



Recorded Webinar Transcript: What is an RCO – Best Practices 11/30/2020

Callan Howton: Welcome everyone, thanks for joining us today. It's 1:59, so we'll give it just one or two more minutes to let everyone trickle in and then we'll get started. Feel free to, if you want to put in the chats where you're tuning in from. It's always nice to see if you have any, if there's any common people or people you know or people you could connect with. So feel free to drop your name and where you're from in the chat box. Lots of different places, Texas, Oregon, Illinois, North Carolina. I don't know if we have any West Coasters. If you're just joining, feel free to put your name and where you're from in the chat box and we'll get started. I know it's right at 2:00. We'll just give people about a minute to jump on if they're coming from another call and then we'll get going.

Cindy: I actually see some familiar names now from our last webinars. Hi everyone.

Callan Howton: So if you are just joining, I got a question if you'll be able to see. So we'll do housekeeping and go over a couple Zoom things in a moment. But if you're on here and you can only see five individuals, that is correct. So for the webinar presentation mode, it will just show the slides and then the presenters. So everyone else, any attendees, you can see us, but we can't see you.

All right. Well, it's 2:00, I know people are still joining. But we can go ahead and get started just to make sure we have time to cover everything. A couple of people had mentioned in our last review that they would like to know how many people are on. So if you were wondering, there are about, we're getting close to 300, we're pushing 290. So if that is helpful information to you, there you go. But anyway, thank you all for joining. We're so excited to have nearly 300 of you and hope that you had a nice long weekend if anyone was off. My name's Callan Howton, and I'm the director of the Peer Recovery Center of Excellence. And we also have Marianna Horowitz with us today, and she'll be offering the training about taking an in-depth look at some pieces about what makes up an RCO.

After our training last week, we got lots of questions about what is RCO that you keep saying? And so it is the Recovery Community Organizations. And she will elaborate more on what those are and what they do. But just as an FYI, that is what RCO stands for. And then before she gets started, I'm going to just tell you a little bit, if you're unfamiliar with the Peer Recovery Center of Excellence, just give an overview of that. We're a fairly new center funded by SAMHSA, we're almost three months old. And if we go to the next slide, you'll be able to see in this graphic that it is a partnership. So we're housed at University of Missouri,



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Kansas City. And we have partnered with the National Council for Behavioral Health and also University of Texas and University of Wisconsin.

And the goal of the center is to really raise awareness and training, technical assistance around peer recovery. You can see the four focus areas that we're working on, clinical integration of peers, RCO capacity building, workforce development for peers, and also evidence-based practice. So those are kind of our core areas that we'll be providing trainings and different things surrounding those topics. And then beginning in early 2021, people will be able, individuals, communities, states, treatment centers, whomever will be able to go to our website and ask for a training or technical assistance request. And so that can be individualized to your center or community or wherever you are.

So if you have questions or you have needs that you might want assistance or training for next year, feel free to start thinking of those. And our request portal will be up in the next month or so. So that's exciting. If you have general questions about the center, the last couple slides at the end, there will be contact information for myself and also for Cindy Christie who is another one of these five people that you can see. And then we can get back to you if you have information about the request process or getting slides, anything to do with the center. So just let us know if you have questions, the emails will be right at the end. But I will pass off to Cindy and she's going to go over some housekeeping items for Zoom and the training and any helpful info. And then our presenter will tell you all about RCOs.

Cindy:

Hi everyone and welcome, it's great to see everybody here. As of now, Callan, we're at 316 attendees, somebody wanted to know that. We hope it goes up a little bit. First of all, most of you know already that you're not going to be on camera. This is a Zoom webinar room, so just the panelists. Our speaker Mariana Horowitz will primarily be on camera throughout. As far as communication, there are two ways, the chat box, which most of you are using right now, putting in there where you're from. That's great. You can also put in comments, resources, or questions directly into the chat throughout. We will pause at various times to see if there's any questions that need to be addressed right then. And secondly, there is a Q&A part.

So if you really have a question or want to make sure it gets seen, go ahead and pop it in there, otherwise our chat feature scrolls really fast. But we have five people on monitoring everything, so we should be able to cover it all. Now, for the most important question that everybody asks or second most is, are we going to share the slides? We will have the slides, we can share them. And we will be sending the slides along with the recording of this webinar within one week after this day. The last webinar I got to do it really quick, it was almost the next day. So I'll do my best, but give me at least a week.



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The most important questions are how you get your certificates. So we're offering a participant certificate, which all of you can download. We are offering one hour of NAIDOC CEs for this webinar. We're looking further into doing different kinds of certifications so we can offer more to you, and we'll keep updated on that. But you will get an email from me in one week with slides, recording, information on downloading your certificates. Oh, one more quick thing. When you're in the chat feature, make sure when you're chatting that you send it to panelists and attendees. There's a couple of different ways to do that. Sorry. All right. And now I'm going to hand off to Marianna Horowitz, our awesome presenter for today. Enjoy.

Marianna:

Hello. Let's try that again unmute. And my name is Marianna Horowitz. And before we actually go to today's presentation, just going to spend a couple of moments telling you about myself. I'm a woman in long-term recovery, and I found recovery through long-term treatment and by receiving peer recovery support services with a certified recovery specialist. And that is a peer professional credential here in Pennsylvania, where I am. And so what recovery has really afforded me is opportunities to further my education, to work directly with RCOs and to participate in recovery advocacy efforts. I am a senior project coordinator. And as part of my current position with Faces & Voices of Recovery, I'm the lead contact for the national network of aspiring and emerging RCOs, and for current well-established RCOs as well. And as it was stated earlier in today's presentation, an RCO is a Recovery Community Organization. Which can be quite a mouthful, so a lot of the tons you'll hear me say RCO.

As we go through this webinar, what we're really going to do is explore RCOs and the growing network of RCOs as community-driven, peer-run nonprofit organizations. And what these organizations do is they create these rich cultures of recovery and they advance recovery positive attitudes and programs. And so this webinar is going to provide an overview of types of RCOs, what they do and the best practices that they use to lead to their success in both outreach and engagement of people in recovery in all kinds of communities across our nation. And again, we do have the chat feature, we have some fantastic moderators. I do encourage you to use that chat feature throughout today.

So concluding today's webinar, here is what you're going to be able to do. Participants for today's webinar are going to be able to define recovery community organizations. You're going to be able to describe the different types of RCOs, give examples of what they do and recall the core principles and best practices of RCOs. We're also going to discuss some useful strategies so that you can use these strategies to build RCOs in your communities and recognize the need for ongoing evaluation of clarity and inclusivity.



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So we're going to start today's presentation with just the next few slides to review the RCO definition, types of RCOs and example of RCOs. So again, RCOs are Recovery Community Organizations. And recovery community organizations are independent nonprofit organizations that are led and governed by representatives of local communities of recovery. And I'm actually going to break those things down for you today so that you can understand what those different criteria and best practices for RCOs are.

So for the history of RCOs, this definition was actually born out of work conducted back in 2007 by Philip A. Valentine and William White and Pat Taylor. And what they did is they created the recovery community organization toward a working definition and description that really outlined these at the time, new emerging organizations to fill gaps in drug and alcohol service systems. The current definition of a Recovery Community Organization identifies an RCO as an independent nonprofit organization that's led and governed by representatives of the local communities of recovery. And what those organizations do is they organize recovery focused policy advocacy activities. They carry out recovery focused community education and outreach programs, and they provide peer-based recovery support services.

And we'll talk a little bit about all those different pieces as we navigate through today's webinar. First off, we're going to talk about the types of RCOs. And as you can see here on this slide, we have different sizes of communities. These communities were defined by the USDA, you can see the citation there on the bottom left. And what that does is that identifies metropolitan and urban community sizes, urban clusters versus rural and small town communities. And it's important to understand the community size because there are different types of RCOs. Regional and local RCOs may only serve a metropolitan or an urban or a rural small town community, or they might serve regions within the state that have a similar makeup. However when you're looking at statewide and national RCOs, these RCOs typically provide services to all sizes of communities. And then the last RCO that we're briefly going to mention is international RCOs. And international RCOs either work internationally or they function abroad.

And when we look at how communities and the size of communities and the type of RCOs impact the function of that RCO, what that means is that the type and the size of the communities may impact the services that they offer. For example, a statewide RCO may primarily focus on advocacy, public policy, and training. Whereas an RCO in a metropolitan community may actually have a physical location for community members to attend things like mutual aid meetings or receive peer recovery support services. And then when we look at that last segment, those rural and small town communities, an RCO serving those communities might be more likely to operate without walls, meaning they



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conduct mobile services. And when you look at mobile services, you're looking at maybe an organization, has a large van or a heated trailer, and they tow that trailer behind a vehicle. And those mobile services are usually common in outreach and harm reduction programs.

Now that you understand the different types of RCOs, what we want to talk a little bit more about is what do RCOs actually do? So they support recovery in communities, and we just discussed the different kinds of communities that they work with. And it's important to understand that no two RCOs are exactly the same. And while some may provide direct recovery support peer services, others may provide recovery housing, and/or advocacy, and/or training programs or any combination of those. However, the key point is that all RCOs provide these services to the open community. For example, recovery houses that only provide peer services to their house residents are not RCOs because they're not providing those services. And I do want to take just a moment to encourage you all to use your chat feature because this can get rather listy, and we don't really want this to be a list.

And yes, Jessica, an RCO is a Recovery Community Organization. So this PowerPoint will be made available and you'll have access to this PowerPoint after today's training. So when we look at what RCOs do, they might offer recovery supportive services. You can see that's the first thing that's listed here. And recovery supportive services may include recovery coaching or mentorship peer-led groups. They might provide meeting space for mutual aid meetings or harm reduction or recovery housing. And Erica, I see that you say peer recovery coach. So that is something that a peer professional might be identified as. I would encourage you, like I said, to go ahead and use the chat feature to list some of the things that you're aware of if you have an RCO in your community. I do want to point out the difference between a peer-led meeting and a mutual aid meeting.

So a peer-led meeting is facilitated by a person in recovery who is trained and certified to operate in that role as a peer professional. And when we're looking at those types of groups, what we're looking at is typically like a life skills group, a recovery 101 or the addiction process group. But they may also include groups like parenting courses or something that's more art-based like spoken word or poetry groups. Community-based services in an RCO capacity might look like a community-driven resource like a food bank or a clothing bank, or job fairs where they're working with organizations in their community who are pro recovery and want to hire folks in recovery. They might also offer social activities, have coffee shops, plan events, things like Superbowl Sundays and other drug and alcohol free group activities. Thank you, Sue, I see you put harm reduction coalition. I'd like to just take a moment again, encourage you all to



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use the chat and let us know, are there any social activities that you're seeing occur in your community?

Nature walks, that is a fantastic one. Recovery hikes and ski events, fantastic. Movie nights, open mic nights, bonfire meetings. So all of these are really fantastic social activities that RCOs may provide in the communities that they serve. The other thing that RCOs do are policy and advocacy. And so examples of policy and advocacy activities include things like public awareness events or social media campaigns. Sometimes you'll see RCOs organize legislative visits or Hill Days, or they may lead committees to drive systemic changes. And lastly, we have two examples, education and outreach that I want to talk a little bit about. Examples of education include Narcan trainings, which is also a harm reduction strategy. Or they may offer peer credentialing trainings. And then outreach efforts may include distributing Narcan or safe injection kits.

And so there's a distinct difference between education and outreach efforts. Harm reduction education is really about educating communities on why harm reduction is needed and what harm reduction strategies are. And the difference between that and the actual outreach initiative is that the outreach initiative is distributing harm reduction tools to communities and community members. So hopefully that helps you to understand a little bit of a difference between educating and the actual harm reduction outreach program.

And that concludes the first part of this presentation. And so for the next two slides, we're actually going to be reviewing the RCO core principles and best practices. I do want to let you know that these are the principles and practices that are utilized by Faces & Voices of Recovery for our Association of Recovery Community Organizations membership. So that's our ARCO membership. But what I would also like to point out is that while these are our principles and practices, many RCOs who are not ARCO members by nature apply these principles and best practices in their organizations' functions as well. So you do not have to be an ARCO member to utilize these things.

The first slide that we're going to focus on here is the RCO core principles. And the key thing about this is that RCOs share three core principles. And you'll see them right here on this slide. These are the authenticity of voice, the recovery vision, and the accountability to the recovery community. And when you actually look at the items that fall within that, the authenticity of voice means that recovering persons serve in a majority of leadership roles. When we're looking at these leadership roles, we're looking at board members, managers, staff, volunteers. Most of these individuals identify as being in recovery from their own substance use disorder.



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And when you look at the elements of the recovery vision, you're really looking at an organization that strives to increase access to recovery supportive services, and they're very solution focused. So what is recovery, and how do we help you get there? And then the final piece of that is accountability to the recovery community. And what that means is that these organizations operate independently on their nonprofit and they're free from perceived role conflicts. And some of those role conflicts could exist with treatment organizations, funders, or fiscal agents. And when we break these down a little bit more over the next slide when we talk about the RCO best practices, what you're really going to see is how those best practices take these core principles and put them into play. So how do they apply these core principles?

So the suggested best practices are listed right here. I'm not going to read this slide to you because I'm actually going to talk to you a little bit about each individual item that's listed here. So again, they are nonprofit organizations. And what that means is that they have an organizational structure that has a board functionality. And that board functionality creates a layer of multi-person accountability and responsibility. Those organizations have a recovery led board of 51% or more of their board members identifying again as being in recovery from their own substance use disorder. Now, that doesn't mean that the board only has individuals in recovery, we recognize that friends and families and community allies all have a part in the solution of supporting recovery. And so you'll see those individuals serving on boards as well.

And what that leadership does is it provides that authenticity of the recovery voice. So reflecting back to that core value that I just listed. And then when you look at that multi-layered functionality along with key staff, those recovery voices in the leadership conversations lead those conversations and participate in various decision-making steps to develop programs, to determine the recovery services that are provided, and really to discuss and make determinations on the advocacy efforts that are needed, that are reflected as needs in the recovery community.

And then when you look at the next one, we're really going to focus on, again, the primary focus of these organizations is substance use disorders and recovery from substance use disorders. And when you're looking at these organizations, it's evident in the organization's vision and its mission statement. It's evident in their services. And when applicable, it's evident in their advocacy efforts. Because remember not every RCO does advocacy, and this is the core principle of the organization having a recovery vision. The next two steps I'd like to talk about together, that's your grassroots and your participatory processes. So when you look at grassroots and participatory processes, what these mean is that organizations, RCOs connect with their communities and people and other



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organizations that are concerned about recovery. And then once they create these connections, then there's network.

So what do they do with that network? This is where the participatory processes come in. They learn from that network through things like surveys and work groups, and they gather all that information and then decide what steps they need to take to meet those needs. The grassroots involvement and the participatory processes is what reflects that core principle of accountability to the recovery community. So the reaching out to the recovery community, they're trying to apply different tools to learn from that recovery community. They're listening to that recovery community, and they're hearing them and using that feedback to meet that recovery community's needs.

The nonclinical services is pretty straight forward. Historically, services provided are 100% nonclinical. And then the final two items listed on this slide are all pathways of recovery. And really what that means is that organizations support and embrace all pathways of recovery. They don't exclude anyone based on their pathway of recovery, and they try their best to provide resources and accesses that support all pathways of recovery. And those pathways might include your traditional abstinence-based AA or any meetings, but there are also faith-based and other non-faith based pathways. And so RCOs understand this and try to support individuals who want to pursue whatever pathway of their choice. And then the final one is the recovery friendly language. So really what we're looking at is for organizations that have website content and organizational literature that reflects non-stigmatizing language. Organizational material uses person first language. So we're using a person with a substance use disorder rather than using stigmatizing words like abuse, abuser, or user.

So I realize I just gave you a whole lot of information, and I would like to take just a moment to breathe and open up the webinar to ask questions. Again, you have the chat feature, we have some excellent moderators here. I'm watching the chat feature as well. So please let's see if there's any questions. Does everybody understand the basic ideas that I just listed?

Callan Howton:

So one of the questions that came up was our program is run by RSS, which I believe would be Recovery Support Services peers, I'm thinking. But feel free to correct me if that was not your question, Matthew. So if our program is ran by RSS, are we an RCO?

Marianna:

Really, really great question, Matthew. And I think that what you would want to do is to look at the best practices that I just reviewed and see if you have those things in place. So if you have a board in place that is primarily peer-led or if you don't have a board, if you have an advisory board, are you a nonprofit? Those things that we just went over right here. If you meet all of those items, then,



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yes, you are an RCO. But even if you don't, you may still be developing into an RCO. Does that answer your question?

Callan Howton: I think it did. I saw a response that they do not have a board right now, but that they may create one. So yeah, that would be a good step. And if you want to email us, I'm not going to answer your question about creating a board just because that could be a whole hour in itself, but that is a good question. So feel free to email us for more specifics about that one. And then another question that I've seen pop up several times is, can an RCO offer HIV and Hep C services?

Marianna: Absolutely. I think the important thing to understand about an RCO is that they're not clinical, they're not a medical setting, but they're a community-driven organization. So if you have a community that has needs to address, I solve families to address HIV or hepatitis C, absolutely. All of those things could be provided at an RCO. And again, remembering that RCOs differ, you may have an RCO that actually has a physical location that individuals can come in and they can be engaged with, and they can get access to those services. But you may have another RCO that does different activities and primarily focuses on advocacy, and maybe they want to focus on an advocacy campaign to address HIV and hepatitis C needs.

Callan Howton: Definitely. In general, I know there's lots of questions about rural RCOs, and we will try to maybe do a specific training or focus on that in the future. There's not a lot of real specific questions about it, but I know it'll be woven in throughout and some funding questions. That will also be an upcoming training on sustainability, I'm guessing or I know for sure that that could also be a whole hour. So if that comes up throughout, she'll address it. But if not or if you have specific questions about how to get started or what our funding streams and things like that, feel free to send me an email and I can follow up that way.

Marianna: Perfect. And I think that this will go right into hopefully being able to answer some of these questions rather organically because what we're going to do now is actually break down those best practices and really talk about different strategies. So how do you start an RCO? How do you do number one? How do you do number two? So we'll start with number one, which is non-profit organization. Again, there's a list here, not a big fan of lists. But when you have an hour to provide a whole bunch of information, it does kind of give you some visual cues to follow along with the information that I'm telling you. And so when you're looking at creating a nonprofit organization, I want you all to know that there are free templates and resources available online for developing a nonprofit strategic plan.

So you don't necessarily have to spend a whole lot of money or get a lawyer, you could do a little bit of research online to develop a strategic plan to create a



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nonprofit organization. The other piece is that many states actually have a statewide nonprofit organization that can help in developing your nonprofit. But I do want to let you know, as I've researched RCOs and how to support RCO development that some of these organizations may require a membership due in order to access all of their resources. So just be aware of that as you're looking. Look for free resources first before you dive into shelling out a bunch of money.

Callan Howton:

I'm just going to pop one question in because it's specific to this. Someone's example was that there was an organization in their community that operates like this and does the things that you've mentioned. They have a center, it's open to the public, no cost, recovery groups, things like that. So would this organization not be an RCO because they are not a nonprofit?

Marianna:

That is correct. They would not be an RCO because they're not a non-profit. So at this point, an RCO has historically been defined as a nonprofit organization. And again, that's really because of the level of accountability that comes with it. So it has a board in place, whether it's an executive leadership board or an advisory board. And that board is mostly made up of individuals in recovery from their own substance use disorder. And so that adds that core principle of the accountability to the recovery community, the recovery voice, recovery leadership, all of those pieces. So if it's not a nonprofit, it would not be considered an RCO.

And so just kind of moving down through the list, setting goals. So when you're setting goals, you have to kind of scale it up. So you don't just dream up an RCO, it takes effort. So when you're setting your goals, it might be helpful to identify what your broader goals are and then to list them and then break those down a little bit more and identify tasks that are associated with accomplishing those broader goals. It's really important that you set timelines for your goals as well, which will help you to prioritize and to see if your efforts are effective because then you can have benchmarks along the way. And it helps to keep your end in sight, I love checking things off of a list. And I'm not going to go really in depth with it, but a really common goal setting tip is to use SMART. So when you're building a goal, you want to make sure that it's specific, measurable, achievable, relevant, and time-bound. So again, it has that timeline of when you expect to have that completed by.

But you're not doing this alone either. So what you can do is you enlist individuals to help you accomplish these different tasks, or you can build committees to help you accomplish the goals. And when you enlist others to help and give them that platform to contribute, what that does is that helps to grow your network and strengthen your vision and really increases your odds of successful outcomes. And then as you build your team, what you can do is really



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clearly communicate what it is that you're asking them to do. So what is the nature of the work? How often do you want them to meet? What is the time or the money requirement that you're asking of them? When individuals know what you're asking of them, they're more likely to not feel overwhelmed and more likely to be able to commit to it. The other thing is if you do have those smaller subcommittees or teams, or even one big team, you'll need to have regular team or committee meetings to discuss the progress of your project to develop an RCO or a nonprofit organization.

Again, this kind of goes back to the last question that an organization is a nonprofit organization and it's led and governed by the recovery community. That again is the authenticity of voice. And so to develop a culture that reflects on authenticity of voice, here's some tips that you can use. Again, you want to focus on recruiting the recovery community because RCOs do have a nonprofit board that represents at least 51% of individuals in recovery from their own substance use disorders. But invite folks to the table early. Be intent in exercising inclusivity for all pathways and be creative in your recruitment. So you can use social media groups, you can use Facebook get-togethers. You can reach out to college students. College students are largely unused resource, but a lot of college students really want that experience. They want something to add onto their resume, they want to learn. So tap into your local colleges, whether it's a state college or a community college. And don't forget to involve your statewide RCO or other RCOs that are across your state. So you have a whole network of folks available to you.

The next one we're going to focus on is your primary focus is recovery from substance use disorders. Again, this is your recovery vision. And so when you break this down, you have a purpose, you have a mission, and you have a vision statement. And the purpose is why the organization was formed. The mission is the organization's reason for existence. And the vision is what the organization hopes to achieve. So think about it like this, your purpose is the vehicle, your mission is how you drive, and your vision is where you're going. And I'm going to spend a little bit of time on this slide just because I think it's really important to understand that not everybody has the same level of understanding and experience that you might have.

So if a person has a substance use disorder or if an organization is looking to connect someone with services to support their recovery, and they visit your website or your social media page, or they pick up organizational flyers, I want you to ask yourself a few questions. Does this clearly communicate to them that my organization can help? Does this clearly state that they can get help here to support their recovery? And does it clearly state how my organization can help? How simply is your material worded? Because for some individuals or community organizations or families, they may not have the knowledge about



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recovery or what kinds of services are available to support recovery or what types of meetings?

So your information should be clear and easy to understand for individuals who have zero previous knowledge of recovery, and those folks do still exist. So as you develop your website and your organizational material, what I want you to do is to ask yourself, if people visit our website, would they know our nonprofit status? A really, really great reason to having your nonprofit status listed on your website is that if a funder is looking to donate to an organization, they may be more likely to donate to a nonprofit versus a for-profit organization.

So that's a really great sustainability practice. And it's also transparent about your organization and the structure of your organization. Will they know your recovery leadership composition? So if you have your board members, it's a very personal decision whether or not to include your board members on your website. If you have your board members on your website, are they disclosing that they're in recovery? Does it tell me if I'm a person seeking recovery that your organization represents other people like me and may make decisions that will help other people like me? Will individuals and organizations that visit your website know that you focus on substance use disorders? So are you talking about substance use disorders or are you talking about criminal justice and mental health needs? What does your mission say? We just talked about that, it's right here on this slide.

Will they know how to get involved? If I visit your website, can I contact you? Does it tell me how to find you on your social media page? Does it tell me how I can volunteer with your organization? Does it tell me what kind of events that you might have going on? Do you have a calendar on your organization's website? These are just some of the things, you certainly don't have to do all of these things. But I do want to give you a pretty robust list of questions to ask yourself. Will I know what services your organization offers? Do you offer a 24-hour phone line? Do you provide Narcan distribution? Do you provide meetings? If you provide meetings, what kind of meetings do you provide? And what does that mean? Some folks might not know what's a mutual aid meeting, what's a peer-led meeting? What's an AA meeting, what's a MARA meeting?

And again, that kind of goes into the next point, will I know that your organization will embrace me no matter what my pathway of recovery is? We have a lot of faith-based organizations that are really, really faith based. But if I visit that organization's website, does it tell me that if I don't practice a specific belief that I'm still welcome and can still get help at that organization? And will I understand that your organization understands the impact of stigmatizing terminology? And will I understand that your organization strives to diminish that stigma in the community that I live? So what are your words saying? If you



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have testimonials on your website, have you provided trainings to individuals so that they know how to properly tell their story with non-stigmatizing terminology?

So I do want to breathe. I actually didn't have a question space in here, but I do want to create that space. And again, encourage you to use the chat feature as well before I go on to the next one because I know I just gave you a whole lot of information about website development. Does anybody have any questions about that? Fantastic. Thank you, John. I see you answering me. Thank you, Roosevelt, thank you for still being here with us. So again, we're going to talk a little bit more about the grassroots and the accountability measures to the recovery community. And this is really just to kind of help you see how you can apply these if you wanted to start an RCO or enhance an existing RCO in your community.

So again, the important piece of this is that these organizations provide opportunities for all community members to get involved. And those opportunities might look like volunteering, participating in activities or planning events and programs. And so one thing that you can do is you can create a sign-up or involvement. So either your website or your social media account. Something that some organizations do is they utilize a volunteer application. Doesn't have to be really extensive, just some simple, basic information to collect contact information and which ways an individual might be willing to contact them.

And it's really important to utilize grassroots because what that does is that fosters that connectivity to your community. And when you have that connectivity and you build that network, what you have the ability to do is to build a constituency of consequence. And when you build a constituency of consequences, you create opportunities for your community members to act together to bring about positive changes. So whether that's through a national recovery month event or a training or a Hill Day or a campaign, or you're walking around and visiting local businesses and handing out flyers. This is your constituency of consequence. So then the piece that you can do to build that and keep that momentum going is to hold community forums and listening sessions. And when you do that, you create that space to learn about what your community needs to support recovery. And you provide people who attend a way to sign up and get involved. And when they do that, then they're more likely to enlist in your organization's efforts to make changes to meet those needs.

And then looking at the participatory processes, again, RCOs really provide an organized way for people to give back to their communities through those volunteer and paid services. And they do that because they want to help others



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seeking recovery. So you're looking at collaborating with allied organizations to offer recovery support services. You're looking at advocating on common public policy agendas and really trying to broaden the public understanding that recovery is a reality. But again, you want to continue to maintain that accountability to the recovery community. And so what you could do, again, I really hate using the list, but the slide is here and this is something that I wanted you to be able to follow along with, is to recruit and engage people in recovery but also their family members, their friends and community allies so that they can advocate on behalf of their own self-identified interest.

You want to involve both leaders and members to weigh in on decisions on programming and policy. And if you don't know where to find them, go to your town hall meetings and sit in the back and listen and see who's talking, see who's speaking the most, see who's talking to who, and observe. And you can get a pretty good idea on who your community leaders are. And then you can organize your community members. You could do that at a coffee shop, you can do that on Zoom as is quite commonplace right now. You can do it on Facebook live. There are all different ways that you can organize community members to get them together. And then this is really the key part of that participatory processes. So get them to do surveys, get them to sit on committees, get them to help with special projects, and draft reports.

So again, now that you have a grassroots organization and you've connected with the recovery community and the recovery allies, what do you do? So you gather all that information, you develop programs and services that meet the needs of the community, and you develop committees to plan events, outreach, or advocacy efforts. The important takeaway from the grassroots and the participatory processes is that they really should feel everywhere knew each other. So your grassroots community should generate your participatory processes and your participatory processes should encourage leadership and involvement and provide the outcomes that they're asking for. Does anybody have any questions at this point?

No, ma'am. Okay. Fantastic. Going to keep it moving. Again, with the nonclinical services, start small and scale up, recruit others, and prioritize. So really when you're looking at nonclinical services, they include but they're not limited to things like recovery support groups, recovery coaching, telephone recovery supports, skill building groups, all kinds of things. Again, I encourage you to use the chat feature, let us know if there's anything that you're seeing in there. And I'll go ahead and review some of the information on this slide. So start small and scale up. Something that I've learned in this process is that our passion can get us carried away.



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So you see all of these issues and you want to fix them all right away. You got to dial that down a little bit. And you can do that by thinking, well, what does my community need, and what do members of the community think their needs are? So you really have to try to pick one or two things and then do those things well, and then build on top of it. Recruit others, again, people in recovery, family members, friends and allies. We've talked a little bit about recruitment throughout today's training. Remember that you're not going to reach the same audience with the same recruiting messages.

Joseph: Marianna, I think we've seen this a couple of times regarding mutual aid or 12-Step groups or club houses. And I think it might be worth mentioning how RCO support or collaborate with those mutual aid support communities, maybe you could tell us a little bit more.

Marianna: How they can support with those mutual aid communities, Joseph?

Joseph: Yes, to support or collaborate. There might be a little confusion as to peer-led groups versus mutual aid support.

Marianna: Sure. So the difference between the peer-led group is a peer-led group is an individual who has had some kind of training to operate in a peer capacity. A mutual aid group is more along the lines of an AA or an NA or a Medication-Assisted Recovery Anonymous group. Or it could be something like Celebrate Recovery, Refuge Recovery where it's really just peers getting together informally in a meeting space and working towards a common goal using the practices according to that mutual aid group. And so one thing that you can do, and a lot of RCOs do this is offer free ... Well, they don't offer free meeting space, but they offer meeting space so that these organizations can have meeting space and taps them into the recovery meetings that are in their community. And it really continues to build and strengthen that network. Does that answer your question?

Joseph: I believe that really helped to elaborate. Thank you.

Marianna: So Lou, we are running a little short on time. If you could retype your question, we'll make sure that we get it, and we'll see who can follow up with you to get you a better answer.

Speaker 5: Thank you, Marianna.

Marianna: And so again, looking at all pathways of recovery, I do have to kind of speed up because I am seeing that we're getting pretty close to the end of the hour. So we really want to avoid problematic messages like your 12-Step language and definitions of recovery that leave others out. So a lot of the times you'll see



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individuals talk about being in recovery versus being clean or sober and utilizing support strategies like infographs or social media posts. You can really implement all of these different things onto your website or your social media page like maybe guides to navigating systems or a resource bank where individuals can go and learn about different kinds of meetings. So you want to avoid those problematic messages and really continue to learn from that grassroots and that participatory processes the strategies that your community, the needs that your community still needs to be fulfilled and to understand what strategies you can take to fulfill those needs.

The next slide, we are just briefly going to touch over the recovery friendly language. So again, I had already mentioned that recovery is a reality. One of the things that an organization can do is conduct a language audit. So when you use a language audit, it's actually really simple. You can do it on a word document, an Adobe document, a website. Just hit the control find. Or I think if you're using a Mac, it might be a command find. And it'll pop up a little button, and you can do like use or abuse or any of those other stigmatizing terms. And it'll let you identify where they are on that page that you're searching. So we do recommend that you go ahead and do a language audit just to make sure that you are using pro recovery language.

And then the last section of this is just about RCOs and our current evaluation. So the environment that RCOs operate in really continues to evolve. And so we've had a few different conversations and gotten much feedback from other organizations about the work that they're doing so that we can continue to provide support for their growth and development. So we've been having all of these different conversations about updating the RCO definition and criteria. I'm briefly just going to recap those for you. So the first thing that we're going to cover is the improving clarity and understanding. A key takeaway that we learned is that new and developing RCOs don't often know the historical context, and they're confused about the work that RCOs do.

So while our predecessors, folks that are around 2007 and earlier understood that RCOs didn't have to do recovery focused policy advocacy, activities and outreach and education and peer-based support services, a lot of the newer RCOs don't understand that. And so they have difficulty in the self-identification process. So we are hoping to look at how we can make that a little more clearer for RCOs so that they can fully embrace who they are in their communities and in our systems. The next piece that we talked about was inclusive practices. So when we look at inclusive practices, what we're really looking at is that RCOs can build sustainability, support, and networks through that identification. And we really want to have inclusive practices to help support this development.



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These are topics that we would like to include for further consideration on how to be more inclusive to organizations who have a fiduciary agent or a fiscal relationship for those of you who aren't familiar with fiduciary. And also looking at organizations who are serving marginalized and underrepresented communities such as the rural communities that some folks were asking about earlier who might provide a minute piece of clinical services and a better effort to meet their community's needs. So our future discussions will continue to include recovery friendly language because when this was developed, we didn't have the online content that we do now. Continuing to explore diversity, equity, and inclusion for underrepresented and underserved populations, and looking at code of ethics and grievance policies really, again, to protect individuals who fall within the underrepresented or under-deserved or already discriminated against population.

And so what we'd like you to take away from these last couple of slides is that a series of work groups have made some suggestions that address ways that might impact our ARCO members and RCOs across the nation. But these conversations really won't stop here because RCOs are becoming more and more innovative in their service delivery and because the field is just continuing to evolve. So with that being said, I would like to invite anyone who's interested in being a part of these ongoing conversations to please reach out to our team. We'd be happy to discuss this with you. And I think I might've wrapped it up just in about enough time.

Callan Howton:

It's 2:59. That's perfect, thank you. So if we can move. These slides will get sent out as we've mentioned many times, but I know there's still lots of questions. The slides will be sent out and a link for the certificate within a week. Cindy tries to do it by the end of this week. But within seven days, keep an eye out for that in your email. And if we can go forward a couple of slides, these slides will be sent also. And they'll include the resources that you see on the next couple of slides. And then towards the end of this slide deck, there's some upcoming trainings that are listed as well as you'll see a link in your email for an evaluation form. So if you could fill that out and give us feedback, we would greatly appreciate it. But we thank you for your time today, Marianna, and thank you all for joining us and giving us an hour. And we hope it was helpful and useful to you. Feel free to email Cindy or myself if you have follow-up questions, and we hope you have a good rest of your week. Thanks.

Cindy:

Bye everyone.