



Steering Committee Members

The Steering Committee is made up of scientists, clinicians, RCC leadership and persons with lived experience from multiple organizations and institutions from across the US.

Principal Investigators:



John F. Kelly



Bettina B. Hoepfner



Robert D. Ashford



Patty McCarthy



Julia Ojeda



Philip Rutherford



Brandon G. Bergman



Lauren A. Hoffman



Vinod Rao



Amy A. Mericle

Our Plan for Today

- 4 min - Live Feature
- 1 min - Poll
- 5 min - Reminder of what we learned from our nationwide survey
 - September slides: https://www.recoveryanswers.org/assets/r24_survey_results_-_part_1_-_final.pdf
 - October slides: https://www.recoveryanswers.org/assets/seminar_19_-_final.pdf
- 2 min - Questions we want to pose
- 15 min - Break out rooms
- ~30 min - Sharing what we discussed in groups



RCC Live Feature



We are featuring a different RCC at the start of each of our seminars in order to allow all participants to learn first-hand about RCCs

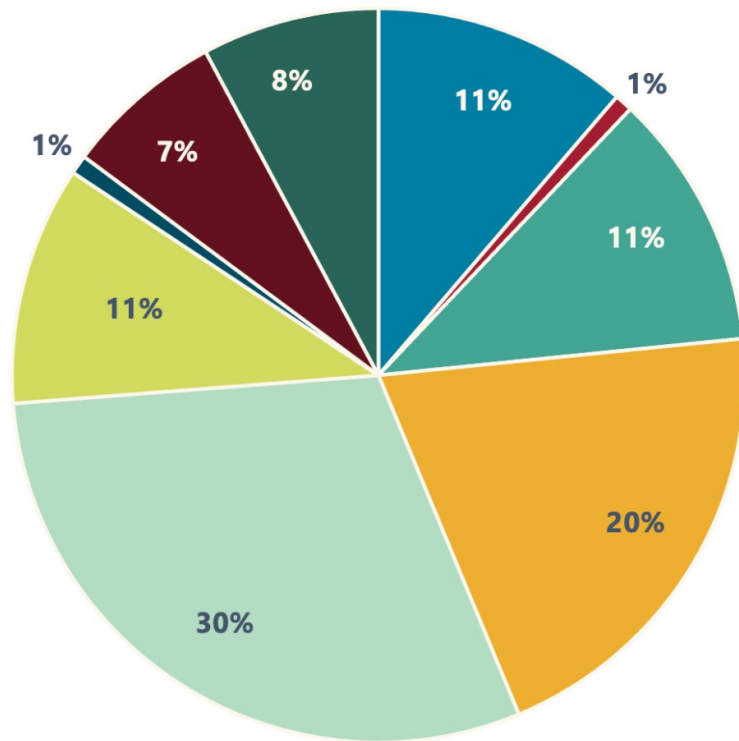


Dr. Alex Elswick
Co-founder and Board
Member



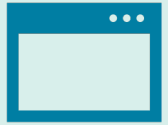
VOICES *of* **HOPE**

Multiple Stakeholder Groups in Our Seminars



- Healthcare decision maker (e.g., hospital leadership, department of health, etc.)
- Prescriber (of medications for OUD)
- Clinician
- Scientist
- RCC leader / staff
- Peer support worker / volunteer
- RCC participant
- Recovery advocate
- None of the above

Polling Questions



A pop-up Zoom window will appear with the poll questions



You must complete all questions before clicking to submit

→ Remember to scroll down to see all the questions!



We will share the poll results after a few minutes

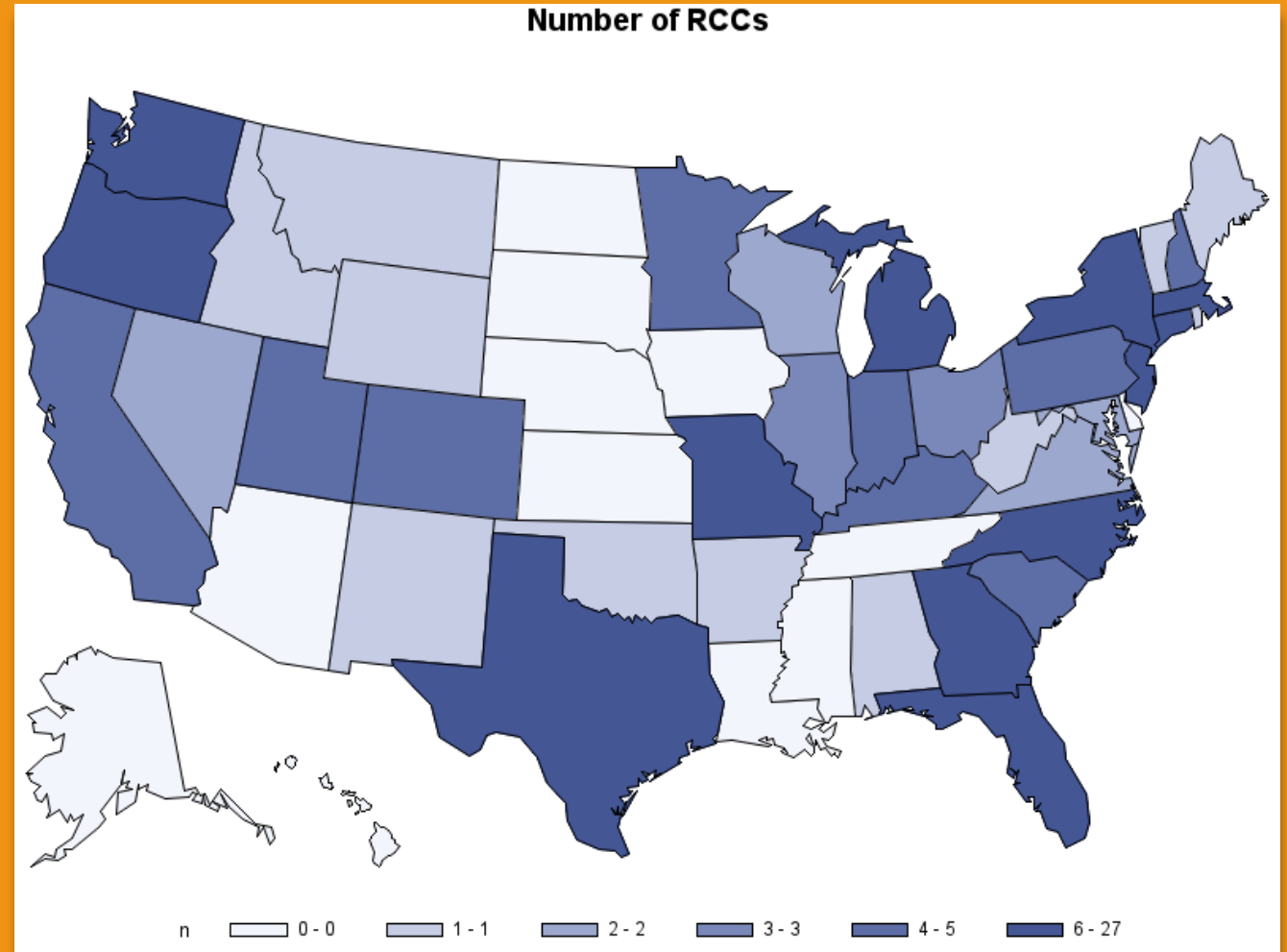


Your responses will remain anonymous



Nationwide Survey of RCCs

- Identified 202 RCCs nationwide
- 122 (60%) completed survey
- Two Goals
 - Description of RCCs
 - Feedback on how to measure impact of RCCs



Take-Aways from Describing RCCs

- Each RCC is unique, but they are more alike than different from each other
- RCCs are a welcoming recovery-oriented environment for persons using medications to support their recovery
- Pro-action is remarkable -> inclusive, BIPOC, medication
- Successful in engaging young folks → high ripple effects in their families and communities



RCC Eco-system - Wished for Improvements

Do you wish that your RCC had more and/or better direct linkages to any of the following? **Select ALL that apply.**

	Total n=122 % (n)	ARCO n=57 % (n)	Other RCCs n=65 % (n)	Group Difference p
Medical centers	34.4 (42)	36.8 (21)	32.3 (21)	0.60
Substance use disorder clinics	30.3 (37)	28.1 (16)	32.3 (21)	0.61
Clinics/prescribers who prescribe medication for substance use disorder	36.9 (45)	33.3 (19)	40.0 (26)	0.45
Behavioral treatment (individual/group therapy)	28.7 (35)	29.8 (17)	27.7 (18)	0.80
Emergency departments	34.4 (42)	28.1 (16)	40.0 (26)	0.17
Churches or other religious centers	19.7 (24)	21.1 (12)	18.5 (12)	0.72
Sober Homes	30.3 (37)	35.1 (20)	26.2 (17)	0.28
Justice system	25.4 (31)	17.5 (10)	32.3 (21)	0.06
Other non-RCC service/organization	11.5 (14)	7.0 (4)	15.4 (10)	0.15

- Plenty of room for improvement:
1 in 5 wish for better connection
- Especially with medical settings:
1 in 3 RCCs wish for better connection

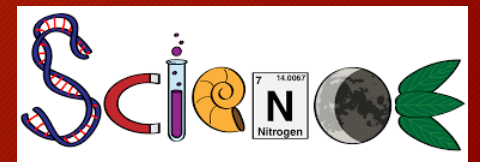
RCC Demographics - estimated by director

	Total n=122 average estimated % (SD)	ARCO n=57 avg % (SD/n)	Other RCCs n=65 avg % (SD/n)	Group Difference p
Age				
Under 18 years:	2.6 (6.3)	4.1 (8.0)	1.3 (4.2)	0.02
18-24 years:	21.4 (15.4)	22.5 (15.7)	20.5 (15.1)	0.49
25-59 years:	63.2 (17.7)	62.5 (18.9)	63.7 (16.6)	0.72
60+ years:	13.1 (10.9)	11.3 (7.0)	14.6 (13.2)	0.11
Gender				
Male:	55.1 (13.0)	53.2 (13.8)	56.8 (12.1)	0.14
Female:	42.9 (12.8)	44.8 (13.7)	41.1 (11.8)	0.13
Other:	2.1 (3.7)	2.0 (3.6)	2.1 (3.8)	0.90
Race				
American Indian or Alaska Native:	2.4 (4.1)	2.7 (4.3)	2.3 (4.0)	0.62
Asian:	1.6 (2.8)	1.5 (2.1)	1.7 (3.3)	0.65
Black / African American:	22.5 (20.8)	24.4 (21.8)	20.7 (19.9)	0.35
Native Hawaiian or Pacific Islander:	1.2 (6.1)	0.7 (1.5)	1.7 (8.2)	0.39
White:	62.5 (24.1)	59.7 (24.1)	65.1 (24.0)	0.23
More than one race:	10.6 (10.9)	11.6 (12.7)	9.8 (9.1)	0.39
Ethnicity				
Hispanic/Latino:	21.0 (20.9)	17.8 (17.8)	23.9 (23.1)	0.13
Not Hispanic/Latino:	79.7 (19.6)	82.3 (17.9)	77.4 (20.9)	0.20

- 1 in 5 are young adults
- 1 in 5 are Black
- Similar demographics across ARCO vs. not

Take-Aways from Measuring Outcomes

- All of the suggested scales had substantial buy-in from RCC directors (>80%, if excluding PERMA) → good news!
- Important lessons learned, however:
 - RCC effectiveness cannot be solely measured by their members' experience; they also have community impacts
 - 'Service delivery' is a poor conceptualization of how RCCs operate: members don't just 'receive' services, but actively contribute to the RCC community and experience
 - Mental health / psychology questionnaire may create negative reactions



Our Questions



- **RCCs & medical settings** *(any kind of medical center e.g., emergency rooms, medical centers, mental health centers, MOUD clinics)*
- **Measuring the impact of RCCs**
- **Inclusivity**
- **Other topics?**

You can access a PDF of these here:
<https://www.recoveryanswers.org/assets/Seminar-21-Questions-for-Breakout-Rooms.pdf>

Break-out Rooms

- 6 rooms - we will randomly put you into these Zoom rooms
- Each room will have 1-2 of our staff



Bettina Hoepfner
M-PI



Akosua Dankwah
Postdoc Fellow



Joe Riggs
Volunteer



Catherine Weerts
Coordinator



Diadora Finley
Post-bac Fellow



Lili Massac
Intern



Lindsay Jacobson
Intern

- Choose a question from the list - <https://www.recoveryanswers.org/assets/Seminar-21-Questions-for-Breakout-Rooms.pdf>
 - Share your thoughts and respond to each other
 - Feel free to discuss multiple questions, if you have time
- Select a spokesperson to share highlights with “the big room”
- Each room then shares in “the big room”
- Be careful not to click “Leave Meeting”!



Leave Meeting

Leave Breakout Room

Your Answers



- **RCCs & medical settings** (*any kind of medical center e.g., emergency rooms, medical centers, mental health centers, MOUD clinics*)
 - What is needed to improve collaborations?
 - What has worked well for you in supporting synergy / collaboration between RCCs and medical settings?
 - What ideas do you have for how they would work together ideally?
- **Measuring the impact of RCCs**
 - How can we collect data without being intrusive or creating barriers to RCC members?
 - What can we do to foster research collaborations between RCCs and scientific teams?
 - What research should we solicit? On what topics? (We have pilot study funding available, and we can proactively reach out to people to encourage them to apply.)
- **Inclusivity**
 - RCCs are remarkable in outreach (e.g., BIPOC, younger age). What else do we need to know? (e.g., LGBTQ+)
 - How can we build on these successes?
 - What is still needed?

You can access a PDF of these here:
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Quick Poll

- Which of the following topics did you discuss? Check all that apply:
 - → we'll start discussion with the most popular item

Keep the Conversation Going!

- Did we run out of time? If so:
 - Email me (bhoepner@mgh.harvard.edu)
 - Set up a time to chat via Zoom with me
- See you in February!
 - Cost-Effectiveness Calculators for RCCs: A Pilot of Peer Recovery Support Services and Bystander Naloxone Distribution
 - https://partners.zoom.us/meeting/register/tZcqf-qvqDMtG9bldqxyalxqjqYz_gPsBUOm

