

RECOVERY

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



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A NEW ERA IN RURAL RECOVERY HOUSING

By Founder and Chief Medical Officer Dr. Ernie Fletcher

With drug overdose deaths jumping by more than 20,000 to 93,000 last year,* the need for safe, effective recovery support services, including Recovery Housing (RH), is greater than ever. That’s especially true in rural communities where few resources are available to counter the higher rates of SUDs, morbidity, overdose, and mortality found there.

Most rural RH providers are small, community-based organizations with little opportunity to connect with one another, share lessons learned, or master Best Practices. Thanks to a grant from the U.S. Health Resources and Services administration, the Fletcher Group Rural Center of Excellence fills that gap by providing rural communities with evidence-based Technical Assistance at no cost.

Many challenges remain, but the potential of RH has never been brighter, as evidenced by the success recorded over the past ten years by the model we promote (see page 4).

Those documented outcomes show that the cycle of dependency can indeed be broken, that lives can be rebuilt and families reunited, thereby enhancing the health and well-being of rural communities everywhere.

*CDC National Center for Health Statistics

RH DEFINED

Housing can be hard to find for those with an SUD. Reasons can include little income, poor credit, limited education, criminal justice involvement, or a poor rental and/or work history. And without safe housing it can be nearly impossible to build “Recovery Capital”—the internal and external resources needed to initiate, stabilize, and sustain long-term recovery.

The many benefits of healthy, substance-free Recovery Housing that combines peer support with services and supports have been well documented. They include lower substance use, reuse, and incarceration as well as improved employment and family functioning.* RH is also extremely cost-effective, with local communities saving \$29,000 for each person living in a peer-run recovery home.†

We’ve Come A Long Ways

RH takes many forms, from independent, resident-run homes to staff-managed residences offering clinical services. But until recently there was no standard mechanism for ensuring quality. For that reason, fraud and abuse have caused many desperate families to expend thousands of dollars with little to show for it. The challenge is even greater in rural communities where funds and resources are often in short supply.

A major change took place in 2011 when the National Association of Recovery Residences, under the leadership of Dave Sheridan, developed a 4-level classification system as well as an extensive set of quality standards, including metrics for evaluating the various components of RH quality: peer support, governance, ethical standards, good neighbor policies, physical property, and overall safety.

The Substance Abuse and Mental Health Services Administration, a branch of the U.S. Department of Health and Human Services, has also done its part. Issued in 2018, SAMHSA’s “Ten Guiding Principles”‡ have gone a long ways in helping states and federal policy makers define and understand what comprises safe, effective, and legal recovery housing.

But We Still Have A Ways To Go

Although a strong NARR affiliate in each state is critical to ensuring nationwide quality standards, there are still many states without active and fully operational NARR affiliates. That’s why Fletcher Group Outreach and Engagement Specialists, in states from Washington to West Virginia, work hard to promote the development of affiliates and educate state agencies regarding certification standards.



Greater awareness of RH and substance use is still needed on all levels—local, state, and national. According to one study,§ other key challenges include:

- Wide variations in RH definitions, language, and understanding
- Inadequate funding for support services
- Perceived and actual barriers preventing collaboration with local service networks
- Local resistance to the development or expansion of RH

All such challenges are compounded by a nationwide lack of affordable housing that's particularly acute in rural areas.

But despite all the challenges, one thing is clearer than ever before: When it comes to long-term success, Recovery Housing is key.

* The National Council for Behavioral Health Recovery Housing Issue Brief: Information for State Policymakers

† Center for Social Innovation Recovery Housing: Findings and Recommendations from an Environmental Scan

‡ <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>

§ The Ohio Council of Behavioral Health and Family Services Providers and the Center for Social Innovation: Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan

OUR UNIQUE MODEL

Before founding the Fletcher Group, Dr. Ernie Fletcher practiced as a board-certified physician, served as a three-term U.S. Congressman, and, as the 60th Governor of Kentucky, launched a uniquely innovative recovery housing program that’s helped thousands of Kentuckians rebuild their lives while saving millions in taxpayer dollars.

National Expansion

Fletcher’s unique approach to recovery housing has been called “a model that works” by the U.S. Department of Health and Human Services.* It’s also been recognized by SAMHSA as an evidence-based program for treating those who have SUDs while involved with the criminal justice system.** The model is now being promoted by the Fletcher Group Rural Center Of Excellence, one of three national RCOE’s funded by a grant from the U.S. Health Resources and Services Administration.

Building Recovery Ecosystems

The Fletcher Group model leverages multi-agency teamwork and a partnership-wide eagerness to think outside the box. It successfully halts the cycle of substance use disorders, dependency, poverty and criminality by creating a "Recovery Ecosystem" that combines evidence-based treatments with a sustainable housing model. Let’s look at the treatment model first.

Community As Method

The holistic, person-centered social recovery model achieves noteworthy economy and effectiveness by employing peer-led mentorship, peer-guided support meetings, and personal accountability, all in keeping with the principles of Recovery Dynamics that have evolved from Alcoholics Anonymous and Narcotics Anonymous 12-step programs.

A Complete Continuum Of Care

Throughout a residency of up to two years, clients benefit from a complete continuum of evidence-based and trauma-informed care, including medications and other treatments administered by staff professionals. In coordination with community resources (workforce training, social enterprise, meaningful employment, housing, transportation, and education, etc.), a nurturing culture of care provides the ideal platform for connecting mind with body to develop the life skills needed for lasting sobriety, stability, and self-sufficiency.

A Model That Pays For Itself

Not much happens in any field without money. By leveraging funds and resources (including tax credits) that



Dr, Ernie Fletcher, Founder and Chief Medical Officer of the Fletcher Group

already exist within federal, state and local agencies, faith-based entities and the private sector, our "braided funding" financial model enables new facilities housing 100 or more residents to be built without incurring debt.

Self-Sustaining

Day-to-day operating costs, including those needed for building repair and upkeep, are met through per diems contracted with departments of corrections as well as Community Development Block Grants, Section 8 Housing, SNAP benefits, and other partnerships.

A New Era In RH

All told, the Fletcher Group's "Recovery Ecosystem" model is a game-changer, achieving positive outcomes through a partnership-based approach that makes effective RH an affordable reality, especially in rural communities where adequate funding and resources have previously been out of reach.

• Commonwealth of Kentucky Justice and Public Safety Cabinet 2020 Combined Annual Report
<https://odcp.ky.gov/Reports/2019%20annual%20report%20final.pdf>

** SAMHSA Evidence-Based Resource Guide
<https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf>

OUR DOCUMENTED OUTCOMES

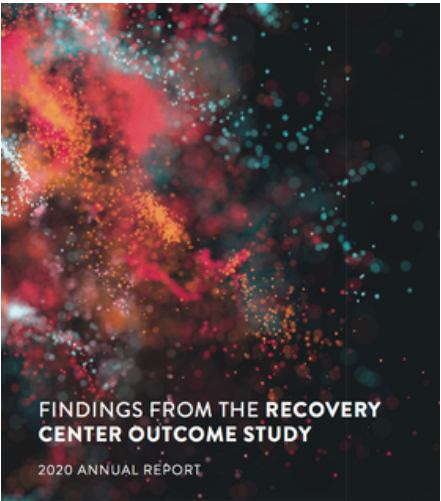
The nation’s only multi-year systematic evaluation of long-term residential recovery supports is now in its 10th year

From reduced recidivism to increased employment and improved well-being, the effectiveness of the recovery model promoted by the Fletcher Group can be glimpsed in the charts here. Greater detail is found in the program’s tenth consecutive Annual Report produced by the University of Kentucky Center on Drug and Alcohol Research. The entire 139-page report as well as "Key Findings" and a “Positive Outcomes Fact Sheet” can be found at fletchergroup.org where you can also sign up for our Monthly Newsletter and request Technical Assistance from our impressive team of Subject Matter Experts.

What’s Next?

As the Annual Report shows, the documented outcomes of the Recovery Kentucky program equal or exceed those of the nation's most effective programs. But there's always more to do. Next up for the Fletcher Group is the "RCOE Portal”—a one-stop shopping hub for all things related to rural Recovery Housing. It will break new ground in several exciting ways by providing the following:

- A Housing Locator to help individuals find housing, especially in rural areas where resources are typically hard to find
- A Resident Management System to help RH staff quickly input, tabulate and archive daily records
- An online Best Practice Training Center to enhance the knowledge of RH operators, staff, and others



\$2.25

RETURN ON EACH DOLLAR INVESTED

The estimate of avoided costs to society of \$4,984,857 divided by the cost of services to the individuals in the follow-up sample suggest that for every dollar spent there was an estimated \$2.25 of avoided costs to society.

—2020 Recovery Kentucky Annual Report



\$5M

TAX SAVINGS

\$6.2 Million
Cost To Society At Intake

–

\$1.2 Million
Cost To Society At Follow-up

=

\$5 Million
Gross Difference In Cost To Society

—2020 Recovery Kentucky Annual Report



Outcomes At A Glance			
From the Recovery Kentucky Program on which the Fletcher Group model is based.	AT INTAKE	AT FOLLOW-UP	RELATIVE CHANGE
Illegal Drug Use	86%	14%	83.7% Decrease
Opioid Use	63%	7%	88.9% Decrease
Alcohol Use	44%	7%	84.1% Decrease
Homelessness	35%	10%	71.4% Decrease
Rearrest	60%	11%	81.7% Decrease
Anxiety	72%	20%	72.2% Decrease
Depression	66%	16%	75.8% Decrease
Suicidal Ideation	29%	3%	89.7% Decrease
Employment	45%	82%	82.2% Increase