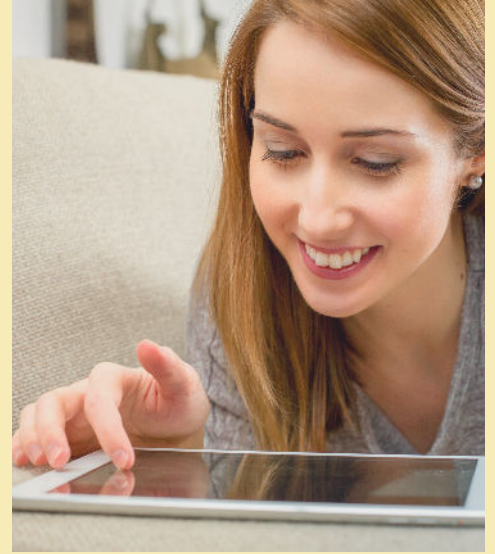


# RECOVERY

*The official newsletter of the  
Fletcher Group Rural Center Of Excellence*



## *Building Rural Recovery Ecosystems*

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## CONNECTION IS KEY

*by Founder and Chief Medical Officer Dr. Ernie Fletcher*

Social connection remains essential to individual health and well-being. This is particularly true of rural residents on the road to recovery. As evidenced by our donation of 28 iPads to 14 Recovery Kentucky residences (see page 8), modern technology can help us stay socially connected even as we follow “shelter in place” guidelines. So let's replace the term “social distancing” with a better one—“physical distancing”—and continue doing all we can to stay deeply connected with each other through this unprecedented and challenging time.



# THE BEST MEDICINE

*by Fletcher Group CEO Dave Johnson*

Our current guidelines began by restricting public gatherings of a thousand people, then 250, then 50, then 10, and finally two, with at least six feet between us.

It's now evolved to "sheltering in place." Or, in my case, what I call "aging in place." (If only that were a joke.)

The guidelines designed to prevent physical proximity seem to have served the country well, both in urban areas and in the rural areas our Rural Center of Excellence serves. But I sometimes wonder: Is the term "social distancing" a misnomer? Perhaps even a dangerous one?

If I'm more sensitive to this than others, it's because I work in recovery. It's a world where social isolation can be deadly.

You may live in a different world. Perhaps the current crisis is just another opportunity to maintain deep, long-lasting relationships through daily phone calls, texts, and emails. If that's the case, great! Keep it up!

But not everyone may be like you. There are those with strained family relations. Those whose past destructive behavior has driven away friends and family. Those with unbearable feelings of social isolation and alienation who self-medicated with illicit drugs. And those in recovery whose new relationships with counselors, sponsors, peers and others suddenly seem threatened by the very guidelines designed to protect us.

Recovery is a world of strong, sometimes overpowering feelings. Of uplift when supported, validated, and rewarded. And of depression when disrespected, devalued, or discarded. Any lapse in engagement and connection can spell disaster.

In that sense, "social distancing" can indeed be a dangerous term if it seems to encourage the same isolation that drove people to take drugs in the first place.

Don't get me wrong. I won't be interrupting strangers and lecturing them on the need to say "physical distancing" instead of "social distancing."

But blurring the distinction does run a risk. More than at any other time in our lives, we need to reach out to those for whom the distinction may be blurred and who, as a result, may be suffering silently alone.

For those in recovery, the feeling of being connected can be the difference between addiction and abstinence, the difference between recovery and relapse, the difference even between life and death.

“  
*Is "social distancing" a misnomer?*

So let's continue following the guidelines that have helped "flatten the curve." But let's also take a moment, consciously and deliberately, to reach out.

Who do you know who, at this very minute, might really need a phone call? Instead of wondering how they're doing and what they're feeling, find out by asking. There's nothing like the sound of a familiar, caring voice.

Who knows? In lieu of a vaccine, it might be the best medicine we can take.



## CLOSER TOGETHER

### *What residence providers are learning from the crisis*

How are recovery residences, particularly those in rural areas, handling the pandemic? A recent Webinar hosted by NARR, the National Alliance of Recovery Residences, provided answers. Guests Bobbi Jo Reed, Founder and Director of Healing House in Missouri, and Gregory Smith, Executive Director of the Missouri Coalition of Recovery Support Providers, were questioned by NARR Executive Director Dave Sheridan and Board Secretary and Affiliates Committee Co-Chair George Braucht.

#### How can recovery houses stay solvent?

- Advocates are lobbying congress for financial support. “We don’t have any specifics yet,” said Sheridan, “but we’re engaged.”
- The Paycheck Protection Program (PPP) has run out of money, said Smith, but some Missouri providers benefitted by virtue of applying “the day it opened.”
- As for money from the EIDL—the Economic Injury Disaster Loans program—“We’re still trying,” said Smith, “but I haven’t heard of anyone receiving a benefit.”
- A variety of state and local sources in Missouri have come to the rescue. A \$60,000 grant from the state’s mental health department helped pay for Tele-Therapy equipment. Personal Protective Equipment (PPE) has been drawn from a state reserve supply. A donation from the ARCHway Institute helped providers purchase infrared thermometers. And local supporters have provided motel rooms for those awaiting test results as well as food donations.

#### Are some recovery residences closing?

- “A lot of places have stopped providing services,” said Reed. “But that’s not an option for us. There are sick people dying out there every day. We’re on the front lines and have no choice but to continue.”

#### Is there help available in my state?

- State-specific programs may be helpful, said Sheridan. For contact info and website links, go to [narronline.org](http://narronline.org) and click on your state.

#### Are you accepting new clients?

- “From March 16 to April 29, we took in 46 new residents,” said Reed. “The need is still great.”

#### Where do they come from?

- “Most of our new residents come from corrections,” said Smith. “Fortunately, the prisons have done a good job of preventing Covid infection. Others come from treatment programs that have shut down. And there are a few taken from the streets. Protocols vary by residence. We’re actually lucky that the crisis came during our slow time. If it comes back this fall it could be a whole different story.”

“  
*We’re all  
living in a very  
different world  
now.*”

#### Do you have enough disinfectant?

- “We had to innovate,” said Reed. “I bought spray bottles and some very strong sanitation product that we mix ourselves. The house managers use that to sanitize all surfaces multiple times a day. At one point we couldn’t find sanitizing wipes, so we used eyeglass cleaners. We also constantly launder all bedding.”

*(continued on page 4)*





## CLOSER TOGETHER

*(continued from page 3)*

### What about physical distancing?

- “In all but our biggest house we have a ten-person limit. In the big house, there are three different living rooms for residents to spread out in during Zoom meetings.”

### Do you use masks?

- “Residents who can’t maintain six-foot separation must wear masks,” said Reed. Is it hard to get Personal Protective Equipment (PPE)?
- “Getting masks has been hit and miss,” said Reed. “So far we’ve gotten enough. I put a request out on Facebook for scrubs and people started dropping them off. We wash and reuse them with a smock cover. We have gloves that we change continuously and M-95 masks that we use to greet new clients.”

### How about testing?

- “Drive-by testing is now available locally,” said Reed. “We’re thankful because without it it’s easy to be paranoid and worry about every sneeze and cough.”

### What about eating?

- “We used to have everyone eat in a large dining room,” said Reed, “but meals are now delivered to each room.”

### What are your protocols for entry?

- “We take the temperature of everyone coming in,” said Reed, “and use Lysol spray and hand sanitizer to disinfect their clothing and belongings. We also ask that they wash their hands for 20 seconds.”

### How about new clients?

- “I knew we couldn’t just take a temperature and let people in,” said Reed. “If I did that in our big house with someone who wasn’t showing symptoms and 38 people got infected it would be impossible to quarantine them all for two weeks. Fortunately, we have a large new recovery gym with showers and bathrooms that we’ve converted into a 48- to 72-hour observation unit. We also give new arrivals a chore to do while they’re in observation so they can start to feel like part of the family.”

### How do you maintain vigilance?

- “On Tuesday and Sunday nights we have a big Zoom meeting that all the residents participate in,” said Reed. “We use those meetings to continue drilling them on policies and protocols. We make it clear this is not something we do just for a while. This is in fact the ‘new norm’.”

“  
*Never let a  
good crisis go  
to waste.*”

- **How do you enforce house rules?**
- “We have a write up system,” said Reed. “If you receive three write-up’s within a 30-day period, you’re discharged. We enroll residents as program participants and if someone brings in drugs or uses they’re no longer considered a program participant and are not allowed to stay.”

*(continued on page 5)*



## CLOSER TOGETHER

*(continued from page 4)*

- “Everybody understands that if you use, you’re gone,” said Smith. “That’s why it’s so important to set clear expectations when someone enters. Recovery’s not about just passing a drug test. It’s about being engaged as a contributing member of the community.”

### Have you adjusted your rules to the pandemic?

- “The world has changed and we have to think twice now about sending people outside where it’s a whole lot riskier than before,” said Smith. “They have fewer options, fewer places to go, and fewer ways to maintain any kind of recovery connection. We’re living in a very different world now.”

### What’s most important to a smooth-running residence?

- “The house managers are crucial,” said Reed. “They’re the ones who are with residents 24 by 7. We work hard to support them with all the education and equipment they may need.”

### How do you communicate with staff?

- “Most providers have a morning check-in to discuss pressing issues,” said Smith. “We also sponsor weekly state-wide and regional meetings.”
- “Our meetings using Zoom are just like our previous in-person meetings,” said Reed. “They’re mandatory and people are held accountable just as before. If there’s any change in policy, I immediately alert the house managers by email.”

### How about staff who worry for their safety?

- “If someone feels uncomfortable in a certain situation,” said Reed, “we’ll find a different job where they can contribute and keep paying them. Those who don’t feel safe at all are allowed to stay home and we hold their jobs for them until they come back.”

### Has your payment system changed?

- “Our providers have had to be flexible there as well,” said Smith. “Some are allowing residents to pay in new and different ways, for example online or using phone apps.”

### How do you help clients who are grieving a loss?

- “Residents can sign up for one-on-one sessions with a counselor of their choice using Chromebooks and Zoom,” said Reed. “If a resident can’t go to a hospital or a funeral, we’ll arrange balloon releases to help them process a loss. We also have 20 pastors available for grief counseling. Residents can connect with them immediately whenever needed.”

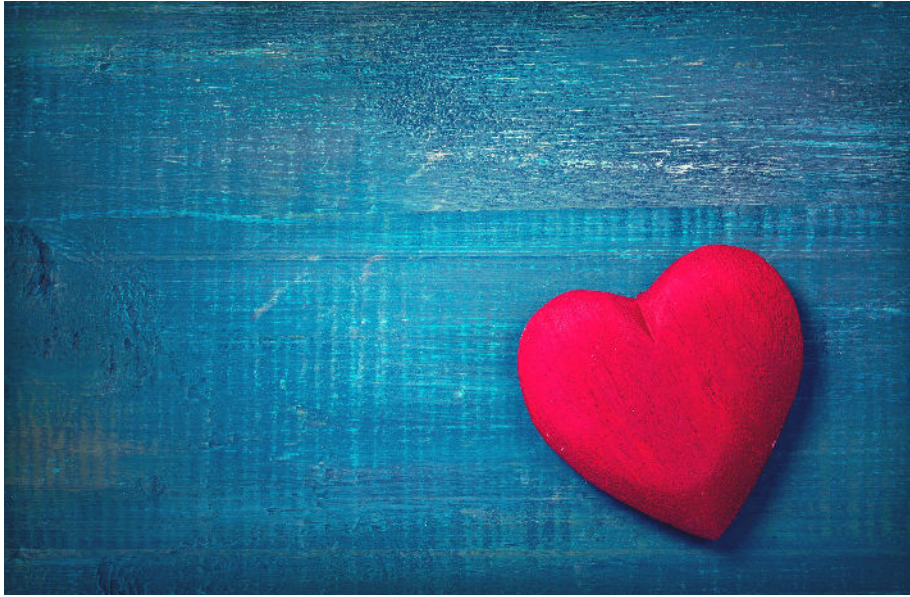
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*Having fun is essential.*”

### How about burnout and “passion fatigue?”

- “It’s essential that your folks have everything they need to keep your house going,” said Reed. “I talk with my house managers every day. They’re the ones directly responsible for keeping people vigilant. Fortunately, I have a big front porch and they come over one at a time and we’ll talk while staying six feet apart. I make sure to let them vent and listen closely to their perspective. They feel understood and it helps me avoid getting caught up in my own tunnel vision.”

*(continued on page 6)*





## CLOSER TOGETHER

*(continued from page 5)*

### How do you prevent boredom?

- “Fellowship and having fun together are essential,” said Reed. “We have board games, Bingo, movie nights, and scavenger hunts with the houses competing with each other for prizes. Residents have been very creative coming up with ways to make this time okay. I also recommend celebrating whatever you can whenever you can.”

### How has technology helped?

- “This has been a difficult time for people in recovery because fellowship is such a huge part of recovery,” said Reed. “But the Zoom meetings have really helped us maintain a sense of connection. We’ve set up Wi-Fi and Chromebooks in all our houses and we put our Zoom meetings up on big screens so everyone can see them. That really helps keep our different houses on the same page.”
- “There are also new phone apps that are really helpful,” said Smith. “One developed at Washington University with a HRSA grant helps people who are struggling with opiate addiction. You can use it to learn more about your addiction and your medications, receive reminders to take your meds, and communicate with your case manager.”

### Are you expecting any other changes?

- “There’s strong evidence that outdoor activities pose a lower transmission risk than indoor activities,” said Sheridan. “So we’ll be thinking more about outdoor alternatives, especially as the weather warms.”

### What’s the key lesson you’ve learned?

- “To be flexible,” said Smith. “When this started, some providers were very strict and said nobody could come or go. So a lot of residents started leaving. Providers learned to have some give and take and work with the residents to find a happy medium. On the other hand, some providers were allowing residents to go shopping whenever they needed groceries. So of course everybody started shopping every day. Now they’ve changed the rules so that one person goes on Monday, another on Tuesday, another on Wednesday.”

“

*I don’t think we’ll ever go back to how things were before.*

### What’s been the biggest surprise?

- “We thought the residents would get bored and might leave when they received their \$1,200 stimulus checks,” said Smith. “But we really haven’t seen much of that. The feedback I’ve been getting is that people are actually coming together and forming tighter communities than ever before.”
- “We feared the loss of fellowship,” said Reed. “But we’re hearing that people are actually developing deeper relationships with their housemates.”

*(continued on page 7)*



## CLOSER TOGETHER

*(continued from page 6)*

### What will it be like when this ends?

- “Our safety considerations will naturally change as social interactions increase,” said Smith. “But we’ll never entirely eliminate them. I don’t think we’ll ever go back to how things were before.”

### Is there a single key to success?

- “We have 15 different locations,” said Reed. “What holds it all together and makes it work is the love, the comradery, and the fellowship.”

### What good might come of this?

- “It’s amazing how a crisis and stress can bring people together, at least within tribes,” said Braucht.
- “It’s been a difficult time, but it’s also been a learning time,” said Smith. “It’s allowed us to focus on things we hadn’t thought about before. There’s a quote from one of our providers that I really like: Never let a good crisis go to waste. Our providers are learning a lot from this that they will incorporate into programs going forward. Working in smaller groups, for example, and some of the other changes we’ve made will be long-lasting. In the end, providers will benefit and so will clients.”

### What are residents learning?

- “I’ve heard that it’s brought them a lot closer together,” said Smith. “When everyone was running around, the residents didn’t pay as much attention to each other. Now they’re focused more on each other and helping lift each other up. Many of the people I talk with are looking at this as a positive growing experience.”
- “Recovery is a roller coaster ride,” said Reed. “It’s all about change and this is just another step in the process.”
- “Adapting to change is a big part of recovery,” said Smith. “We’ll get through this together and when we do we’ll be stronger and better equipped for the next challenge.”
- “Looking at things from that perspective can really grow your faith,” said Reed. “I think people will draw strength from this. They’ll look back and say, ‘Wow, if I made it through all that I can surely make it through this next little obstacle.’”
- “It’s also an amazing bonding opportunity,” said Smith. “Endurance builds character. And character leads to hope.”
- “It’s all about encouragement, loving on people, and championing the comradery between us,” added Reed.

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For help,  
go to  
[narronline.org](https://narronline.org)  
and click on  
your state



Thank you so much for donating the I PADS you have no idea how much that really meant to me. I have not been able to see my kids since I have been here at children's Place and that has been over 7 months. We use iPads away and it is hard to watch when my family and I am able to see my kids now. Being able to see them laugh and the smiles on their faces truly is priceless. I am forever grateful for the opportunity that you have given us.

-Brittney W.

Thank you

Thank you for the iPad's and the stands for them as well.  
(Case)  
They will help tremendously during this difficult time.

With Deep Appreciation  
Hickory Hill Staff  
and  
Clients!

I appreciate the I Pads you donated to us. Your generosity has helped lift all of our spirits during this difficult time. In times like these it means so much to be able to see our families and our children. The I Pads have brought so much joy to me and my family. Thank you so very much!

Donan M.

Dear Fletcher Group,  
Thank you so much for donating the I Pads for use. It means so much to me being able to see my family. I haven't been able to see them for 2 months and being able to video visit has just been amazing! Also being able to call my sponsor has really been amazing for my sanity! Thank you so much!

Allison

Thank you so much for the I pads you sent us. We are so grateful for them we get to visit our families and it helps us alot, especially in a time like this it's not every often that people want to do nice things for us so thank you so much for your kindness. It means more than you will ever know. I hope all is well with you and that all your families are doing well.

God Bless you  
Sincerely  
Madeline G.

To: The Fletcher Group  
I want to thank you from the bottom of my heart for the I Pads I now have the opportunity to video call my family and my sponsor more. It means so much to me that we are able to do that now thanks to you all. I haven't been able to see my family for a long time because they live so far away. So being able to see them makes my day so much better and I can also see face to face with my sponsor and we can discuss my recovery.

Thank you so much  
Jessica A

Fletcher Group  
Thank you so much for the I Pads you donated for us. It was so happy to find out that even though we couldn't be in our families presence we could still see their faces. This meant more to me than you'll ever know.

Thank you  
Shawonda

Thank you Fletcher Group for your generosity. What the iPads we wouldn't get to see our families at all. I don't think you enough for the donation. From the bottom of my heart I'm grateful. I was able to see my kids for the first time in 2 years. My gratitude is immense!

Thank you  
Daddy B.

