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An Evaluation of the RCORP-TA Reverse Site Visit: July 11-12, 2023

KEY FINDINGS AND RECOMMENDATIONS

The following key findings and recommendations are based on an evaluation of the annual Reverse Site Visit (RSV) for Rural Communities Opioid Response Program (RCORP) grantees conducted on July 11 and 12, 2023 in Washington, DC, by the Health Resources & Services Administration (HRSA) and technical assistance (TA) provider JBS International. The WWAMI Rural Health Research Center (RHRC) RCORP-TA Evaluation Team conducted this evaluation based on an online assessment and interviews with participants.

Key Findings

- There were 734 individuals from RCORP grantee consortia who attended the RSV.
- Over three-fourths (77% - 90.6%) of assessment respondents rated that all three objectives of the RSV were met either to "a great extent" or "quite a bit."
- The most attended breakout sessions on Day 1 were (Breakout 1) "Community Conversations: Promoting SUD Recovery by Addressing Stigma" (25.8%, n=101); (Breakout 2) "The Impact of Social Determinants of Health (SDOH) on Community Engagement in Rural Communities" (27.9%, n=109), (Breakout 3) "Tough as a Mother: Decreasing Stigma Through Public Awareness" (24.4%, n=95), and (Breakout 4) "RCORP Evaluation Findings" (55.5%, n=212).
  - About four out of five assessment respondents agreed or strongly agreed that most breakout sessions increased their knowledge (80.0% - 100.0%) and about three-fourths of respondents agreed or strongly agreed that they will use the information or resources from the sessions in their RCORP work (73.8% - 98.1%).
  - Few respondents attended the small-group breakout sessions (Breakout 2) (8.5% of respondents, n=33) but those respondents reported that sessions were highly impactful. Over four out of five (81.8%, n=27) respondents who attended reported they agreed or strongly agreed that they will apply insights and/or resources shared in their small group to their own RCORP work.
  - Attendance at affinity groups offered during Breakout 4 on Day 1 varied by group (2-17 attendees per group, total of 67 individuals participating). Most respondents agreed or strongly agreed (90.8%, n=59) that they were able to connect with other individuals who share similar identities or interests.
- RSV participants reported learning about a variety of topics, including skills that supported their RCORP grant development, treatment and prevention methods for substance use, strategies to address social determinants of health, and innovative outreach strategies. Interviewees enjoyed learning from other grantees' successes and challenges.

- About four out of five assessment respondents (82.9%, n=324) agreed or strongly agreed that there were adequate opportunities to connect with other RCORP grantees, federal partners, and stakeholders during the RSV and that they made useful connections (80.9%, n=318). About one-half of respondents (50.9%, n=161) reported that they were very likely to further connect or had already connected with individuals at the RSV.
- Four out of five respondents reported that they felt much more or somewhat more equipped to address stigma in their community after the RSV (81.3%, n=119). To address stigma, interviewees planned to use anti-stigma campaigns, community events, and other strategies, recognizing the importance of adapting their marketing to specific subpopulations. Respondents also said that they wanted additional TA on stigma, with top requests including practical toolkits, evidence-based practices, additional marketing support, and trainings and presentations.
- Grantees expressed a desire to apply what they learned at the RSV to their RCORP work and also planned to apply for future RCORP grants. Types of initiatives being considered included outreach and marketing strategies, harm reduction practices, and education programs for healthcare professionals. Grantees also aimed to implement improved communication plans in their consortium, follow up with their Technical Expert Lead (TEL), share findings with consortium or team members, and meet with legislators.
- Grantees described many benefits of attending the RSV, including the ability to bring multiple team members, to gain a larger perspective on their work within the overall RCORP grant, to network with other grantees, and to feel validated in the work they were already doing. Participants appreciated the breadth of RSV session topics, the knowledge and passion of the speakers, the opportunity to hear from speakers in recovery themselves, the networking opportunities with other grantees and JBS and HRSA representatives, and the helpful and prepared site visit staff.
- Suggestions for the next RSV included offering more networking opportunities (with each other, their TEL, and Project Officer (PO)) and making changes to session content, session format, venue, and logistics. For example, suggested changes to session content included requests for more practical toolkits, evidence-based practices, evaluation tools, and survey instruments, as well as skill-building opportunities and more representation of underrepresented groups (eg, Black and Latinx people) among speakers and session topics. Some grantees proposed lengthening the entire RSV, specifically offering longer affinity and cohort sessions, and sessions for newcomers. Suggestions to improve networking included providing opportunities to meet with their cohorts and with other participants from their region or state, incorporating more interactive elements in the sessions, and offering meals as an opportunity to network. Many grantees commented on the high costs of the RSV and suggested holding the RSV in a location with lower costs of meals and travel.

Recommendations

- Offer more dedicated time for networking opportunities to allow attendees to connect with each other, their TEL, and their PO.
- Provide a mixture of sessions on individual projects and practical content on evidence-based strategies, practical toolkits, evaluation tools, and marketing support.
- Increase the range of session topics within each time slot and lengthen the RSV to accommodate the different interests, roles, and needs of attendees.
- Incorporate interactive elements within each session to enhance participant engagement and discussions.
- Diversify topics and speakers to ensure representation and inclusion of issues faced by marginalized and underrepresented groups affected by the opioid epidemic.
- Offer longer and more affinity group and cohort breakouts, and target sessions toward specific project roles and individuals from similar geographic areas.

- Emphasize addressing stigma in future TA events, including RSVs, to respond to grantee requests for even more sessions on dealing with this significant barrier in their RCORP work.
- Reduce travel expenses by hosting the RSV in a less expensive location, and increase access to meals and refreshments during the conference.
- Ensure that session rooms are large enough for anyone who wants to attend sessions or offer sessions multiple times. Provide the schedule sooner to poll participants on their preferred sessions and enable forecasting of demand.
- Offer resources or orientation sessions for newcomers to the RCORP program or RSV to help them navigate the event and maximize their experience.

BACKGROUND

The Health Services & Resources Administration (HRSA) and technical assistance (TA) provider JBS International sponsored an in-person Reverse Site Visit (RSV) in which grantees of the Rural Communities Opioid Response Program (RCORP) met in Washington, DC on July 11 and 12, 2023. The RSV has been offered every year of the program since the start of RCORP in 2018. For every active grant, organizations were expected to send two staff members to the RSV.

Objectives for this year's RSV, which mirrored those for past years, were:

1. Convene and connect the Federal Office of Rural Health Policy's (FORHP) opioid-related grantees, federal partners, and stakeholders to share best practices, troubleshoot challenges, and leverage resources.
2. Cultivate skills and knowledge around opioid use disorder (OUD) and substance use disorder (SUD), evidence-based interventions, and program innovation.
3. Celebrate the successes FORHP grantees have achieved and those to come.

A team of six staff members from JBS International and HRSA planned the event. The planning team collected feedback from RCORP grantees, asking about the main concerns and topics they wanted addressed at the RSV. The team supplemented those results with HRSA's semi-annual Request for Information (RFI) findings and then generated session topics. Prominent topics in this year's pre-RSV survey data were workforce issues, stigma, harm reduction, and engaging grantee consortia. As in previous years, grantees requested a mix of didactic and interactive sessions.

The planning team took additional steps to ensure representation of and support for various subgroups of grantees at the RSV. Specific grantees were asked to present their work at the RSV along with external presenters. The organizing team added group discussions, such as affinity groups, to the agenda to support grantee connections. Time for discussion or questions was prioritized in each session.

This year, the RSV was held in conjunction with the Rural Community Health Connections Summit at the same venue on July 12 and 13, 2023. Both events were planned in part by the National Rural Health Association (NRHA). For the RSV, the NRHA helped plan conference logistics, including the conference venue and a mobile phone application, in partnership with JBS. The purpose of this report is to evaluate the sessions respondents attended, what respondents gained from attending the RSV, and what suggestions respondents had to inform next year's event.

METHODS

Data Sources and Measures

Six WWAMI Rural Health Research Center (RHRC) RCORP-TA Evaluation team members attended the RSV to observe the activities and design an appropriate post-event evaluation protocol. The team invited attendees to complete an online assessment via email the week after the RSV. This online assessment focused on the extent to which the RSV met its intended objectives, ratings and attendance of each breakout and cohort session, ability to connect with other RCORP grantees, main takeaways, and suggestions to improve future RSVs. Attendees received up to four additional emails reminding them to complete the assessment.

The RCORP-TA Evaluation Team conducted semi-structured interviews in July lasting 15 to 30 minutes each with attendees from the RSV, recruiting interviewees via email from the RSV attendance list, ensuring equal distribution of participants by cohort. Participants received up to two reminder emails to participate in the interviews. Topics included key learnings, use and sharing of knowledge gained, particularly useful sessions, connections made with other grantees, the format, and suggestions for improvement.

Analysis

We calculated frequencies and percentages for the online assessment data, and two analysts identified themes in the open-ended responses. Two analysts performed a thematic analysis of the interview transcripts. We include themes in the findings if mentioned by more than two interviewees. (See Appendix A for further details.)

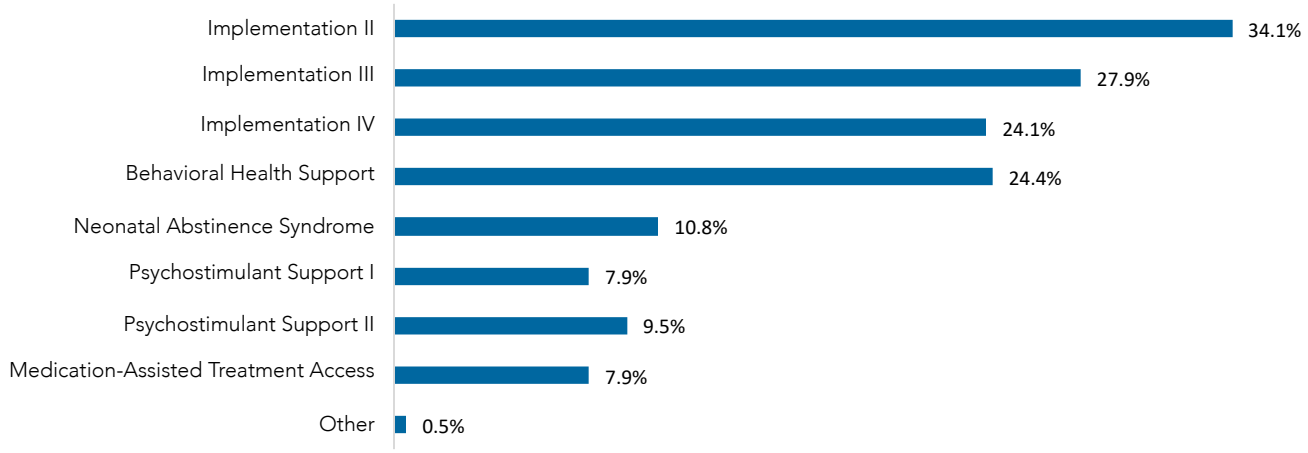
FINDINGS

Online Assessment Respondents

We invited all 734 individuals attending the RSV to complete the online assessment. Excluding 19 individuals we were unable to reach, our final assessment sample included 715 individuals from RCORP consortia. We received 419 (complete or partial) responses (58.6% response rate).

Figure 1 displays the RCORP grants reported by assessment respondents. Over three-fourths of respondents reported receiving one grant (79.0%, n=308). About a fifth reported receiving two grants (21.0%, n=82), and the remainder reported receiving three or more grants (7.4%, n=29).

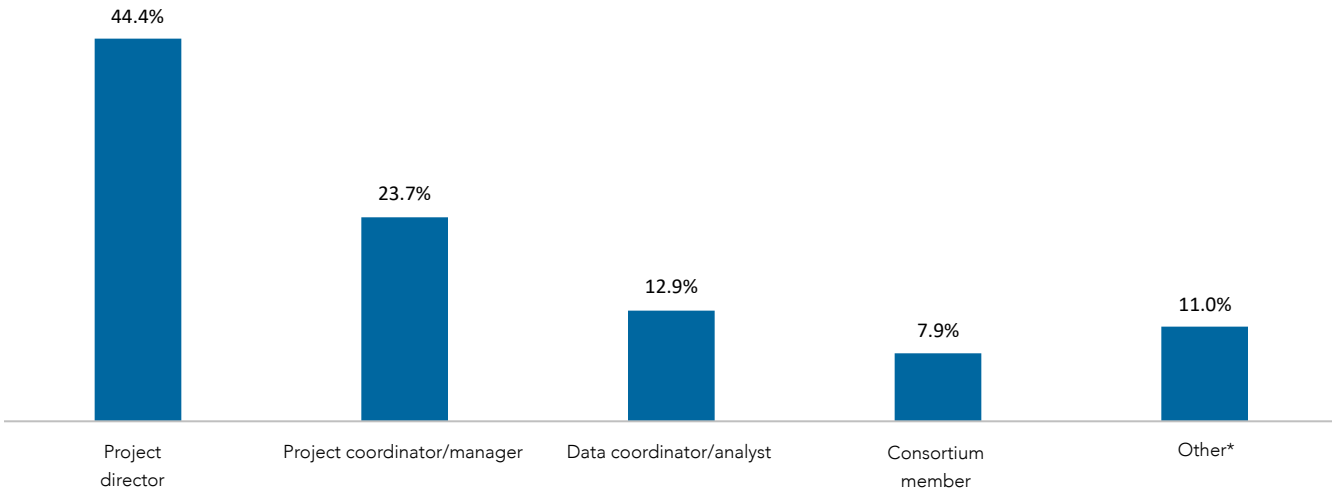
Figure 1. Grants* of Online Assessment Respondents, 2023 RCORP Reverse Site Visit (n=419)



*Grant categories are non-exclusive as some respondents reported receiving more than one grant. Other responses included other RCORP grants, including the Rural Behavioral Health Workforce Centers.

Figure 2 shows the roles of assessment respondents, with fewer than half reporting working as project directors (44.4%, n=185) and about one-fourth as project coordinators/managers (23.7%, n=99).

Figure 2. Roles of Online Assessment Respondents, 2023 RCORP Reverse Site Visit (n=417)



*Other responses included peer support specialists/community health workers, healthcare/behavioral health providers, case managers, executive leadership (eg, Chief Executive Officer, Chief Operating Officer, etc), grants management staff, and consultants.

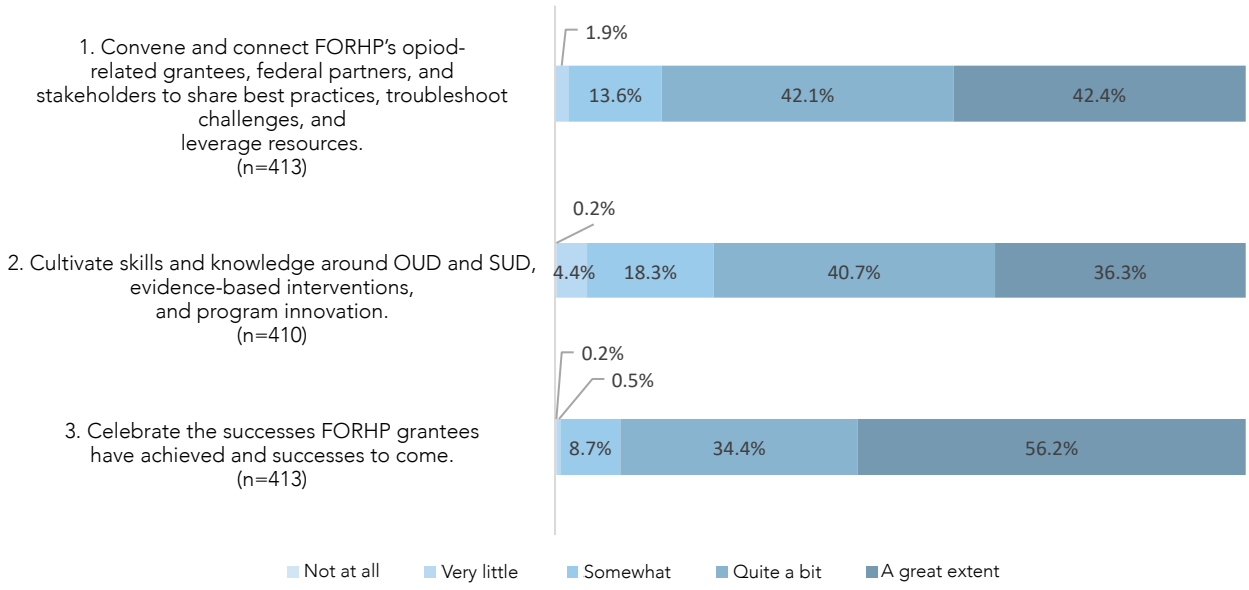
Interview Participants

A total of 24 individuals from different grantee organizations and 1 JBS International staff member participated in the interviews. Grantee interviewees represented the Behavioral Health Support, Implementation II, III, and IV, Medication-Assisted Treatment Access, Neonatal Abstinence Syndrome, and Psychostimulant Support I and II cohorts. Most interviewees worked as project directors (66.7%, n=16), followed by three project coordinators (12.5%, n=3), a peer support specialist, a regional vice president, a substance use counselor, and a training supervisor.

Objectives of the RSV

We asked assessment respondents to rate to what extent the 2023 RSV met its three objectives, summarized in Figure 3. Over three-fourths of respondents reported that all three objectives were met either to a great extent or quite a bit.

Figure 3. To What Extent the 2023 RCORP Reverse Site Visit Met Objectives



Abbreviations: FORHP - Federal Office of Rural Health Policy, OUD – Opioid Use Disorder, SUD – Substance Use Disorder.

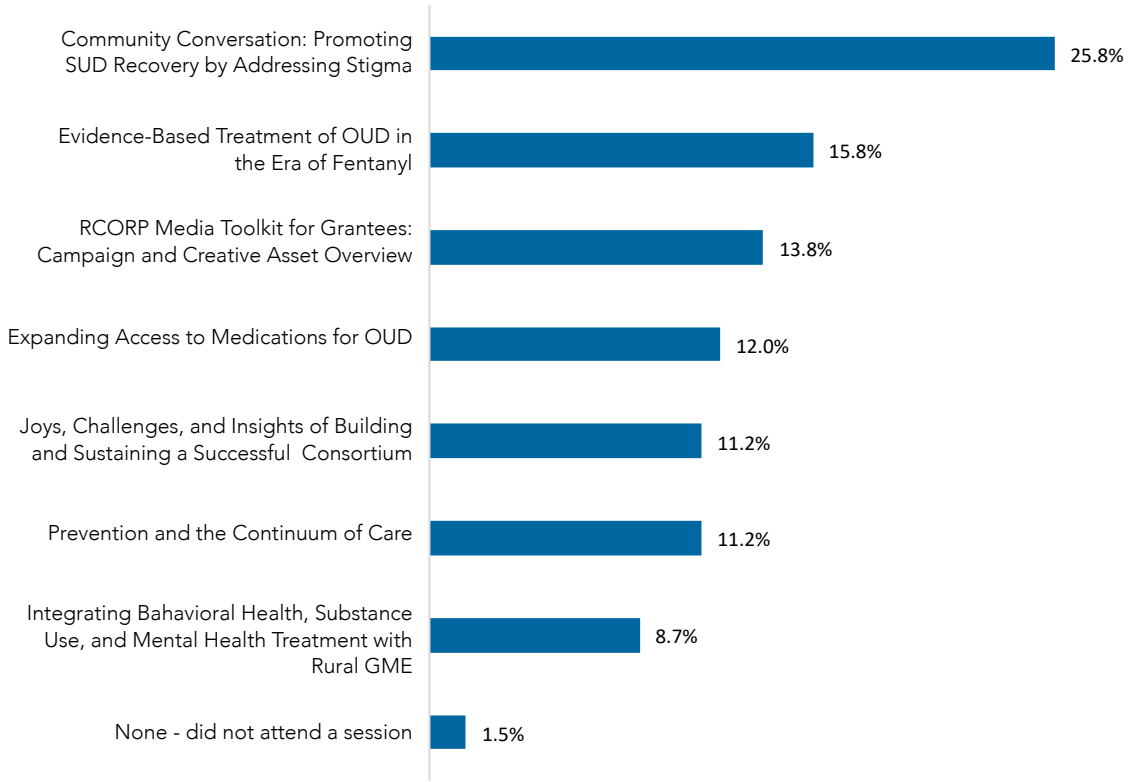
Breakout Sessions (Day 1): Respondent Attendance and Session Ratings

Breakout 1 (11:00am – 12:00pm)

Figure 4 shows the attendance at Breakout Session 1 based on respondent self-report. The most-attended session was "Community Conversations" (25.8%, n=101), followed by "Evidenced-Based Treatment of Opioid Use Disorder in the Era of Fentanyl" (15.8%, n=62) and "RCORP Media Toolkit" (13.8%, n=54).

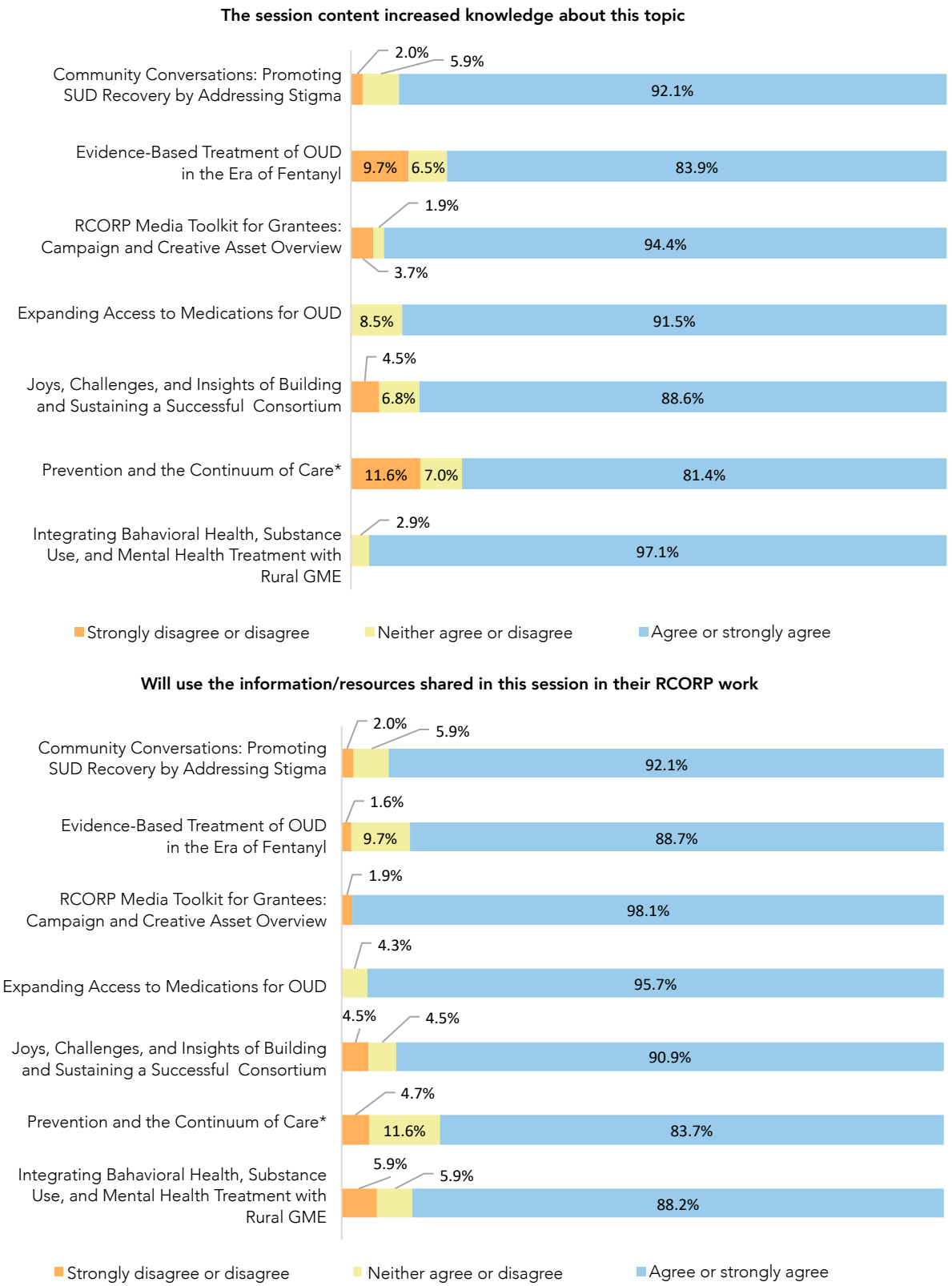
Figure 5 shows ratings for each Breakout Session 1. Over 80 percent of responding attendees agreed or strongly agreed that all sessions increased their knowledge on the topic and that they will use the information or resources from the sessions in their RCORP work. Almost all who attended the "RCORP Media Toolkit" (98.1%, n=53) agreed or strongly agreed that they would be using the information or resources from the session in their RCORP work.

Figure 4. Attendance at Breakout Session 1 by Online Assessment Respondents, RCORP Reverse Site Visit 2023 (n=392)



Abbreviations: SUD – Substance Use Disorder, OUD – Opioid Use Disorder, GME – Graduate Medical Education.

Figure 5. Ratings of Breakout Session 1 by Online Assessment Respondents, RCORP Reverse Site Visit 2023



*Missing response from 1 attendee at the "Prevention and the Continuum of Care" session (n=43). Abbreviations: SUD – Substance Use Disorder, OUD – Opioid Use Disorder, GME – Graduate Medical Education.

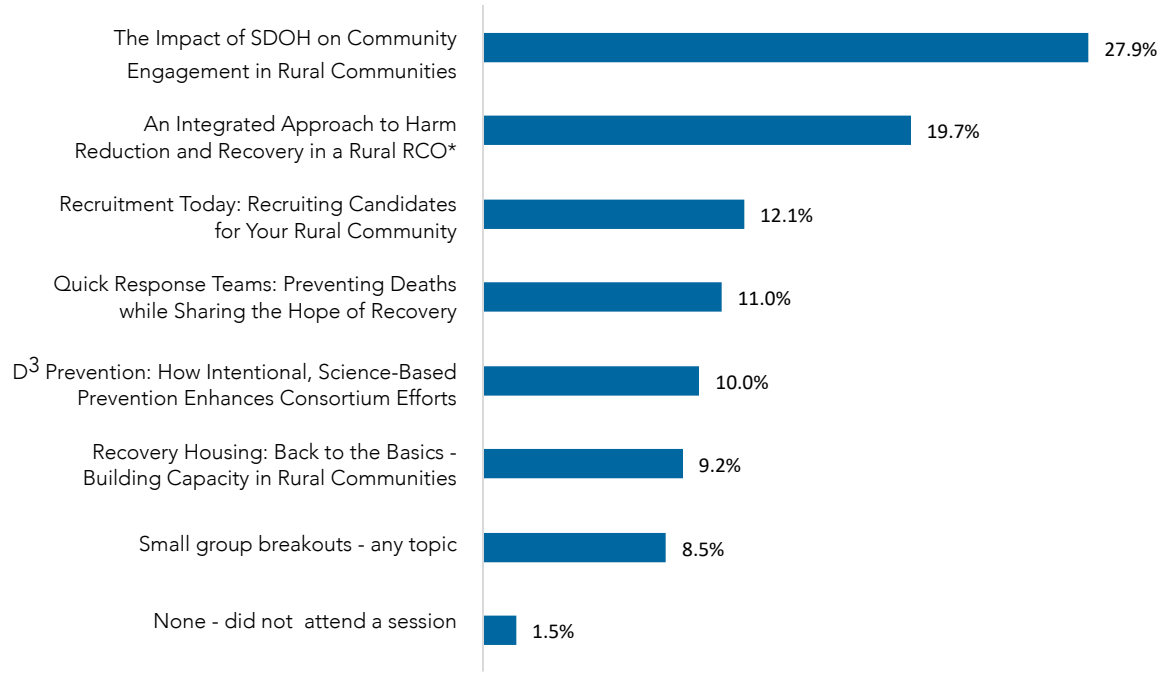
Breakout 2 (2:00 – 3:00 pm)

The attendance of assessment respondents at breakout session 2 is shown in Figure 6. The highest-attended session was "Impact of Social Determinants of Health on Community Engagement in Rural Communities" (27.9%, n=109), followed by "An Integrated Approach to Harm Reduction and Recovery in a Rural Recovery Community Organization" (19.7%, n=77) and "Recruitment Today" (12.1%, n=47).

> "The harm reduction cafe I just thought was just beautifully done and really well executed, and it could work really well in our community. So, for me, I think that was definitely [...] top of the list."

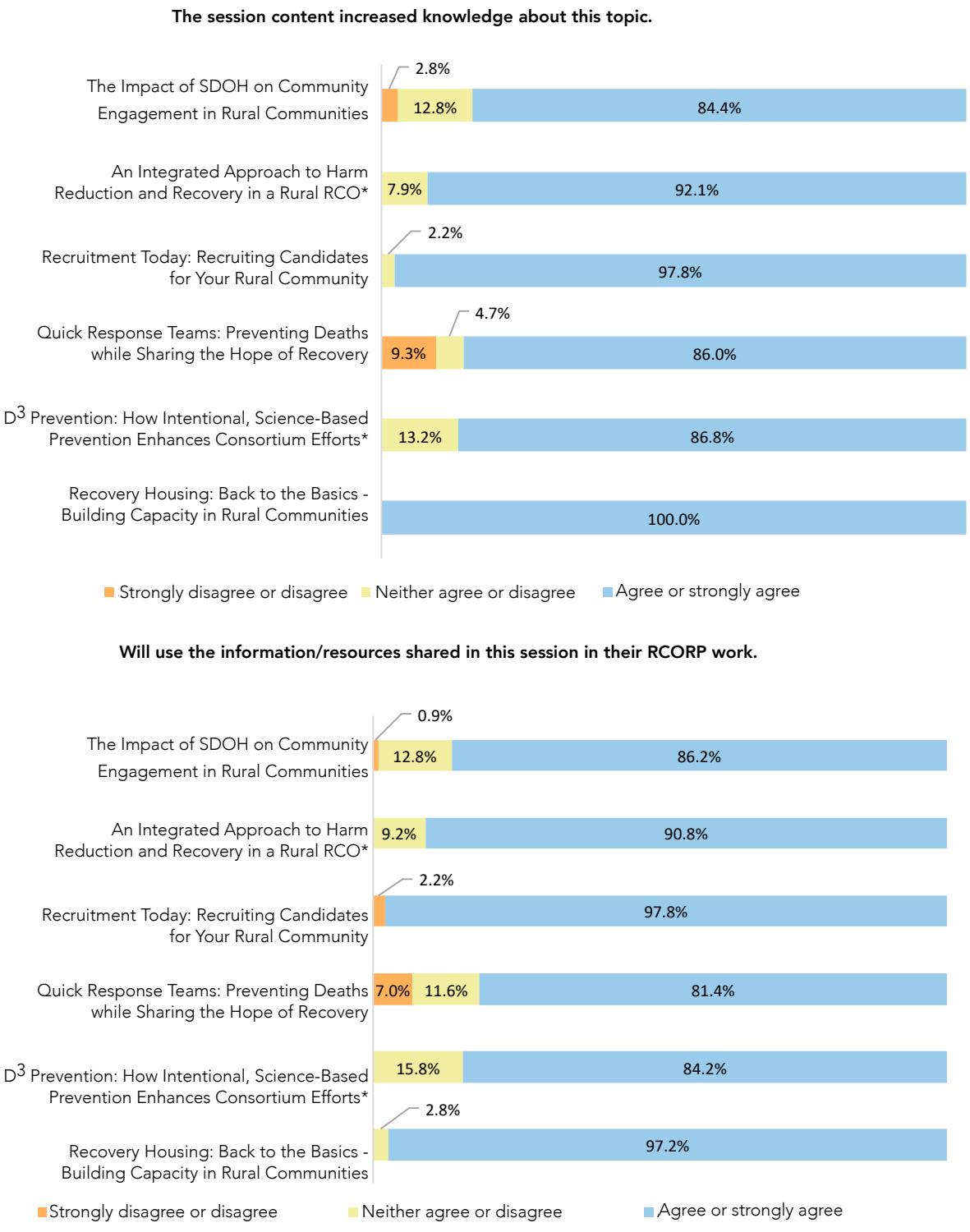
Over 80 percent of respondents who attended one of the Breakout 2 sessions agreed or strongly agreed that they increased their knowledge on the topic and that they would use the information or resources from the sessions in their RCORP work (Figure 7). While fewer than 10 percent of assessment respondents attended "Recovery Housing: Back to Basics," all those who attended agreed or strongly agreed that the session increased their knowledge on the topic (n=36), and nearly all (97.2%, n=35) agreed or strongly agreed they would use the information or resources from this session in their RCORP work.

Figure 6. Attendance at Breakout Session 2 by Online Assessment Respondents, RCORP Reverse Site Visit 2023 (n=390)



Abbreviations: SDOH – Social Determinants of Health, RCO – Recovery Community Organization.

Figure 7. Ratings of Breakout Session 2 by Online Assessment Respondents, RCORP Reverse Site Visit 2023



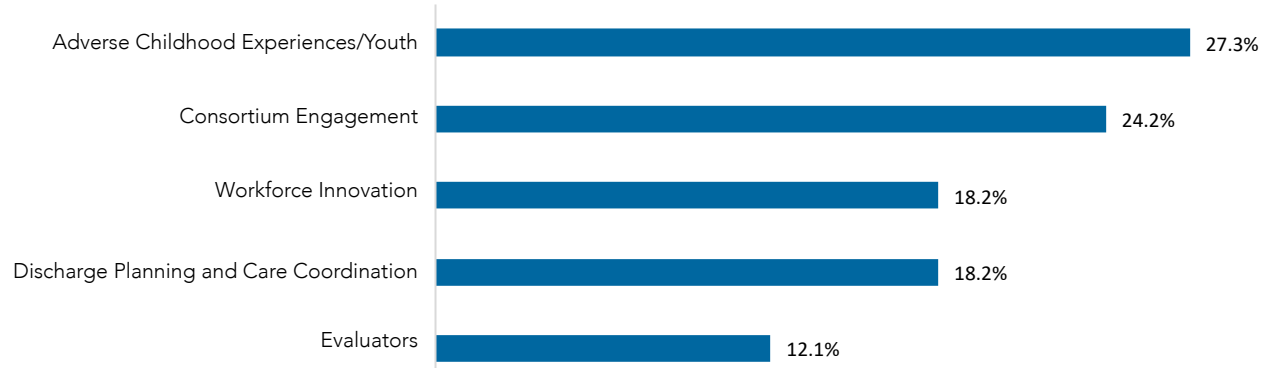
* Missing response from 1 attendee at these sessions: "An Integrated Approach…" (n=76), "Recruitment Today" (n=46), and "D3 Prevention" (n=38).
Abbreviations: SDOH – Social Determinants of Health, RCO – Recovery Community Organization.

Small-Group Breakouts

The 5 small-group breakout sessions offered during Breakout Session 2 each had 6 to 12 participants who were not facilitators. Small-group breakout sessions were attended by less than 10% (8.5%, n=33) of assessment respondents. Figure 8 shows Breakout group topics and attendance. A large majority of small-group breakout attendees reported they agreed or strongly agreed (81.8%, n=27) that they would be applying insights and/or resources shared in the small-group breakout session in their own RCORP work.

> "I liked the small groups that we broke out into. That was the most productive in terms of information that is relevant that we're going to take back with us and implement in our program."

Figure 8. Attendance at Small-Group Breakout Sessions, RCORP Reverse Site Visit 2023 (n=33)

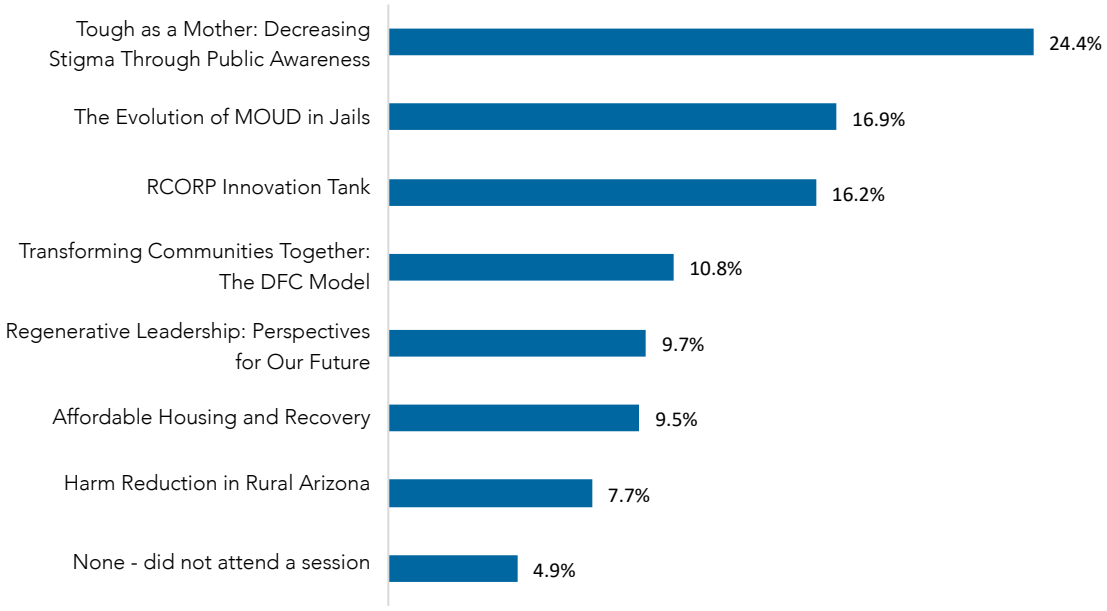


Breakout 3 (3:15 – 4:15 pm)

Figure 9 shows Breakout 3 attendance by assessment respondents. The most-attended session was "Tough as a Mother" (24.4%, n=95), followed by "The Evolution of Medication for Opioid Use Disorder in Jails" (16.9%, n=66) and the "RCORP Innovation Tank" (16.2%, n=63).

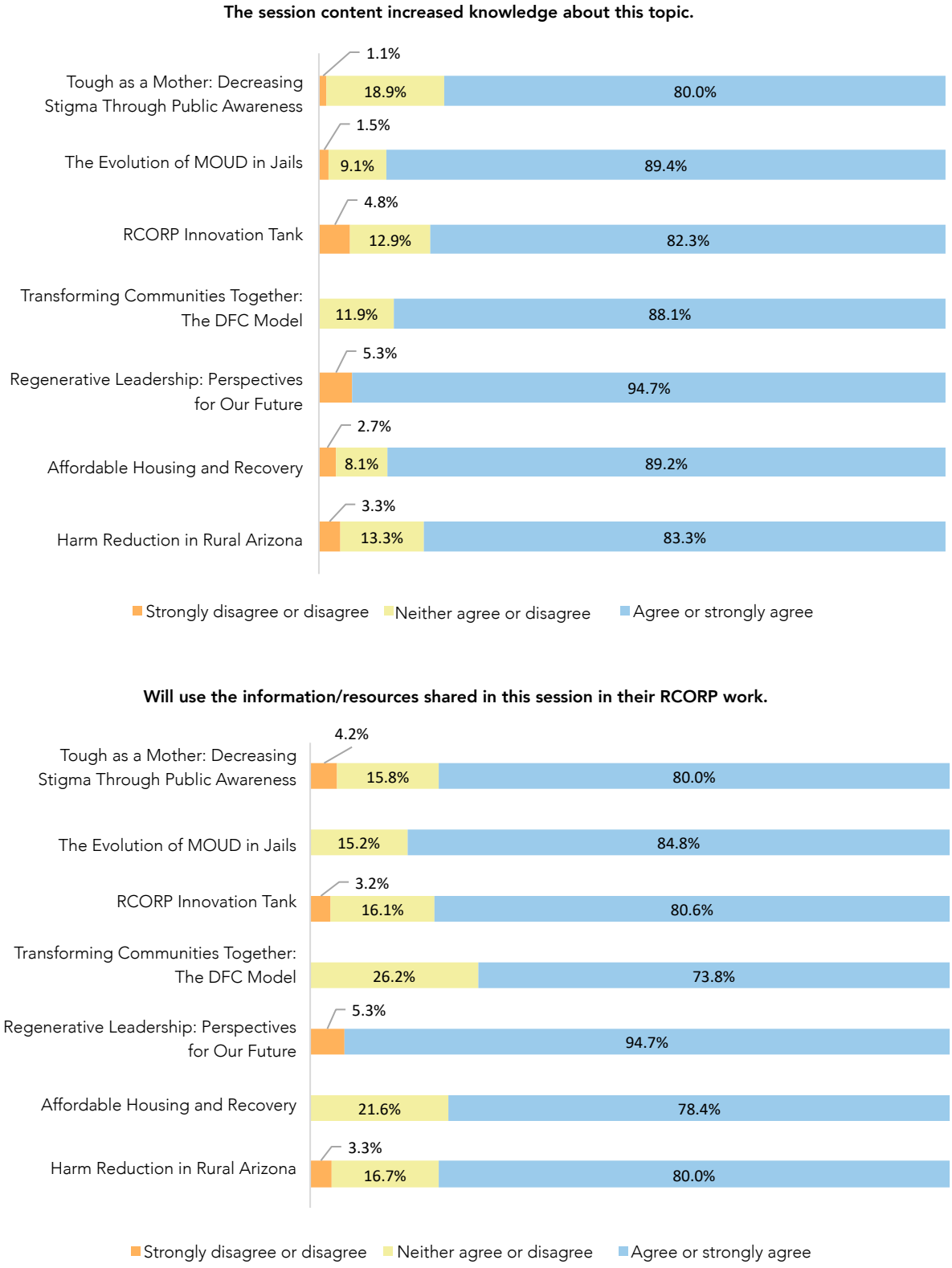
Over 70 percent of attendees at these sessions agreed or strongly agreed that all sessions increased their knowledge on the topic and that they would use the information and resources from the sessions in their RCORP work (Figure 10). Nearly all attendees at the "Regenerative Leadership" session (94.7%, n=36) agreed or strongly agreed that they gained knowledge and will use the information or resources from this session in their RCORP work.

Figure 9. Attendance at Breakout Session 3 by Online Assessment Respondents, RCORP Reverse Site Visit 2023 (n=390)



Abbreviations: MOUD – Medication for Opioid Use Disorder, DFC – Drug-Free Communities

Figure 10. Ratings of Breakout Session 3 by Online Assessment Respondents, RCORP Reverse Site Visit 2023



*Missing response from 1 attendee at the "RCORP Innovation Tank" session (n=62). Abbreviations: MOUD – Medication for Opioid Use Disorder, DFC – Drug-Free Communities.

Breakout 4 (4:30 – 5:15 pm)

During the fourth and final breakout session on Day 1, the most attended session was "RCORP Evaluation Findings" (55.5%, n=212, Figure 11). About one in five attended the affinity group sessions (17.5%, n=67). About 80 percent of attendees at the "RCORP Evaluation Findings" session reported the content increased their knowledge on the topic and that they would use the information and resources from that session in their RCORP work (Figure 12).

Figure 11. Attendance at Breakout Session 4 by Online Assessment Respondents, RCORP Reverse Site Visit 2023 (n=382)

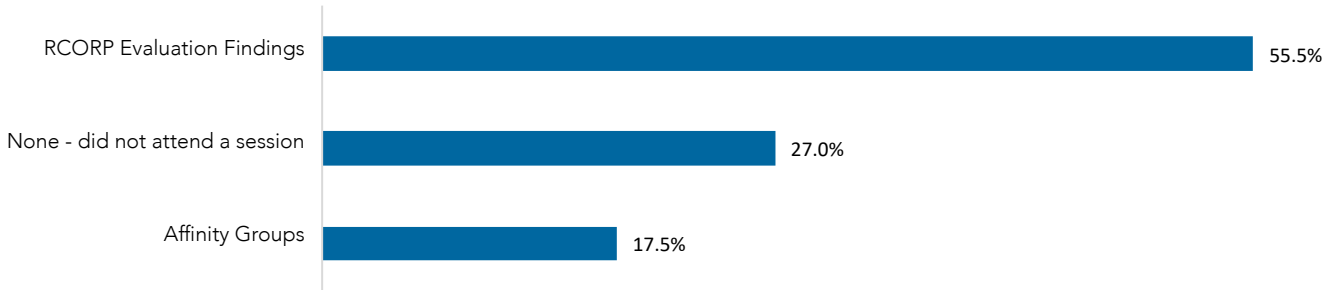
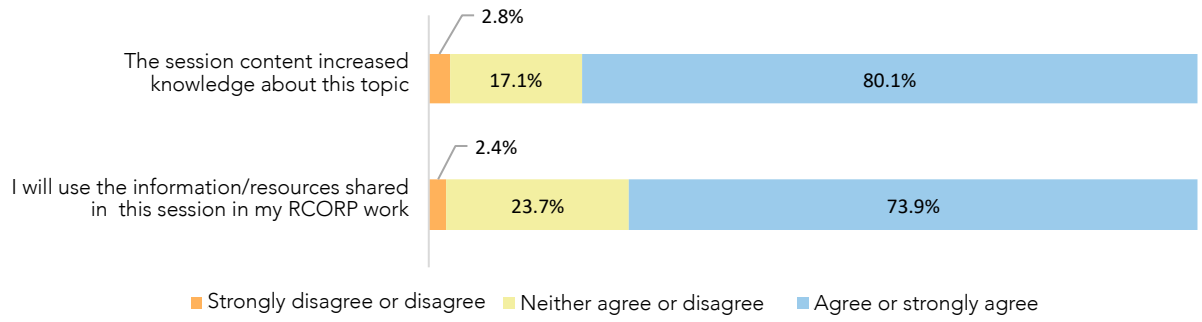


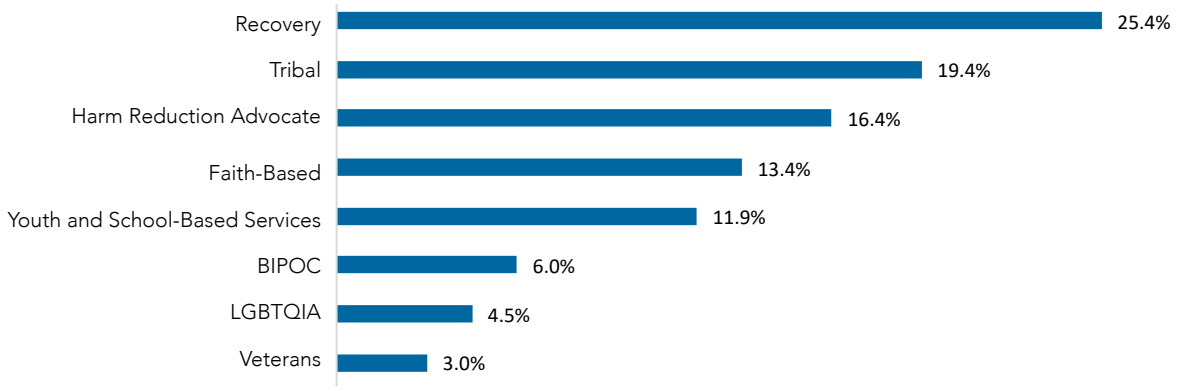
Figure 12. Ratings of RCORP Evaluation Findings Session by Responding Attendees, RCORP Reverse Site Visit 2023 (n=211)



Affinity Groups

Affinity groups were offered during Breakout Session 4 for attendees to connect with other individuals with shared identities. The RSV agenda did not specify whether these groups were also open to people who work closely with or are interested in working with people with these identities. WWAMI RHRC evaluators who attended affinity groups noted that some participants expressed confusion over whether they were welcome to join affinity group discussions if they did not identify as part of that specific group. Assessment respondents' attendance at the affinity groups is shown in Figure 13. Nine of ten affinity group participants (90.8%, n=59) reported they agreed or strongly agreed they were able to connect with other individuals who share similar identities or interests.

Figure 13. Attendance at Affinity Group Sessions, RCORP Reverse Site Visit 2023 (n=67)



Abbreviations: BIPOC – Black, Indigenous, and People of Color; LGBTQIA – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual.

We asked affinity group attendees for suggestions to improve future affinity group meetings, which included the following:

- Provide more time for affinity groups.
- Offer more structure or facilitation of the discussion (eg, suggest discussion questions).
- Allow smaller groups within groups, specifically breakouts, to facilitate more discussion.
- Address sound problems, provide multiple rooms for breakouts, or improve audio equipment.
- Promote affinity groups early in the conference to improve attendance.

Community Conversation on Opioid Use Disorder (Optional Session, Day 1, 5:15 pm – 6:45 pm)

An optional "Community Conversation on Opioid Use Disorder" session, hosted by the University of Rochester's Rural Center of Excellence on Substance Use Disorder, closed the first day of the RSV. The session's goal was to host a conversation for participants to explore stigma and how they can work together with communities to reduce stigma. About one in five online assessment respondents (19.2%, n=76) reported attending this optional session.

We asked attendees to rate how likely they were to host their own community conversation about stigma. About three-fourths (72.0%, n=54) reported they were very likely, one-fourth reported somewhat likely (25.3%, n=19), and two respondents (2.7%) reported they were not at all likely to do so.

Cohort Sessions (Day 2)

On day two of the RSV, grantees participated in cohort sessions with content tailored according to each grant (eg, information on upcoming grant deliverables, grant sustainability, etc). Most cohorts, except MAT Access and Behavioral Health Support, heard the JBS International Evaluation Team present cohort-specific evaluation findings. These sessions also provided opportunities for grantees to network with others in their cohort.

> "It was nice to actually have a separate time to have a conversation with the people who are in our cohort who might be facing some of the same difficulties of the implementation."

Cohort sessions were interrupted by a fire alarm evacuation just over halfway through their planned time, which cut the sessions short. Not all people returned to their sessions after being allowed back inside the building. Cohorts were at different stages of their sessions at the time of evacuation and likely did not have time to complete the planned activities or presentations. Attendance and ratings of cohort sessions are in Appendix B.

Learnings, Connections, and Outcomes of the RSV

Valuable Learnings from the RSV

Interview participants reported valuable learnings on treatment and prevention, social interventions, and program delivery. The RSV also helped them learn new strategies for effective leadership, local and federal government priorities, and methods to engage their consortium.

> "The RSV helped me learn new strategies to further develop and sustain our consortium and how we work together."

- Participants learned about **treatment and prevention** methods, such as counseling and treatment for substance use; approaches to working with community health workers, providers, and peer support workers; and methods for harm reduction in their communities. Interviewees discussed the importance of engaging and understanding the needs of different subpopulations, including Indigenous and Hispanic communities, pregnant and parenting women, veterans, and older adults, to tailor interventions that suit the community's context.
- Another category of learning included **strategies to address social determinants**. Participants gained knowledge on a variety of social interventions. Examples included resource boxes (with information on housing, mental health services, food, and clothing), creative ways to engage schools in prevention (eg, offering Naloxone safety kits and training), and volunteer-based transportation programs. Individuals also reported learning about recovery housing programs and creating supportive environments for individuals in recovery, such as a harm reduction café, transitional housing, and affordable housing.
- Participants learned about **innovative program delivery strategies**. Individuals appreciated the opportunities to learn from other grantees' successes and challenges through formal presentations and informal networking. Many participants highlighted the importance of learning about outreach strategies to ensure that people in the community knew about

their services. Strategies included media toolkits, community presence at local events (eg, county fairs, school events, and law enforcement initiatives), public workshops or seminars in the community, and marketing campaigns to boost awareness and reduce stigma.

> "Honestly, it, it was really neat hearing about what other people are doing just because it, it sparks your imagination about what you could be doing […] How are these people reaching out? […] How are these people implementing this and that, and what are the factors that they ran into and how did they overcome it? […] It just makes you feel a little bit less alone when you're trying to figure out how to use this money."

Opportunities for Connections

More than four out of five online assessment respondents (82.9%, n=324) agreed or strongly agreed that there were adequate opportunities to connect with other RCORP grantees, federal partners, and stakeholders during the RSV and that they made useful connections (80.9%, n=318, Figure 14). Almost one in ten respondents strongly disagreed or disagreed that there were adequate opportunities for connection during the RSV (9.2%, n=36).

About one-half of respondents (50.9%, n=161) reported they were very likely to connect or had already connected with individuals they met at the RSV. Almost one-half (47.2%, 149) reported they were somewhat likely to further connect with individuals they met at the RSV (Figure 15).

Interviewees mentioned a wide range of intentions to follow up with the connections that they made at the RSV, including future collaboration, sharing of resources and information, learning from others' experiences, and implementing new initiatives. Grantees also had suggestions for improving networking opportunities at future RSVs (see Suggestions for Improving Future RSVs on page 22).

> "I'm excited about connecting with the […] individual that I'm gonna be meeting with […] I don't know, I feel like it just like re-energizes you and like makes you excited to keep doing the work you're doing."

Figure 14. Ratings of Opportunities for Connections at the RCORP Reverse Site Visit 2023

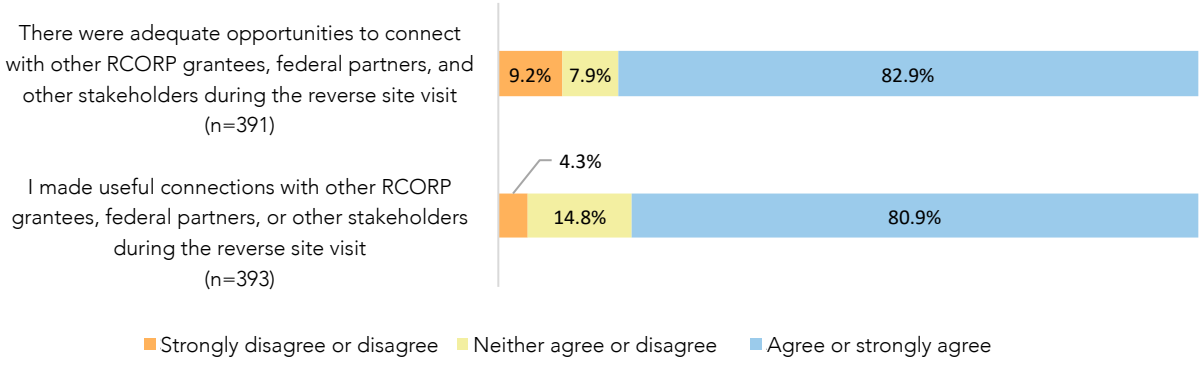
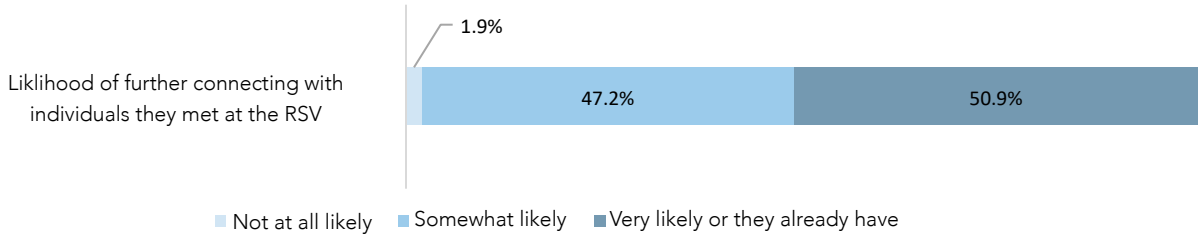


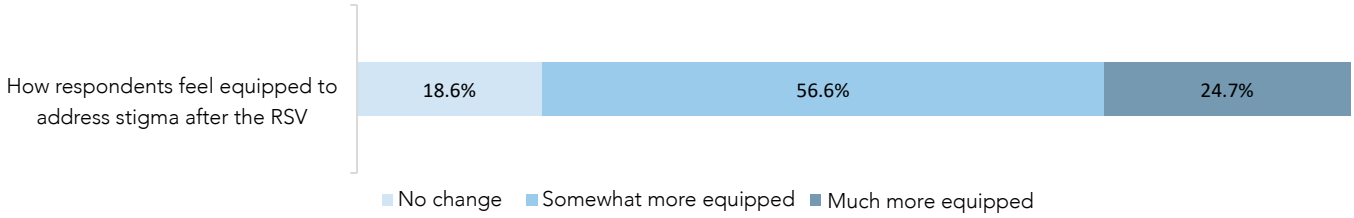
Figure 15. Likelihood That Respondents Will Further Connect With Individuals They Met at the 2023 RCORP Reverse Site Visit (n=316)



Addressing Stigma

One-fourth of respondents reported that they feel much more equipped to address stigma in their community after the RSV (24.7%, n=97), and an additional 56.6% (n=22) reported they feel somewhat more equipped (Figure 16).

Figure 16. How the 2023 RCORP Reverse Site Visit Changed How Respondents Felt They Were Equipped to Address Stigma in Their Community (n=392)



Interviewees discussed and considered various strategies and techniques to address stigma reduction after the RSV. Some individuals planned to use anti-stigma campaigns shared during the RCORP media toolkit session, including resources like posters, educational resources, and training. Participants also recognized the importance of tailoring their marketing to specific subpopulations and raising awareness through community events. Both interviewees and online assessment respondents reported liking the media toolkit provided at the RSV.

Online assessment respondents specified additional TA that they would like to address stigma (Table 1). Most frequent requests included wanting practical toolkits, evidence-based practices, evaluation tools, and survey instruments; requesting additional marketing support; and wanting guest speakers and experts to offer or assist with training and presentations.

> "More information about media campaigns and marketing techniques that have worked well in communities, outside of social media."

Table 1. Desired Technical Assistance for Addressing Stigma in Grantees' Communities, RCORP Reverse Site Visit 2023

Practical toolkits, evidence-based practices, evaluation tools
Marketing support
Guest speakers and experts to offer or assist with trainings and presentations
Help addressing stigma among specific stakeholders (eg, healthcare professionals, law enforcement, community at large)
Opportunities to network, or to meet with similar organizations/grantees
Training with the presenter on community conversations, Tedra Cobb
Opportunity to work with an RCORP Center of Excellence on Substance Use Disorders
In-person training

- Applying for a future grant based on another grantee's project presentation
- Implementing a new strategy or program
- Applying harm reduction practices or prevention principles
- Educating or working with more community health workers and other healthcare professionals
- Applying outreach strategies (in schools, communities, and public health departments)
- Improving communication plans or making other changes within their consortium
- Following up with their TEL
- Sharing learnings with consortium or team members
- Meeting with legislators

Participants' Plans and Actions to Implement Learnings after the RSV

Interviewees expressed interest in applying what they had learned at the RSV to their RCORP work and said the RSV had reinvigorated their teams to work toward their grant goals. For instance, many individuals wanted to **apply for future RCORP grants** based on the projects and ideas presented by other grantees.

Interviewees were intrigued by various initiatives and how to adapt these innovations to their respective settings. Participants considered how to **adjust their budget and activities to distribute more resources** (eg, Naloxone kits, syringe exchange, emergency responder kits, safe sex kits) or involve experts in **marketing campaigns and community engagement** to incorporate aspects of successful projects. Many interviewees wanted to apply for grants to implement **harm reduction and prevention strategies**, such as a harm reduction café (integration of harm reduction and recovery services), mobile recovery and primary care units, and training for healthcare professionals.

Interviewees had started to think about how to **use more community health workers** directly in communities and implement training in motivational interviewing, substance use treatment, and trauma-informed care **education for all healthcare professionals.**

"I look forward to future grant […] applications and [am] really just excited to go and implement some of these new initiatives that I learned about. I think that […] we could do an incredible job with it. So, I'm really excited about […] building our own harm reduction cafe in our community. I think it's gonna be awesome. […] So, we got really excited about […] actually implementing something like that."

During the interviews, there was a focus on broadening community partnership groups and **engaging with stigmatized and underrepresented populations**. Strategies included peer support programs, doula peer support, engagement through community events, and collaboration with other organizations like Meals on Wheels or public health departments. Others were thinking about how to reduce the stigma associated with substance use through storytelling and tailored marketing campaigns to make services more approachable.

"Now that we have kind of our feet wet and we've got our model down and the community partners that we're working with now kind of have a flow, we're ready to start having these conversations with other community partners."

Interviewees planned to **follow up with their TEL, consortium partners, and legislators** about what they learned. Intended follow-up with their TEL included project and budget adjustments, new collaboration opportunities, and sharing what they learned or enjoyed during the RSV. Participants wanted to improve communication within their consortium based on what they learned, aiming to incorporate their learnings into the grant work. Others wanted to make changes to their consortium partnerships. Some participants planned to meet with their legislators to learn about progress toward legislation on community health workers, allocation of opioid settlement funds, and engagement of local councils and community leaders to address the opioid epidemic.

"I'm actually sitting down with our state senator next Monday […] I had already set the meeting, but to actually have some different [ideas] and ways to do that, like sit down with the council, the local councilmen and the county executives and just community leaders and maybe have like a round table or a town hall meeting on how we can properly disperse and, and the opiate crisis or put a big dent in it."

What Attendees Liked Best about the RSV

Benefits of Attending the RSV

Interviewees described many benefits of attending the RSV, displayed in Table 2. Some recurring themes included the opportunity to bring multiple team members, the ability to gain perspective on their work within the overall RCORP grant, reframing the focus of their work or thinking, and feeling validated in the RCORP work they were already doing. They also described the benefits related to interacting with other grantees, such as noticing when others were using similar strategies or facing similar barriers as well as getting to network, engage, and share insights with other grantees.

Table 2. Benefits of the RCORP Reverse Site Visit, 2023

Theme	Interview quote
Being able to bring multiple team members to the RSV	"There's four of us there [...] so that helped. But we were able to break out and do different breakout sessions. So, we actually [...] every day we would sit there and kinda like self step what you learn [in] different areas and in between the sessions, like how was your session? And we were able to share with each other."
Seeing a larger perspective of their RCORP work within the larger grant	"To also talk about like where [RCORP] started and where it is now [...] It's really helpful for me to know like the context of the folks I'm working with and where these grants are coming from and stuff like that."
Reframing the focus of their work or thinking	"I think it gave […] us a different outlook, […] we talk about recovery versus people using and continuing to use. So […] one of the outcomes that comes from it is that we will focus more on people in recovery and what all they've done versus the people that aren't ready to begin recovery yet and or who are not in recovery yet."
Feeling validated in the RCORP work that they are already doing	"It's affirming that everyone's kind of headed in the same way […] but using different techniques."
Networking and engaging with other grantees	"What I liked best was all of the really nice people that I met and listened to that are concerned for […] wellness and sobriety and recovery […] for both […] opioid use disorder and mental health […] The fact that I met so many people across the United States and territories that have the same goal […] was really uplifting and I was surprised."
Noticing how other grantees were implementing similar strategies or faced similar barriers	"Sometimes I feel like we're really failing at [HIV] testing, but […] everybody was, so then I didn't feel quite so bad […] There's other things where we're all doing well and, and I feel sort of […] larger sense of pride."
Providing insights to other grantees	"I feel like I provided more than I received […], like I feel like I shared some stuff of what we were doing, and it was well received from the other members of my cohort."

Other Positive Comments about the RSV

Interview participants offered other positive comments about several aspects of the RSV:

- Content and breadth of session topics
- Passionate, knowledgeable, and engaging speakers
- Hearing from speakers who were in recovery themselves
- Sharing resources
- Balance of didactic and interactive sessions
- Connections with other grantees, JBS International TELs, and HRSA POs
- Mobile phone application for scheduling

> "I felt like the speakers were super knowledgeable, experts in their area, had great content to share with all of us […] and a lot of actionable items that we can take and implement right away."

Suggestions for Improving Future RSVs

Interviewees and online assessment respondents suggested improving future RSVs by enhancing opportunities for networking and changing session content and format. Multiple participants r**equested more networking opportunities**, especially **more time to meet with cohorts** or **region- or state-specific opportunities to meet or network**. Some participants suggested **offering networking sessions early in the RSV** to allow individuals to reconnect throughout their visit and **offering meals as an opportunity to network**. A few participants wanted **dedicated time to meet with their HRSA PO or JBS TEL**.

> "I understand why there were no meals provided, however, I do think that mealtime is usually a great opportunity for networking that was sorely missed during this RSV."

- Participants requested multiple **changes to session content**, such as delving deeper into strategies to achieve prevention, treatment, and recovery goals. To that end, participants requested **more practical toolkits, evidence-based practices, evaluation tools, survey instruments, and skill-building opportunities**. Some wanted more skill-building opportunities related to **program management** (eg, data management) and **sessions on peer support**. Further, participants requested **more focus on the lived experience of people with substance use disorder**. They also wanted **more session topics representing diverse and underrepresented groups**, including Latinx, Black, and other racial/ethnic minority groups, neurodiverse individuals, and geographically underrepresented (frontier) groups. Newcomers requested **support orienting to the conference.** Participants also wanted sessions to **balance addressing individual- and community-level issues.**

> "I felt like most presentations were just to highlight individuals and the work they do. I was hoping to hear more about HOW to create sustainability, not just that we want to do it."

> "We're saving all of these lives and I think that's true, but I think [the] story I would've liked to hear more about is how […] to get beyond that individual impact to also talk about how we're changing the fabric of the communities."

> "There is a difference between what resources a rural community has and frontier. It can sometimes feel isolat[ing] or frustrating for those of us in frontier communities who see other examples and feel that it is not realistic to replicate in our communities."

- Participants suggested **changes to the format of sessions and the site visit overall**. Some participants wanted **more opportunities to interact and engage** within sessions (eg, via roundtable discussions). Several participants requested **a wider range of session choices within each time slot to cater to different interests, project roles, and needs.** Other suggestions were **to improve presentation slide accessibility for clarity** for people with visual impairments or color blindness, **increase the site visit length, send out the schedule ahead of time**, and **send summaries of sessions after the RSV.**
- Participants requested multiple **changes to the venue and overall logistics**, including **addressing high travel and meal expenses**, and making **breaks longer or food and drink more accessible** since participants were sometimes late to sessions

when they left the venue to get food. Some participants suggested that organizers **allow grantees to bring more team members.** Some wanted to **improve room sizes and acoustics**, noting that rooms were sometimes crowded and that it could be difficult to hear in sessions containing multiple small discussion groups. A few other participants suggested that **sessions could be offered multiple times** or that registrants could be sent the schedule ahead of time and answer polls about what sessions they would attend so that **organizers could allot adequate meeting space**. Other suggestions included **providing tables in sessions** for notetaking and having the site visit at a venue without construction.

> "I wish we would've been able to bring more people and maybe extended […] some seats to other consortium members. 'Cause I think they would've had a lot of benefit from being able to attend."

> "I understand [the RSV] was in Washington for a purpose and a reason, but that's a costly place [...] In terms of looking at reimbursement per diems from employers and things like that, that's a deficit for us."

DISCUSSION AND RECOMMENDATIONS

Discussion

In their feedback on the RSV, attendees overall reported that they found the conference to have valuable information and resources and benefited from attending. About 80 percent of respondents felt the conference met its stated objectives, and over three-fourths felt that most breakout sessions provided information and resources they will use in their RCORP work.

Interviewees especially highlighted the connections they made at the RSV and learning from the successes and challenges of other grantees. Many participants had plans to implement learnings from the RSV to their RCORP work, apply for an external or RCORP grant based on a presentation they attended, or follow up on a connection made with another grantee. Interviewees most frequently mentioned plans to implement new marketing and outreach strategies, peer support programs, harm reduction interventions, and anti-stigma campaigns. Some were planning to adjust their RCORP budgets to distribute more resources in their communities, such as clean needle disposal boxes, harm reduction kits, or informational handouts. Similar to previous WWAMI RHRC reports, hearing about other grantees' innovations and work helped interview participants feel less isolated and part of the larger program effort.[1,2] Ultimately, the RSV made project teams feel reinvigorated to continue their RCORP work and validated their current efforts.

The RSV also allowed RCORP grantees to meet and connect with each other, the TA team at JBS International, and the staff at HRSA. It was the first time many attendees had met in person since receiving their RCORP funding. Having an in-person meeting was the most common suggestion from last year's RSV evaluation, and this year's feedback on the in-person format was generally positive, similar to prior WWAMI RHRC evaluations of other in-person TA events.[2–4] About 80 percent of grantees reported that there were adequate opportunities to connect with other grantees, federal partners, and stakeholders and that they made useful connections during the RSV. Through these connections grantees reported looking forward to collaborating, sharing resources, and implementing new initiatives. Formal networking sessions, such as the small-group breakout and affinity groups, had limited attendance, but those who did attend rated them highly for

providing helpful information and connecting them with individuals of similar identities. Grantees' suggestions for improving networking opportunities and the logistics of meeting in person included offering networking opportunities earlier in the conference and planning meeting spaces for sessions based on reported demand.

Grantees have frequently cited stigma as a top challenge and have reported a need for TA on stigma in prior RFIs and WWAMI RHRC evaluations.[5–7] At last year's online RSV, attendees reported that the information and resources about addressing stigma were some of the most helpful aspects of the conference.[2] Stigma was again a key theme of many breakout sessions at this year's RSV. About one-fourth of respondents left the RSV feeling much more equipped to address stigma in their communities, and about one-half felt they were somewhat more equipped to do so. Respondents also requested additional TA following the RSV that would address stigma, specifically mentioning experts to assist with trainings, such as the "Community Conversations" hosted by the University of Rochester Center of Excellence on Substance Use Disorders, and additional marketing support, including the RCORP media toolkit presented at this year's RSV.

Limitations

Online assessment results may be biased if the respondents differ from non-respondents in their perspective on the RSV. An evacuation in the middle of the cohort sessions may have affected ratings.

Views of the interview participants may also not represent the views of all RSV attendees, particularly because most interview participants were project directors. However, their perspectives represent a wide range of RCORP grant cohorts. Because the Rural Community Health Connections Summit occurred immediately after the RSV, online assessment respondents' and interviewees' feedback may have reflected both events. To mitigate this, the online assessment and interviewer reminded participants to reflect solely on the RSV in their feedback.

Recommendations

Offer more networking opportunities.

- Offer dedicated networking sessions early in the conference so that participants have time to continue building relationships with new connections as the conference progresses.
- Offer region- or state-specific networking sessions.
- Consider providing or organizing meals to facilitate networking opportunities.

Make changes to sessions' format and content.

- Ensure a balance between highlighting grantees' RCORP projects and providing more content on evidence-based strategies, program development, skill-building, and stigma.
- Consider extending the length of the RSV to allow for a wider range of sessions and networking opportunities that can accommodate different interests, roles, and needs.
- Incorporate roundtable discussions, facilitated breakouts, and other interactive elements to enhance participant engagement in sessions.
- Incorporate more speakers with lived experience of substance use on a more diverse range of topics, including speakers who can represent the experiences of Black and Latinx communities, people in frontier rural areas, and neurodivergent individuals.
- Provide longer and more affinity and cohort sessions and improve the structure or facilitation of the discussion (eg,

use suggested discussion questions). Set expectations before the RSV to ensure that allies of affinity groups know whether they are allowed to attend.

Improve logistics.

- Reduce travel expenses by holding the RSV in a less expensive location. Increase access to inexpensive drinks, snacks, and meals by either lengthening break times to allow participants to acquire refreshments or offering participants the option to pre-purchase meals when they register for the conference.
- Ensure that rooms are large enough to accommodate everyone wanting to attend or offer sessions at multiple times by polling participants in advance on their session preferences to inform space allocation.
- Offer resources or orientation sessions for newcomers to the RSV and RCORP program to help them navigate the event and maximize their experience.

APPENDIX A. TECHNICAL APPENDIX

Qualitative Methods

We recruited interviewees to ensure that interviews included the perspective of a wide range of grantees.[8] To do so, we randomly sampled the same number of individuals to recruit from each cohort represented in the RSV attendance list. All qualitative interviews were professionally transcribed and then analyzed using thematic analysis. One analyst reviewed all transcripts to develop an initial codebook. We further developed this working codebook by summarizing individual text segments into codes that we added to the codebook. Two researchers independently analyzed six transcripts using the initial codebook and discussed inconsistencies until reaching consensus. The lead analyst further revised the codebook, applied the final coding scheme to all transcripts, and organized the codes into a hierarchy of themes.

APPENDIX B. ADDITIONAL TABLES

Cohort Session Attendance and Ratings

The following tables detail the attendance and ratings of the cohort sessions from day two of the RSV. Questions for each cohort were tailored by the cohort-specific content provided in each session. Because the cohort sessions were cut short about halfway through by a fire alarm evacuation, each session likely did not have time to complete their planned activities or presentations.

Table A. Cohort Session Ratings by Attendees at the Implementation II Session, RCORP Reverse Site Visit 2023 (n=94)

	Strongly disagree or disagree Row % (n)		Neither agree nor disagree Row % (n)		Strongly agree or agree Row % (n)	
The session adequately informed me about upcoming grant deliverables.*	0.0%	(0)	4.3%	(4)	95.7%	(89)
The session adequately informed me about resources for program sustainability.*	0.0%	(0)	10.8%	(10)	89.2%	(83)
The presentation with evaluation findings from our cohort was helpful to me.	0.0%	(0)	13.8%	(13)	86.2%	(81)

*Missing response from 1 respondent (n=93).

Table B. Cohort Session Ratings by Attendees at the Implementation III Session, RCORP Reverse Site Visit 2023 (n=74)

	Strongly disagree or disagree Row % (n)		Neither agree nor disagree Row % (n)		Strongly agree or agree Row % (n)	
The session adequately informed me about upcoming grant deliverables.	0.0%	(0)	9.5%	(7)	90.5%	(67)
The presentation with evaluation findings from our cohort was helpful to me.*	2.7%	(2)	11.0%	(8)	86.3%	(63)

*Missing response from 1 respondent (n=73).

Table C. Cohort Session Ratings by Attendees at the Implementation IV Session, RCORP Reverse Site Visit 2023 (n=58)

	Strongly disagree or disagree Row % (n)		Neither agree nor disagree Row % (n)		Strongly agree or agree Row % (n)	
The presentation with evaluation findings from our cohort was helpful to me.	3.4%	(2)	17.2%	(10)	79.3%	(46)

Table D. Cohort Session Ratings by Attendees at the Psychostimulant Support I and II Session, RCORP Reverse Site Visit 2023 (n=38)

	Strongly disagree or disagree Row % (n)		Neither agree nor disagree Row % (n)		Strongly agree or agree Row % (n)	
The session adequately informed me about upcoming grant deliverables.	5.3%	(2)	18.4%	(7)	76.3%	(29)
The presentation with evaluation findings from our cohort was helpful to me.	5.3%	(2)	15.8%	(6)	78.9%	(30)

Table E. Cohort Session Ratings by Attendees at the Neonatal Abstinence Syndrome (NAS) Session, RCORP Reverse Site Visit 2023 (n=28)

	Strongly disagree or disagree Row % (n)		Neither agree nor disagree Row % (n)		Strongly agree or agree Row % (n)	
The session adequately informed me about upcoming grant deliverables.*	3.7%	(1)	11.1%	(3)	85.2%	(23)
The session adequately informed me about resources for program sustainability.	3.6%	(1)	21.4%	(6)	75.0%	(21)
The presentation with evaluation findings from our cohort was helpful to me.*	7.4%	(2)	25.9%	(7)	66.7%	(18)

*Missing response from 1 respondent (n=27).

Table F. Cohort Session Ratings by Attendees at the Medication-Assisted Treatment (MAT) Access Session, RCORP Reverse Site Visit 2023 (n=16)

	Strongly disagree or disagree Row % (n)		Neither agree nor disagree Row % (n)		Strongly agree or agree Row % (n)	
The presentation with updates on MAT and SUD Treatment policies was helpful to me.	0.0%	(0)	12.5%	(2)	87.5%	(14)

Table G. Cohort Session Ratings by Attendees at the Rural Behavioral Health Workforce Centers Session, RCORP Reverse Site Visit 2023 (n=11)

	Strongly disagree or disagree Row % (n)		Neither agree nor disagree Row % (n)		Strongly agree or agree Row % (n)	
The presentation by 3RNet on Recruiting and Retention Best Practices was helpful to me.	9.1%	(1)	0.0%	(0)	90.9%	(10)

Table H. The Extent to Which the Cohort Sessions Allowed Respondents to Connect With Others in Their Cohort by Reported Cohort Session Attendance, RCORP Reverse Site Visit 2023 (n=380)

	Not at all Row % (n)		Very little Row % (n)		Somewhat Row % (n)		Quite a bit Row % (n)		A great extent Row % (n)	
Overall	1.1%	(4)	8.4%	(32)	27.9%	(106)	31.6%	(120)	31.1%	(118)
Implementation II (n=94)	2.1%	(2)	19.1%	(18)	30.9%	29)	29.8%	(28)	18.1%	(17)
Implementation III (n=75)	1.3%	(1)	9.3%	(7)	33.3%	(25)	33.3%	(25)	22.7%	(17)
Implementation IV (n=58)	0.0%	(0)	5.2%	(3)	19.0%	(11)	31.0%	(18)	44.8%	(26)
Psychostimulant Support I and II (n=38)	0.0%	(0)	7.9%	(3)	31.6%	(12)	31.6%	(12)	28.9%	(11)
Behavioral Health Support (n=62)	0.0%	(0)	0.0%	(0)	19.4%	(12)	35.5%	(22)	45.2%	(28)
Neonatal Abstinence Syndrome (n=27)	3.7%	(1)	3.7%	(1)	40.7%	(11)	25.9%	(7)	25.9%	(7)
MAT Access (n=15)	0.0%	(0)	0.0%	(0)	20.0%	(3)	33.3%	(5)	46.7%	(7)
Rural Behavioral Health Workforce Centers (n=11)	0.0%	(0)	0.0%	(0)	27.3%	(3)	27.3%	(3)	45.5%	(5)

REFERENCES

1. Dunn JA, Keppel GA, Burchim SE, Miller SG, Patterson DG, Andrilla CHA. *An Evaluation of the Data Learning Collaborative for RCORP Grantees: November 2022 – February 2023.* Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; June 2023.
2. Andrilla CHA, Woolcock SC, Keppel GA, Patterson DG. *RCORP 2022 Reverse Site Visit: Evaluation Survey.* Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; June 2022.
3. Andrilla CHA, Miller SG, Burchim SE, Keppel GA, Patterson DG. *An Assessment of the RCORP Kentucky Implementation II and III Grantees Regional Site Visit: February 28, 2023 – March 1, 2023.* Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; May 2023.
4. Miller SG, Keppel GA, Patterson DG, Andrilla CHA. *Assessment of a Technical Assistance Site Visit with RCORP Grantee Intermountain Health, April 18-20, 2023.* Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; July 2023.
5. Miller SG, Keppel GA, Burchim SE, Patterson DG, Andrilla CHA. *The RCORP-TA Response to RCORP Grantees' Challenges and Needs: A Review of the March 2022 Request for Information and Subsequent Technical Assistance.* Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; April 2023.
6. Burchim SE, Patterson DG, Andrilla CHA. *RCORP Grantees' Sustained Challenges, Technical Assistance Needs, and Technical Assistance Provided: A Review of the September 2022 Request for Information.* Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; April 2023.
7. Woolcock SC, Burchim SE, Patterson DG, Andrilla CHA. *Rural Communities Opioid Response Program (RCORP) Technical Assistance (TA): 2023 Grantee Survey.* Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; July 2023.
8. Weiss RS. Respondents: Choosing Them and Recruiting Them. In: *Learning from Strangers: The Art and Method of Qualitative Interview Studies.* First Free Press paperback ed. Free Press; 1995:15-38.

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