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
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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.

Detroit Recovery Project Inc.
Doing It Together!

Angela Burton
RCC Administrator
Presenters

Danielle O’Brien
Recovery Support Centers Administrator
Massachusetts Bureau of Substance Addiction Services

Jesse Crum
Recovery Services Specialist
Missouri Department of Mental Health
26 centers in MA use Peer Participatory Process model

In 2019, BSAS funded the first Recovery Café in Lowell, which follows the Recovery Café Model, Recovery Café Network

there may be new models that emerge in MA, as the variety of RCCs grows nationally.

Regardless of Model, BSAS lays out a set of core components and requirements for all centers.

To support this, BSAS RSS provides a variety of training, capacity-building, networking opportunities and targeted support.
Massachusetts DPH-BSAS
Peer Recovery Support Centers
Recovery Community Centers (RCCs) are community-based, peer-run organizations that offer resources and compassionate support for individuals with substance use disorders and their families, no matter what phase of use or recovery they may be in. RCCs are not treatment centers but can connect people to treatment or other community resources, depending on their needs. RCCs focus on meeting people where they are and helping individuals increase their recovery capital, build hope, and sustain their long-term recovery goals.

Each RCC offers a variety of unique services, including: peer support, employment assistance, life skills coaching, prosocial activities, support groups, basic needs supplies, wound care, and much more.

There are 8 RCCs in Missouri that receive funding through the State.

In 2022, Missouri RCCs were collectively open for 17,000 hours and served 25,909 individuals!

MO RCCs are Making an Impact!
2022 Highlights

In 2022, Missouri RCCs...

- Made connections with 10,150 new participants.
- Offered 6,308 activities to individuals with SUD.
- Offered assistance to 6,084 individuals through street outreach.
- Provided 15,923 telephone support calls.
- Reached 3,661 individuals at RCC-sponsored events out in the community.
- Served 6,216 individuals during RCC-sponsored events at the RCC.
- Distributed over 8,759 boxes of life-saving Narcan.

RCCs reported 679 lives saved due to Narcan use.*

*RCC Participant’s Primary Drug of Use

While opioid use decreased since 2021, stimulant use and “other” drug use has significantly increased.

Learn more about MO RCCs here!
BSAS RSS approaches PRSC support in a variety of ways:

### Currently:
- CAPRSS & TA
- RSS Team Provider Support - Supervisors and Centers
- Statewide Directors Meetings
- Directors Learning Communities
- Peer Learning Collaboratives
- PRSC TA
- PRSC Workshops & Foundational Training

### Coming up this year:
- Multiple Pathways Conference
- Regional PRSC Meetings
- Agency & Supervisor Training and follow-up meetings per new contracts
- PRSC Landing Page
- PRSC Statewide Visioning & Values Project
- PRSC Statewide Event
Reporting & Site Visits

- **Quarterly Reports** – recovery-oriented, PRSC specific – currently revamping
- **Member enrollment and disenrollment (ESM)**
- **Bi-annual Surveys** – BSAS has worked with Dr. Kelly, Dr. Vilsaint and the RRI Team to create a recovery-oriented survey tool in both English and Spanish which is currently being vetted by members, to launch in Spring.

**Formal site visits with Regional Managers** review contract conditions, staffing, budget, etc.

**Informal site visits from RSS staff** to build relationship, learn about the center, provide targeted support, share strategies or support events and activities.
**Statewide PRSC Assessment Findings**

**Strengths:**
- Peer Participation
- Community Inclusion
- Healing Environments
- Community Partnerships and Advocacy
- Support Multiple Pathways to Recovery
- Demonstrate Resilience and Innovation
- Assertive Community Outreach

**Common Issues:**
- Mental Health Supports
- Wages, lack of trajectory, need for more Staffing and Turnover
- Wanting Recovery Coaching/Trained Staff
- Center specific Training and Resources
- Funding for services and tangible supports

**More from the Members:** Many shared on trauma they experienced due to homelessness, incarceration, family issues, MH, etc., the systemic barriers they are facing daily and how they appreciate that the centers support them with getting their whole lives back on track, not just support with recovery management.
MA-DPH BSAS made changes to enable PRSC Providers to tailor, enhance or expand services, address issues raised and fulfill recommendations:

Equip centers to address mental health challenges, including complex trauma and ensure warm hand-off to appropriate services/level of care

• Supporting Mental Health at PRSC Workshop
• Statewide Training on de-escalation, MH First Aid & Trauma-informed Peer Support
• Building relationship with new CBHC & PRSC

Provide PRSCs with clear guidance and define and promote shared recovery values to unify, while still allowing for individuality among the PRSCs:

• New RFR provides clear structure and core components for all PRSC while allowing variation on model, programming offered, Tier selected and member spending
• New Landing page for all PRSC guidance and helpful tools in development
• 2023 Statewide Visioning and Values Project
• PRSC Event
Action taken

Increase trained staff and PRSC resources – New contracts incorporate Recovery Coaching into staffing structure to ensure core staff that is well-trained, create trajectory and provide another level of oversight and support in the space.

Support the integration of recovery coaches, Access to Recovery (ATR), and other ancillary resources – new contracts and rate allow for complimentary non-clinical services and supports.

Increase resources and ensure equitable allotment - General increase to PRSC budget and creation of Tiered Budgets to enhance services and provide opportunity for centers to grow or remain the same, based on community need, with flexibility and monitoring to foster equity through non-prescriptive accountability.

Conduct an impact evaluation – new recovery-oriented survey tool that captures all center participation and longitudinal comparative research study of PRSC w Dr. Kelly & the MGH/RRI Team.
All are welcome here, together we recover ❤️❤️❤️❤️❤️. #northamptonrecoverycenter #recoveryispossible #Pride