



# 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



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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



**Cory O'Brien**  
Program Director



# Presenters

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**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

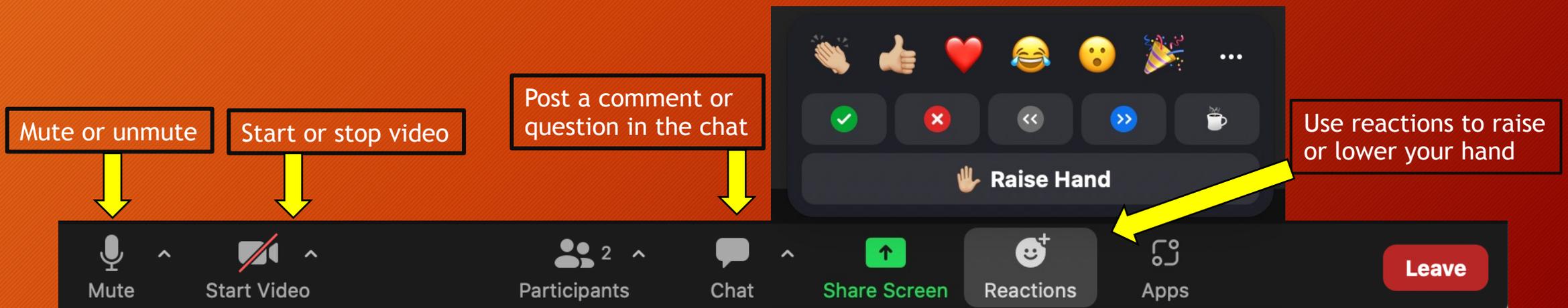
# Outline for today

- Why talk about outcome measures?
- What do scientists and clinicians use currently?
- What do RCC directors say?
- What do YOU all think?



# Join the conversation!

- 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



# Why discuss outcome measures?

- National Institute on Drug Abuse: “Recovery support services provide a variety of non-clinical services over the long-term, but their effectiveness has not been adequately studied.”
  - <https://heal.nih.gov/research/research-to-practice/research-recovery-network>
- How \*do\* you measure their effectiveness?
- The challenges:
  - Recovery is a multi-faceted outcome
  - RCCs are complex entities
  - RCCs operate in unique settings



# What do scientists and clinicians do?

- Currently, 'success' for SUD treatment is often defined as:



- **Abstinence**, which is used in many clinical trials that seek to evaluate the effectiveness of treatments for opioid use disorder (see Biondi et al., 2020)
- **Treatment retention**, as a process marker, because it is associated with improved morbidity and mortality (see Martin et al., 2019)



Martin, S. A., Chiodo, L. M., & Wilson, A. (2019). Retention in care as a quality measure for opioid use disorder. *Substance Abuse*, 40(4), 453-458.

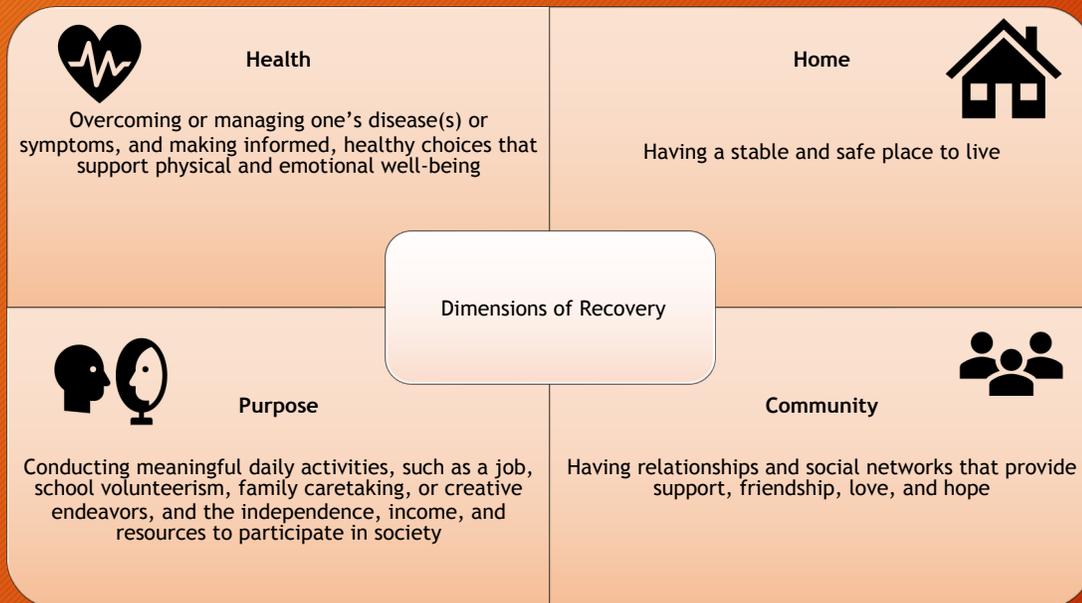
Biondi, B. E., Zheng, X., Frank, C. A., Petrakis, I., & Springer, S. A. (2020). A literature review examining primary outcomes of medication treatment studies for opioid use disorder: what outcome should be used to measure opioid treatment success?. *The American journal on addictions*, 29(4), 249-267.

# But what's missing?

- Interviews with clinicians and patients suggest that other outcomes are needed (see Hooker et al., 2022)

Both Clinicians and Patients	Patients only
Staying sober	Tapering off MOUDs
Taking steps to improve physical and mental health	Shift in identity (decreased shame)
Improved psychological wellbeing	
Improved relationships	
Improved role functioning (setting and meeting goals)	

# Sounds eerily familiar?



“Recovery is a process of change through which people **improve their health and wellness, live self-directed lives, and strive to reach their full potential.** Even people with severe and chronic substance use disorders can, with help, overcome their illness and regain health and social function. This is called remission. Being in recovery is when those positive changes and values become part of a voluntarily adopted lifestyle. While many people in recovery believe that abstinence from all substance use is a cardinal feature of a recovery lifestyle, others report that handling negative feelings without using substances and living a contributive life are more important parts of their recovery.”

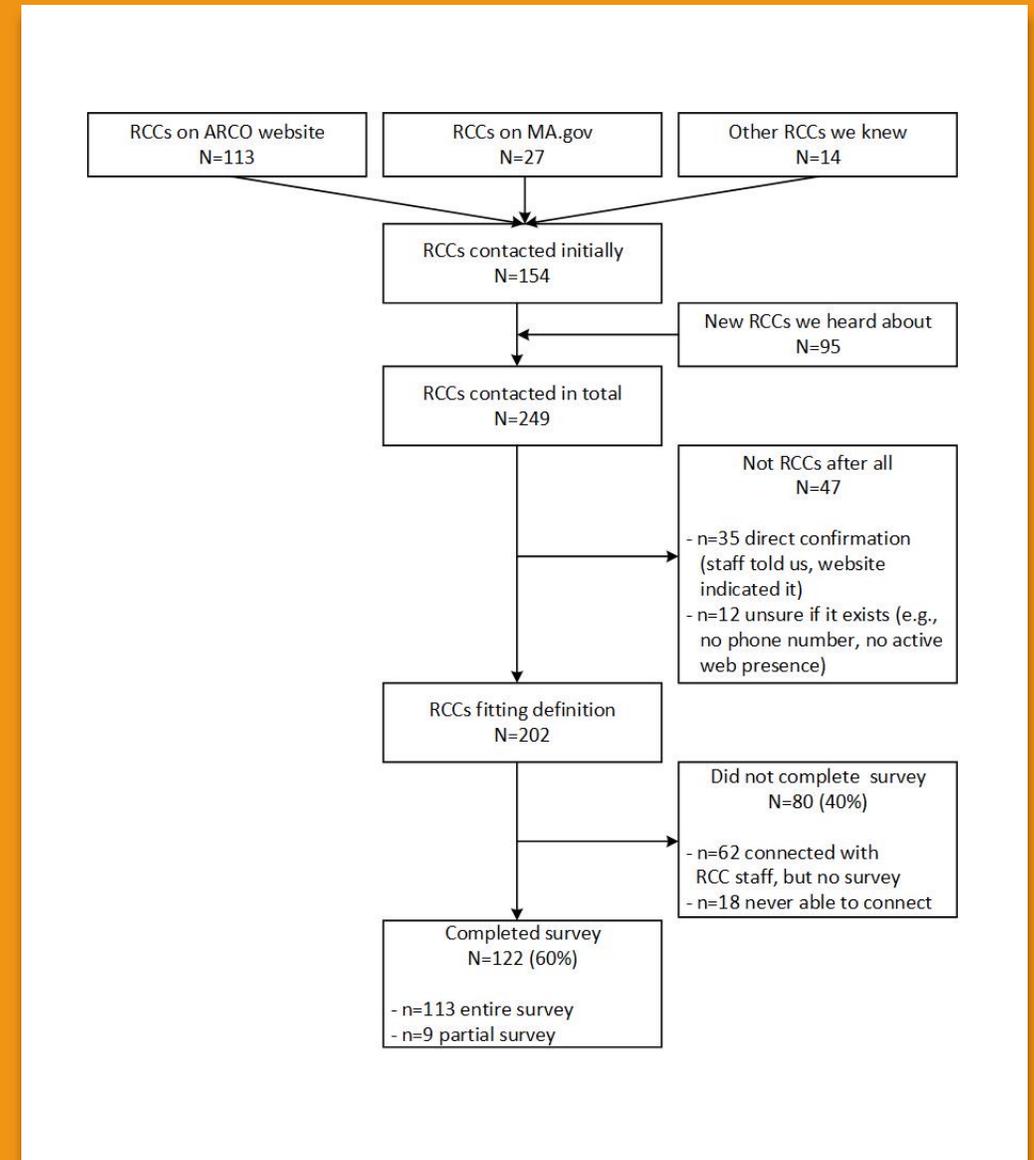
# Our goal is to move towards consensus

The best outcome measure is a measure that is agreed upon by all stakeholders as valid and useful



# Our RCC Survey Study

- Part 1 - Description of RCCs (n=122; 60% of the n=202 RCC identified nationwide)
  - Slides: [https://scholar.harvard.edu/files/bettina.hoeppner/files/r24\\_survey\\_results\\_part\\_1\\_final.pdf](https://scholar.harvard.edu/files/bettina.hoeppner/files/r24_survey_results_part_1_final.pdf)
  - Recording: <https://www.youtube.com/watch?v=M6RauPq-8pM>
- Part 2 - Feedback on Measures (n=116)
- “RCCs are 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.”



# Important pause to say: Thank you!

- 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

# Seven measures we asked about

Scale	Why we selected it
Life Goals	- congruent with NIDA's theme on "regain health and social function"
Brief Assessment of Recovery Capital (BARC-10)	- best known measure of recovery capital - used by many RCCs via the Recovery Data Platform (RDP)
EUROHIS-QOL	- widely used measure of quality of life - health-related quality of life is used to calculate quality-adjusted life years (QALYs)
Substance Use Recovery Evaluator (SURE)	- created with people in recovery and clinicians, in collaboration with scientists - see our April 2021 seminar with Dr. Joanne Neale
PERMA Profiler	- shifts the focus from disease to flourishing - flourishing is when people experience positive emotions and functioning, most of the time
Client Satisfaction Questionnaire (CSQ-8)	- widely used measure of client satisfaction
Ways in Which RCCs Confer Benefits	- a list of items we made up, because we were not entirely happy with the options above

Recovery Data Platform (RDP): <https://facesandvoicesofrecovery.org/services/rdp/>

April 2021 seminar on the SURE - slides: <http://www.recoveryanswers.org/assets/R24-Slides-J-Neale.pdf>;

video: <https://www.youtube.com/watch?v=X00rc0Xpr0w>

This measure, the BARC-10, is possibly the best known measure of recovery capital. It is the short version of a measure called the Assessment of Recovery Capital (ARC). The ARC (Groshkova et al, 2013) is a self-report, strength-based measure of an individual's personal and social resources that can support recovery from a substance use disorder.

To complete this measure, RCC participants would be asked to indicate the level of agreement with the following statements:

		1 - Strongly Disagree	2	3	4	5	6 - Strongly Agree
There are more important things to me in life than using substances		<input type="radio"/>					
In general, I am happy with my life.		<input type="radio"/>					
I have enough energy to complete the tasks I set myself.		<input type="radio"/>					
I am proud of the community I live in and feel part of it.		<input type="radio"/>					
I get lots of support from friends.		<input type="radio"/>					
I regard my life as challenging and fulfilling without the need for using drugs or alcohol.		<input type="radio"/>					
My living space has helped to drive my recovery journey.		<input type="radio"/>					
I take full responsibility for my actions.		<input type="radio"/>					
I am happy dealing with a range of professional people.		<input type="radio"/>					
I am making good progress on my recovery journey.		<input type="radio"/>					

### Scoring

After participants answer these item, the scale is scored by adding together the response values for each of the ten questions. Total scores can range from 10 to 60, where 10 indicates the lowest amount of recovery capital and 60 indicates the highest amount of recovery capital.

In order to use this scale to evaluate the impact of your RCC, you would assess this scale when participants first come to you RCC, and then ask them again at a pre-determined follow-up point (e.g., 3-month later) to see if their scores have improved.

### Evaluation

Do you think that participants at your RCC would show progress on this measure (i.e., their score would improve over time)?  Yes  No

Do you think this measure would be useful to demonstrate the impact of your RCC?  Yes  No

# How we asked

Background information

Actual items

Scoring information

Evaluation

# Results

	<u>Would RCC members show progress on it?</u>	<u>Would participant improvement on this measure demonstrate impact of an RCC?</u>
	% (n)	% (n)
Life Goals Checklist	98.3 (114)	93.1 (108)
BARC-10	98.3 (114)	93.1 (108)
EUROHIS-QOL	90.5 (105)	87.9 (102)
Substance Use Recovery Evaluator (SURE)	92.2 (107)	81.9 (95)
PERMA	85.3 (99)	71.6 (83)
Client Satisfaction Questionnaire (CSQ-8)	n/a	90.5 (105)
Ways in Which RCCs Confer Benefit	n/a	94.8 (110)

- All proposed measures had substantial buy-in from RCC directors

# Life Goal Checklist

In the past three months, has your life improved in any of these aspects?  
Select ALL that apply.

- Employment
- Income
- Housing
- Education
- Social Connections
- Family
- Physical Health
- Fitness (e.g., exercise, diet)
- Mental Health
- Spiritual well-being
- Criminal justice issues
- Community involvement

Feedback from RCC leaders:  
(4 comments)

- Not good because
  - Too broad
  - RCCs also impact the community, not just provide services
  - We don't dictate goals, we support goals
  - Already part of GPRAs (Government and Performance Results Act)

# Brief Assessment of Recovery Capital (BARC-10)

Indicate your level agreement on a scale from 1 (strongly disagree) to 6 (strongly agree)

1. There are more important things to me in life than using substances.
2. In general, I am happy with my life.
3. I have enough energy to complete the tasks I set myself.
4. I am proud of the community I live in and feel part of it.
5. I get lots of support from friends.
6. I regard my life as challenging and fulfilling without the need for using drugs or alcohol.
7. My living space has helped to drive my recovery journey.
8. I take full responsibility for my actions.
9. I am happy dealing with a range of professional people.
10. I am making good progress on my recovery journey.

Feedback from RCC leaders:  
(5 comments)

- Not good because:
  - Does not show community impact
  - Does not differentiate from support received outside of the RCC
  - Not sensitive enough to measure growth over time

# EUROHIS-Quality Of Life

Rated on various 5-point scales (i.e., dissatisfied/satisfied, not at all/completely, very poor / very good).

1. How would you rate your quality of life?
2. How satisfied are you with your health?
3. Do you have enough energy for everyday life?
4. How satisfied are you with your ability to perform your daily activities?
5. How satisfied are you with yourself?
6. How satisfied are you with your personal relationships?
7. Have you enough money to meet your needs?
8. How satisfied are you with the conditions of your living place?

Feedback from RCC leaders:  
(11 comments)

- Not good because
  - Not specific to recovery
  - Questions are dated
  - Money is a difficult indicator early in recovery
  - Struggle with contentment may impact answers
  - Not relevant
  - Shows individual success, not RCC success
  - Recovery is more than mental health

# Substance Use Recovery Evaluator (SURE)

21 items rated on various 5-point scales: Agree/disagree - How often

- Drinking and drug use (3 items)
  - E.g., “I have drunk too much”
- Functioning without using substances (3 items)
  - E.g., “I have coped with problems without misusing drugs or alcohol”
  - E.g., “I have been spending my free time on hobbies and interests that do not involve drugs or alcohol”
- Self-care (5 items)
  - E.g., “I have been eating a good diet”
  - E.g., “I have slept well”
- Relationships (4 items)
  - E.g., “I have been getting on well with people”
- Material resources (3 items)
  - E.g., “I have had stable housing”
- Outlook on life (3 items)
  - E.g., “I have felt happy with my overall quality of life”

Feedback from RCC leaders  
(15 comments):

- Not good, because:
  - Too long
  - Too abstinence focused
  - Too much for 1<sup>st</sup> time at RCC
  - More appropriate for treatment than RCC
  - Needs more focus on coping skills and recovery capital
  - Would need incentive to get people to complete it
  - British English is a barrier

# PERMA Profiler

15 items rated on a 10-point scale with differing response formats (i.e., how often, how much, quality rating)

- **Positive Emotion (3 items)**
  - E.g., “In general, how often do you feel joyful?”
- **Engagement (3 items)**
  - E.g., “How often do you lose track of time while doing something you enjoy?”
  - E.g., “How often do you become absorbed in what you are doing?”
- **Relationships (3 items)**
  - E.g., “How satisfied are you with your personal relationships?”
- **Meaning (3 items)**
  - E.g., “To what extent do you generally feel you have a sense of direction in your life?”
- **Accomplishments (3 items)**
  - E.g., “How often are you able to handle your responsibilities?”

*(In the survey, we included Blocks 6 and 7, but are not showing them here.)*

Feedback from RCC leaders  
(23 comments):

- Not good because:
  - Would need lots of explaining and encouragement
  - Too wordy, too long
  - Too clinical, not for peer setting
  - Very mental health
  - Doesn't connect to work of an RCC
  - Too subjective, repetitive
  - Too high of a bar
  - Not focused on the basics of recovery
  - Difficult to score
  - Not culturally focused / sensitive

# Client Satisfaction Questionnaire (CSQ)

8 items rated on a 4-point scales

1. How would you rate the quality of the service you received?
2. Did you get the kind of service you wanted?
3. To what extent has your RCC's services met your needs?
4. If a friend were in need of similar help, would you recommend the service to him or her?
5. How satisfied are you with the amount of help you received?
6. Have the services you received helped you to deal more effectively with your problems?
7. In an overall, general sense, how satisfied are you with the service you received?
8. If you were to seek help again, would you come back to our service?

Feedback from RCC leaders  
(3 comments):

- Not good because:
  - You would need to define “services” very carefully
  - Good, just needs to capture “supportive atmosphere” somewhere, which is important for RCCs
  - Good for measuring the functioning of the RCC, but doubtful it provides useful scientific data

# Ways in which RCCs confer benefit

List of 17 items rated on a 5-point agreement scale

Stem is: “The RCC I attend ... “

- “... gave me confidence to persist in my recovery.”
- “... was a safe haven in a moment of crisis.”
- “... gave me trusted advice whenever I needed it.”
- “... has shown me that recovery is something I can achieve.”
- “... has shown me that recovery is worth striving for.”
- “... helped me feel supported in my recovery.”
- “... gave me a safe space to work through challenges I encounter in my recovery.”
- “... lets me feel part of a community that accepts me the way I am.”
- “... has given me access to concrete resources I need to succeed in my recovery.”
- “... has helped me navigate systems and services that can help me succeed in my recovery.”
- “... helped me become more at peace with myself.”
- “... has energized me to move forward with my life, in a way that feels good.”

Feedback from RCC leaders  
(0 comments, 0% said “not useful”)

*“What other items would you want to add to the list above? In what other ways do RCCs help?”*

*(59 comments from 48 RCCs  
- see next slide)*

# Additional 'ways' that need to be added

Connects me with family  
Culturally respectful  
Circle of friends and support  
Gained knowledge about addiction  
**Learn about new pathways**  
**I like this list!**  
Job skills  
Judgement free  
Social engagement

# Which one is best / worst?

	Best Measure	Worst Measure
	% (n)	% (n)
Life Goals Checklist	15.5 (18)	12.9 (15)
BARC-10	25.9 (30)	6.9 (8)
EUROHIS-QOL	6.9 (8)	10.3 (12)
Substance Use Recovery Evaluator (SURE)	6.0 (7)	12.9 (15)
PERMA	2.6 (3)	25.0 (29)
Client Satisfaction Questionnaire (CSQ-8)	16.4 (19)	12.9 (15)
Ways in Which RCCs Confer Benefit	19.8 (23)	6.9 (8)

- Split vote on which measure is “best”
- PERMA not beloved

# Feedback on Best and Worst Measures

## Why Best

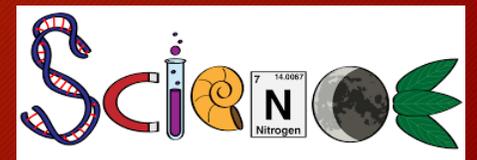
- Brief, easy to understand and administer (Life goals, BARC-10, and CSQ-8)
- Language is less clinical (CSQ-8 and Ways in which RCCs Confer Benefit)
- Relevant to RCCs and the services they provide (CSQ-8 and Ways in which RCCs Confer Benefit)
- Relevant to those in recovery and shows progress in areas most effected by recovery (Life goals and BARC-10)

## Why Worst

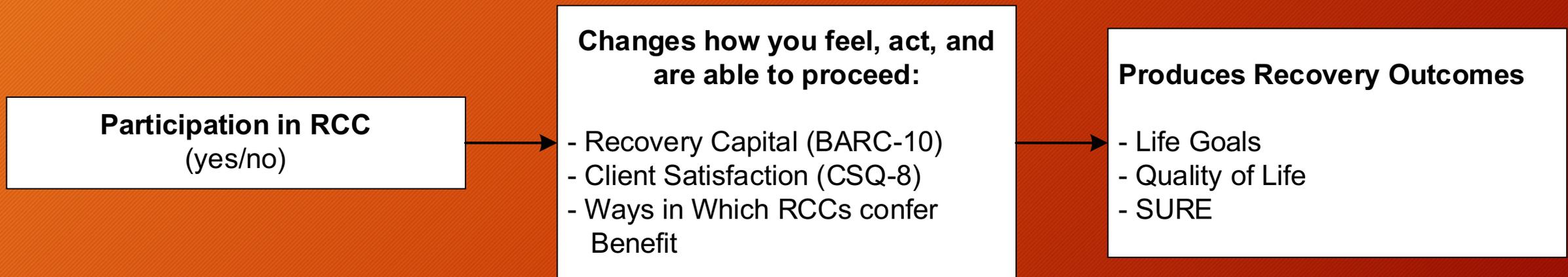
- Too long and too clinical (PERMA, EUROHIS, and CSQ-8)
- Too focused on use and feels stigmatizing (SURE)
- Questions were not relevant to individuals in recovery (EUROHIS, PERMA, CSQ-8)
- Answers could be subjective or too many confounding factors (EUROHIS, PERMA, CSQ-8)

# Conclusions

- 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
- Plus, 2 points about Science



# #1 - Conceptual model with vetted variables



- PERMA was not a great fit, though flourishing is important
- ‘Client Satisfaction’ needs some adaptation

## #2 - Research study vs. ongoing self-study

- Importantly, RCC directors highlighted:
  - Assessments can't be too long
  - Completion needs to be compensated
- We can ask more in research studies that provide staff, participant payments and guidance
- We need to be critically selective about what to include in ongoing self-study projects



# Keep the Conversation Going!

- Did we run out of time? If so:
  - Email me ([bhoepner@mgh.harvard.edu](mailto:bhoepner@mgh.harvard.edu))
  - Set up a time to chat via Zoom with me
- We can continue / build on this conversation in our December seminar → 12/2/2022
- Next up (11/4): “The promise of RCCs to support Latino and Hispanic communities in recovery: The importance of cultural elements in RCCs”  
<https://partners.zoom.us/meeting/register/tZUtc-6vpzljE9xFzdbiWTOMSIIdkmHCTyCAT>

