



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

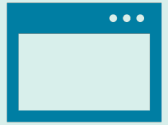


Vinod Rao



Amy A. Mericle

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



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



Samantha Brawley

RCO Director



**Sunrise Community
For Recovery & Wellness**

Located in: Asheville, NC



Mark Palinski

Drop-in Center Coordinator



Add a subheading

Sunrise Community for Recovery & Wellness

Our mission is to empower individuals to manage and overcome substance use and mental wellness challenges.

We envision a world where individuals have no-barriers in accessing recovery services and are able to live their best lives without shame, stigma or discrimination.

www.sunriseinashville.org 828-552-3858



Presenters



Dr. Bettina Hoepfner

Associate Director of Research of the Recovery Research Institute at the Massachusetts General Hospital

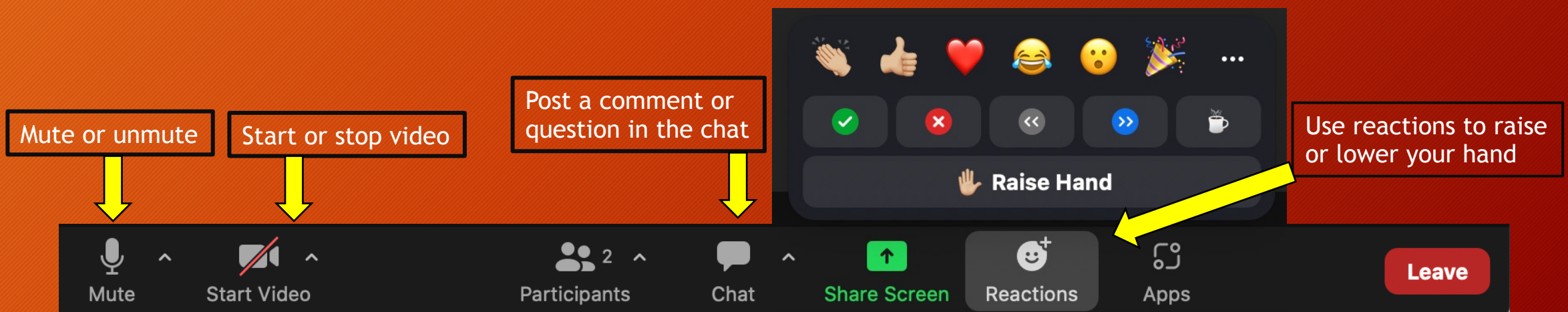


Dr. John Kelly

Elizabeth R. Spallin Professor of Psychiatry in the Field of Addiction Medicine at Harvard Medical School
Founder and Director of the Recovery Research Institute at the Massachusetts General Hospital

Join the conversation!

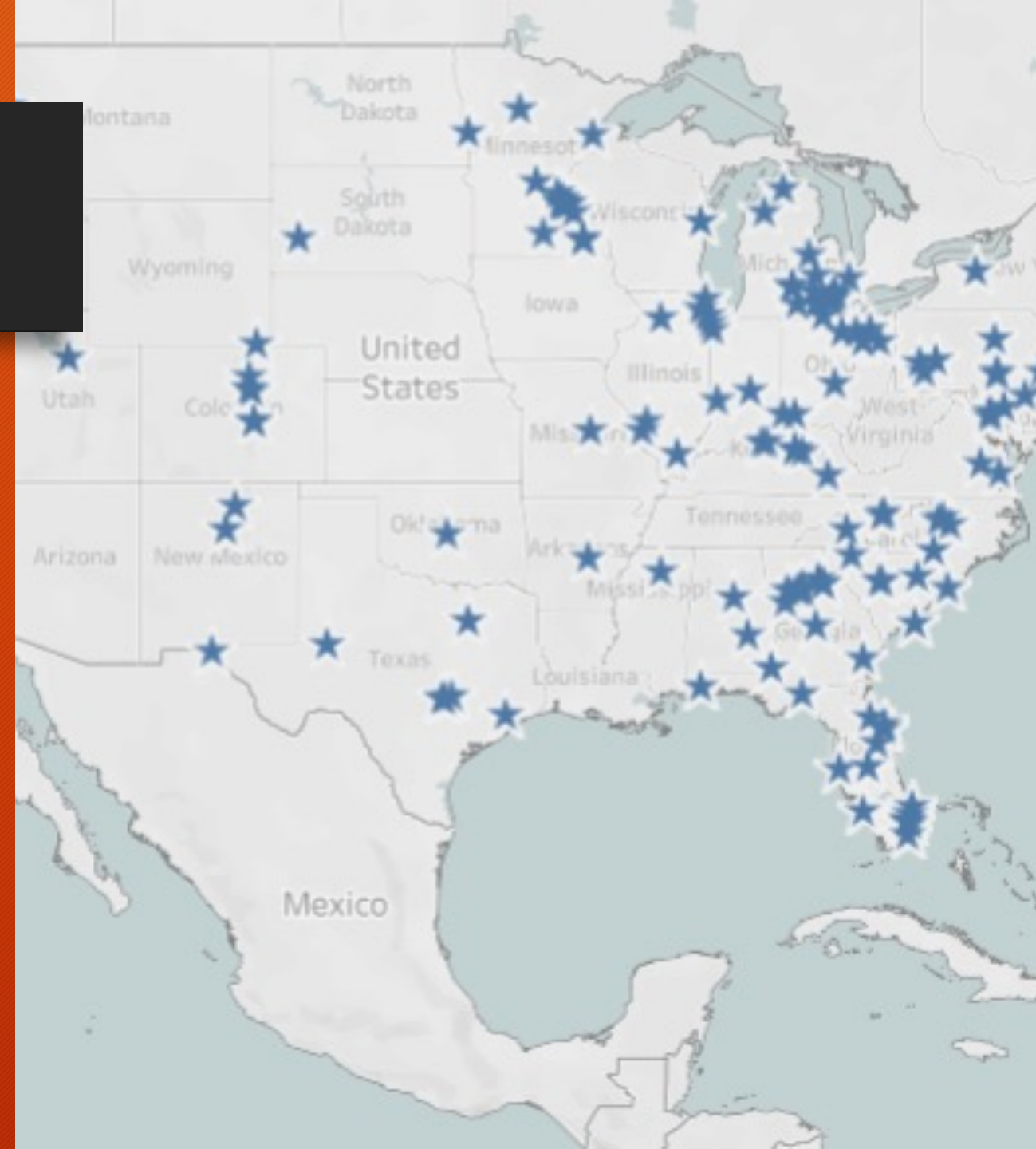
- This talk is going to be a little different, please don't wait until the end and feel free to comment or ask questions as we go along. You can do this by:
 - Unmuting yourself and speaking
 - Raising your hand
 - Posting a comment or question in the chat for moderators to bring to the presenters' attention



Our RCC Survey Study

- Two Purposes

- To gain **insight** into the types of recovery community centers (RCCs) that exist, and the communities which they serve
→ TODAY
- To gain **feedback** from RCC leadership about **potential outcome measures** that could be used to capture the positive impact RCCs make on the individuals and communities they serve
→ Next month, click here to register:
<https://partners.zoom.us/meeting/register/tZMkdeugqzkoHNVtbxkeCXbt7aBgMGP1RxW->



Our Process

- Created a list of all RCCs
- Emailed them an online survey link
- Followed up per phone & email
 - At least 3 phone attempts on different days
- Googled RCCs online for updated info
- Remunerated survey completion
 - \$50
 - Only 62% wanted it

People who called you about the survey



Catherine Weerts



Dr. Joe Riggs



Hazel Simpson



Dr. Bettina Hoepfner



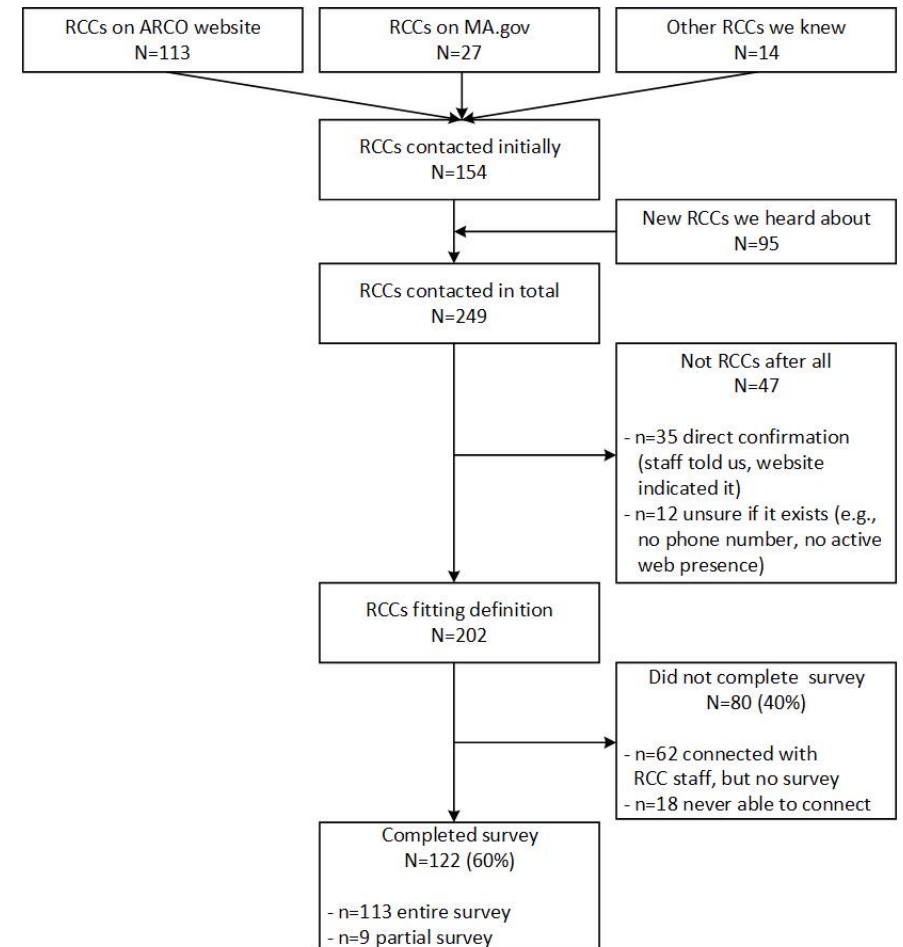
Alivia Williamson

Creating the List of RCCs Nationwide

- “RCCs are currently described as brick-and-mortar places located within the heart of a community that serve as a central recovery hub by providing a variety of support services for people in or seeking recovery.”

Does this describe your center well?

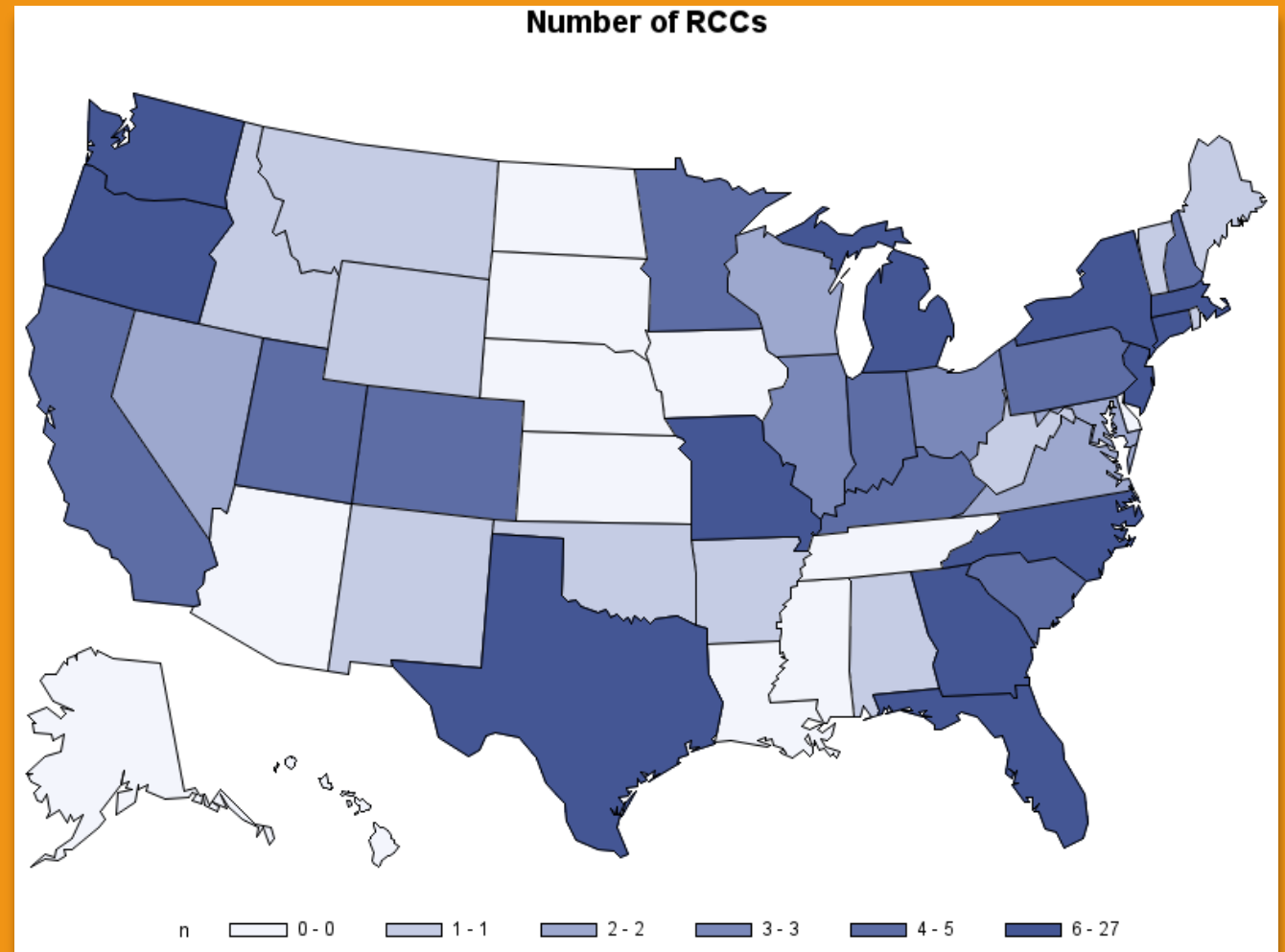
Yes No



Results

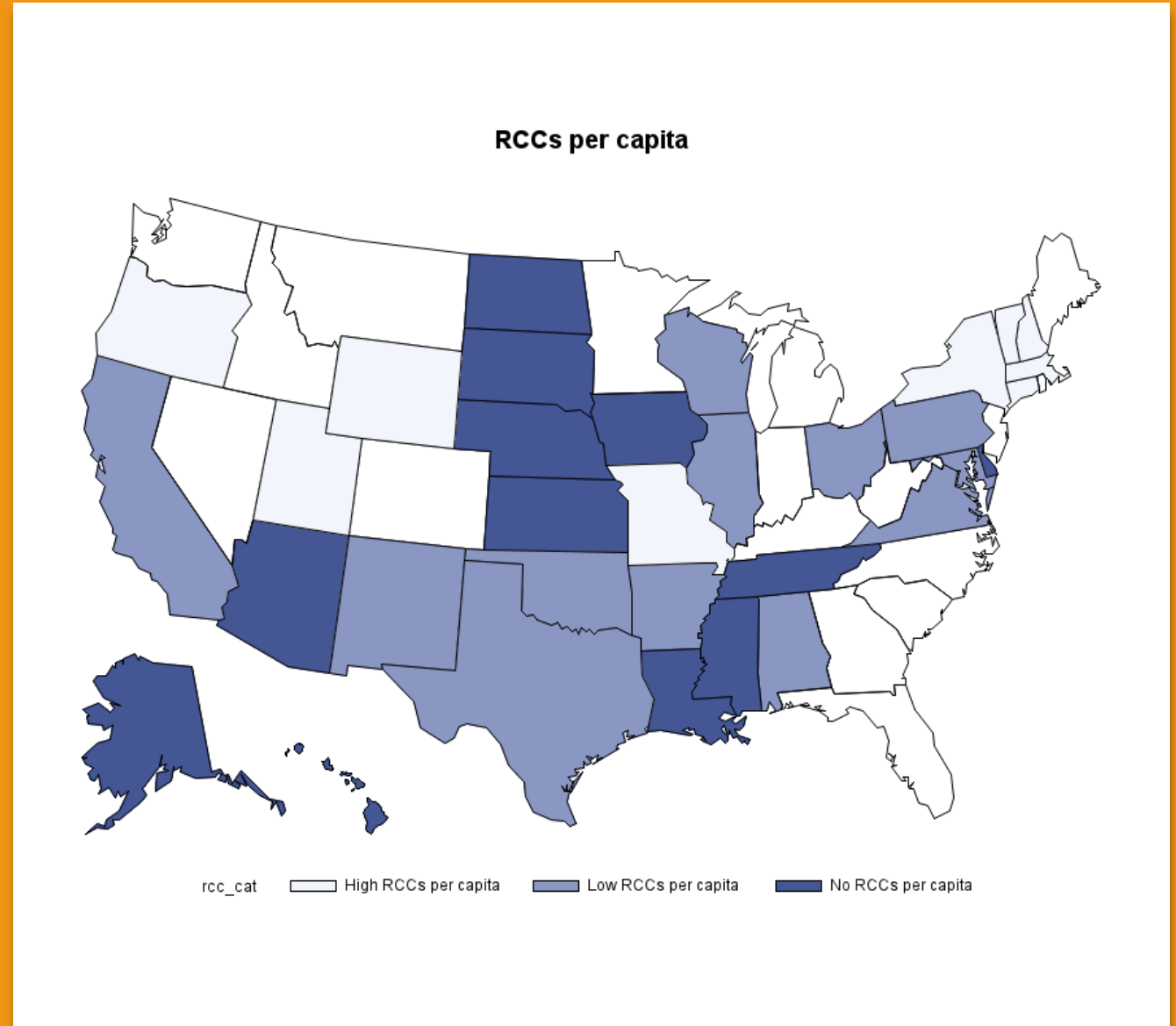
of RCCs per State

- States with the most RCCs
 - 27 RCCs in Massachusetts
 - 27 in New York
 - 19 in Florida



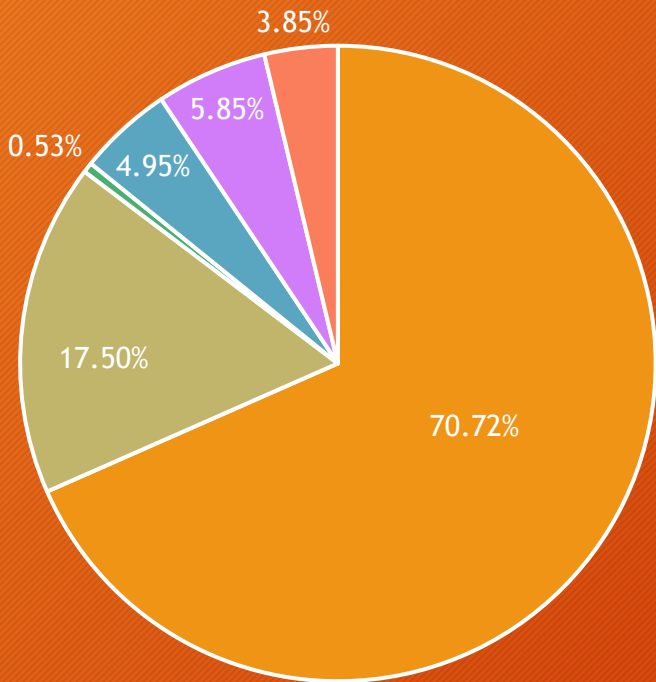
RCCs per Capita

- (now reversing color coding to highlight needs)
- States with no RCCs (that we found):
 - Arizona
 - Louisiana
 - Tennessee
 - Alaska
 - Louisiana
 - Delaware
 - Hawaii
 - Iowa
 - Kansas
 - Mississippi
 - North Dakota
 - Nebraska
 - South Dakota

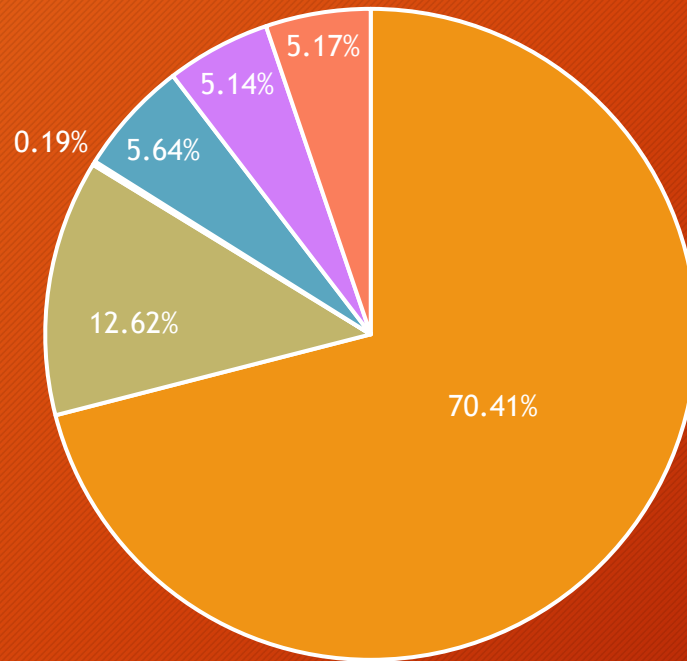


US Census - Race

Residents in ZIP codes with RCCs



U.S. Population



White Black Native Hawaiian or Other Pacific Islander Asian Other More than one race

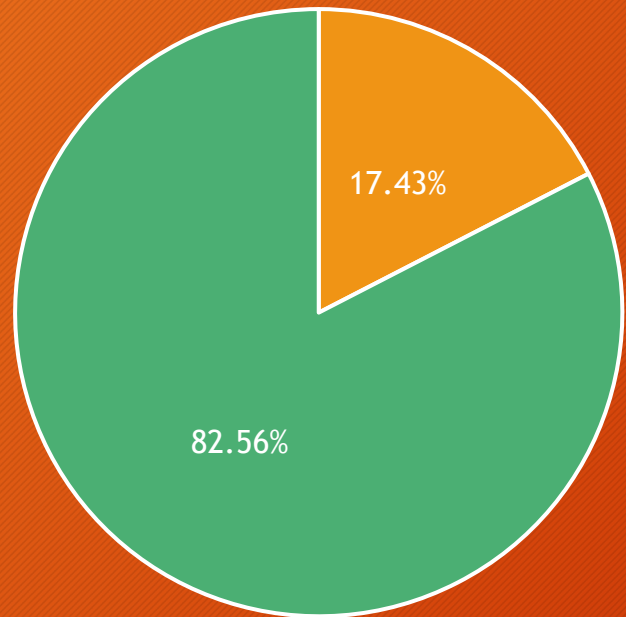
- RCCs have more Black residents in their ZIP codes → perhaps a sign that RCCs are able to fill the gap left by formal treatment?
- See research that shows racial disparities in treatment completion and length of treatment (Mennis & Stahler, see below)

Mennis J, Stahler GJ, Abou El Magd S, Baron DA. How long does it take to complete outpatient substance use disorder treatment? Disparities among Blacks, Hispanics, and Whites in the US. *Addictive Behaviors*. 2019;93:158-165.

Mennis J, Stahler GJ. Racial and ethnic disparities in outpatient substance use disorder treatment episode completion for different substances. *Journal of Substance Abuse Treatment*. 2016;63:25-33.

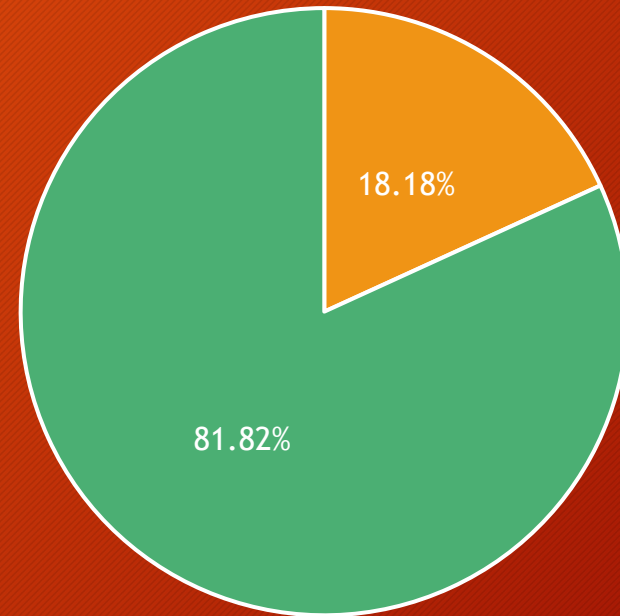
US Census - Ethnicity

Residents in ZIP codes with RCCs



■ Hispanic or latino ■ Not hispanic or latino

U.S. Population



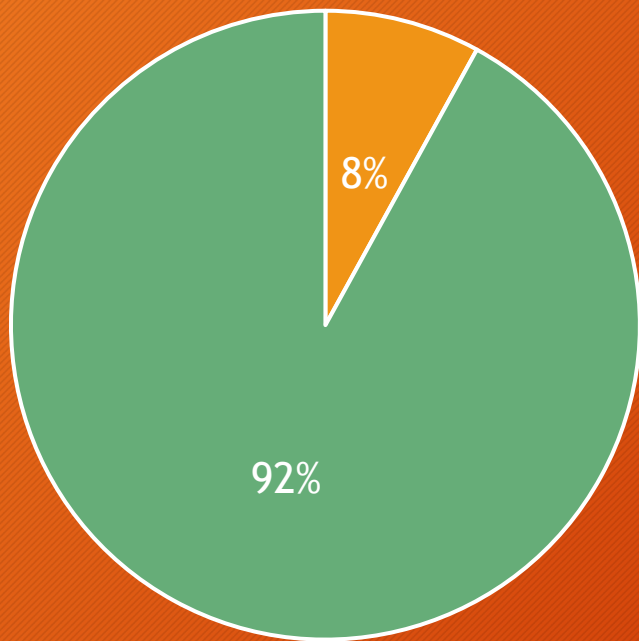
■ Hispanic or latino ■ Not hispanic or latino

Register for our November seminar on the promise of RCCs to support Latino and Hispanic communities in recovery here: <https://partners.zoom.us/meeting/register/tZUtc-6vpzljE9xFzdbiWTOMSidkmHCTyCAT>

U.S. Census Bureau. 2020: American Community Survey 5-Year Estimates Data Profiles. <https://data.census.gov/cedsci/table?tid=ACSDP5Y2020.DP05>

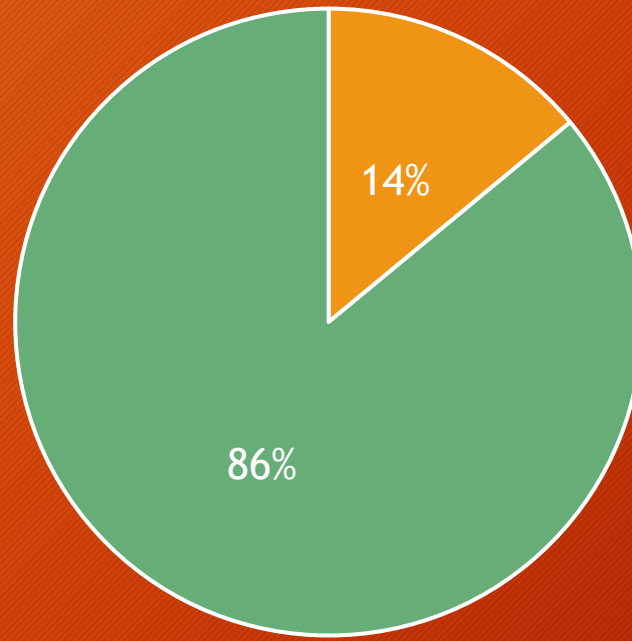
US Census Data - Rurality

Residents in ZIP codes with RCCs



■ Rural ■ Not rural

U.S. Population



■ Rural ■ Not rural

- Click here for our March 2022 seminar on the unique challenges encountered by rural RCCs:
<https://www.youtube.com/watch?v=g3KUYwTBOZI>

Presenting results by ARCO vs. not

- Two Reasons
 - Important starting list
 - You all already know about ARCO from our January 2021 seminar
 - Click here to watch the video:
[RCCs and accreditation: A national perspective](#)
Presented by Ms. Patty McCarthy
- Oh, and a 3rd reason
 - deep knowledge

What does it take to be an ARCO RCC?

- ARCO RCCs adhere to ARCO's 10 Best Practices
- ARCO RCCs need to apply for membership
- Need to Pass ARCO review
 - Reviewers are ARCO members
 - They read online application
 - They conduct an assessment of the applicant's website and social media

ARCO RCCs are ...	
#1	Non-profit organizations
#2	Led and governed by the recovery community
#3	Have a primary focus on recovery from substance use disorders
#4	Use grassroots community engagement strategies
#5	Use a participatory process
#6	Provide primarily peer recovery support services
#7	Welcome all pathways to recovery
#8	Use diverse, equitable and inclusive policies, practices and services
#9	Use recovery friendly language
#10	Adhere to a code of ethics for paid and volunteer staff

Often RCCs are out of state purview, therefore, grassroots organizations like ARCO have filled the gap by acting as a “governing body” to provide accountability, visibility, standardization, and quality control through an optional certification process.

Pros and Cons

Pros

- Visibility and advocacy on the federal level (e.g., Hill Day)
- Access to a community of RCCs who can provide insight, guidance and feedback (e.g., conference, monthly Zoom calls)
- Discounts on curricula for continuing education on peer recovery support services, use of the Recovery Data Platform, and online purchases

Cons

- Outside assessment of your organizational practices
- Membership fee
 - yearly
 - \$250-\$1,400, based on operating budget

RCC Characteristics and Participation

	Total n=122	ARCO n=57	Other RCCs n=65	Group Difference
	M / % (SD/n)	M / % (SD/n)	M / % (SD/n)	p
<u>RCC Characteristics</u>				
Number of years in operation	7.7 (7.3)	9.8 (7.4)	5.8 (6.8)	<0.01
Catchment area - <i>self-reported</i>				0.46
Urban	55.7 (68)	56.1 (32)	55.4 (36)	
Suburban	21.3 (26)	17.5 (10)	24.6 (16)	
Rural	20.5 (25)	24.6 (14)	16.9 (11)	
Number of paid staff	8.8 (10.5)	12.2 (13.0)	5.8 (6.4)	<0.01
Number of volunteer staff at your RCC:	10.2 (11.5)	12.3 (14.3)	8.3 (7.9)	0.06
Provides support for:				
Alcohol problems	100.0 (122)	100.0 (57)	100.0 (65)	
Drug problems	100.0 (122)	100.0 (57)	100.0 (65)	
Other addictions	69.7 (85)	66.7 (38)	72.3 (47)	0.50
Mental health problems	66.4 (81)	75.4 (43)	58.5 (38)	<0.05
<u>RCC Participation</u>				
	median	median	median	
Number of RCC members last year	500	675	500	0.12
Number of active RCC members last month	125	128	100	0.71

- ARCO RCCs
 - More established
 - More staff
 - More support for mental health

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

RCC Design

	Total n=122	ARCO n=57	Other RCCs n=65	Group Difference
	% (n)	% (n)	% (n)	p
A social place where people go to meet and spend time with peers	77.0 (94)	78.9 (45)	75.4 (49)	0.64
A service-oriented place where people use services hosted by the RCC	87.7 (107)	93.0 (53)	83.1 (54)	0.10
An information-oriented place where people are connected with resources and learn more about recovery	91.0 (111)	89.5 (51)	92.3 (60)	0.59
Other (write-ins were, e.g., providing accountability, peer support)	21.3 (26)	19.3 (11)	23.1 (15)	0.61

- Several, mutually enhancing purposes
- Similar across RCCs

Mental health support Education assistance
Employment assistance Family support services

Recovery Coaching Childcare services

Expressive arts (e.g., crafts, music)

NARCAN training/distribution

Basic needs assistance (e.g., food, clothing)

Opportunity for advocacy and outreach

Opportunity to volunteer / "give back" to the center

Peer-facilitated recovery support groups
Smoking cessation support Legal assistance

Mutual-help groups (e.g., Alcoholics Anonymous)

Recreational/social activities

Health, exercise, and nutrition programs

Technology/internet access

Financial services "All Recovery" meetings

Medication-assisted treatment support

Health insurance education

Housing assistance

RCC Services

	Total n=122	ARCO n=57	Other RCCs n=65	Group Difference
	% (n)	% (n)	% (n)	p
Support group meetings				
"All Recovery" meetings	73.0 (89)	75.4 (43)	70.8 (46)	0.56
Peer-facilitated recovery support groups (e.g., relapse prevention groups)	89.3 (109)	91.2 (52)	87.7 (57)	0.53
Mutual-help groups (e.g., Alcoholics Anonymous)	70.5 (86)	68.4 (39)	72.3 (47)	0.64
Mental health support (e.g., dual diagnosis support groups)	54.1 (66)	59.6 (34)	49.2 (32)	0.25
Recovery Coaching	82.8 (101)	89.5 (51)	76.9 (50)	0.07
Opioid and/or harm reduction services				
Medication-assisted treatment (MAT) support (e.g., Pathway Guide, MARS group)	42.6 (52)	49.1 (28)	36.9 (24)	0.17
NARCAN training and/or distribution	84.4 (103)	80.7 (46)	87.7 (57)	0.29
Assistance with health behaviors				
Health, exercise, and nutrition programs (e.g., fitness classes)	60.7 (74)	59.6 (34)	63.1 (41)	0.70
Smoking cessation support	17.2 (21)	14.0 (8)	20.0 (13)	0.38
Facilitation of substance-free recreational activities				
Recreational/social activities (e.g., substance free social events)	82.0 (100)	78.9 (45)	84.6 (55)	0.42
Expressive arts (e.g., arts/craft groups, music, poetry)	66.4 (81)	49.1 (28)	81.5 (53)	<0.01
Opportunity to volunteer / "give back" to the center	89.3 (109)	89.5 (51)	89.2 (58)	0.97
Recovery advocacy outreach and opportunities (e.g., community, regional, state events)	85.2 (104)	87.7 (50)	83.1 (54)	0.47

- “All Recovery” meetings an important pillar
- Only difference in expressive arts
- Notable, medication assisted recovery
 - More in ARCO (49%) than other (37%)

RCC Services (cont.) - Basic Needs and Social Services

	Total n=122	ARCO n=57	Other RCCs n=65	Group Difference
	% (n)	% (n)	% (n)	p
Employment assistance (e.g., job or computer skills, resume writing, CORI support)	71.3 (87)	70.2 (40)	72.3 (47)	0.80
Basic needs assistance (e.g., access to food, clothing, transportation)	73.0 (89)	66.7 (38)	78.5 (51)	0.14
Family support services (e.g., family/parent education or support groups)	66.4 (81)	63.2 (36)	69.2 (45)	0.48
Technology/internet access (e.g., use of center computers, printers, fax)	73.0 (89)	63.2 (36)	81.5 (53)	0.02
Housing assistance	63.9 (78)	63.2 (36)	64.6 (42)	0.87
Education assistance	52.5 (64)	50.9 (29)	53.8 (35)	0.74
Financial services	36.9 (45)	36.8 (21)	36.9 (24)	0.99
Health insurance education	36.1 (44)	33.3 (19)	38.5 (25)	0.56
Legal assistance	23.8 (29)	19.3 (11)	27.7 (18)	0.28
Childcare services	8.2 (10)	5.3 (3)	10.8 (7)	0.27

- Technology access higher in other RCCs
→ thoughts?
- “Childcare services” (8%) was badly worded: doesn’t assess childcare support

RCC Eco-system - Existing Linkages

Does your RCC currently have 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	80.3 (98)	78.9 (45)	81.5 (53)	0.72
Substance use disorder clinics	88.5 (108)	87.7 (50)	89.2 (58)	0.79
Clinics/prescribers who prescribe medication for substance use disorder	86.1 (105)	84.2 (48)	87.7 (57)	0.58
Behavioral treatment (individual/group therapy)	84.4 (103)	86.0 (49)	83.1 (54)	0.66
Emergency departments	73.0 (89)	73.7 (42)	72.3 (47)	0.86
Churches or other religious centers	72.1 (88)	73.7 (42)	70.8 (46)	0.72
Sober Homes	85.2 (104)	89.5 (51)	81.5 (53)	0.22
Justice system	78.7 (96)	80.7 (46)	76.9 (50)	0.61
Other non-RCC service/organization	31.1 (38)	29.8 (17)	32.3 (21)	0.77

- High level of linkage
→ (>70% of RCCs work closely with the specified SUD-relevant settings)

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

RCCs - Attitudes Towards Medications

How does your RCC handle medications for opioid use disorder?
Select ALL that apply.

	Total n=122	ARCO n=57	Other RCCs n=65	Group Difference
	mean/% (SD/n)	mean/% (SD/n)	mean/% (SD/n)	p
Openness of RCC to medication-assisted treatment (scale 1-5)				
Average score (on 1-5 scale)	4.6 (0.7)	4.6 (0.8)	4.6 (0.7)	0.78
Percent of RCCs indicating "extremely open"	68.0 (83)	64.9 (37)	70.8 (46)	0.86
How RCCs handle medications for opioid use disorder (MOUDs)				
Provides direct support for MOUDs (e.g., providing information)	77.0 (94)	75.4 (43)	78.5 (51)	0.69
Staff engage members in conversations about MOUDs	85.2 (104)	86.0 (49)	84.6 (55)	0.83
RCC works directly with clinical sites providing MOUDs	63.9 (78)	66.7 (38)	61.5 (40)	0.56
RCC does proactive outreach to persons using MOUDs	56.6 (69)	54.4 (31)	58.5 (38)	0.65
RCC advocates that people use MOUDs	46.7 (57)	45.6 (26)	47.7 (31)	0.82
RCC tolerates use of MOUDs, but does not actively encourage it	1.6 (2)	1.8 (1)	1.5 (1)	0.93
RCC discourages people from starting MOUDs	0.0 (0)	0.0 (0)	0.0 (0)	
RCC advises people to stop using MOUDs	0.0 (0)	0.0 (0)	0.0 (0)	
Other	3.3 (4)	1.8 (1)	4.6 (3)	0.38
Does not apply - RCC does not have members with opioid use disorder	0 (0)	0 (0)	0 (0)	

- 47% advocate for MOUDs
→ that's very high

RCCs - Occurrence of Negative Experiences

To your knowledge, has a person taking medication for opioid use disorder experienced any of the following at your RCC?
Select ALL that apply.

	Total n=122 % (n)	ARCO n=57 % (n)	Other RCCs n=65 % (n)	Group Difference p
Stigmatization because of medication use (from members or staff)	18.9 (23)	19.3 (11)	18.5 (12)	0.91
Negative comments from other RCC members	16.4 (20)	21.1 (12)	12.3 (8)	0.19
Pressure to stop using medications (from members or staff)	7.4 (9)	3.5 (2)	10.8 (7)	0.13
Negative comments from RCC staff	2.5 (3)	3.5 (2)	1.5 (1)	0.48
Exclusion from activities (from members or staff)	0.8 (1)	0.0 (0)	1.5 (1)	0.35
None of the above - our members with opioid use disorder do not experience this	63.9 (78)	59.6 (34)	67.7 (44)	0.36
Does not apply - we do not have members with opioid use disorder	0.0 (0)	0.0 (0)	0.0 (0)	

- Pressure to stop using MOUDs is rare (~7%)

RCCs - Agents of Social Change & Justice

	Total n=122 % (n)	ARCO n=57 % (n)	Other RCCs n=65 % (n)	Group Difference p
Takes anti-racism stances (% yes):	95.1 (116)	94.6 (53)	98.4 (63)	0.34
<u>RCC engages in these activities to promote anti-racism:</u>				
Host presentations and workshops about (anti-)racism	28.7 (35)	28.1 (16)	29.2 (19)	0.89
Have conversations about (anti-)racism with participants and employees	68.0 (83)	68.4 (39)	67.7 (44)	0.93
Targeted outreach efforts towards BIPOC (Black, Indigenous, and People of Color) communities in your area	49.2 (60)	57.9 (33)	41.5 (27)	0.07
Create safe spaces for BIPOC individuals to gather	69.7 (85)	68.4 (39)	70.8 (46)	0.78
Encourage employees and participants to speak out against racist and discriminatory behavior	68.0 (83)	70.2 (40)	66.2 (43)	0.63
Examine your RCC's policies and protocols for discriminatory practices	74.6 (91)	82.5 (47)	67.7 (44)	0.06
Release official statements regarding your RCC's stance on anti-racism	29.5 (36)	35.1 (20)	24.6 (16)	0.21

- 95% of RCCs take anti-racism stance
- 47% engage in targeted outreach
- 68% speak out

Our Current Take-Away Thoughts

- 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



What Are Yours?

Keep the Conversation Going!

- Did we run out of time? If so:
 - Email me (bhoepner@mgh.harvard.edu)
 - Put your **thoughts into the chat** → we always read those after the live event again
 - **Set up a time to chat** via Zoom with me
- We can continue / build on this conversation in our December seminar → 12/2/2022

