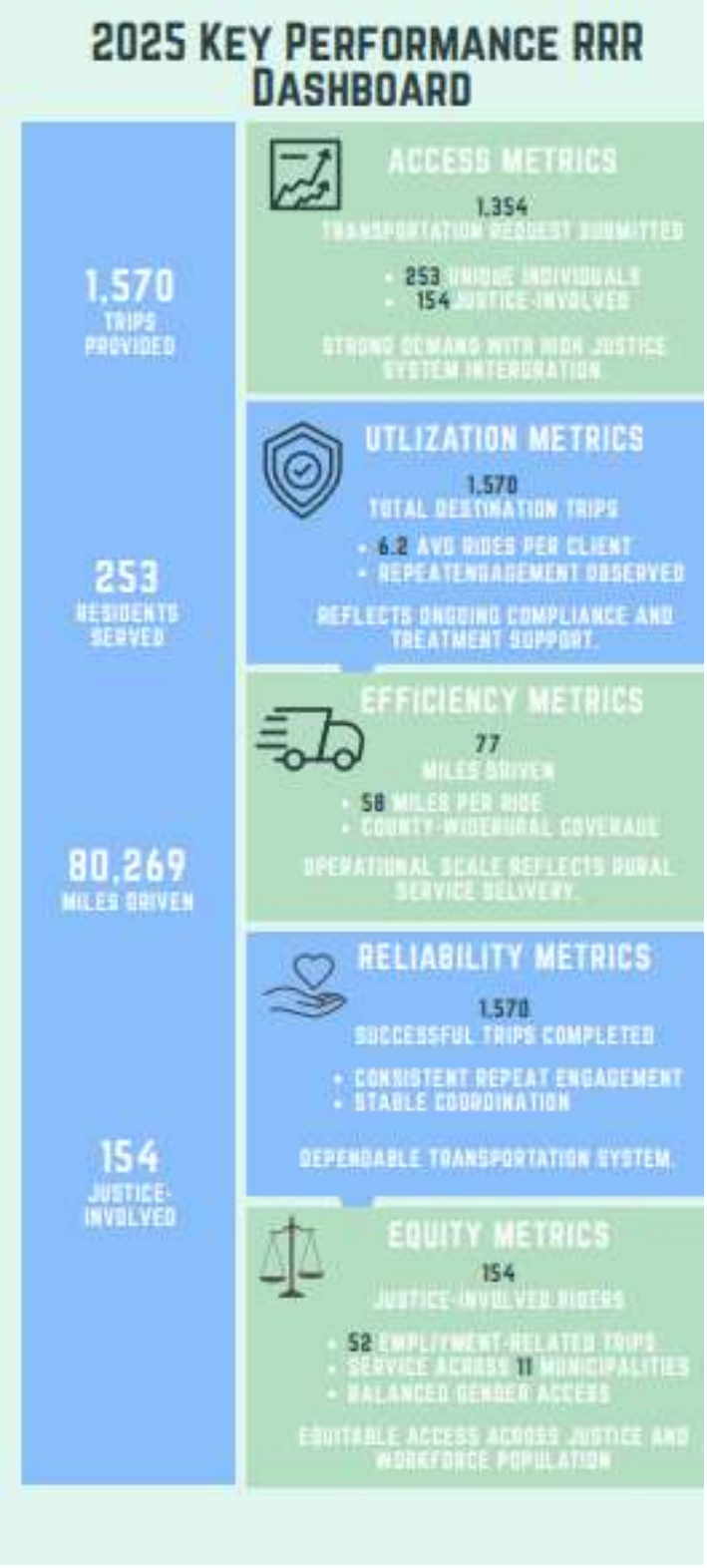
- In general, I am happy with my life (58%)
- I am proud of the community I live in (50%)

These results from the 2024 report cohort illustrate that, while over 90% of respondents demonstrated a willingness to engage with the recovery process and an awareness of the importance of things in life outside of substance use, approximately 40-50% of respondents indicated that they still lacked a general sense of satisfaction with life and pride in their communities.

## SUMMARY

This report summarized BARC-10 outcomes for 90 respondents who completed the survey between January 21, 2024 and November 17, 2025. This report summarized these respondents' overall BARC-10 scores as well as how respondents answered each statement on the four subscales of the BARC-10 instrument: health, purpose, community, and home. Higher scores indicate greater access to important psychological, physical, social, and environmental resources that assist with the process of successfully recovering from a SUD. Scores of 47 or higher on the BARC-10 survey have in particular have been associated with improved chances of long-term remission. The key findings of the report include:

- The average BARC-10 score of the current cohort was 49.8, and 74.4% of respondents scored 47 or higher. This finding indicates that nearly three-fourths of current respondents have sufficient access to important recovery resources that improve their chances of long-term remission.
- Over 90% of respondents agreed with the statements, "There are more important thing to me in life than using substances" and "I take full responsibility for my actions." This demonstrates that most respondents have access to important internal resources, including an awareness of the importance of life outside of substance use and a strong sense of personal responsibility, to assist with their recovery process.
- The lowest percentage of respondents agreed with the statements, "I get lots of support from friends" and "In general, I am happy with my life." This finding demonstrates that access to external resources, like supportive friends and reasons to be satisfied with one's life, are lacking for 30-40% of respondents. Respondents' BARC-10 scores may improve by additional attention and resources being dedicated to improving respondents' lives in these areas.
- Three respondents completed the BARC-10 at two timepoints, both before and after receiving PTRC services for approximately one to two years. On average, overall BARC-10 scores were seven points higher the second time that these respondents were assessed. These findings suggest that respondents experienced important gains in psychological, emotional, social, and/or environmental resources after engaging with PTRC services.




## Performance Measurement Framework

RRR tracks performance across five primary domains:

### Access Metrics

- Transportation requests submitted
- Approved vs. denied requests

### Utilization Metrics

- Total rides provided
- Unique individuals served
- Average rides per client

### Efficiency Metrics

- Total miles driven
- Miles per ride
- Vehicle utilization

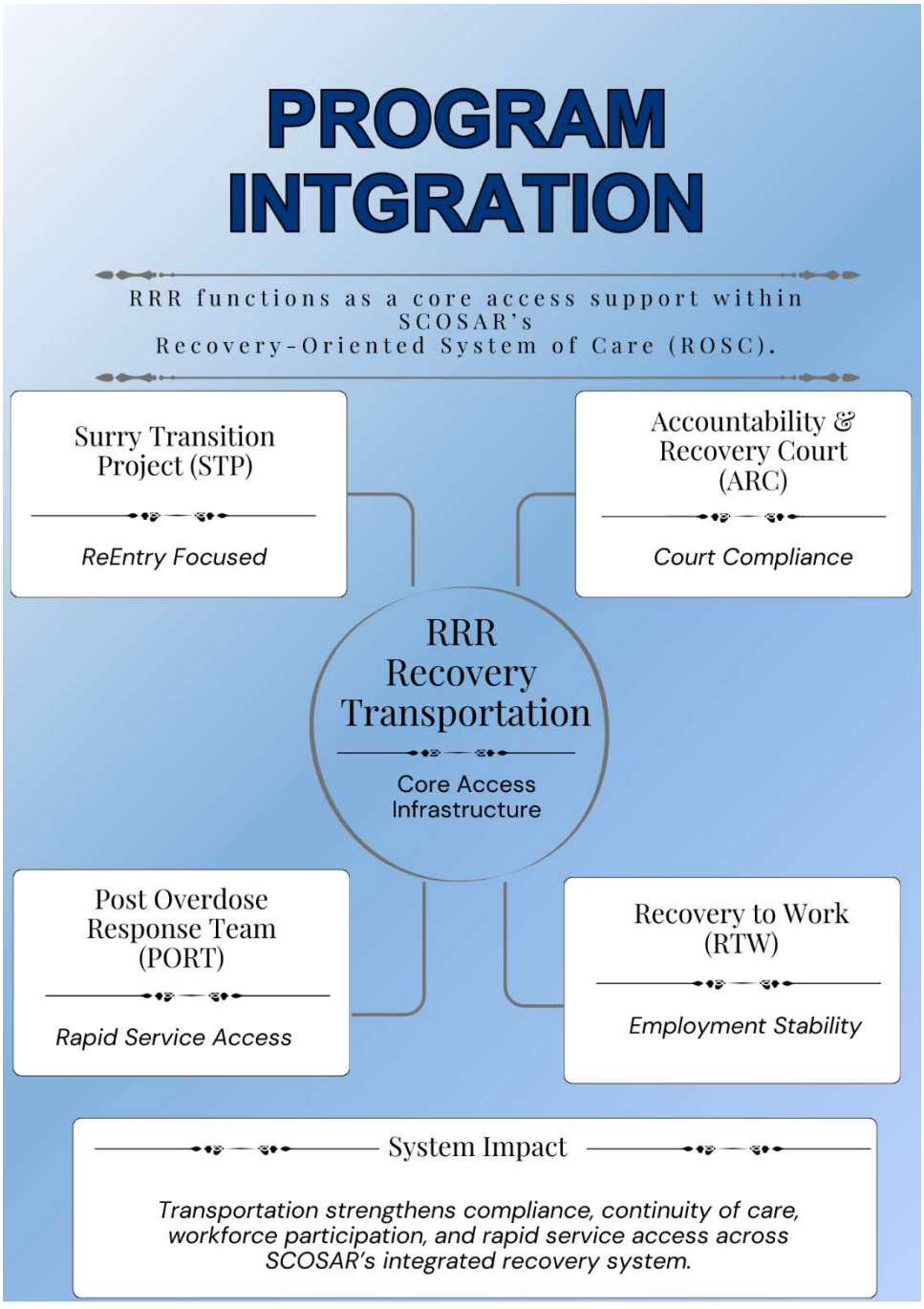
### Reliability Metrics

- Successful Trips
- On-time performance
- No-show rate
- Cancellation rate

### Equity Metrics

- Rural vs. town access
- Justice-involved access
- Employment-related rides

## Program Integration



# Conclusion

The Ride the Road to Recovery (RRR) Transportation Data Book demonstrates that accessible, reliable transportation is not merely a convenience but a fundamental pillar of successful recovery from substance use disorder. Throughout 2025, RRR proved its value as essential recovery infrastructure, delivering 1,345 trips across 80,269 miles to 253 individuals—with justice-involved clients comprising 60.9% of unique riders—thereby directly enabling treatment attendance, legal compliance, healthcare continuity, and community reintegration.

The program's impact extends beyond simple ride provision. BARC-10 assessment data reveal that 74.4% of transportation recipients demonstrated sufficient access to recovery resources, with average scores of 49.8—well above the threshold associated with long-term remission success. More compelling still, the three individuals measured at two timepoints showed an average improvement of 7 points in their recovery capital scores after receiving RRR services, with all three moving from below to above the critical threshold of 47. These outcomes validate what recovery professionals have long understood: when transportation barriers are removed, individuals can fully engage with treatment, build recovery capital, and achieve sustainable wellness.

RRR's comprehensive service model—encompassing demand-response scheduling, door-to-door service across urban and rural communities, and transportation to the full continuum of recovery-supportive destinations—represents a replicable framework for communities nationwide facing similar transportation deserts. The program's success in serving justice-involved populations, who comprise the majority of riders, demonstrates transportation's critical role in reducing recidivism, easing system strain across justice and behavioral health partners, and supporting successful community reintegration.

As SCOSAR continues its commitment to results-based accountability and measurable impact, the RRR program stands as evidence that systematic attention to transportation access directly translates to improved recovery outcomes, enhanced public safety, and meaningful change in the lives of individuals and families affected by substance use disorder. The data presented in this book affirms that transportation is not peripheral to recovery—it is central to it, and investment in transportation infrastructure yields returns measured not only in miles traveled but in lives rebuilt and communities strengthened.

## Hours of Operation

**Service Days:** Monday–Friday (excluding county holidays)

**Transportation Service Hours:**
8:00 AM – 4:00 PM

**Office Hours:**
7:00 AM – 3:00 PM

## Contact Information

**Ride the Road to Recovery**
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