



Together in Recovery

*Facing the Opioid Overdose
Crisis in Massachusetts*

A C A S E S T U D Y

2020





About RIZE Massachusetts Foundation

Founded in response to the opioid overdose crisis, RIZE Massachusetts Foundation (RIZE) is dedicated to expanding access to treatment and other services for opioid use disorder (OUD), measuring the effectiveness of our work, and replicating programs achieving the greatest impact. To date, RIZE has invested over \$7 million in nearly 70 Massachusetts organizations. RIZE's focal areas are:

- ▣ **Care**—Comprehensive, compassionate, and sustainable approaches to prevention, harm reduction, treatment, and recovery
- ▣ **Knowledge**—Data, commissioned research, and evaluation to expand the evidence base and inform policy
- ▣ **Human Impact**—Efforts to reduce the economic impact on workers, businesses, and communities

While much of our work focuses on grantmaking and research, RIZE believes that we can increase the impact of our program investments through sharing knowledge, convening and engaging key stakeholders, and informing public policy. Our impact goals are:

- ▣ All dimensions of opioid use disorder are being addressed in a coordinated and strategic way across Massachusetts;
- ▣ Stigma associated with opioid use disorder is reduced;
- ▣ Patients suffering from opioid use disorder experience improved quality of life and better overall health; and
- ▣ The number of opioid-related overdoses and deaths is significantly lower.

Learn more by visiting our website at rizema.org.



About C4 Innovations

C4 Innovations co-led *Together in Recovery: Supporting Informed Decisions* with RIZE and authored this case study. The lead writer was Justine Hanson, Senior Associate, with contributions from Livia Davis, Chief Learning Officer, and Kristen Paquette, CEO.

C4 Innovations advances recovery, wellness, and housing stability for marginalized people. C4 is committed to reducing disparities and achieving equitable outcomes. We partner with service organizations, communities, and systems to develop and implement research-based solutions that are person-centered, recovery-oriented, and trauma-informed. Learn more by visiting our website at c4innovates.com.

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Preface

As members of the RIZE Massachusetts Foundation's (RIZE) board of directors, we have the opportunity to engage with people and institutions across the Commonwealth who are working to end the opioid overdose crisis. RIZE works to expand access to treatment and other services for opioid use disorder, measuring the outcomes and effectiveness of our work, and replicating programs achieving the greatest impact. As a trusted convener, we bring together businesses, healthcare representatives, community leaders, individuals with lived experience, and all levels of government to address the opioid overdose crisis in coordination. Through efforts to bring unlikely players to the same table, we identified a pressing need to address a persistent philosophical divide that we saw in the community and right in our own boardroom.

The RIZE board of directors comprises providers, payers, unions, and advocates who do not always agree completely on issues relating to opioid use disorder care. The main divide is often perceived to be between those who advocate for medications for opioid use disorder—a view increasingly adopted by medical providers—and those who advocate for abstinence-based treatment, which is more typical of traditional substance use treatment providers. However, it is not widely understood that there are many different pathways to recovery, which limits person-centered care for substance use disorders. Each of our personal and professional experiences shape our views and opinions. While it is important to celebrate the differences that make us unique as individuals and caregivers, we know it is equally important to not let those differences define us.

I, Joanne, run an organization dedicated to providing resources and support to families beset by the power of addiction. I am also a mother of a son in long-term recovery from opioid use disorder and the grieving aunt of a niece who lost her battle with addiction. I know firsthand that the current system of substance use disorder treatment often perpetuates stigma, bias, and power imbalances that keep people stuck in punitive and ineffective cycles of care.

I, David, am an emergency room physician and medical director of a foundation that uses science, technology, and innovation to improve patient outcomes and experiences. In my practice, I have struggled with my own unconscious stigma toward patients with opioid use disorder and know that providers need more education and resources to be able to effectively treat this disease. And while Joanne and I may come from different parts of the care continuum, we know this to be true—addiction treatment is fragmented and individuals face tremendous challenges accessing the personalized care they need.

In order to address this need, RIZE started the *Together in Recovery: Supporting Informed Decisions* initiative, which aims to foster an accessible, integrated treatment and recovery network in Massachusetts that champions evidence-based approaches, supports multiple pathways of recovery, and puts people in charge of

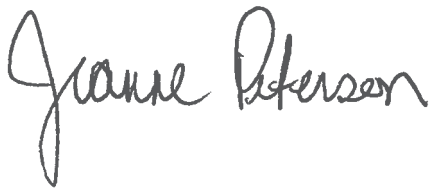
their treatment choices. Even though the concept for this initiative was born in the RIZE boardroom, we knew that real change could only happen if we involved a greater number of people with diverse perspectives and experiences.

A Change Team of 42 diverse influencers spanning peer, clinical, policy, family, and community roles steered the first phase of *Together in Recovery*. Through difficult conversations and coffee over eight regional meetings and one statewide meeting, we forged new and unexpected connections, collaborations, friendships, and networks. After one particularly challenging conversation, a *Together in Recovery* participant reflected that “it is hard to hate up close.” Another shared that participating in the initiative was uncomfortable and challenging, but equally educational and rewarding. These reflections illustrate the importance of having courageous conversations to truly understand one another and find common ground to move forward together.

We invite you get up close to this public health issue with us and examine it from every angle and perspective. We encourage you to step toward this daunting crisis and to not look away from it or retreat, even when it seems like it cannot be solved. We implore you to put the person struggling with addiction in the center of the conversation about their care.

We invite you to come together in the spirit of recovery.

Sincerely,



Joanne Peterson, Learn to Cope



David Barash, MD, General Electric Foundation

Members of the RIZE Massachusetts Foundation Board of Directors

Co-chairs of the Program Strategy Committee



The Challenge

The Commonwealth of Massachusetts has experienced one of the highest opioid-related death rates in the country (National Institute on Drug Abuse, 2020). From 2010 to 2016, opioid-related deaths grew in Massachusetts at an average annual percentage growth rate of 47.8, representing a ten-fold increase over the time span. In response, the Commonwealth enacted several measures, including expanding Medicaid benefits for addiction care, increasing access to naloxone, reducing opioid prescriptions, and increasing access to a range of treatments and recovery supports (Bagley, 2018). While there were initial reductions in overall overdose deaths in 2017 and 2018, the death rate levelled off in 2019 rather than continuing to decline (Massachusetts Department of Public Health, 2020). Further, there is an alarming increase in deaths among Massachusetts Black and Latinx/Hispanic populations, which already experience disproportional opioid-related death rates above the national average for all groups. Black and Latinx/Hispanic residents of Massachusetts are also less likely to be able to access treatment services after an opioid overdose event (Dooley et al., 2019).

Despite the urgency of the opioid overdose crisis, longstanding divisions endure about how best to support people with opioid use disorder. These divisions result in missed opportunities to engage, treat, and support people—and to save lives. They reflect a variety of philosophical, practical, and systems challenges across the continuum of substance use disorder treatment and recovery services. Many of the divisions were cultivated over decades and driven by personal and professional knowledge, experiences, and biases. The divisions also reflect historical biases, stigma, and misconceptions about substance use disorder within healthcare professions and American society at large.

Within the response to the opioid overdose crisis, these divisions sometimes manifest as a conflict between those who advocate for medications for opioid use disorder and those who advocate for an abstinence-based or mutual-aid group pathway to recovery. There are more than two pathways to recovery, however, and a general lack of awareness of multiple pathways to recovery and the importance of individualized treatment hinders the development of a robust continuum of substance use disorder treatment and recovery services.

RIZE's Response

RIZE Massachusetts Foundation (RIZE) is the only nonprofit in Massachusetts solely focused on the opioid overdose crisis. RIZE conducts grantmaking; policy and research initiatives; and convenings with a focus on expanding access to treatment and other services for opioid use disorder, measuring effectiveness, and replicating high-impact programs. In 2019, RIZE leadership recognized a need to expand the conversations around treatment for opioid use disorder. They were concerned that different perspectives and entrenched beliefs about the “right” pathway to treatment and recovery were interfering with access to treatment and recovery supports in Massachusetts. To address this, RIZE issued a request for proposals for an initiative to bridge the gap between opioid use disorder philosophies. RIZE awarded the project to C4 Innovations, a mission-driven small business, to create and implement the *Together in Recovery: Supporting Informed Decisions* initiative.

This case study provides an overview of the *Together in Recovery* initiative. It provides details on the process and offers strategies and tools for other communities to undertake open and honest conversations to build connection, collaboration, and break down the barriers to embracing all pathways to recovery.

The *Together in Recovery* Approach

RIZE and C4 Innovations (C4) launched *Together in Recovery* in April 2019 with the goal of building support for a treatment and recovery network that champions evidence-based approaches, supports multiple pathways to recovery, and puts people in charge of their treatment choices. The one-year initiative focused on convening stakeholders representing the full range of perspectives in an environment of trust and respect to begin to transform entrenched ways of thinking and working. It created space for the exchange of diverse viewpoints and experiences to help stakeholders find common ground, learn from one another, and develop trust. Through this process, stakeholders gained new awareness about how to best ensure that the full range of treatment and recovery options are available in all Massachusetts communities. The *Together in Recovery* organizers were a small team of staff from RIZE and C4 who worked collaboratively to plan and execute all aspects of the project.

The *Together in Recovery* organizers grounded the initiative's approach in three frameworks: Appreciative Inquiry, deliberative framing, and collective impact. Appreciative Inquiry is a strengths-based approach to transformative change that builds upon existing strengths and successes and inspires people by focusing on what is working (Stavros et al., 2015). *Together in Recovery* followed the 5-D Cycle of Appreciative Inquiry: define, design, discover, dream, and deliver (see Appendix B for the conceptual model). The initiative employed the deliberative framing approach, which is a framework that offers a range of positions, perspectives, and pros and cons of each for participants to consider. *Together in Recovery* operationalized deliberative framing by offering a range of perspectives on opioid use disorder treatment and recovery services to demonstrate the complexity of the issue and move conversations beyond entrenched and overly simplified positions. Lastly, it sought to leverage all actors affected by the opioid overdose crisis—especially people in recovery and their family members—to source solutions and inspire collective action to achieve common goals across many spheres of influence.

Using these frameworks, the *Together in Recovery* organizers designed a process to engage stakeholders with the following core components:

- Creating a **Change Team** representing the full continuum of substance use disorder care
- Centering the **lived experiences** of people in recovery throughout the process
- Developing and adopting **Rules of the Road** for engaging with one another
- Hosting and facilitating **dialogue meetings** across the state

Each component was designed to engage stakeholders and influencers; connect people across systems and sectors; amplify the voices of people in recovery; create safe and productive spaces for dialogue, exchange, and learning; and encourage participants to join forces to work together toward common goals and make a collective impact.

The Change Team

The first task was to create a Change Team that would advise, co-create, and champion the initiative. RIZE sought recommendations from across their networks and thoughtfully assembled a group of 42 diverse influencers who represented peer, clinical, policy, family, and community roles from across the substance use disorder continuum of care in Massachusetts (see Appendix A for a list of members). *Together in Recovery* charged the group with:

- developing a shared sense of ownership in the dialogue process and its outcomes across Change Team members and other key stakeholders;
- creating strong and productive collaborations to maximize collective impact; and
- building a shared vision for a responsive, comprehensive, and accessible continuum of care to address opioid use disorder.

The group met monthly between July 2019 and February 2020, with a final meeting in June 2020 (which was held virtually due to COVID-19). *Together in Recovery* intentionally convened meetings in various locations across the state to facilitate attendance, and organizers provided the option to attend via phone and online meeting room when possible. All members reviewed the Rules of the Road and agreed to follow them. They set parameters for engaging respectfully and productively (see text box on page 4).

I appreciated how the *Together in Recovery* conversations were consistently facilitated in a thoughtful and focused manner. It's easy to get off course with a large group and so many stakeholders. The way the facilitator guided conversation and pulled together themes from regional meetings was very valuable, in particular. While it can be challenging to step away from the everyday work, **hearing many perspectives allowed me to examine my own mental models and expanded my understanding of the barriers we are facing** as a state to solve the issue of substance use disorder.

— **Sydney Durand**, The Phoenix and Change Team member

The group committed to exchanging their perspectives, airing disagreements, and learning from one another. Meeting agendas covered a mix of discussion topics and opportunities to provide input on *Together in Recovery* activities. Guided by the *Together in Recovery* facilitator, the group discussed topics ranging from specific recovery pathways, harm reduction, definitions of recovery, the importance of non-stigmatizing language and different opinions on it, what counts as evidence, challenges faced by different populations, gaps in the service continuum and how to address them, how stigma operates, and the value of forums and opportunities where stakeholders can learn from one another and explore collaboration across sectors. Throughout the discussions, Change Team members shared information about different initiatives, resources, and lessons learned through their own work. Change Team members also took time to ask deeper questions to better understand the models and programs operated by various members and to report industry news that affected everyone.

To ensure the group's success, the organizers and meeting facilitator paid careful attention to relationships with individual members and shifting group dynamics. It was critical for Change Team members to trust the process sufficiently to be open-minded, honest, and willing to engage fully. In order to trust the process, the Change Team members had to trust the facilitator. To that end, the facilitator requested that members hold her accountable. For example, a Change Team member approached the facilitator after a meeting to ask why she had ignored his raised hand. She apologized, acknowledged that it was unintentional, and asked the member to hold her accountable to the Rules of the Road.

Given the large size of the Change Team—42 people—it was challenging to ensure that all members

were able to contribute equally and substantively to group discussions. The *Together in Recovery* organizers invested significant time and effort building relationships with individual members outside of the group meetings. In particular, they focused on voices representing viewpoints that were not as well-known or recognized by other members and were less likely to receive the full attention of other Change Team members to ensure that they felt heard and would continue to speak up.

The group development work was guided by the principle that when there appears to be friction and mistrust, there is an opportunity for transformation. In the moments when friction and mistrust became evident, it was critical for the organizers to reach out to learn more, show respect for the points of view expressed, and ask those involved to trust the process enough to stay engaged. In addition, the *Together in Recovery* organizers held a number of individual meetings to better understand the nuances of various positions to uncover common ground and goals. It was important to learn these nuances in order to share them with the larger group.

For example, it became clear that the organizers needed to convene a special meeting with a smaller subset of Change Team members to explore the nuances of a perceived divide between those who primarily advocate for medications for opioid use disorders and those who advocate for abstinence-based treatment. The small meeting, without funders present, was structured as a forum for people to come together for the explicit purpose of understanding the divide between them. It provided an opportunity for the participants to explain their positions in depth, listen to one other, and work toward finding common ground. The meeting was significant because participants showed that they were willing

to have uncomfortable discussions and that they trusted the *Together in Recovery* process and facilitator to guide them. As a result, participants were willing to be vulnerable and share their true concerns and acknowledge their own blind spots or lack of knowledge. This led to a deeper commitment to connect with one other and continue learning about other approaches, values, treatment, and recovery pathways—work that is critical for overcoming divides and finding common ground.

In addition to dialogue across the different viewpoints represented in the group, Change Team members helped to plan the regional stakeholder dialogue meetings and the statewide convening. They reviewed agendas, assisted with outreach and invitations to participants in their networks, identified speakers, and helped facilitate small group discussions at each of these meetings. Lastly, the Change Team worked to refine the priorities generated from the statewide dialogue process.

Most importantly, the Change Team modelled the connection and collaboration across diverse stakeholders that is necessary to develop inclusive, accessible treatment and recovery services in Massachusetts. Change Team members recognized that while they share common goals, they work in silos, with few opportunities to learn about one another's work or have sustained and authentic connection. Each member found that particular aspects of the opioid crisis and their perspectives about treatment and recovery were shaped by these experiences. Emergency room doctors, labor union leaders, recovery residence operators, pediatricians, professional association staff, court system staff, recovery coaches, and those working in community-based recovery support programs rarely, if ever, have the opportunity to be in the same room and learn from one another.

Rules of the Road

1. Take turns talking. Share the airtime.
2. Stay on topic. There will be many opportunities to provide your thoughts and ideas.
3. Actively listen. Really listen to the other person rather than mentally preparing a response.
4. Honor all experience and expertise equally. Both come in many forms.
5. Assume positive intent. Agree to interpret what members say as a "first draft."
6. Address the "ouch." If something is said that makes you go "ouch," the team agrees to pause to address the "ouch."
7. Do not have hallway conversations. Agree to say what needs to be said in the meeting, not after with someone else.
8. Confidentiality. To build trust, don't share what specific members discussed with others outside the team. It is okay to share what the group discussed, but not who said what.
9. Remember that it takes time and practice for rules to become second nature. The team agrees to support one another in using the Rules of the Road.

The team of individuals and agencies RIZE put together was unbelievable. Not only did this group bring every perspective into each conversation, it came up with solutions to better serve everyone. **The regional meetings across the state had never been done and they helped us all to see the challenges that are being faced throughout every population.** It was eye-opening because I know inside and out the challenges that we face in my community. To be able to hear about the same challenges happening somewhere else with a different solution has equipped me to utilize so many different models of recovery. I wish we could continue working together with all of the other agencies.

— **Tori Cyrus**, Everett Fire Department and Change Team member

“We work in silos, but we don’t realize it.”

— Regional Dialogue Meeting Participant

Regional Stakeholder Dialogue Meetings

The opioid overdose crisis has affected all communities, including new stakeholders who have varying levels of information about substance use disorder, treatment, and recovery. Many of these individuals and groups have been struggling to respond with varying levels of information and access to resources. Information about different treatment options and recovery pathways is not equally available and misconceptions are widespread. Many work in silos or in isolation in their part of the service continuum, and few have experienced the opportunity to meet with a broad group of regional stakeholders. *Together in Recovery* organized a series of regional stakeholder dialogue meetings during fall 2019 to connect these stakeholders and listen to their experiences, ideas, and challenges.



Over a five-week period between October 3 and November 7, 2019, *Together in Recovery* hosted eight regional stakeholder dialogue meetings across the Commonwealth of Massachusetts. Meetings were held in Andover, Boston, Brockton, Easthampton, Framingham, Lenox, Worcester, and Yarmouth. *Together in Recovery* collaborated with regional networks and organizations to develop an invitee list for each regional meeting. A total of 322 people attended the eight regional meetings, representing the broad range of systems, services, and roles affected by the opioid overdose crisis. In addition, *Together in Recovery* hosted a pre-dialogue meeting with 23 western Massachusetts stakeholders in Amherst on September 6, 2019.

The meetings provided an unprecedented opportunity to bring together the wide cross section of people who are responding to the opioid overdose crisis to learn from one another and exchange information. Many participants commented that it was a rare opportunity to be in the same room with people from so many different systems and services involved in the response to the opioid overdose crisis. Participants represented the following constituencies:

- ❑ Behavioral health care, including addiction treatment programs (detox, outpatient, inpatient) and mental health services
- ❑ Primary health care, including healthcare systems, community health centers, hospitals, emergency departments, urgent care, and pharmacies
- ❑ Recovery support services, including recovery centers and recovery coaches, support groups, recovery housing providers
- ❑ Law enforcement, public safety, and first responders
- ❑ State and local government leadership
- ❑ People in recovery and their family members
- ❑ Employers and labor unions
- ❑ Housing and homeless service providers
- ❑ Funders, including foundations and health insurance plans
- ❑ Justice system, including probation officers, the district attorney's office, and correctional staff
- ❑ Educational institutions, including high schools, colleges, community colleges, and universities
- ❑ Community coalitions, task forces, and interested citizens

Each meeting lasted approximately three hours and included the same core elements (see text box on page 6 and Appendix C for an agenda). The regional stakeholder dialogue meetings provided space for reflecting, listening, learning, and asking questions. Meeting facilitators sought to provoke and encourage genuine inquiry and learning among participants. The lived experience of people in recovery was centered



Regional Stakeholder Dialogue Meeting: Key Components

Rules of the Road. These principles helped create a safe space for respectful and authentic dialogue and exchange across different viewpoints and life experiences. The facilitator invited participants to read the rules aloud and agree to follow them.

What Is Your Why? Organizers showed a brief video highlighting how knowing our motivations enhances the quality of our efforts. Participants broke into dyads to exchange their own personal “why” for working to end the opioid overdose crisis and connect with their deeper purpose for participating in the *Together in Recovery* meeting.

Pathways to Recovery Panel. A centerpiece of each meeting was a panel discussion of three people in recovery. Each meeting featured different speakers who presented their own unique experiences with substance use, the challenges they faced accessing treatment and recovery supports, and their journey to finding the right combination of treatment and supports to sustain their recovery. Each speaker’s struggles and triumphs illuminated the multifaceted experiences of opioid use disorder, its impact on their lives and families, and what helped and hindered their recoveries. Participants exchanged their reactions and insights sparked by the speakers’ remarks.

Small Group Discussions. Participants broke into groups of 8–12 members for a facilitated discussion prompted by questions designed to provoke sharing and dialogue. The group facilitator recorded the key takeaways, and each small group reported these ideas to the larger group.

with a Pathways to Recovery panel, providing an opportunity for participants to learn about treatment options and pathways to recovery through the prism of the panelists’ own stories of struggle, challenge, and recovery. Their lived experiences vividly illustrated the failings of service systems, entrenched biases, and stigma that undermine helping relationships, gaps in the service continuum, as well as the power of support, understanding, and acceptance for sustaining recovery.

These experiences highlighted the varied pathways to recovery, showing that there is no one-size-fits-all path, and that at any given time, a person’s needs and preferences are unique. The panelists modeled resilience and fortitude as they explained the importance of finding one’s own pathway of individualized service and support. After the panel presentation, participants broke into small groups. Facilitators assigned to each group distributed worksheets with discussion questions (see page 7) and kept the discussions on track.

In the small groups, people from different service systems and community groups sat shoulder to shoulder. Participants ranged from community health workers, criminal justice diversion program staff, emergency room physicians, recovery coaches, parole officers, trade union representatives, local and state

government, people who had lost a family member to overdose, and others. Each person shared their unique vantage point on what was working and what was not working in their community or organization’s response to the opioid crisis. People took turns listening, questioning, and sharing across animated, respectful, and impassioned conversations.

Through the regional dialogue meetings, *Together in Recovery* learned that people are eager to connect with others working to respond to the opioid crisis. Participants were excited to have the opportunity to connect, share their challenges and ideas for improving care, be listened to, learn from one another, and help others. Many exchanged resources and business cards. For example, at the southeastern regional meeting, a recovery coach from a police-assisted recovery initiative noted the difficulty of following up with individuals experiencing homelessness. Across the table, someone who worked in a drop-in center offered to help make connections. At the northeastern meeting, a mental health clinician commented that she was having difficulty finding supports for families affected by substance use disorder. In response, a community health worker from a neighboring community offered to provide resources. These are just a few examples of the interactions and exchanges that took place at the dialogue meetings.

For me, there were several special moments of *Together in Recovery*. One was bringing fishing community members to the Cape and Southcoast regional meetings and witnessing how they felt heard and were able to connect with members of their community who they had not previously met. **I appreciated learning from experts in real time at each meeting.** Lastly, it was valuable to be able to call *Together in Recovery* colleagues for help and resources when we transitioned to working from home as a result of COVID-19.

— **J. J. Bartlett**, Fishing Partnership Support Services and Change Team member



Regional Meeting Discussion Questions

For Stakeholders

- What data would be helpful for you to consider supporting all treatment options/pathways to recovery?
- What concerns/barriers need to be addressed before all treatment options/pathways to recovery can be implemented more broadly?
- What opportunities exist to add/expand any treatment option/recovery pathway in your community?
- Who else needs to be involved in order to expand the network of options in your community?

For Service Providers

- Thinking of the continuum of opioid use disorder treatment and recovery support services that you offer to clients in your service setting, where are the gaps and challenges?
- What are your ideas for addressing these gaps and challenges?
- What information, data, or training would help you better serve people with opioid use disorder and their families?
- What else needs to happen to improve the continuum of services and supports for people with opioid use disorder and their families in your community?

The Statewide Convening

Once the regional dialogue process concluded, *Together in Recovery* invited all regional dialogue meeting participants and the Change Team to join a statewide convening in Natick on November 19, 2019. The purpose of this meeting was to present the priorities that emerged from the eight regional meetings and gather additional input on these priorities to inform further action. Approximately 100 people attended from across the state.

Before the meeting, the *Together in Recovery* organizers reviewed notes from the regional meetings and distilled the most common themes into 10 major topics. At the statewide meeting, *Together in Recovery* asked participants to select one of the 10 topics. Everyone sat at a “topic table” staffed with a table host who served as facilitator. The goal was to foster conversation and relationship building throughout the day to enhance brainstorming and collaboration on the issue. *Together in Recovery* recruited table hosts from RIZE, C4 Innovations, and the Change Team and trained hosts in advance of the meetings. The facilitators were charged with leading their groups through a structured brainstorming process and keeping discussions on track.

“Some days you are the teacher and other days you are the student. **Being part of *Together in Recovery* gave me the opportunity to both teach and learn.** It was an amazing experience to be able to share my expertise, learn from others in the room, connect with new people, and embrace one other’s differences.”

— **Daryl McGraw**, *Pathways to Recovery* panelist

TEN TOPICS

1. **Collaborations and linkages among systems, programs, and providers.** *What collaborations and solutions are needed to ensure that multiple pathways to recovery are available to everyone?*
2. **Training and education for providers and other key stakeholders.** *What training is needed to better prepare the workforce and combat stigma, discrimination, and misperceptions that block access to multiple pathways? What educational strategies do we need for other key stakeholders?*
3. **Person-centered, recovery-oriented care.** *What are strategies to move the substance use disorder service system toward providing person-centered, recovery-oriented care that supports all pathways?*
4. **Addressing gaps in the continuum of care.** *What are solutions for addressing gaps in the continuum of care so that care and supports are provided at key intervention points to support multiple pathways?*
5. **Multilingual and culturally responsive services.** *How can we ensure access to multiple pathways that are culturally and linguistically responsive across all Massachusetts communities?*
6. **Leadership by people in recovery.** *How do we ensure that people in recovery are at the table, in leadership roles, and equipped to support and promote all pathways to recovery?*
7. **Services and programs that work.** *What are your ideas for identifying and expanding services, programs, and collaborations that work across the continuum of services and settings?*
8. **Anti-stigma and education efforts.** *What anti-stigma education efforts and tools do we need to combat the prejudice, discrimination, and misperceptions that prevent people from accessing multiple pathways of recovery?*
9. **Criminal justice system.** *How do we ensure that individuals involved in and exiting the criminal justice system have access to all pathways to recovery?*
10. **Defining a collective impact agenda.** *What regulatory barriers exist that prevent access to all pathways (i.e., waivers, drug testing, insurance rules) that you would want to work collaboratively to solve?*

The meeting kicked off with a presentation of the major themes and priorities identified across the eight regional meetings. A panel discussion focused on supporting multiple pathways to recovery with panelists presenting insights and recommendations as people in recovery or as the family member of a person affected by opioid use disorder. In the afternoon, the meeting shifted to topic-specific small group discussions. Each group spent time getting to know one another over a working lunch. Then, table hosts led their groups through a discussion of what was working and what was not working in the topic area. Hosts asked participants to consider the community, regional, and state levels and the experiences and needs of different subpopulations. After this discussion, the groups sought to define the core problems and brainstorm solutions and recommendations to address them. Recorders captured ideas on flipchart pages and each group member voted (using stickers) for their top choices. To conclude the meeting, a representative from each table reported its top three recommendations to the larger group.

The meetings helped *Together in Recovery* and Change Team members learn about the challenges, needs, and opportunities faced by the wide range of people working to respond to the opioid overdose crisis in Massachusetts. The *Together in Recovery* organizers were able to capture recommendations for expanding and enhancing treatment and recovery options, as well as points of disagreement and tension, to inform future work.

Assessing Priorities

After the statewide convening, the work of *Together in Recovery* shifted to reviewing and analyzing the information heard at the dialogue meetings and statewide convening to establish and refine priorities, recommendations, and next steps. At the December 2019 meeting, Change Team members reviewed the themes that emerged from the eight regional dialogue meetings and the top recommendations identified at the statewide convening. The Change Team identified these top five priorities:

1. Strengthen key transition points, identify treatment gaps, and expand the continuum of care and supports to ensure longer-term supports.
2. Enhance workforce development and provider education and support.
3. Inform and influence state policies.

4. Build awareness of the roles of different agencies, services, and resources across the continuum of substance use disorder services and expand collaborations to increase access and avoid duplication of efforts.
5. Strengthen community-based recovery organizations as an integral part of the continuum of care. They provide vital recovery supports and services, leadership and employment opportunities for people in recovery, and their advocacy efforts help to center the lived experience of substance use disorder.

The *Together in Recovery* organizers created a matrix to analyze each priority for impact and probability, asking:

- What can RIZE reasonably accomplish?
- What is already being done in this area?
- Is it actionable?
- What will have the strongest impact on opioid use disorder response?

The Change Team examined each priority against the criteria of impact and probability, considered ways of approaching the work, and provided recommendations to the *Together in Recovery* organizers. RIZE staff weighed the outcomes of these discussions against the Foundation's vision and mission and conducted research to ensure that none of the proposed work would duplicate existing efforts.

In parallel with these deliberations, *Together in Recovery* took immediate steps to advance key priorities. A subcommittee of Change Team members collaborated to create *Together in Recovery: Statement of Principles*, which articulates shared guiding values, principles, and commitments. All Change Team members pledged to advance these core principles.

Together in Recovery Statement of Principles

The *Together in Recovery* Change Team envisions an integrated continuum that expands access to treatment and recovery and prioritizes person-centered care and shared decision-making. Central to achieving this vision is a commitment to share information and perspectives regarding a wide range of treatment and recovery pathways for people with opioid use disorder. We invite *Together in Recovery* collaborators and supporters to join us in declaring their commitment to the following shared principles.

Together in Recovery commits to:

- Continuously learn about emerging research and best practices across the continuum of opioid use disorder prevention, treatment, and recovery.
- Seek out Change Team members and other *Together in Recovery* stakeholders to foster ongoing learning and connections that drive change across the continuum.
- Understand how individual perspectives on treatment and recovery are influenced by values, preferences, and lifestyles in addition to scientific evidence.
- Meet people “where they are” in their motivation for change, while supporting their informed decision-making regarding treatment and recovery.
- Recognize that treatment and recovery pathways are often nonlinear, multimodal, and change over time based on a person’s needs and preferences.
- Empower individuals to be equal partners in learning, planning, developing, and maintaining treatment and recovery plans.
- Identify and share information about the available evidence to support various pathways to treatment and recovery.
- Identify and reduce barriers to treatment and recovery, especially for individuals frequently excluded from services due to social determinants of health including racism.
- Ensure that programs, services, policies, and communications are informed and supported by individuals and/or family members with lived experience of treatment and recovery.
- Use and promote strengths-based, person-first, anti-stigma language to describe individuals with substance use disorder.

Each Change Team member’s individual commitment to these principles and approaches will have significant ripple effects across the organizations, systems, and communities where team members work. In addition, RIZE commissioned a series of videos that include background information about the *Together in Recovery* story, myth-busting vignettes, and interviews with members of the Change Team. The RIZE *Together in Recovery* webpage will house collateral material, videos, and frequently asked questions about different pathways to treatment. The end product will be used as a teaching tool and a conversation starter about treatment and recovery.

Priorities for Collective Action

Phase One of *Together in Recovery* concluded at the final Change Team meeting on June 24, 2020. At this meeting, RIZE presented *Together in Recovery: Priorities for Action*, outlining plans and priorities for Phase Two (August 2020 to December 2021). RIZE invited Change Team members to join the *Together in Recovery* Advisory Committee, which will provide advice, strategic thinking, idea development, and industry knowledge toward achieving the goals, objectives, and priorities of the second phase.

Guided by the Change Team and input from across Massachusetts, RIZE established eight priorities for collective action during Phase Two:

1. Promoting person-centered care throughout the continuum of substance use disorder care. Person-centered care is treatment or recovery planning and decision-making that is respectful of and responsive to an individual’s unique circumstances, preferences, needs, and values.
 - The Change Team developed Person-Centered Principles of Care and committed to using and promoting them. The team will disseminate the principles across their networks and encourage stakeholders to adopt the principles.
 - RIZE will launch an initiative to host Person-Centered Care Biannual Summits. These summits will provide a forum for disseminating case studies and best practices among providers across the substance use care continuum and provide practice-based guidance on how to advance person-centered substance use care.
2. Encouraging others to commit to using destigmatizing language and treating people with substance use disorder with respect by adopting the [Words Matter](#) pledge created by the Grayken Center for Addiction at Boston Medical Center.

“*Together in Recovery* gave me an opportunity to step back from the daily grind. Being part of the Change Team allowed me to step back and see what other organizations are doing, learn from others, and share what we are doing and the struggles we face in order to help the people we serve. You guys kicked the door open to hold conversations among different providers. This was a big win for the people we serve. It was sometimes difficult knowing that funders were in the room and I was worried that some of what I might say could be taken out of context. But **it is important for people from all disciplines to get involved and be part of the conversation to move forward**. The most important part is to learn what other people are doing. Far too often, we get stuck in our own worlds and work.”

— **John McGahan**, Gavin Foundation and Change Team member

3. Developing a Know-Your-Rights and Protections Toolkit to help empower people and family members seeking opioid use disorder treatment and recovery services and supports. This educational tool will address issues related to patient rights and provide definitions of different types of treatment available, patient resources, legal resources, and information on discrimination and the role that racism and other forms of prejudice play in people’s ability to access care.
4. Supporting programs and initiatives in creating opioid use disorder workforce opportunities, especially those focused on including people and leaders with lived experience, and people and leaders of color.
5. Commissioning research on barriers to care and increasing the evidence base on multiple pathways for treatment and recovery.
6. Supporting the state’s efforts to create a culture of harm reduction by promoting best practices and shared learning.
7. Promoting regional coalitions and statewide collaboration to strengthen accessible, integrated treatment and recovery networks.
8. Participating in efforts to inform state polices and educate policymakers about opioid use disorder treatment, recovery supports, and person-centered care.

Conclusion: Accomplishments and Lessons Learned

The *Together in Recovery* initiative created an unprecedented opportunity to bring people together from across Massachusetts to share and discuss what individuals, families, communities, and service providers experience daily as they confront the opioid overdose crisis. The initiative set out to hold space for honest and open dialogue about what it takes to support all pathways to recovery from opioid use disorder. *Together in Recovery* accomplished this, becoming an important space for connection, learning, authentic conversations, exchanging viewpoints and resources, and above all, for renewing commitments to the hard work of responding to the opioid overdose crisis. The *Together in Recovery* organizers hope that this case study will help other communities use this approach to address complex public health issues that involve thorny challenges, multiple service systems, and deeply entrenched beliefs.

Throughout Phase One, *Together in Recovery* took stock of lessons learned and celebrated many accomplishments, including:

Centered the lived experience of people in recovery. The goals and preferences of people with substance use disorder and their families need to be at the center of all decisions about treatment and recovery services and supports. *Together*

in Recovery modeled this imperative with panel discussions that shaped each regional dialogue meeting and by ensuring robust participation of people in recovery and their family members in all aspects of the project.

Increased knowledge and understanding of multiple pathways. It was important that *Together in Recovery* lift up the voices and experiences of people in recovery from opioid use disorder for many reasons. One critical reason was to educate participants about the diversity of treatment and recovery pathways through the prism of lived experience of people in recovery. Through these encounters, participants were able to expand their understanding of what helps people sustain treatment and recovery and the importance of individualized, person-centered approaches to treatment and recovery.

Connected people and built bridges by getting everyone in the same room. The opioid overdose crisis affects a multitude of service sectors, stakeholders, and community members who rarely have an opportunity to gather in person to share their experiences and learn from one another. *Together in Recovery* offered a unique opportunity for people across the spectrum of opioid response to spend time together and learn from one another. Through these connections, participants were able to envision new solutions and ways of working together.

Fostered authentic connection and exchange. Bringing people together is not enough. It is crucial to foster an environment of mutual respect grounded in shared commitments. *Together in Recovery* created this space through active, impartial facilitation and the Rules of the Road. Change Team members and dialogue meeting participants alike developed enduring connections and working relationships.

Established common ground. *Together in Recovery* had anticipated conflict among advocates for different pathways to recovery. While there were some tense and passionate exchanges, participants more frequently found common ground and wanted to learn about others' experiences and approaches. It was clear that participants shared common goals and desired outcomes, even if they took different approaches to achieving them. As a result, Change Team members requested more opportunities for learning and exchange in the future.

Broke down silos. Across all activities, people recognized that they work in silos, unaware that others are addressing the same problems from a different standpoint. It was also clear that there are few mechanisms for exchanging information, resources, and lessons learned across silos. Establishing relationships that are beginning to tear down silos and associated barriers to collaboration was a major accomplishment of *Together in Recovery*.

In closing, *Together in Recovery* invites you to join us on the path of confronting the opioid overdose crisis by reaching out to others, sitting down together, sharing your experiences openly and honestly, learning from one another, asking questions, and building upon these connections to build stronger and more inclusive and accessible treatment and recovery networks.

References

- Bagley, A. R. C. (2018). *The Massachusetts opioid epidemic: An issue of substance*. RIZE Massachusetts. <https://rizema.org/wp-content/uploads/2018/11/mtf-opioid-report-final.pdf>
- Dooley, D., Wada, R., Mehta, A., Murphy, J., Griffith, J., Bernson, D., & Erdman, E. (2019). *Racial/ethnic differences in accessing substance use disorder treatment following an opioid overdose in Massachusetts and Boston* [Data brief]. Boston Public Health Commission. <https://bphc.org/onlinenewsroom/Blog/Documents/DATA%20BRIEF%20-%20Racial%20Differences%20in%20Accessing%20Substance%20Use%20Disorder%20in%20Massachusetts%20and%20Boston.pdf>
- Massachusetts Department of Public Health. (2020). *Opioid-related overdose deaths among Massachusetts residents* [Data brief]. <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-june-2020/download>
- National Institute on Drug Abuse. (2020, April 16). *Opioid summaries by state*. <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state>
- Stavros, J., Godwin, L., & Cooperrider, D. (2015). Appreciative inquiry: Organization development and the strengths revolution. In W. Rothwell, R. Sullivan, & J. Stavros (Eds.), *Practicing organization development: A guide to leading change and transformation* (4th ed.). John Wiley & Sons. <https://doi.org/10.1002/9781119176626.ch6>

Appendix A: Together in Recovery Change Team, Advisory Committee, and Staff

M E M B E R S

Peter Babineau, *Learn to Cope*

James Baker, *Merrimack Valley Hospice*

J. J. Bartlett, *Fishing Partnership Support Services*

Lisa Blanchard, *Spectrum Health Systems*

Julie Bunch, *Massachusetts Organization for Addiction Recovery*

Deirdre Calvert, *Bureau of Substance Addiction Services, Massachusetts Department of Public Health*

Sheila Casey, *Specialty Courts*

Matilde Castiel, *Department of Public Health, City of Worcester*

John Christian, *Modern Assistance*

Josephine Cuzzi, *New England Culinary Arts Training*

Tori Cyrus, *Everett Fire Department*

Diliana DeJesus, *Casa Esperanza*

Jaime Dillon, *Life Connection Center*

Kenneth Duckworth, *Blue Cross Blue Shield Massachusetts*

Sydney Durand, *The Phoenix*

Maryanne Frangules, *Massachusetts Organization for Addiction Recovery*

Paul Greeley, *New England Carpenters Benefit Funds*

Marisa Hebble, *Massachusetts Community Justice Project*

Haner Hernández, *Behavioral Health Workforce, Leadership Development Institute*

Jim Hiatt, *Massachusetts League of Community Health Centers*

Jonna Hopwood, *Massachusetts Behavioral Health Partnership, Beacon Health Options*

Natalie Kaufman, *Office of State Representative Elizabeth Malia*

Abigail Kim, *State Senator John Keenan*

Brendan Little, *Office of Recovery Services, City of Boston*

Julie Lunstead, *Adolescent Substance Abuse Program, Boston Children's Hospital*

Catherine Madden, *Office of Massachusetts Attorney General Maura Healey*

Larissa Matzek, *Massachusetts Alliance for Sober Housing*

Madelyn Murphy, *MassHealth*

Brian Nee, *Boston Fire Department*

Roger Oser, *William J. Ostiguy Recovery High School*

Albie Park, *Harm Reduction Hedgehogs of 413*

Katie Raftery, *Moms Do Care, Massachusetts General Hospital*

Windia Rodriguez, *Partners HealthCare*

Brian Scott, *Cole Resource Center, McLean Hospital*

Richard Smillie, *Community Member*

William Soares, *Bay State Health*

Adam Stoler, *MassHealth*

Steve Tolman, *Massachusetts AFL-CIO*

Kristin Wason, *HEALing Communities Study, Boston Medical Center*

Scott Weiner, *Emergency Medicine, Brigham and Women's Hospital*

Joe White, *Archdiocesan Addiction Recovery Pastoral Support Services*

LaToya Whiteside, *Prisoners' Legal Services*

Appendix A: Together in Recovery Change Team, Advisory Committee, and Staff

ADVISORY COMMITTEE *

David Barash, *General Electric Foundation*

Michael Botticelli, *Grayken Center, Boston Medical Center***

Jennifer Edwards, *General Electric Foundation*

Matt Fishman, *Department of Community Health, Partners HealthCare*

Tim Foley, *1199 SEIU*

Anna Gosline, *Blue Cross Blue Shield of Massachusetts*

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John McGahan, *Gavin Foundation*

Michael Monopli, *DentaQuest*

Joanne Peterson, *Learn to Cope*

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Michael Tang, *The Dimock Center†*

Sarah Wakeman, *Substance Use Disorders Initiative, Massachusetts General Hospital*

Eric Weil, *Cityblock Health§*

James Willmuth, *1199 SEIU§§*

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Melissa Witham, *C4 Innovations*

Vanessa Wronksi, *C4 Innovations*

* Advisory Committee members are RIZE's Program Strategy Committee

** Term ended June 2020

† Joined December 2019

†† Term ended December 2019

§ Term ended March 2020

§§ Joined March 2020

Appendix B: Together in Recovery: Dialogue Process for Regional and Statewide Meetings

Dialogue: "...a conversation in which people who have different beliefs and perspectives seek to develop mutual understanding."

Facilitated dialogue is at the heart of the regional stakeholder meetings. An approach that blends elements from Appreciative Inquiry, deliberate framing, and collective impact guide the facilitated dialogues. Our goal is to generate a productive dialogue that builds shared understanding and promotes learning, rather than debates positions.

Define

Clarify goals and outcomes of the regional stakeholder dialogue meetings

Goals

Describe the TiR project and role of the Change Team

Engage stakeholders to speak from the full range of their experiences

Learn about regional strengths, resources, and needs

Create a blueprint for action

Outcomes

Increase understanding of person-centered, evidence-based treatment and recovery interventions and pathways (*short-term*)

TiR vision: Create a responsive OUD network across the Commonwealth (*longer-term*)

Discover

Learn about perspectives, concerns, values, priorities, and resources

The regional stakeholder dialogue meetings will lay the groundwork for collective impact that will be explored through statewide convening and operationalized in the blueprint for action

Facilitated dialogues at each regional stakeholder dialogue meeting will

- Support and provide space for reflecting, listening, learning, and asking questions
- Use communication agreements to guide and encourage genuine inquiry
- Provide a safe space for sharing lived experience
- Discuss and capture ideas to expand treatment and recovery options

Dream

Begin a process to identify shared goals, values, and vision across the region

At the statewide convening, participants will be guided through a process that:

- Envisions a responsive person-centered, evidence-based treatment and recovery network in the Commonwealth that supports multiple recovery pathways
- Identifies common ground by exploring what is already working well
- Explores concrete ways each stakeholder can contribute to the collective impact
- Lays the groundwork for a blueprint for action to guide the development of a responsive OUD treatment and recovery network across the Commonwealth. The Change Team will create a blueprint for action

Design

Specific to Change Team activities, a dialogue such as this one develops a design that fits into the blueprint for action

Drawing on what is learned through regional stakeholder dialogue meetings, the Change Team will develop and refine a blueprint for action that includes:

- Specific, measurable, achievable, results-focused, time-bound goals
- Resources to achieve each goal
- Outcomes described in terms of accomplishments and how progress and results will be measured

Deliver

The Phase Two of TiR, implementation of the blueprint for action, the delineation of individual commitments, collaborations and partnerships, political will, and buy-in from key stakeholders

Appendix C: Sample Regional Stakeholder Dialogue Meeting Agenda



Together in Recovery

Western Stakeholder Dialogue Meeting

November 7, 2019 11:00 A.M. – 2:00 P.M. EST

Arcadia Wildlife Sanctuary

127 Combs Road, Easthampton, MA 01027

Agenda

Overall Goals

- Gather input from multiple and diverse stakeholders across Massachusetts.
- Use this input to draft a set of action steps (blueprint for change) to achieve an accessible, integrated treatment and recovery network in Massachusetts.

Regional Stakeholder Dialogue Meeting Objectives

- Support and provide space for reflecting, listening, learning, and asking questions.
- Encourage genuine inquiry.
- Provide a safe space for sharing lived experience.
- Support participants to understand more about treatment options and pathways to recovery.
- Explore and capture ideas to expand treatment and recovery options.

Discussion Framing Questions

- What is our common goal?
- What information, conversations, and/or data are needed to further understand all treatment options and pathways to recovery?
- What does a successful person-centered, evidence-based treatment and recovery network include?

Appendix C: Sample Regional Stakeholder Dialogue Meeting Agenda

THURSDAY, NOVEMBER 7, 2019

10:45–11:00 Registration

Arcadia Wildlife Sanctuary

11:00–11:10 Welcome & Introductions

- Anne Marie Boursiquot King, Senior Program Officer, RIZE Massachusetts Foundation
- Livia Davis, Chief Learning Officer, C4 Innovations

11:10–11:20 Rules for the Road

Moderator: Livia Davis

11:20–11:35 What is Your Why?

Moderator: Livia Davis

11:35–12:20 Pathways to Recovery

Presenters:

- Peter Babineau, Western Regional Manager, Learn to Cope
- Julie Bunch, Northeast and Metro Boston Regional Coordinator, Massachusetts Organization for Addiction Recovery
- Heriberto Rodriguez Jr., Recovery Coach Supervisor for Outpatient and Recovery Services, Gandara Center

12:20–12:35 Break

12:35–1:35 Small Group Discussion: Your Input on Strengthening the Current Regional Treatment and Recovery Network

Moderator: Livia Davis

Group 1: Providers working directly with people

- Thinking of the continuum of opioid use disorder treatment and recovery support services that you are able to offer to clients in your service setting, where are the gaps and challenges?
- What are your ideas for addressing these gaps and challenges?
- What information, data, or training would help you better serve people with opioid use disorder (OUD) and their families?
- What else needs to happen to improve the continuum of services and supports for people with OUD and their families in your community?

Group 2: Systems/community stakeholders

- What data would be helpful for you to consider supporting all treatment options/pathways to recovery?
- What concerns/barriers need to be addressed before all treatment options/pathways to recovery can be implemented more broadly?
- What opportunities exist to add/expand any treatment option/recovery pathway in your community?
- Who else needs to be involved in order to expand the network of options in your community?

1:35–1:50 Report Out from Small Groups

Moderator: Livia Davis

1:50–2:00 Closing

- Livia Davis
- Anne Marie Boursiquot King