

## Notes from Breakout Sessions

Recovery Seminar Title:

*Delving deeper into nationwide findings on Recovery Community Centers (RCCs): Medications, connections with services, and agents of social change*

During this seminar we broke out into several smaller groups of ~10 people to discuss the below topics and questions. This is a document summarizing our takeaways.

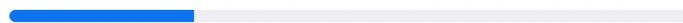
Screenshot of poll taken during the seminar of which topics people discussed in their breakout rooms:

1. Which of the following topics did you discuss?

Check all that apply: (Multiple Choice) \*

41/41 (100%) answered

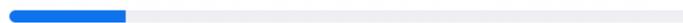
RCCs & medical settings (11/41) 27%



Measuring the impact of RCCs (20/41) 49%



Inclusivity (7/41) 17%



A different topic (5/41) 12%



### Measuring the impact of RCCs

The questions we asked:

- 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?

Hardships we discussed:

- Some RCCs are not allowed to get opioid overdose deaths specific to the areas they are in - each county has different rules on who has access to that information
- One RCC found that certain information was not needed (e.g. social security number) since the services were not billable

Suggestions...

When working with RCC clients:

- Provide incentives to compensate participants for their time and knowledge.
  - There are [R24 pilot grants](#) and [SAMHSA grants](#) available for funding this type of research.
- Put ourselves in the shoes of our participants to create a conducive atmosphere for them during data collection.
- Engage in one-on-one communication to obtain information from members.
- Express the value of the research to the respondent.
- Be mindful of not using stigmatizing or triggering language.
- Respect subjects' boundaries.

For engaging with the community:

- Put collaborative agreements in place between community organizations to share specific data.
  - RCC clients can fill out a release of information between organizations that are part of their recovery journey
- Include the police, emergency medical responders, and clinicians in research development and collection since RCCs also impact the communities in which they work.
  - For example: [Characteristics of post-overdose public health-public safety outreach in Massachusetts](#)
- Proactively outreach to your subject demographic.
- Use qualitative research and open-ended questions instead of surveys.

For general data collection:

- Ensure the information that is collected is truly needed and will be used.
- Obtain pre-existing data from testimonials and stakeholder meeting minutes.
- Explore use of a database platform that can track and manage RCC data so it can be customized and exported.
  - [RecoveryLink](#), [Recovery Data Platform](#), [Salesforce](#), and [Apricot](#) are all examples
- Outsource coding data from RCC databases so it is billable for Medicaid and other services.

**RCCs & medical settings (any kind of medical center e.g., emergency rooms, medical centers, mental health centers, MOUD clinics)**

The questions we asked:

- What is needed to improve collaborations?
- What ideas do you have for how they would ideally work together?
- What have been some things that have worked when interacting with medical centers?

Hardships we discussed:

- Lack of knowledge of what services exist in a community to assist people seeking recovery
  - This is especially important for medical settings so that they can direct patients to existing peer support and social services that are appropriate for their needs
- Historically, people with SUD who sought medical treatment only had the options of going to a detox

Suggestions:

- Many people discussed having recovery coaches or other peer support workers in emergency departments to catch folks when they need assistance the most and provide warm hand offs to RCCs.
- The need to train the medical professionals on how to focus in on and identify a single person's needs since a provider might see 5 or more patients with SUD in a day

**Inclusivity**

The questions we asked:

- 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?

Hardships we discussed:

- No dedicated funding for hiring bilingual staff.
- Burnout of staff who are bilingual because their client case load becomes overwhelming as they are the key person for so many RCC members.
- Recovery support certification training, educational materials, and other written information in languages besides English are not common.

Some positives we discussed:

- Increase attention on this issue.
- The desire to do better.
- Building upon recent successes in hiring / bringing on paid and volunteer staff who are bilingual.

Suggestions:

- Sharing resources between RCCs and other organizations online.
- Making trainings available online in other languages besides English.