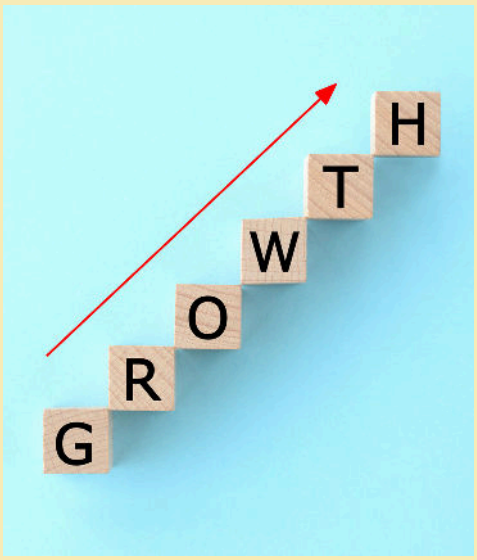
April, 2026 Vol. 65

RECOVERY

The official newsletter of the RCORP Rural Center of Excellence on SUD Recovery at the Fletcher Group



COMMUNITY AS WISDOM

by Founder and Chief Medical Officer Dr. Ernie Fletcher

Recovery happens in community, not in isolation. I know that because I saw it in person time and time again when, as governor, I worked with Kentucky Housing Corporation Chairman Don Ball to launch and administer the Recovery Kentucky program upon which the Fletcher Group's rural housing model is based.

Trained as a physician, I remain respectful of the medical model of recovery. But I've also learned that only with kindred spitits in a nurturing and loving environment can we access on the deepest levels the fears and feelings that have held us back and the hopes and dreams that can pull us forward.

At our most recent monthly webinar, Tara Moseley Hyde described the nature and necessity of Community-Based Recovery Support Services, which include the kind of recovery housing the Fletcher Group is helping bring to rural America.

In this issue of our monthly newsletter, we take to heart Tara's reminder that recovery is always a "we thing," never a "me thing."

BETTER TOGETHER

Have any two approaches to the same problem ever been so different?

Compare the medical model of recovery with the social model and the table's set for a feast of contrasts: clinical/social, licensed/unlicensed, pros/peers, recipients/participants, hierarchical/democratic, top-down/bottom-up, one-on-one/many-on-many, managed/autonomous, prescribed/explored, educative/experiential, passive/active, dependence/independence, symptomatic/holistic, time-limited/continuous, disease-focused/person-centric.

Pairings like these often present one side as superior but, having drawn the contrast, Recovery Advocate Tara Hyde is quick to make peace. "The models aren't mutually exclusive," says Hyde. "In fact, each works best when they work together. It's not either; it's both."

Part of a Team

In Hyde's view, the medical and social models are complementary, connected, interdependent, and culminate in what she calls a "Community-Based Recovery Support Service," or CBRSS.

"Clinical care is for acute needs," says Hyde. "A CBRSS is more universal. That's because not every person needs treatment, but almost everyone in recovery should be connected to some kind of CBRSS. That sense of community—where they can come together, share, and work collectively towards a common goal—enables people to achieve much greater success than they could ever hope to alone."

A CBRSS can take many forms. Examples include recovery community centers, recovery housing, high school and collegiate recovery programs, and virtually any other environment that provides a safe, peer-led gathering space for growth.

"Treatment helps with the initial stabilization," says Hyde. "But what's vital for long-term success are the community-based supports that inspire, motivate, and build a sense of connection and belonging. That's what helps people develop the personal, social, and community capital needed to function independently as a whole self."

WATCH THE VIDEO
of our April 2 webinar with Tara Moseley Hyde, Chief Executive Officer of People Advocating Recovery (PAR).

CLICK HERE

Hyde finds much truth in the saying, "the environment is the service."

"The layout and furnishings, as well as the routines and rituals, contribute to recovery by creating a safe, home-like setting where people can implement in their daily lives all the things they learned in the clinical environment. By leveraging the lived experience of others, people learn how to share their experience, build healthy relationships, be accountable to each other, assert control over their lives, and take pride in themselves. All together, it's nothing short of life changing."

RECOVERY CAPITAL

Conceptualized in 1999 by Robert Granfield and William Cloud, "Recovery Capital" is the total sum of internal and external resources available to help someone initiate and sustain recovery from a Substance Use Disorder. Those resources can be broken into three categories.

Personal Capital refers to internal resources, including one's psychology and physical health.

Social Capital refers to resources inherent in relationships, families, and support networks.

Community Capital refers to external resources including advocates, local infrastructure, and outreach.

A fourth category, **Negative Recovery Capital**, includes any obstacles that act to deplete an individual's resources and impede progress.

"Recovery Capital is all about understanding the things that create barriers and the things that help you to stay balanced and connected in times of crisis or instability," says Hyde. "Because life is messy and recovery is complicated, people need a balanced pool of resources to deal with all the unexpected ups and downs."

Community-Based Recovery Support Services excel at building social and community capital, as well as personal capital, through two mechanisms: bonding and bridging.

Bonding creates direct social connections and deep personal support networks while **bridging** connects individuals to external social influences and community resources. "Clinical treatment is typically acute and time-limited," says Hyde. "But a CBRSS is continuous. It builds capital over time by nurturing a holistic, strengths-based transformation that can only happen in a social context."

Kneecap To Kneecap

In a CBRSS, peers model effective recovery strategies, share coping skills, and inspire hope by virtue of their own lived experience. "That deeper kneecap-to-kneecap sharing," says Hyde, "creates a strong sense of connection that engages the 'whole self' rather than just a role the patient may play in a clinical setting."

CBRSS environments also provide a kind of 'one-stop shopping' when it comes to accessing resources like education and employment opportunities.

Hyde praises high school and collegiate recovery programs for allowing students to pursue their academic goals —leading to higher graduation rates and GPAs— without sacrificing the recovery capital that might be jeopardized in another environment.

But of all the CBRSS's, Hyde considers recovery housing the most critical.

"Housing is number one because without it the risk of reusing and returning to old habits increases exponentially," says Hyde. "Nothing mitigates negative capital the way effective recovery housing can. Conversely, nothing opens the door to capital depletion like housing instability."

YES, IT'S WORTH IT!

Are Community-Based Recovery Support Services worth the time and money? The data says yes!

According to Hyde, the economic case for a CBRSS is best understood by contrasting it with treatment-only models. In clinical models focused solely on stabilization, a single attempt costs nearly $223,000. When factoring in broader societal costs (such as lost productivity, emergency room visits, and public safety violations) over the eight years it typically takes to reach stable remission, the total community burden for a single success *without* CBRSS reaches nearly $450,000.

Integrating CBRSS—including peer support, recovery housing, and community centers—dramatically improves those figures, says Hyde. The addition of CBRSS services typically costs around $9,500 per individual, but the dividends are exponentially greater. When treatment is coupled with CBRSS, the one-year sustained remission rate jumps from 25% to 60%, resulting in a 55% decrease in cost per recovery attempt.

Furthermore, investing in recovery capital through a CBRSS significantly accelerates the timeline to wellness, reducing from eight to three-and-a-half years the time it usually takes to reach long-term sustained remission. "That increase in speed directly benefits return on investment," says Hyde, "by reducing the loss in recovery capital caused by repeat treatment episodes and expensive recurrences."

Community-Based Recovery Support Services do cost money, particularly upfront. Focusing on short-term costs and benefits, however, can obscure the long-term return on investment that a CBRSS excel at. "Community-Based Recovery Support Services are not initially cheaper," says Hyde. "It's only over time that they prove their value by reducing incarceration and legal costs, emergency room costs, and other very real public expenditures that a CBRSS avoids.

Talk Dollars!
Data-driven arguments are fine, says Hyde, but be sure to talk dollars, not data points, says Hyde."Dollars are what's important to legislators, agencies, philanthropists, and other funders. No matter who you're talking to, use their language and in the case of funders it's fiscal impact, in other words dollars and return on investment."

WHAT'S YOUR VALUE?

The Fletcher Group's Economic Calculator can help you gain funding by quantifying the avoided public costs made possible by your program. To get started...

CLICK HERE

OR SCAN THIS CODE...

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3.3 million with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government