

RHOAR

Fulfilling The ARC Mission



WHITE PAPER

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EXECUTIVE SUMMARY

In February of 2019 the Appalachian Regional Council (ARC) awarded the Fletcher Group of Lexington, Kentucky a “Partnerships for Opportunity and Workforce and Economic Revitalization” (POWER) grant to create the “Recovery, Hope, Opportunity and Resiliency” (RHOAR) project.

Partnering with other public, private, and nonprofit organizations, RHOAR will establish new recovery centers to help Kentuckians overcome addiction and achieve meaningful employment so as to contribute to their local communities.

This White Paper examines the key factors that led to the grant as well as the ways in which RHOAR fulfills ARC’s mission while presaging significant changes in recovery treatment not only throughout Appalachia but across America.

THE ARC VISION

Published every four to six years, the Appalachian Regional Council's most recent Five-Year Strategic Plan emphasizes the critical importance of a "Ready Workforce" that's not only educated, knowledgeable and skilled but also sufficiently healthy—both mentally and physically—to drive economic parity with the rest of America.

"The health status of Appalachia's residents is closely tied to the region's economic health," says the plan.

Accordingly, ARC's goal is to "advocate for and address—through evidence-based and innovative practices—the challenges posed by poor health conditions, inefficient health-care infrastructure, and other health barriers that keep residents from being active and productive workers."

A 50-YEAR LEGACY

Established by an act of Congress in 1965, ARC is composed of governors from 13 Appalachian states and a federal co-chair appointed by the president. Its work focuses on 420 counties across the Appalachian Region—all of West Virginia and parts of 12 other states including Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia. ARC's success on the behalf of Appalachia's 25 million people is well documented. Since 1978, when ARC began tracking data, each dollar it's invested has leveraged an average of \$6.40 from the private sector.

NOT ALL GOOD NEWS

Despite ARC's success, the Appalachian Region continues to suffer setbacks. Job creation, for example, is increasing more slowly than in the nation as a whole. While the number of jobs nationwide has jumped 83 percent since 1975, the number of jobs in Appalachia has increased by only 50 percent. The Region's labor force participation rate also remains low—59.5 percent compared with 64.2 percent nationally.

Nearly a fourth of Appalachia's 420 counties also face high poverty rates, low per capita income, and high unemployment rates. Making matters worse, Appalachia has disproportionately higher rates of cancer, diabetes, obesity and substance abuse.

"The compounding problems of unemployment and the opioid and substance abuse epidemic have seriously damaged Kentucky communities, but organizations like the Fletcher Group are developing new strategies to fight back."

—U.S. Senate Majority Leader Mitch McConnell

INDIVIDUAL HEALTH AND THE ECONOMY

To the usual list of workforce impediments—poverty, poor education, lack of affordable housing, poor nutrition, and chronic illness—has been added a national epidemic of substance abuse disorders that is nowhere more prevalent than in Appalachia. Homelessness and substance abuse today cost the United States an estimated \$500 billion a year, but in certain parts of Appalachia the crisis has overwhelmed local healthcare resources and debilitated local economies.

SUBSTANCE ABUSE AND HOMELESSNESS

Substance abuse can also be the *result* of homelessness. Those with no safe or stable abode can easily turn to drugs and alcohol as coping mechanisms, the usage of which can exacerbate other pre-existing behavioral health and mental illness problems.

IT'S COMPLICATED

Research indicates that homelessness is typically rooted in five causes: Lack of affordable housing, unemployment, poverty, untreated mental illness, and untreated substance abuse. Sadly, only ten percent of those suffering from substance abuse access any form of treatment.

Research has also shown that nearly half of prime age men who are not in the labor force take pain medication on a daily basis and two-thirds of those men (roughly two million nationwide) take prescription pain medication daily.

RECIDIVISM IS THE NORM

While the number of opioid-related deaths is expected to exceed 700,000 by 2025, current methods of intervention are expected to lower prescription opioid abuse by no more than 5.3 percent. Indeed, the recidivism rate for individuals with a drug offense is currently 76.9%.¹

Research also shows no meaningful relationship between rates of drug imprisonment and drug problems,² suggesting that imprisonment is ineffective. As police officers

and judges know only too well, incarceration can be a revolving door. Nearly half of all homeless people have been previously incarcerated and three out of four of those who have been arrested and released are destined to be arrested again within five years.

The POWER grant awarded to the Fletcher Group is formally described by the Appalachian Regional Council as follows.

"\$1,677,529 ARC grant to The Fletcher Group in Lexington, KY, for the Recovery, Hope, Opportunity and Resiliency program (RHOAR), which will address the challenges of unemployment and opioid use in Eastern Kentucky by establishing new addiction recovery programs. The RHOAR initiative will expand economic development through workforce development, social enterprises, and entrepreneurship in collaboration with educational institutions to provide meaningful employment for those recovering from substance use disorders. The Fletcher Group will partner with the Kentucky Community and Technical College System, Fahe (another POWER grantee), Kentucky Housing Corporation, Recovery Kentucky, Operation UNITE, and others to identify information and criteria needed to complete the "tool kit" that will be utilized throughout the programs, as well as areas to place new facilities. The project will serve 300 individuals in recovery and will leverage \$24 million in private capital and up to \$4.8 million annually in other funding."

A NEW APPROACH

ARC's Five-Year Plan acknowledges the challenge: "The region's residents, particularly those in economically distressed counties and areas, experience disproportionately high rates of chronic disease, reducing workforce participation and productivity." As a result, ARC has been forced to reexamine its traditional methods of reducing economic disparity and has voiced a willingness to explore new and innovative partnerships with public, private, and nonprofit organizations.

TIME TO RHOAR

ARC's new interest in entrepreneurial innovation and collaboration has opened the door to investments in strategies and models marked by creativity, innovation, and outside-the-box thinking, including recovery models that did not exist previously.

For example, the newest ARC plan expresses an interest in "pilot initiatives that demonstrate new and promising practices" as well as "the sharing of exemplary practices from inside and outside the region that community and regional leaders can adapt and replicate in their communities."

All of which set the stage for ARC's funding of the Fletcher Group's "Recovery, Hope, Opportunity and Resiliency" initiative. There is, in fact, remarkable synergy between the two organizations. ARC and RHOAR are both committed to leveraging the widest range of available resources possible in order to promote a competitive and ready workforce that can drive economic development.

PARTNERSHIP IS THE KEY

One goal stated in ARC's most recent Five-Year Plan is to "Catalyze, facilitate, and strengthen partnerships and collaboration across the region." At all levels, the plan says, "ARC is committed to investing organizational and financial resources in ways that achieve the greatest impact possible, leveraging ARC's limited resources to bring more resources into the Region."

ARC's new commitment to partnerships "across business, government, nonprofit, and philanthropic organizations" would seem to be a page right out of the RHOAR playbook. So, too, is ARC's stated commitment to "support innovation and collaboration, use data and exemplary practices to inform decision making, and connect communities with needed resources."

A PREMIUM ON LEADERSHIP

ARC recognizes that new partnerships and innovation are impossible without bold leadership. An official ARC goal, therefore, is to “Build the capacity and skills of current and next-generation leaders and organizations to innovate, collaborate, and advance community and economic development.” Part and parcel of that commitment is the ability to “identify, document, and proactively share exemplary practices and new ideas with the region’s communities on a regular, timely, and consistent basis.”

Roar’s synergy with ARC is evident here as well. The Fletcher Group is currently working to expand its highly successful recovery model beyond Kentucky to counties throughout Appalachia as well as to other states across the nation.

COMMUNITY DEVELOPMENT

Five decades of experience in the region have taught ARC that no program, no matter how well intentioned, can succeed without community support. That’s why another goal stated in its most recent Five-Year Plan is the stipulation that all investments be done “in ways that encourage the alignment of projects with the goals of community and regional plans.” ARC describes the desired effect as follows:

“Community economic development is, at its core, an exercise in effective leadership. To achieve the greatest impact, ARC investments in leadership and community capacity building will aim to help communities create a common vision for local development, and develop and execute an action plan for achieving that vision. The plans will be based on model practices in engaging residents in the visioning and implementation processes and will promote effective collaboration and partnerships across geographic and other boundaries. The development plans that emerge will provide a guide for future investments—from ARC and local, state, federal, and other partners—to capture new economic opportunities and create positive community change.”

1 U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, June 2014

2 More Imprisonment Does Not Reduce State Drug Problems (<https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>)

3 Samuelson et al, 2013; Tracey et al, 2011

A SHARED MISSION

RHOAR shares ARC's astute insights regarding the importance of community involvement. "Including residents in community planning processes is important," says ARC's most recent plan, "as they can identify strategies suited to the local culture and economy. In addition, residents involved in planning and contributing to the creation of a common vision are more likely to support and engage in implementing the vision."

The synchronicity between ARC's vision and RHOAR's execution is striking. RHOAR's ability to create win-win partnerships among previously siloed private and public sector partners would in fact be impossible without the extraordinary degree of feedback and buy-in from local communities that the Fletcher Group is known for cultivating.

COMMUNITY RESILIENCE

Another new ARC focus is sustainability. To “foster increased community resilience,” ARC vows in its most recent plan to help communities “articulate and implement a vision for sustainable, transformative community change.” ARC defines the challenge as follows:

“In many communities across Appalachia, particularly those in economically distressed counties and areas, community organizations and institutions have limited capacity to engage in long-term community improvement efforts. Support is needed to build organizational resources and skills so these entities can have a greater impact in their communities.”

In this regard, RHOAR seems to have predicted ARC’s concerns and answered them in advance with a unique financial plan that enables facilities to be built debt-free while providing ongoing funds to cover future operating costs.

The Fletcher Group’s remarkable return on investment makes it easy for agencies and institutions to buy in. The Recovery Kentucky program upon which RHOAR is modeled has returned roughly two and a half dollars in avoided costs for every dollar invested.

“This initiative will include a workforce development component to provide meaningful employment opportunities for those recovering from addiction. We are grateful to Mira and the late Don Ball who made this effort possible and to Leader McConnell for his support of the RHOAR initiative to help more Kentuckians overcome addiction and embark on a life of hope and purpose.”—

—Ernie Fletcher, former Governor of Kentucky and
Chairman of the Fletcher Group

ACCOUNTABILITY

ARC and RHOAR share another guiding principle, that of accountability.

“At all levels,” reads the most recent plan, “ARC is committed to holding ARC, its partners, and its grantees accountable for achieving performance targets and helping Appalachia prosper.” To that effect, ARC encourages the sharing of “data and research that is actionable and useful to communities as they make strategic decisions about their assets and the economic opportunities that offer the best future prospects.”

Fortunately, when it comes to documentation and accountability, RHOAR has a wealth of experience to draw on. The Recovery Kentucky model on which it’s based relies on extensive on-going data analysis. The 18 Recovery Kentucky centers created under Governor Ernie Fletcher, for example, continue to collaborate with the University of Kentucky Center on Drug and Alcohol Research to produce highly detailed “Annual Recovery Center Outcome Studies.” The data plays a crucial role in helping administrators focus on possible improvements to ensure optimum performance on behalf of both clients and taxpayers.

“The Recovery, Hope, Opportunity and Resiliency (RHOAR) initiative will address the challenging issues of opioid abuse head-on by helping to establish additional recovery centers modeled after the successful Recovery Kentucky program.”

—U.S. Senate Majority Leader Mitch McConnell

INSTITUTIONAL OBSTACLES

ARC is hardly the first government agency concerned with the behavioral health of its citizens. The fact is that treating the homeless, the addicted and the mentally ill can be challenging. Despite the threat that homelessness and untreated substance abuse presents to both individual and society, significant treatment barriers remain.

For one thing, federal programs are not always aligned with best practices. Much public policy, for example, has favored a punitive approach to substance abuse even though medical and public health experts agree that treatment and prevention are more effective. Few federal substance abuse treatment and prevention programs actually target funds specifically to the homeless. And health, mental health, and substance abuse have traditionally had separate funding streams, even though all three can easily interact with each other. Such policies often block the delivery of services to people with multiple diagnoses.

There are other institutional obstacles: Discharge planning can be difficult and complex with a lack of community-based placements preventing clients, patients, and former inmates from reaching their potential. There's also a well-known "Catch-22" created by programs that offer treatment for mental illness but not substance abuse and other programs that treat homeless people with substance abuse problems while turning away people with mental illness.

COMPLEX TREATMENTS

Homeless substance abusers can have very different needs than those who are housed, thereby creating different treatment needs. Homeless people suffering from drug or alcohol abuse, for example, can also have physical and mental health problems. Indeed, any health care program for the homeless should expect 25 to 40 percent of its adult patients to suffer from serious alcohol or drug abuse problems.

Unfortunately, many homeless people distrust authority and may also be disenchanting with health and mental health care providers. Some have had bad experiences with medications, hospitals, doctors, and other human service professionals and are leery of further involvement.

ENVIRONMENTAL INFLUENCES

Patterns of drug usage and addictive behavior can be hard to change because they tend to be ritualistic and repetitive. As a result, outpatient clients need established living environments that are carefully designed to support sobriety while providing effective treatment. Relocation to a safe and healthy environment can help people gain a fresh start free of the trappings of a potentially fatal lifestyle.

OVERCOMING ISOLATION

Individuals with the disease of addiction often suffer in silence to the point that social isolation becomes, in and of itself, a clinical issue requiring treatment. Self-isolation can begin when someone wants to use drugs or alcohol without censure or obstruction. Ironically, that choice can lead to even more intense feelings of loneliness that in turn prompt more self-medication.

THE IMPORTANCE OF FELLOWSHIP

Many homeless people become estranged from families and friends, but recovering from a substance addiction without a support network can be extremely difficult. Alienation and isolation often cause—and are sometimes caused by—a limited capacity to establish supportive relationships with other people. Difficulties in establishing and maintaining relationships can militate against cooperation with health care providers and may be an important factor in explaining what is often inaccurately described as a "lack of motivation."

Consequently, the nurturing of "fellowship" to overcome the perils of social isolation has for decades been a key component in the philosophy of 12-Step Support Groups and other recovery-oriented support services. Indeed, researchers Polcin, Mericle, Howell, Sheridan & Christensen (2014) endorse a "social model" of recovery that prioritizes the interpersonal aspects of recovery over individual aspects.

"I was proud to support this application for competitive federal grant resources to help open new recovery centers, which will also focus on education and workforce training opportunities."

—U.S. Senate Minority Leader Mitch McConnell

THE MISSION OF SUPPORTED HOUSING

Recovery housing is a form of intervention specifically designed to address the recovering person's need for a safe and healthy living environment. According to Didenko and Pankratz (2007), stable housing during and after treatment significantly decreases the risk of relapse.

Combining recovery housing with outpatient treatment seems to provide the most effective model for recovery. Didenko and Pankratz postulate that supported housing should ideally offer services such as mental health treatment, physical health care, education, employment training, peer support, and instruction in daily life skills and money management skills. Supported housing may also include worker outreach and engagement, a variety of flexible treatment options, and services that help people reintegrate into their communities.

RECOVERY CAPITAL

The term "Recovery Capital" refers to a combination of both internal and external resources that nurture and foster a person's development. To be most effective in breaking the cycle of addiction followed by remission and relapse, many researchers believe that recovery housing should specifically support the life-building aspects of recovery by generating "Recovery Capital" as opposed to merely treating acute episodes of addiction.

According to this theory, it is during the early phase of recovery, especially while living in recovery housing, that residents learn to cope with setbacks and challenges, develop essential life skills, pursue employment or educational opportunities and work through difficulties in their interpersonal relationship. Recovery housing is thus uniquely capable of enhancing those important areas of growth essential to lasting recovery.

Ideally, recovery housing operators, staff, and certified peers should also be knowledgeable in how best to deal with co-occurring disorders and their effect on a client's susceptibility to relapse.

BEST PRACTICES

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery housing as follows:

"Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed physician, such as Medication Assisted Treatment, and other FDA approved medications."

STANDARDS OF EXCELLENCE

SAMHSA also recommends the following ten minimum standards for recovery housing administrators and stakeholders:

1. Establish a clear operational definition of your program
2. Understand that addiction is a chronic condition requiring ongoing support
3. Be fully educated regarding co-occurring conditions and complications
4. Make sure the facilities match client needs
5. Maintain professional standards including documented accountability
6. Support evidence-based practices
7. Ensure quality and client safety
8. Maintain ongoing communication with interested parties and care specialists
9. Be sensitive to local cultural norms
10. Measure and evaluate performance

"We know that wrap-around services—including stable employment, reliable housing, and treatment programs—boost an individual's chances of long-term sobriety."

—U.S. Senate Majority Leader Mitch McConnell

COACHING

Evidence suggests that socialization and fellowship can benefit from the use of peers, recovery coaches, and recovery-oriented systems of care. Jack, Oller, Kelly, Magidson & Wakeman (2017) found that, although primary care physicians can offer effective addiction treatment and medications, patients may lack the critical psychosocial supports to make those treatments effective. Recovery coaches have proven helpful in increasing a person's chances of maintaining sobriety and achieving lasting recovery. This is especially true of recovery coaches experienced in Medication Assisted Treatment (MAT).

PEER SUPPORT

Research also indicates that peer-delivered recovery support can be crucial in lowering the number of days a person is intoxicated as well as total alcohol consumption. In one study, those discharged from inpatient treatment that included peer support had a sobriety rate of 48% compared to 33% for those without peer-related services.³

TRAUMA-INFORMED SUPPORT

SAMHSA also endorses trauma-informed care, in other words an administrative environment that understands, recognizes and responds to the effects of trauma. In this regard, SAMHSA subscribes to a set of five key principles in providing trauma-informed treatments.

- The facility and treatment must above all be safe
- The process should be transparent to engender trust
- The treatment should be mutually collaborative
- The client should feel empowered
- Administrators should be knowledgeable regarding cultural, historical, and gender-related issues

ONGOING COMMUNICATION

Because of its critical role in recovery, researchers recommend ongoing communication as a standard operating procedure. Those helping clients stay on track can include concerned loved ones, current and former treatment providers, certified peer recovery coaches and criminal justice professionals. For example, a standard practice adopted by the Philadelphia Coordinating Office for Drug and Alcohol Abuse Programs is ongoing communication between the recovery house and treatment providers, case managers, and probation officers. Within certain vocational programs, maintaining contact with the person's place of employment is also recommended.

Topics of communication between stakeholders may include:

- Level of program adherence
- Client behavior including potential relapse indicators
- Attendance concerns at treatment
- Medication Assisted Treatment (MAT) dosage changes, including take-home doses
- Progress reports
- Psychotropic medication changes
- Employment status
- Referral decisions (especially after a relapse to prevent any fraudulent and exploitative "brokering" activities)
- Drug testing results
- Discharge planning
- Social network concerns
- Relapse history

OUTCOME DATA

SAMHSA recommends that recovery housing administrators implement an accurate performance measurement system. This is especially true of recovery centers that seek third-party reimbursements. Even after a client has been discharged, recovery housing personnel can maintain and tabulate client performance, provided the client continues to live at their facility. The collection of performance data—both client characteristics and utilization of evidenced-based services—can provide federal, state, and local policy makers with valuable information needed to further the advancement of recovery housing. As a recovery housing program moves toward independent certification, the data collection process may become less complicated because the certification process itself aids in record keeping. In this case, it's not unusual to implement a system that's manageable by nonprofessional personnel.

RHOAR'S ROLE

The partnerships and recovery housing built by the Fletcher Group reduce recidivism, increase employment and rebuild lives, thereby lowering emergency room and jail costs to maximize taxpayer dollars.

The RHOAR project in particular is designed to promote ongoing support after a resident leaves, including training for employment, job placement, and the development of all the so-called “soft skills” needed to succeed—how to conduct an interview, how to dress, and how to behave on the job in professional settings. The goal throughout the continuum of treatment and recovery is to hone and refine all the entrepreneurial skills the resident will need to ensure long-term abstinence and success.

Equally important is job creation—connecting with, understanding, and assembling an educated pool of receptive employers who are willing to reconsider hiring practices and create openings for people in recovery.

EMPLOYMENT IS THE GOAL

There's no getting around it: Employment is as important to a sense of fulfillment and dignity as it is to financial independence. To help residents fulfill their potential and contribute to society, RHOAR will take a non-punitive, non-criminal approach that's creative, innovative, and also highly personalized.

TREATMENT, NOT JAIL

Over the past years, America's criminal justice system has largely concluded that treatment, rather than imprisonment, is needed for America to stop the endless "revolving door" of arrest, incarceration, and release.

As a result, probation and parole boards are increasingly willing to assist in referrals from drug courts, jails and prisons in ways that reroute their per diem fees to more meaningful treatment.

PERSISTENCE PAYS

As opposed to the time and money lost in emergency room visits, arrests, and incarceration, RHOAR will spend its time and energy targeting critical behavioral changes in a highly positive but strictly controlled peer-driven environment that emphasizes accountability while rewarding small but significant steps in growth over prolonged periods of time (up to 24 months).

WIN-WIN OPENS THE DOOR

Essential to RHOAR's financial sustainability is the ability to reach across silos to create win-win collaborations that "bend the curve" in ways not previously possible. As with other Fletcher Group projects, RHOAR will depend on the resources and good will of partners from both public and private sectors.

A HISTORY OF BUILDING PARTNERSHIPS

RHOAR is based on the Recovery Kentucky model of recovery housing developed under Governor Ernie Fletcher. The Fletcher Group he later founded has developed over time a unique skill set for blending resources and funds from a wide range of institutions.

To build its 18 centers, Recovery Kentucky partnered with the Kentucky Housing Corporation (KHC), the Department of Corrections, the Kentucky Department for Local Government, and the Kentucky Cabinet For Health and Family Services (CHS). Other funding came from tax credits and Section 8 Housing Vouchers as well as so-called “Soft Funding” from the HOME Investment Partnerships program and Community Development Block Grant (CDBG) program.

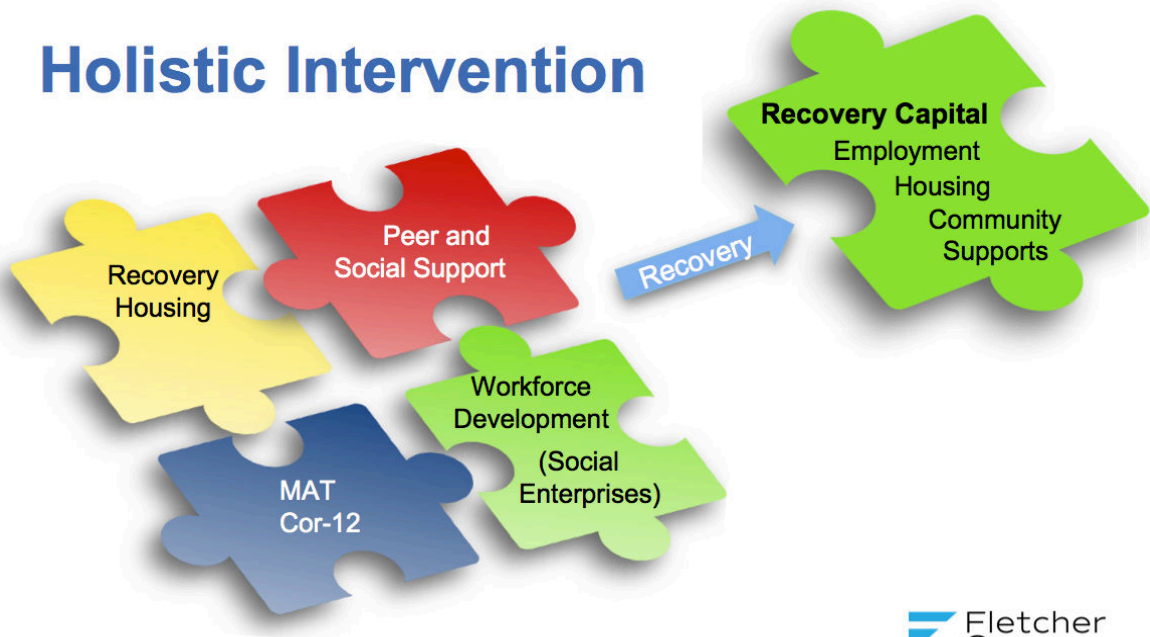
Similar systems and organizations will be engaged in other regions and states as the Fletcher Group expands its model nationwide.

RHOAR PARTNERS

To fulfill its mission, RHOAR will likewise engage with a wide variety of partners: the Criminal Justice System including corrections, parole, probation and drug courts; federal agencies such as HUD, USDA, and SNAP; state governor offices and housing authorities; and non-profits such as SOAR (Shaping Our Appalachian Region). State and local Health Departments will be engaged to promote and support early intervention and to assist in infectious disease and substance abuse treatments. The University of Kentucky Center for Drug and Alcohol Research will also be involved in developing clinical trials, program evaluations and harm reduction guidance as well as Naloxone training and distribution to at-risk individuals. The Kentucky Injury Prevention Center (KIPRC) will help RHOAR with data analytics regarding population health. Local Chambers of Commerce may assist in workforce development, employer relations, and second-chance re-entry employment for those leaving corrections facilities. Remote learning centers and technical colleges, including those in the Kentucky Community Technical College System (KCTCS), will also be involved.

Funding Streams will include the Low-Income Housing Tax Credit (LIHTC) program, Section 8 Housing Vouchers, Housing Trust Funds, and Distance Learning Grants. The Fahe network of over 50 locally-rooted nonprofits will also assist in the financial analysis and development of capital funding for recovery center construction. In some cases, individuals experiencing homelessness and substance use disorders may also qualify for disability allowances.

Holistic Intervention



SPECIFIC GOALS

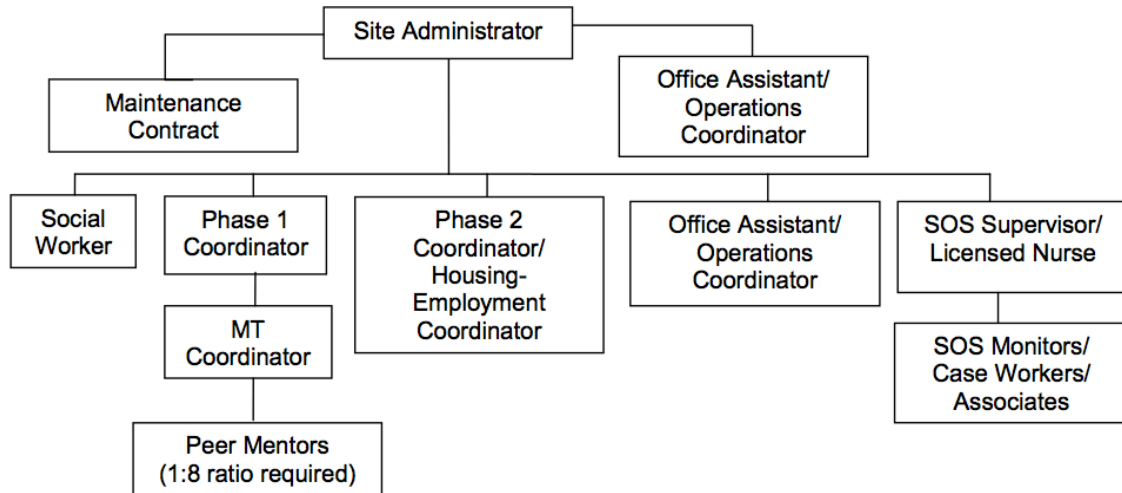
RHOAR is expected to serve 300 residents by leveraging \$24 million in private capital as well as another \$4.8 million annually in other funding. Specific goals include providing technical treatment assistance within the recovery housing complex including the provision of and training for Medication Assisted Treatment (MAT) and Harm Reduction programs to prevent overdose deaths. RHOAR will also provide strategic planning to ensure a complete continuum of care even in the most remote and rural areas.

HOW IT'S DONE

RHOAR Recovery Centers will meet all the requirements to qualify as the fourth and highest category of therapeutic community as defined by the National Alliance for Recovery Residents (NARR).

Those requirements include clinical oversight or monitoring with stays typically briefer than levels 1, 2, or 3 communities; paid and licensed or credentialed staff and administrative support; organized hierarchies of authority and clinical supervision with varied resident participation; plus on-site clinical services and mutual support group meetings, life skills training, and peer recovery support services.

A NARR 4TH LEVEL THERAPEUTIC COMMUNITY



TREATMENT

RHOAR will house residents for up to 24 months and offer a structured recovery program including SUD treatments with medication; treatments for co-occurring conditions; education and training based on individual interests, aptitude, knowledge and skills; job placement supports; job development; social enterprise learning; and second-chance employment training as well as legal record expungement.

All practices will align with ASAM and SAMHSA criteria throughout all seven phases of treatment—initiation, engagement, acute treatment, rehabilitation, supportive care, maintenance, and tapering and readjustment.

RHOAR will also work to enhance the capacity of local communities to provide treatment services and will implement programs specific to Fletcher Group that promote treatment in primary care and other health facilities.

EXPECTED OUTCOMES

Given that RHOAR clients will be demographically and culturally to those who benefitted from the Recovery Kentucky program, it's not unreasonable to expect results similar to those depicted in the graphs and charts below.

(All graphs and charts reflect data from the University of Kentucky Center on Drug and Alcohol Research in Lexington, Kentucky.)



EMPLOYMENT TRENDS BY GENDER

Since FY 2011, the disparity in employment between men and women in the RCOS follow-up sample has been documented.

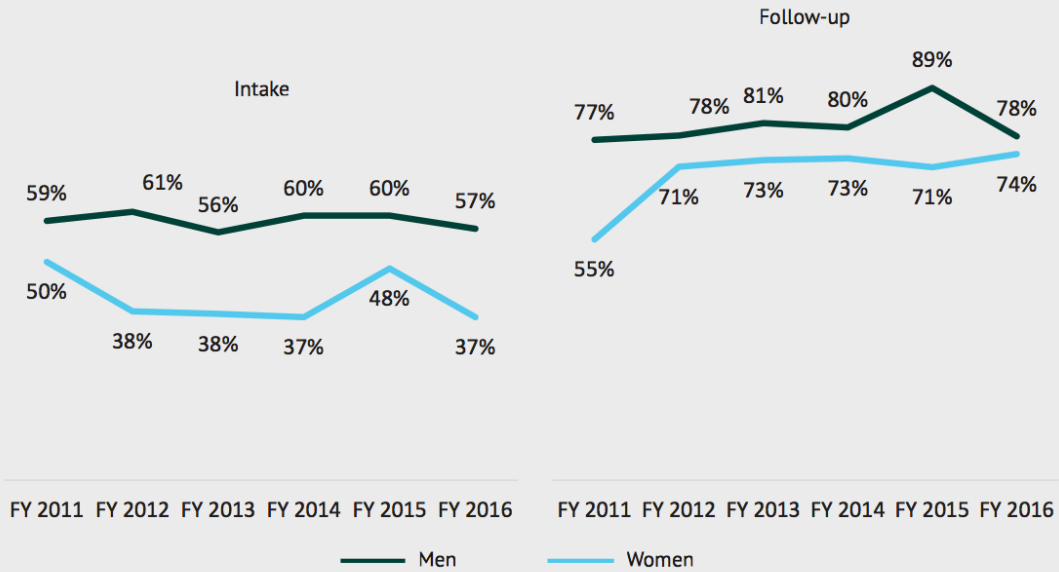
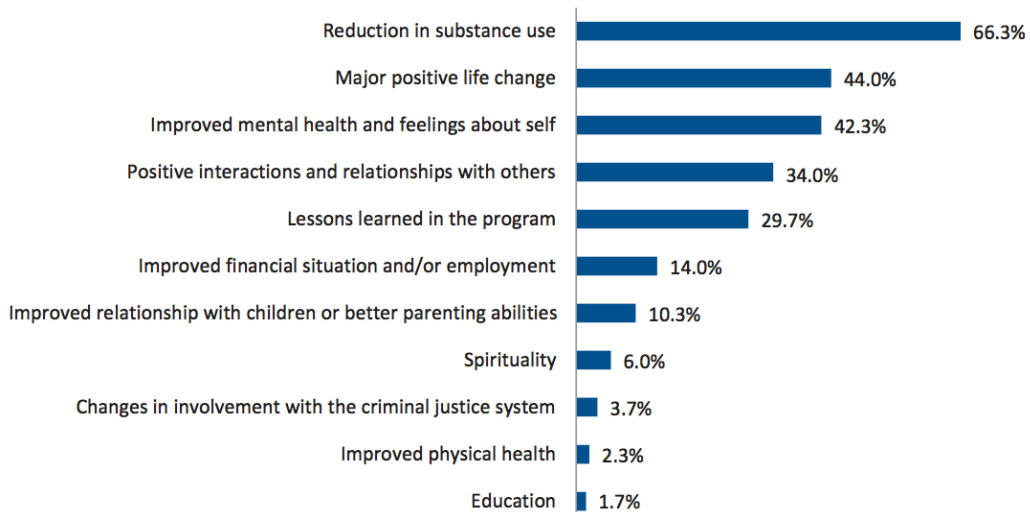
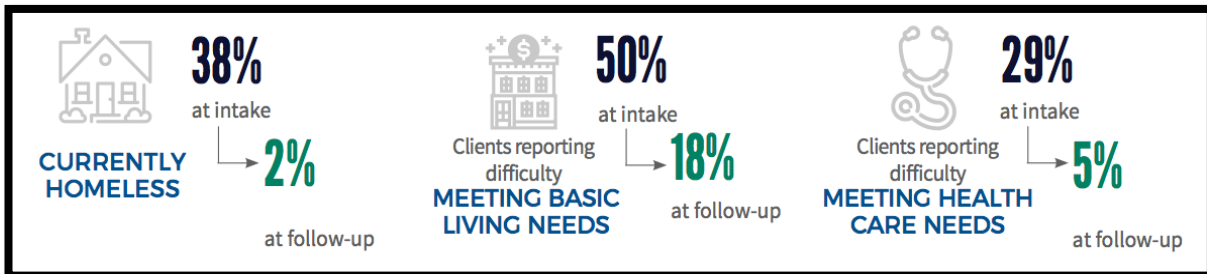
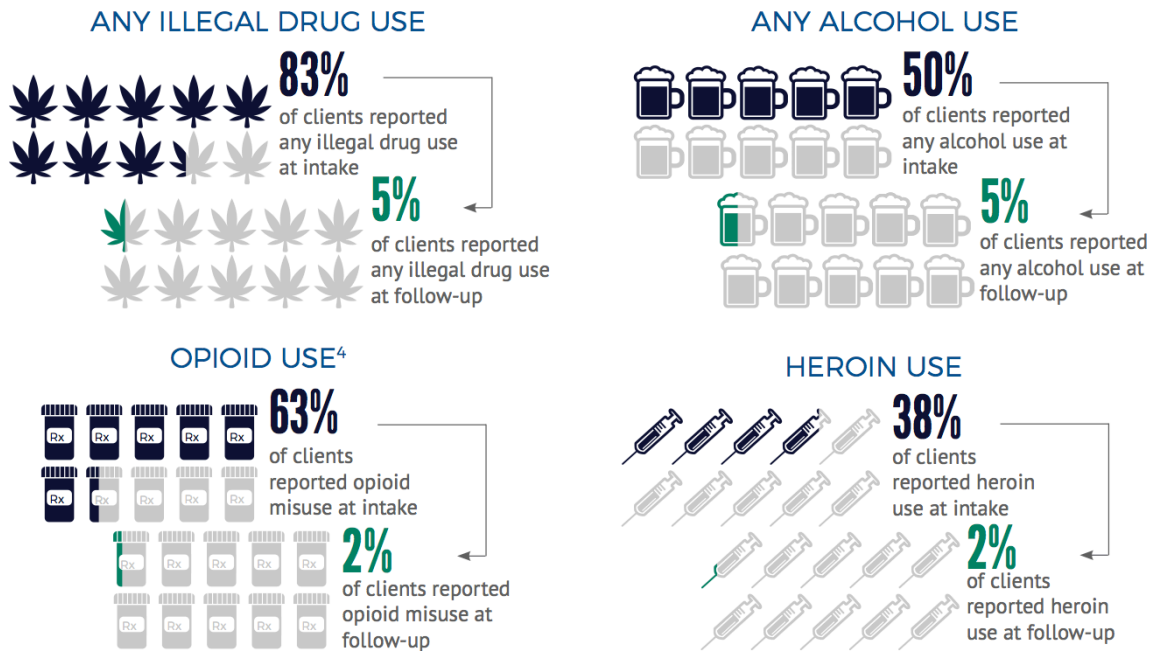


FIGURE 9.2. PERCENT OF INDIVIDUALS REPORTING THE MOST POSITIVE OUTCOMES THEY EXPERIENCED FROM THEIR RECOVERY KENTUCKY PROGRAM EXPERIENCE AT FOLLOW-UP (n = 300)⁶²



PAST-6-MONTH SUBSTANCE USE³



EXECUTIVE CONCLUSION

A remarkable synergy based on shared goals and principles bodes well for ARC's endorsement and funding of RHOAR. Having already helped thousands overcome addiction and embark on lives of hope and purpose, the Fletcher Group promises to do the same not only in Eastern Kentucky but throughout the United States as the company seeks nationwide expansion of its innovative and highly effective recovery model.

For more information, visit fletchergroup.org

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