

September 2021 Webinar

[00:00:00] **Michelle Day:** Good afternoon, everyone and welcome to the Fletcher group's new webinars series. Today's session is scheduled to run from 2:00 PM to 3:00 PM Eastern standard time. I am your moderator for the session Michelle Day, and I will be assisting you with your participation while the webinar's taking place. I also have Karen Coburn and Erica Walker as co-host to help with the Q and A and chat features.

At this time, I would like to introduce today's presenters, Dr. Ernie Fletcher, the co-founder and chief medical officer and Dave Johnson, chief executive officer at the Fletcher Group Rural Center of Excellence. Dr. Ernie Fletcher, physician, statesman and healthcare visionary. Dr. Ernie Fletcher was elected in 1998 to the first of three terms in the United States House of Representatives, where he [00:01:00] served as a member of the House committees on energy and commerce and Chair of the policy sub-committee on health care.

In 2003, he was elected the 60th governor of Kentucky and proceeded to establish Recovery Kentucky, an innovative recovery housing program whose 18 facilities have helped thousands of Kentuckians recover from addiction while saving millions in taxpayer dollars. As founder of the Fletcher Group, Ernie continues a legacy of innovative public service dedicated to protecting the health and wellbeing of society's most vulnerable populations.

Dr. Fletcher received his Bachelor of Science degree from the University of Kentucky College of Engineering and graduated from the University of Kentucky College of Medicine. He currently resides in Florida with his wife, Glenna. They have two children and seven grandchildren.

Dave Johnson. Raised in rural Idaho, Dave has over 40 years of experience leading program development with a specific focus on [00:02:00] holistic service models that address physical health, mental health, substance use, and social determinants of health. Over the years, he has been awarded more than \$20 million in funding from federal and state agencies, as well as private foundations.

Dave's critical leadership is based on a dedicated approach to ever improving policies, practices, and outcomes. Committed to giving a voice to those in need, Dave has a simple answer when asked why he would dedicate over 40 years of his life to the health and wellbeing of others, "I'm just giving back."

So without further ado, Dr. Fletcher, Dave, the floor is yours.

[00:02:39] **Dr. Fletcher:** Hello, this is Ernie Fletcher. Sorry, I got dropped off just for a moment there, but I'm back on. Uh, really welcome everyone. Thanks. All of you. I was looking through the chat. There's a number of you joined us. I really appreciate you being here. As we look at this first polling question[00:03:00]

[00:03:06] **Dave Johnson:** At this time, we'd really like you to indicate your role. Um, just to get a little better sense of who's here today. To just take a couple of seconds to quickly indicate Checkley a category most closely represents your area of activity.

And we're getting the results here. So a lot of you, uh, indicated other roles than what we identify here, but number from a community based support, uh, programs, recovery, housing, uh, and public sector [00:04:00] and closing the poll. So thank you.

[00:04:07] **Dr. Fletcher:** Well, thank you all very much for joining us, uh, kind of be reviewing those polling questions. We'll have a few more as we go on, uh, Dave and I really appreciate the opportunity to share some thoughts with you on particularly the recovery ecosystem. When we start here with some of the statistics, you all were very familiar with this, it kind of lays the groundwork of the why behind what we do.

If you look over 20 million adults with SUD, uh, in our nation, that's over 8% of our adult population. Recently there's about 93,000 deaths over the last 12 months, at least for preliminary numbers from the CDC, that's almost a 30% increase and the previous year. So we've seen a substantial increase in SUD and related, uh, morbidity mortality from that as well.

Uh, we [00:05:00] compare that with 88,000 annual alcohol related deaths and that's, we know the alcohol related deaths have a more chronic nature on the deterioration of particularly liver, uh, CNS function. And so those deaths occur generally later in life. And the striking thing about your overdose that relate to both opioids and psychostimulants are the fact that it often these lives are taken.

Uh, during some of the most productive years of individual's lives. Also the impact on homelessness, a half a million individuals remain homeless, individuals involved with homelessness. And what we also see from that there is at least 20% is directly related to SUD, uh, regarding individuals that find themselves homeless.

Um, culture and, uh, the recovery ecosystem. And we'll talk a little bit about the [00:06:00] difference, Dave. I know you've got some thoughts on the issue you want to share. Yeah.

[00:06:04] **Dave Johnson:** As you know, kind of, uh, thinking Ernie that, you know, you've talked about the statistics and you know, you've made the point in the past about, you know, the, the overdose fatal and nonfatal overdose rates have been increasing.

Um, you know, even prior to COVID and, you know, the COVID has had an important kind of impact on it, you know, so, you know, and I think you've also made the point to us that, uh, what we've been doing is not working, uh, or it's not working well, I should say. Put it that way. Um, and so, you know, what do we need to do? And I think it's time that we take maybe a little broader look at it, look at culture and other recovery ecosystem, and particularly in rural communities, you know, I think about, you know, kind of what is culture, um, you know, it's, it's really kind of who we are, where we came from.

Uh, and the, the small town I grew up in an Idaho was a farming community. And the culture of that community, uh, [00:07:00] growing up was really about, uh, all, all around farming. Uh, and in fact, you know, in the summer, There was a farm days kind of event that was, you know, the competitions were, how fast did you set siphon tubes?

So we'll leave that one for the audience that they know what the siphon tube is. Uh, I, it was never very good to win those races. My brother was always pretty effective at that. Um, but it really kind of shaped where, what we believed in. And when I moved to a small community in Montana, it was all about logging and lumber.

And so they had a timber days, you know, which they had a contest around who could cut logs the fastest and who could make art designs with their chainsaws. Uh, you know, so that the culture of those communities get shaped by their history. Um, you know, who founded them, what were the economies that were there?

And then what are the kinds of belief systems that evolved from that historical culture of that community? Um, and then we would look at, you know, kind of what is the [00:08:00] ecosystem. And we think about that from a really comparable biological bonding kind of perspective, you know, we think of, you know, every small ecosystems, you know, that can be literally a pond, uh, in the middle of the forest or, or it could be the whole forest, you know, but the

ecosystem really talks about, you know, how the component parts interact with each other.

And the harmony that's built around that ecosystem to make it functional. And so when we start to think about addressing substance use in rural communities, we talk about what are the interactive parts within that community that will make it a healthy community or not such a healthy community. And that's really kind of what we're here to talk about today is, you know, what are those component parts, what makes a difference in terms of a rural community, being able to respond effectively to the challenges of their community that may resolve in a higher incident of substance use.

And that you even find in some urban communities.

[00:08:57] **Dr. Fletcher:** Yeah. Dave, and a [00:09:00] couple of things that occur to me as we're talking about this is that there's an individual, um, how the College of Public Health, at Brown University of Center of Research has looked at the impact of culture on, um, tobacco use, for example, and then other addictions.

And it has a tremendous impact on the incidence and prevalence of those sorts of behaviors within the community. And the other thing about the recovery ecosystem is particularly relevant for rural communities is the fact that imagine an ecosystem in LA, uh, it's not a contiguous community. There is a diversity of community and it's kind of communities within communities.

Whereas if you look at a rural community, you have the possibility of establishing kind of a singular ecosystem that impacts that entire rural community because of the tight knit tightness of it. And so I think it's [00:10:00] important when we're looking at rural communities, a culture and ecosystem has such an impact on what happens in that community.

So we feel, that's why that's extremely important in addressing this full continuum of care and addressing a different approach to SUD in general, since what we are doing is clearly not working with 93,000 deaths, an increase of almost 30%.

[00:10:27] **Dave Johnson:** So let's turn to another polling question here. Um, you know, in the sense that, uh, what do you believe that a recovery ecosystem only refers to continuum of care, i.e., prevention, uh, intervention, recovery support services.

Do you kind of strongly agree with that? Agree, neither agree nor disagree, disagree, or strongly disagree. What does, what encompasses the recovered ecosystem?[00:11:00]

So as you kind of think about that and vote that's, um, close off the poll here and 5, 4, 3, 2, 1, we have results.

So there's some people that, um, looks like about a quarter, either strongly agree or agree, but 10% are not sure rest, uh, almost three quarters disagree. Uh, well, thank you. That kind of fits kind of where we're headed with this is that, um, recovery ecosystem can be much more than just the continuum of care.

Um, and we'll, let's see, move the slide forward.

[00:11:49] **Dr. Fletcher:** Yeah, I think this next slide, Dave, really, really kind of confirms that when you begin to look at, um, it involves a lot more than a continuum of care. And [00:12:00] as we look at the different elements and it is, we start here and it begins with safe housing. It grows from there.

I don't want to get to Maslow's needs, but it does have a little bit to do with that Dave, you've got to start and you look at recovery ecosystem some of those basic needs are important. And those are some of the things that an impaired individual that is substantially affected by SUD. Housing becomes a very important issue.

As we've already mentioned, even, uh, talking about homeless situations. Um, then I don't know if you want to go through each one of these, we're going to go through each one of these separately, but here's a nice overview and Dave, you may want to hit on them a little bit.

[00:12:38] **Dave Johnson:** Yeah, that's really kind of gets the, you know, kind of the outline for our presentation today and kind of what we see as those components of the ecosystem.

And we can think about this both from the standpoint of a micro perspective of recovery house in the rural community, uh, in which we look at, you know, the interaction between the residents, the staff, [00:13:00] um, you know, the neighbors, uh, and you know, the broader community, or we can look at this, you know, from the standpoint of the, uh, entire rural community, so that you start to look at.

Uh, law enforcement, the faith-based community, um, and you know, the treatment providers and support, and, you know, this is the major employer in the town et cetera. So, you know, I think when we think of recovery ecosystem, we think of both of that micro kind of perspective, you know, what's that ecosystem within a recovery house or organization, and what's the ecosystem within the broader context of the community.

So we'll, we'll go through the, uh, these kind of various components that we've identified as significant in understanding of substance use disorders. Uh, it impacts, uh, individuals and the broader community.

[00:13:57] **Dr. Fletcher:** You know, I see the ecosystem has at least [00:14:00] two components of it. One is entities. Who. Who's involved in the ecosystem and then two, what's being done on the process with the functions of the ecosystem.

Um, and the entities may be singular in and of themselves, but the functions are overlapped and require a lot of interactivity and collaboration. I think we move on, uh, just wanted to make that point of the there's kind of two components to a recovery ecosystem. Um, diversion, one of the things that is we look at diversion and Dave I know you've got a lot of thoughts on this, but the few thoughts I had right at the beginning is that when we were founded Recovery Kentucky, we found one of the strengths of it is looking at folks that were justice involved and looking at recidivism rate.

And looking at alternative pathways for those individuals to find a pathway to recovery, which ends up reducing [00:15:00] recidivism. Ends up, really transforming that life, giving them meaning, purpose, and eventually, meaningful employment. But as you know, as individuals come out of the justice system, there's a really a number of impediments to them being able to re-establish themselves within a community.

And that includes housing, transportation, employment specifically. Um, and there's a lot of entities that we've we've, you know, we could talk about. And Dave, if you want to make, want to go through some of those, the

[00:15:31] **Dave Johnson:** Yeah. I was thinking about this Ernie in terms of, you know, how some of the programs that we've looked at for, uh, providing support to rural communities in terms of development, like the LEAD program, Law Enforcement Assisted Diversion, or the PORT, the Post Overdose Response Teams. And one of the things that we've found that those often involve EMS and our law enforcement, then other healthcare providers, but in

some of these smaller [00:16:00] rural communities, those resources are not even available. You may have, you know, a single patrol car, uh, that's working that community or may even be from the Sheriff's department.

That's, uh, covering the community at different times of the day. So that's not even, uh, ongoing, uh, law enforcement kind of presence in the community. And so there becomes really that challenge, uh, of addressing diversion in rural communities. And, and then think of some of the responses of you'd have a needle exchange program, for example, uh, you know, I think of some of the rural communities that we deal with.

That would just not play very well. So when we look at some of these diversion, early intervention kinds of programs, you have to pay a little bit of a, a step back and kind of go, what's going to work in this community. And one of the things that we're finding is that it really engaging with individuals within those organizations.

So, uh, you know, we have a staff member that's engaged with a [00:17:00] jailer and said, you know, gee, we're seeing a lot of individuals come into the jail, uh, for substance use disorders and we're not doing anything for them. What, what might we do? And so we talked about even your telehealth or engaging the public health department, uh that's in that community to provide services and supports.

So. Takes a little bit of, uh, creativity and looking at what are some of those urban based programs that have been successful, but how do you translate those into the rural communities so that they may not have all the active ingredients of the urban based program, but they may have enough of them that it allows the, uh, response from, uh, drug courts or the court system and a, jailer, uh, to have an intervention with an individual in that community to provide the kind of supports that they need going forward.

[00:17:54] **Dr. Fletcher:** Yeah. I know Dave, I found it in a couple of examples. We've got where we've moved into communities and there's a [00:18:00] couple of counties I can think of rural counties where the champion on this ended up coming out of the court system and being a drug court judge, uh, that really championed as part of the recovery ecosystem.

Uh, the development of more recovery support services, including recovery housing. So, and the other thing I noted is we were looking at measure 110, which was, uh, the start of decriminalization, uh of, substances that's taking

place in Oregon. And it really has been a transition for the law enforcement, the officers on the street.

And, uh, that's really been a change for them. And, and they're having some transition of how do you manage that when they're used to just arresting, taking individuals into custody versus, you know, get that from maybe a citation them and referring them to some treatment, uh, and it's quite a different role.

So I think it's going to involve a lot of education training. The LEAD [00:19:00] program is already doing that. There's an ANGEL program also that does some things like that. But, uh, just a few thoughts that I had on that. And I think we can move to the next. Yeah.

[00:19:11] **Dave Johnson:** So we have another polling question here. This was actually Ernie, you and I were talking, uh, over a week ago, uh, and it was kind of a response to a flood in a rural community in Tennessee.

You know, thinking about does climate change, have a significant impact on rural communities, recovery ecosystem. So again, looking for you to, uh, voice, uh, your level of agreement with that statement, uh, strongly agree, agree, neither agree or disagree, disagree, and strongly disagree. So does climate change have a significant, uh, impact on rules, communities, recovery ecosystem,

[00:19:53] **Dr. Fletcher:** And, you know, interesting. And I, I don't want to push the answer on this and we have to do it, but there was an article this morning, one of the major national [00:20:00] newspapers, uh, it looks like we got some answers, but it did talk about. Um, the lack of resources for rural communities to respond to disasters that may result from, uh, or at least increase with the severity of weather we're seeing both drought and storms and flooding in rural communities. So it looks like, um, you know, we've got a fair number that agree or, or, uh, any way about 67% on the agree, uh, 9% strongly disagree. So, um, I think people begin to realize that, and I think the point of this is the environment and disasters that occur in a rural community can add stress that they may not have the resiliency for, uh, as compared to some of the larger urban area.

[00:20:46] **Dave Johnson:** You know, and I was also thinking, and I was not aware of the administration's kind of movement to, uh, uh, establish, uh, the office of climate change and health equity, uh, press release just this [00:21:00] week. Uh, you know, which the Biden administration established this new

office within HHS, you know, to really identify within communities that this portion of exposure to climate hazards in vulnerable populations.

And again, to your point about, you know, rural communities just have fewer resources to cope and address climate change. So it's, it's probably one of those issues that's been out there that we have, uh, paid a little bit of attention to, or a lot of attention. Uh, but it's a one that's going to impact real communities, probably more dramatically, you know, as we go forward, if you look at the, kind of the forest fires in the Western half of the country and our communities in Oregon and Washington, Idaho, Montana, you know, to the hurricanes and Louisiana and stuff, are you, so you all, it's the rural communities that are going to struggle the most with this.

And one of the impacts then on that, as it relates to individuals, struggling with an addiction.

[00:21:59] **Dr. Fletcher:** [00:22:00] Um, you know, as we're moving on and looking at this to community, I think that's a mixed thing. When we talk about the recovery ecosystem, it is within a community and you start looking at who are the leaders stakeholders within the community.

Uh, what's the history, but when we talked about the importance of culture within the community, You know, as, as we, um, almost say, begin to engage a community, particularly around recovery, housing, recovery support services, one of the first things you need to do. And it's really part of the needs assessment.

Dave is, as we've been doing is to look at, you know, what, what's the culture, what's the work that's already been done. What are the other resources, what's the history of this community and it really, these communities are very diverse. Um, we've been blessed with the opportunity to provide technical assistance for almost coast to coast [00:23:00] now.

And you really see a difference in communities. I mean, deep Appalachia is, is probably a different community, but it has some similarities from Eastern Oregon or say Idaho, um, one being maybe affected by a different set of circumstances, but certainly the loss of the coal industry in Eastern Kentucky has left a lot of those communities in despair.

And so the community and the history makes a lot of difference there. You know, what are the sources of employment? In other words, what are the opportunities? And as we even look at where the beginning of this, uh, opioid

epidemic particularly was identified, at least one example in the book, Dreamland was Portsmouth, Ohio was loss of employment opportunities. Uh, that ended up impacting the community that was built around making shoes. And, and now that was all removed from that community. So the culture changed and the resiliency there was, uh, uh, [00:24:00] substantially impacted. Educational opportunities. There's been a lot of effort and a lot of states to, to increase the community technical colleges within rural communities, knowing that that's, that's kind of the heart and soul of economic development and building meaningful, productive lives.

Uh, so that's extremely important as you're looking at building recovery ecosystem is bringing those educational institutions in. Very essential, especially when we do, uh, or make efforts toward building recovery capital. Uh, you can't replace that education and skillset that's needed, uh, to be productive in the workplace and have a more rewarding career if you will.

Um, Dave you might want to take it from there a little bit, I know we've talked a lot about the courts, jails and that.

[00:24:49] **Dave Johnson:** Yeah one of the other things I think, you know, in talking about what kind of building recovery, uh, ecosystem, you know, it still is about relationships, you know, and I think, you know, in, in rural [00:25:00] communities that may be even more significant than in an urban community.

And part of this kind of understanding that, that informal, uh, system. I know when I started my career in small rural community, again, in Idaho, you know, I learned very quickly that I needed to eat lunch at Monte Owens cafe, um, because the police chief was there, the judge was there. Uh, the county commissioner was there.

Uh, you know, the local business leaders were there. It's where, you know, community problem-solving took place. Um, you know, and if you weren't there, you were not part of solving community issues. And so it was a building that relationship, uh, in the local cafe that became really essential, uh, to, you know, my work as a social worker, you know, and addressing the needs of vulnerable families in the community and, and understanding how, uh, the community leaders, both [00:26:00] formal and informal kind of viewed their obligations and responsibilities to, to respond to those challenges and those issues.

So, you know, I think the notion of relationship and, you know, I think one of the things that from the Fletcher group standpoint in our providing technical

assistance is really that we've employed outreach and engagement specialists who live and work in those communities. It's really important that they, uh, can get out and meet with folks and COVID's kind of restricted that somewhat, but they're still, uh, located in all areas of the country, in these rural communities to engage in and build those relationships for problem solving and developing then that recovery ecosystem from that broader macro perspective.

[00:26:47] **Dr. Fletcher:** Yeah. You know Dave it's important. I think if when we launched projects or initiatives from the governor's office, one of the things that, um, if we didn't do caused us a lot of problems, and that was just take [00:27:00] a sheet of paper and write down, who's a part of this, who needs to know. Nobody likes to be surprised.

And as we're moving into a community, if you've start some work and you haven't reached out to certain people, oftentimes those will be the individuals that may oppose the efforts because they don't understand they were left out. So I think it's extremely important. As, as the folks listening here are moving into communities and understand if they're develop recovery housing, it's important to engage the people that need to know that are vested in that community, make a list of those and reach out.

I think, as you engage them, they really become supporters of your effort. And under a different circumstances, they can oppose it because they don't maybe understand or know what you're doing. And that helps with NIMBY, which we'll talk about here in a little, little bit later. Um, I think we've got another polling question coming up.

[00:27:52] **Dave Johnson:** We keep moving along here, the transition us with these polling questions. So, uh, this one is around, clinical [00:28:00] services are the most effective way to address SUD. That's just kind of a matter of fact statement for you. Strongly agree, agree, neither disagree or agree, disagree, strongly disagree. So again, quick response there, uh, you know, how you see clinical services in terms of being the most effective way to address SUD.

And we have some, uh, results there Ernie. About 5% strongly agree, 22% agree. So about again, a quarter, uh, agree or strongly agree about a quarter is neither agree nor disagree and about a 50% disagree. So, uh, we see a good share of our audience here that see the [00:29:00] clinical services are not necessarily the most effective way to address SUD.

[00:29:05] **Dr. Fletcher:** Um, and I think, you know, as we move to the next one thing, we, I think we, um, we have to realize is that it's a continuum of care

that I'm trying to think. One element of it is, is going to be effective in and of itself. It may be in limited circumstances. Uh, I don't, you know, I don't think there's a right or wrong answer there.

It probably comes from the perspective and looking at the client that you're dealing with, or if in a clinical situation, the patient that you're dealing with. Clinical services, as we know, are extremely important part of the full continuum of care, whether it's, uh, you know, involving hospitals, obviously emergency rooms, dealing with overdose, uh, dealing with, uh, detoxification, especially those folks that are involved in alcohol and benzodiazepines that can result in death.

If, if, [00:30:00] uh, during their withdrawal, if they're not, uh, medicated in certain circumstances, MAT and MOUD, medication assisted treatment, um, we've talked about acute patient intensive outpatient clinical services, SBIRT screening, and we've, we, we felt like that's a very important part and it is, uh, clinical service, but we did a program with adolescence screening and trying to catch folks earlier in their addiction by screening rather than waiting until they have significant sequelae that may end up in an emergency room.

Uh, there's a lot of different programs Dave you may, I don't know if you wanna mention the bridge and echo, hub and spoke some of our partners, and other RCOEs are experts in that. Um, but a important part of the clinical aspect.

[00:30:49] **Dave Johnson:** You know, one of the things too about the clinical services that we know already is adherence rate and that's a challenge kind of across the board.

So, um, you know, [00:31:00] medication, um, for substance use, um, conditions has been effective in preventing overdose deaths. Um, but you know, we know that about 30%, uh, continue on medication for the recommended 180 days. And so that adherence is really a challenge and clinical services, as well as other programs and services to address SUD and beyond.

Additionally, it's estimated that only about 11% of the individuals with a substance use disorder, even access treatment services from a specialty providers. So, you know, there's a lot of services that are provided or not provided that do not involve clinical services. Uh, so I think, you know, one of the challenges here is, you know, which ones are most effective, which ones in combination with either your medication, counseling, um, other kinds of supportive [00:32:00] services, mutual aid groups, et cetera, that might be, you know, required to really kind of build that recovery capital of the individual.

And I think it also gets a little bit, a little bit later about outcomes, but you know, a lot of how we've evaluated clinical services has been pretty limited. Um, it really reflects, um, you know, kind of overdose, but doesn't really kind of get to recovery capital and the development of the sense of purpose and meaning in life for the individual going forward and in maintaining their recovery.

So I think we need to look at clinical services with an ongoing eye to evolving and developing the outcomes that are tied to those clinical services and not just look at, um, does it result in fewer overdose deaths? You know, as we're saying it hasn't necessarily done that going forward. So there are some significant challenges with the clinical services and the ability of those in rural [00:33:00] communities.

[00:33:00] **Dr. Fletcher:** Yeah, it was very, very limited.

Let's move to the next polling question. We were, I'm going to try to we're at a little past a half hour and we want to make sure we keep moving here so that we can cover all of our material. But this one is social recovery programs. There's little or no evidence to support social recovery programs as effective and addressing SUD.

And you go from strongly agree to strongly disagree.

[00:33:29] **Dave Johnson:** We were talking about outcomes. If you were asking about outcomes, really the social recovery versus clinical, um, services. So let's see what people said.

[00:33:38] **Dr. Fletcher:** Yeah.

I think most folks disagree that there, there isn't any evidence. So there's, uh, which means most folks on the webinar today understand that, um, the social port, uh, or support social recovery programs are effective in addressing [00:34:00] SUD and we'll move along to shows. So I know we've, uh, in Recovery Kentucky, we've got 10 years of data showing recovery housing, that's recognized by SAMHSA, as evidence-based especially for folks with justice involved. Uh, and, um, there's been studies with the Oxford House, um, and there's also some studies on peer support. And a lot of that is combined with clinical peer support, combined with clinical, uh, increases, adherence and efficacy.

Recovery support services, um, peer support. Uh, this has been the mainstay of what we would consider the historical 12 step. It also is involved in SMART Recovery, but having peers there that share the experience lived experience and, and can stand alongside the individuals as they are on their recovery pathway is extremely important.

Um, [00:35:00] also the, uh, one of the things that we find out is a lot of the individuals that are severely affected by SUD really need help on developing, um, the soft skills, getting back into life, developing relationships with their family, developing connectedness, um, really eventually getting to skills of employment, or at least maybe even getting back into the skills they have and restoring those connections. So I think it's extremely important. And individuals that have been severely affected by SUD often have lost their homes, lost their jobs, alienated their families. And part of building back that recovery capital is reconnecting that individual with family as much as possible, uh, connecting with other individuals in this peer support that can help them through the recovery pathway, and then getting into meaningful employment and returning that meaning [00:36:00] and purpose to life that's extremely important. Um, Dave, I know you, yeah. I think

[00:36:07] **Dave Johnson:** adding onto that, you know, the recovery support services, I think, you know, this is where we really kind of, I think start to shine in terms of development of the, uh, uh, the rural recovery ecosystem, because it really is a much broader than the, kind of the, if you will, the, I'll use it in quotes, uh, "individual pathology", uh, of addiction, you know, and I think I put that in quotes so that, uh, you know, our friends, uh, don't get too mad at me for that, but, uh, it really broadens out that's that focus that's on housing and transportation and childcare, uh, and employment, so that we're really looking to support an individual's ability, you know, those protective factors that, that support ongoing recovery and long-term recovery, um, [00:37:00] and not just, you know kind of dealing with, um, the chemical addiction, uh, that results from a drug and alcohol use. So you know recovery support services to me are kind of the heart and soul of what we do, you know, really gets to, uh, you know, supporting that individual's growth, coping capabilities, uh, and management, uh, of their, uh, health, chronic health condition going forward.

[00:37:25] **Dr. Fletcher:** Yeah. Well, let's move to the next polling question. We've got about seven minutes or eight minutes to get through our time and maybe a little over the 45, but I want to make sure we have plenty of time for Q and A. Um, for the most part, rural communities are too small to support establishment of recovery housing. Um, interested in seeing your answer on

this, and we'll be candid about this as you, as you are. I'm sure. But, look forward to seeing these answers. [00:38:00]

[00:38:04] **Dave Johnson:** Most people disagree. They see their rural communities as being adequate size to support, um, recovery housing. That's great to see, um, you know, over half, um, strongly disagree that they're too small to support recovery housing. You know, at the same time, you know, there is the economy of scale here. Um, you know, and it depends, I guess, on the size of that rural community.

I think of some small rural communities in the mountains of Montana that, you know, are a thousand people, and, you know, it may be a little tough to support recovery housing in that community. But, um, you know, for the most part, you can look also that at a regional kind of approach, um, you know, so that a number of small communities may see the benefit of [00:39:00] supporting recovery housing, uh, in a region versus just their one, uh, uh, one for each community.

So to speak. Ernie your thoughts.

[00:39:10] **Dr. Fletcher:** I think rural communities really can be ideal for development in recovery housing, for a lot of reasons. A lot of the individuals with SUD may need to get out of the environment they're in. And sometimes the peacefulness serenity of some rural communities can really be a benefit.

Recovery Kentucky and I was rereading the history of that is, was developed to actually put recovery housing in rural communities. Now some of them are not defined as rural communities, but we've got six that are definitely in rural communities. One on the top of that abandoned a land, mine, mine, mining land.

That's a mountain, top removal. It's a Hickory Hill and it's in Knott County Kentucky about as rural as you can get in the U.S. And it's really flourished and it's not just people from that community who come. It also can [00:40:00] be, and this might seem a bit unusual, but in economic development, my thought on rural communities is sometimes they dream too small a dream, uh, because they can develop and with the opportunities zones, some of the Census tracks, some of the other things we have in rural communities can be important. Now, transportation is a problem and it like in Hickory Hill, we have to have a van and they have to provide some transportation. But the collaboration with, at the Department of Transportation, some of the federal programs has provided a lot of support for that. So that's not that difficult to overcome.

You just have to reach out and engage, um, a lot of the different components and some of the resources out there. And that's why we're there to help folks realize what they can do and really help them dream bigger and fulfill their dreams.

[00:40:53] **Dave Johnson:** In terms of dreaming big Ernie, I think we also need to tell, but it's not necessarily a short term.[00:41:00]

result, that it can take years, uh, to develop a recovery house or a facility that's, you know, a larger facility. I think about, you know, the, the planning process that's engaged in that and the developing the land and the resources. You have to develop the recovery housing and just to kind of build the, uh, support within the community for that.

Um, and I think that we have to see it as building infrastructure, you know, community plans to build a new school. Uh, you know, it's not built, uh, today. Uh, you know, they look at their demographic changes and say, oh we're going to do you need a new school, uh, in five years. Yeah. And they start that process, you know, uh, their survey of the, uh, issues within your community will start to inform, do I need to develop recovery housing?

What kinds of services supports do I need? And then you can start to look at that over the [00:42:00] long-term, uh, and that may not happen today. Uh, but what can you do in the short term, in the intermediate term and in the long-term, you start building towards that. It's, it's not something that you kind of give up on because, oh, it's not going to happen within the next six months, but it's a, you know, it's a process.

[00:42:18] **Dr. Fletcher:** I think that's good. And you can start small and still dream big at the same time, Dave. And we do that. Why don't we go? Uh, next, next thing is we were looking at time, uh, real recovery house. We've talked, um, uh, let's, let's move on to, I guess, employment and housing as well here.

[00:42:43] **Dave Johnson:** Yeah, I, you know, I'll just talk a little bit about this and, you know, we've really have worked to support recovery houses in developing social enterprises, um, and building connections with community colleges and public schools around their vocational [00:43:00] education, as well as private sector vendors, uh, engaged in training and education.

And I think that's a part of building again, that recovery capital and developing that ecosystem, who are the employers in the community? Uh, how do you get them engaged around second chance employment? And they, we often find that,

you know, employers are very willing, but they would like some help and coaching. So job coaches or employment coaches working with the major industries in a community can also be very helpful in terms of building that recovery ecosystem because you're bringing the employers on board as a part of the solution.

[00:43:39] **Dr. Fletcher:** Yeah. I think workforce development is that full continuum. You want to start with the recovery pathway that meets the individual's needs, but you know, the end game of this, and I think it's a good proxy for how, how much recovery capital and individuals develop this, is to understand what their interest, aptitudes, and abilities are [00:44:00] and help them negotiate into a meaningful purpose filled life that generally includes meaningful employment.

And, um, sometimes we think that's a challenge in rural communities, but we've found through some of the things that entrepreneurship enterprises and not only that, but you don't find that in a regional approach, there's employers around workforce development entities, and I encourage you as you're looking at a real community, bring that workforce, uh, those workforce and economic development entities into that recovery ecosystem early on.

Um, what we find in most communities is don't have they have trouble finding qualified employees. And those with SUD that have really built that recovery capital can fulfill that need substantially. Some of the early indicators we get are they're more productive, they're better employees, they're certainly more mature, and if you can wrap around that recovery support services with them, is that they're very positive addition to the workforce and can help meet some of that needs. [00:45:00] Um, I want to, as we look in here, there's a Genesis Recovery Center. This is our rural community, Grayson Kentucky. These centers are first-class. I, I think it shows the respect you have for individuals with SUD.

If you start looking at buildings and facilities that you yourself would want to live in, uh, that's true. There's been some studies in education showing that the quality of the school has an impact on the performance of the children. I think we could take that and say that at least there may be a correlation here on the level of the quality. Now we have built all new facilities in the ones we did, but there's also the capability of doing a good job. We worked with the school down in Pikeville, Kentucky that really did a retrofit for the recovery house. And it really came out very nicely. The inside was very well done.

Here's one that we say WARM Center, uh, 28,000, uh, individuals from this it's women's it's in Henderson, Kentucky, which is [00:46:00] a small community. It has a it's across from Evansville, Indiana. Uh let's let's go on to the next slide here. Now. Here's interesting. I want to say dream too small dream. This is a small community, but look at the campus here that's been developed over the years. And we have the recovery center, which is kind of nine to 24 months. And the thing that's advantage of this is it's not a 30 day program. Now, those folks may have come through a 30 day program. And I don't want to say that 30 day programs uh, don't have their purpose, but that's not long enough for the brain to heal.

The neuro-transmitter normalization will not occur in that period of time. So you're overcoming a lot of the cravings and other things. Even if you maintain the medication, you've got a lot more issues than just craving as we've mentioned, but then we move those to supportive permanent housing. Um, that way an individual transitions, a lot of folks have been involved with the justice system, and it's very difficult for them [00:47:00] to find housing.

So just think in big terms at campus, we're glad to help you with that. Go ahead. The next slide.

[00:47:08] **Dave Johnson:** Yeah, Ernie, I was going to just add to that, go back to campus. You were really talking about the, we covered the ecosystem and that really the campus would kind of demonstrates from that, that kind of, that smaller micro perspective of recovery ecosystem. That's kind of enclosed within that continuum of care, continuous support services so that you have the recovery center where there's more intensive programming and supports to the, uh, the apartments where people really are living on their own, but they still have access to the groups and the, uh, ongoing supports of the organization.

[00:47:42] **Dr. Fletcher:** That's really important. One thing that it brings to mind, here's the outcomes from Recovery Kentucky, and they're done by the Rural Center or Center of Drug and Alcohol Research at the University of Kentucky. And again, a lot of this data comes out of rural and it's all put together, so we don't distinguish, but in our [00:48:00] experiences, we look at, um, uh, the outcomes are just as good if not better in rural communities.

But if you take a look at this and we really have had, uh, excellent, um, efficacy on this, and part of it is because it's this chronic program and getting them in, to soft skills and transitioning them, reconnecting them. I think that's extremely important part. Let's go and move on to the next and we'll hopefully get here some questions.

Um, now we think it's extremely important. Dave, you've done a lot of work on this.

[00:48:35] **Dave Johnson:** Yeah. This really kind of reflects where we're working to move towards to evolve the evidence for recovery housing, uh, you know, looking at standardized kinds of protocols and, uh, using the resident, uh, management system for recovery houses to be engaged in, uh, reporting outcomes going forward so that, you know, we really can prove, uh, present to [00:49:00] a policy and, and funders, the evidence that recovery housing is an important part of the continuum of care and needs to have ongoing kind of funding and support to support that activity.

[00:49:14] **Dr. Fletcher:** Yeah, I know I want to say too, as I was noticing that I was looking in the chat, there's a lot of good comments in there. I encourage everyone to look at the chats. We've got some good, uh, uh, comments, suggestions, other things. We really appreciate the audience participation here. Oh, we're going to go through this quickly, Dave, you want to go through Payette county?

So we have a little time for questions. We'll have about nine minutes left.

[00:49:36] **Dave Johnson:** Yeah, we, uh, par for the course, we talk too long, uh, real quickly on, on Payette county. We've been working in this rural community in Idaho at the river there separates, uh, Idaho from Oregon. Um, and this is a county of approximately less than a little less than 30,000, but it has a large, uh, agricultural workforce, a [00:50:00] large Hispanic population.

Um, you know, there are, you know, significant needs. And this project has been going now for almost a year and a half. We are still working to get all the pieces together to establish a recovery, uh, facility, uh, in the county. But it's the important part is that we really have been able to identify a lead agency.

Who's committed staff resources to the planning process, and we brought together really a group of stakeholders from the hospital systems that are present there. Um, the FQHC director is involved, I mean, you kind of see the range of organizations here that have been involved in this planning process. So it's really been working to build that, that support that says, yes, uh, we want this resource available in our community.

Uh, we're willing to allocate time and energy to make that happen, uh, from the local level to the state level. [00:51:00] And I think that really, uh, they have ongoing meetings, uh, you know, to keep people informed about how the, how

the issue is progressing and how we'll get there. And I think to the point that I made earlier, it's a, it's a development process.

You know, you have to get the, a lead organization. You have to identify the regional stakeholders, local stakeholders. Uh, you hold a kickoff and get people excited about moving forward and getting their support, you know, and then there's ongoing kind of, uh, program development, acquiring land, funding, um, and eventually breaking ground.

[00:51:38] **Dr. Fletcher:** Well, Dave, thanks you. And I'm going to ask that let's go and move to the last slide here. Um, I'm going to skip the Carter county because I want some time for Q & A. And what you can see here is just, this is kind of a summary, the entities and the individuals you involve, and some of the activities and support services underneath the middle and the end game here is [00:52:00] employment, transportation, housing, social support.

You really want to build that capital as you see, is that progression of the step of that individual there. So that's, that's what this is about. It really is about the individual, but it, we have seen in communities that takes the entire community. So I'm going to open it up for Q and A now, and we really appreciate all of you, uh, joining us today.

[00:52:22] **Karen Coburn:** Uh, Ernie and Dave, we have a couple of questions in the Q and A box. The first is from Grace Clancy. Uh, does the recovery ecosystem account for community stigma discrimination against people with SUD and people in recovery?

[00:52:37] **Dr. Fletcher:** That's it? That's a good question. We've we could give you some illustrations of some significant NIMBY we've encountered. I think part of it is looking at the recovery ecosystem helps reduce NIMBY as it brings everyone in and engages. And I think part of the strategy of going to that recovery ecosystem is making sure you do an assessment on what [00:53:00] the potential NIMBY is, engaging those people, bringing them into the process, vesting, uh, and that's extremely important.

So to answer the question simply, yes, it's an extremely important part of the recovery ecosystem, addressing stigma discrimination, and it's still out there is as substantially out. Uh, I was thinking it was much less with, um, you know, the number of families that are involved, but it's still there.

[00:53:27] **Karen Coburn:** Uh, Joseph asks, have there been any new developments in the mutual aid arena that might be a benefit to our clients?

[00:53:36] **Dr. Fletcher:** Dave, I wouldn't have to answer that.

[00:53:40] **Dave Johnson:** Uh, you know, the, uh, mutual aid is an important part of recovery it takes on many forms. I think it's significant that, uh, in a certain general report, uh, it was indicated that a mutual aid was an evidence-based or best practice. Uh, [00:54:00] so, you know, there's, uh, quite a bit of a support for mutual aid. I'm not aware, you know, kind of any recent developments other than, uh, people use the kind of telehealth, um, you know, during COVID to support mutual aid and it kind of sets plus and minuses, but there may be others on the call that know more about the, uh, new developments in mutual aid than we do.

[00:54:26] **Dr. Fletcher:** Yeah. I'll say something, Joe. Thanks for being on a watching, just really worked a lot on developing SMART Recovery and we're working with them on think it gives an alternative for the folks that may not want to engage the spiritual component of the 12 step. It gives him a very effective method of addressing SUD and providing that peer support that they need in a, and through a different approach, but still brings connectedness and shown some efficacy.

So we thank you. Moving to Ron. [00:55:00]

[00:55:01] **Karen Coburn:** Ron, ron asked, what effective strategy would you suggest to meet the needs for transportation in a rural community?

[00:55:08] **Dr. Fletcher:** You know, first of all, there's some fantastic programs and we were just in DC, I was speaking, and there was a lady there that was talking about, um, the programs and the money they have for transportation.

I think we can help connect communities to some of those resources that are out there and I think a lot of people don't know about them. Um, but, uh, Department of Transportation has a kind of a network of folks around the country that help communities address that. So yes, there are local, um, actions and activities.

The state, uh, also is also involved in transportation, but Ron, to your point, it's an extremely important, I mean, I, I, you know, Dave, I'm looking at this and we think of that question. One of the things we may do is, is to [00:56:00] help expand what we're doing on connecting communities with some of those federal programs that provide transportation. Uh, I think we're doing that. We could probably expand that a little bit.

[00:56:11] **Dave Johnson:** Um, yeah, and sometimes they're, you know, there's some creative things. I know one of our programs in Eastern Kentucky that, uh, our staff were, uh, basically linked to coordinate with a university that needed to get rid of a van that had been acquired under a federal grant, and they couldn't sell it. They need to dispose of that to a nonprofit. And she made that connection with the recovery house as a nonprofit and got them a van. So, you know, sometimes there are some creative things that you can do out there that, uh, that work in that regard.

[00:56:46] **Karen Coburn:** Yeah. I was going to say, Stacy asked two questions. I want to get those real quick. Cause we're getting close to time. Uh, what's normal length of time from engaging Fletcher group to completion of a facility. And about how many staff do you [00:57:00] estimate to take, to pull it off? Uh, one dedicated person working full-time or more?

[00:57:05] **Dr. Fletcher:** Well, let me give you a little bit of example we started with a program out in Montana was one of the native tribes and they, they had been working on something, you know, more than anything, they needed the encouragement and some direction on how to do it. And they got it up in six months. Um, now then if you look at a full program, we're working in a large program, was pregnant and parenting women in a rural community in Kentucky. And that's probably going to take several years.

So what we say is that you look and what can we do for the immediate needs for a community and how can we get something up fast? We often start with the smaller housing, uh, projects that you can do of acquiring existing housing and transforming that into a recovery house. And at the same time planning on a much larger project that may take a year to do, depending on the group of folks.

I mean, we have the [00:58:00] staff to bring in experts, you know, from helping coordinate transportation, to financing, to program, develop. Uh, we have somebody we haven't talked about is that developers need to be part of this recovery ecosystem, especially the involved some of the funding. So it can take quite a team.

It depends on the size of the project and the resources you have there, but we can help come and bring that together. How big is the WICAP group there, Dave, just a, off the cuff.

[00:58:29] **Dave Johnson:** Uh, the, probably about 15 organizations that are represented it, but you know, the, to your point, you know, really it's finding a developer at this point in time to really work with a group.

So that's, you know, in a rural community, sometimes that's also a significant challenge of finding a developer who's, uh, can come in and, uh, you know, build a facility.

[00:58:52] **Dr. Fletcher:** And good to have a champion or a leader of the, you know, somebody who can keep driving the program locally. We have taken that role on sometimes, but it's [00:59:00] better to have a local entity and person, uh, you know, everybody's responsibility is nobody's responsibility.

So it's good to have a single person with a responsibility to kind of keep things moving along. You mentioned to bring hiring people in recovery, just unsure of what to expect and worried about individuals, uh, reusing. How do you include the level of funding and recovery support services that community seems like this as a vital community characteristic has helped define success.

You really have to reach out to all those organization. It does take a team on that. Uh, Alison Suzy, uh, with the increase in COVID. Why don't you success for playing a new facility in these uncertain pandemic times? Real question, do as much virtual as you can. Uh, you can begin to start having meetings when you're comfortable.

Obviously encourage everyone in the recovery housing community to get vaccinated. They're a covered, it's not, we get a few answers, but we're glad to take answers for questions in and give them a more thoughtful and thorough answer to your questions. Thank [01:00:00] you.

[01:00:03] **Michelle Day:** This concludes our webinar session. Thank you, and have a blessed day.