

WELCOME TO THE

Fletcher Group

WEBINAR



REALIZING THE VALUE OF RECOVERY

**THROUGH COMMUNITY-BASED
RECOVERY SUPPORT SERVICES**

WELCOME & INTRODUCTION



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OBJECTIVES

- Define and elevate community-based recovery support services (CBRSS).
- Advance recovery-oriented workforce and education pathways.
- Demonstrate the value and fiscal return of CBRSS.
- Demonstrate how successful recovery enhances the prevention fabric of communities.





TREATMENT & RECOVERY

UNDERSTANDING WHAT THEY ARE
AND WHAT THEY ARE NOT

DEFINING **TREATMENT**

Treatment (for Substance Use Disorder in structured clinical stabilization models) refers to the delivery of evidence-based, structured services—including medical management, psychological support, and environmental interventions—designed to safely stabilize individuals diagnosed with SUD.

This can include:

- Multidimensional clinical assessment
- Stabilization services (including medically managed withdrawal or MOUD)
- Structured clinical care
- Goal-oriented and integrated service delivery



TREATMENT PARADIGMS

Paradigm	Justification
Multidimensional Assessment	ASAM's six-dimension framework ensures that treatment planning addresses not just immediate medical needs but also psychological, social, and readiness factors.
Stabilization Services	Detox and withdrawal management are essential first steps in stabilization, especially in higher-intensity clinical settings.
Medication for Opioid Use Disorder or other disorders (MAT) (MOUD) (other)	Detox and withdrawal management are essential first steps in stabilization, especially in higher-intensity clinical settings. There are other diagnosis that may use different forms of medications to support individuals on their path to stabilization and recovery.
Structured Clinical Care (Residential, IOP, PHP)	These models provide continuity and intensity suited to stabilization—ranging from inpatient to outpatient support.
Continuum & Transitions	ASAM's model emphasizes fluid transitions across levels of care based on patient progress and stabilization needs.

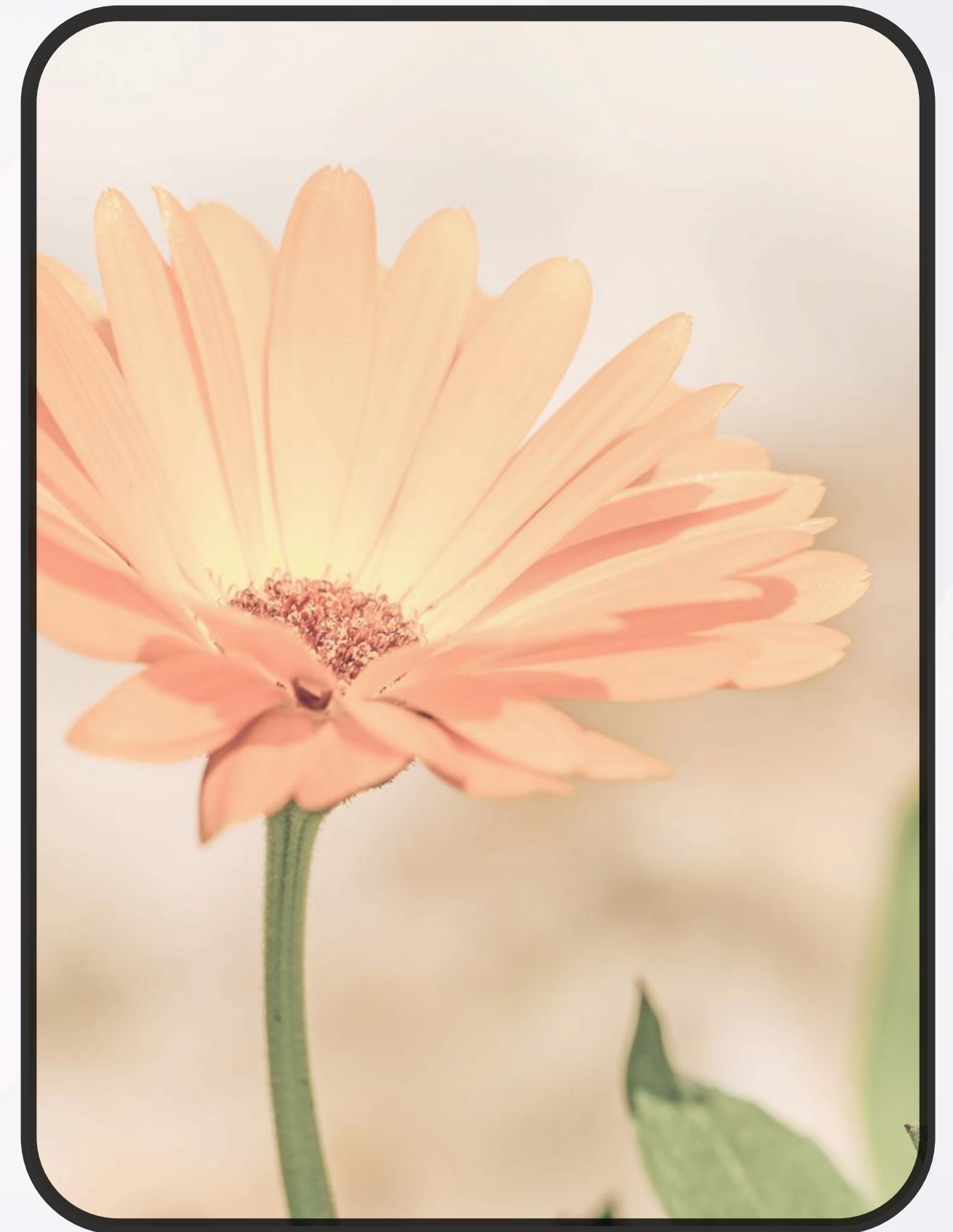


DEFINING **RECOVERY**

Recovery from Substance Use Disorder is a highly personalized and ongoing process of positive change, during which individuals improve their health and wellness.

Recovery is a symptom of remission, but a holistic, strengths-based transformation, supported by peer and community networks, resilience building, and the development of new meaning and purpose in life—despite ongoing challenges or co-occurring conditions.

Recovery is a dynamic, individualized process – one that goes beyond symptom reduction to embody holistic well-being, autonomy, social reintegration.



RECOVERY PARADIGMS

Paradigm	Justification
Process of positive change	Recovery is described as "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."
Four major dimensions	The four dimensions—Health, Home, Purpose, Community—support a life in recovery.
Personalized and holistic	Recovery is highly personal, occurring via many pathways and often involving resilience, peer support, clinical care, self-care, etc.
Strengths-based transformation	The recovery model emphasizes empowerment, social inclusion, hope, meaning, and recovery as a holistic journey—not just symptom remission.
Peer and community support	Recovery is supported by peers, friends, family, and communities that foster resilience and hope.



DEFINING CBRSS

Community-Based Recovery Support Services (CBRSS) are a collection of peer-led services and practices designed to support sustained remission from Substance Use Disorders (SUD). These services primarily focus on reinforcing individual recovery pathways through peer support and assistance in overcoming obstacles to living a self-determined life. Organized and populated by individuals in recovery, CBRSS aim to inspire hope, model effective recovery strategies, provide emotional and structural support, and share coping skills

This can include:

- Peer Support
- Recovery Community Centers
- Recovery Housing
- Recovery Schools and Collegiate Recovery Programs





RECOVERY CAPITAL

WHAT IT IS, WHY IT'S IMPORTANT

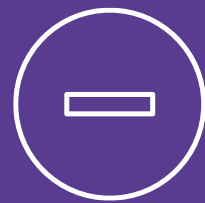
DEFINING **RECOVERY CAPITAL**

“The sum total of one’s resources that can be brought to bear on the initiation and maintenance of substance misuse cessation.”

Granfield and Cloud, (1999, 2009)

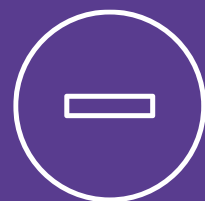


WHAT COMPOSES **NEGATIVE RECOVERY CAPITAL**



Barriers to Recovery

- Accommodations
- Substance Use
- Risk Taking



Unmet Service Needs

- Drug Treatment Services
- Alcohol Treatment Services
- Mental Health Services
- Housing Support Services

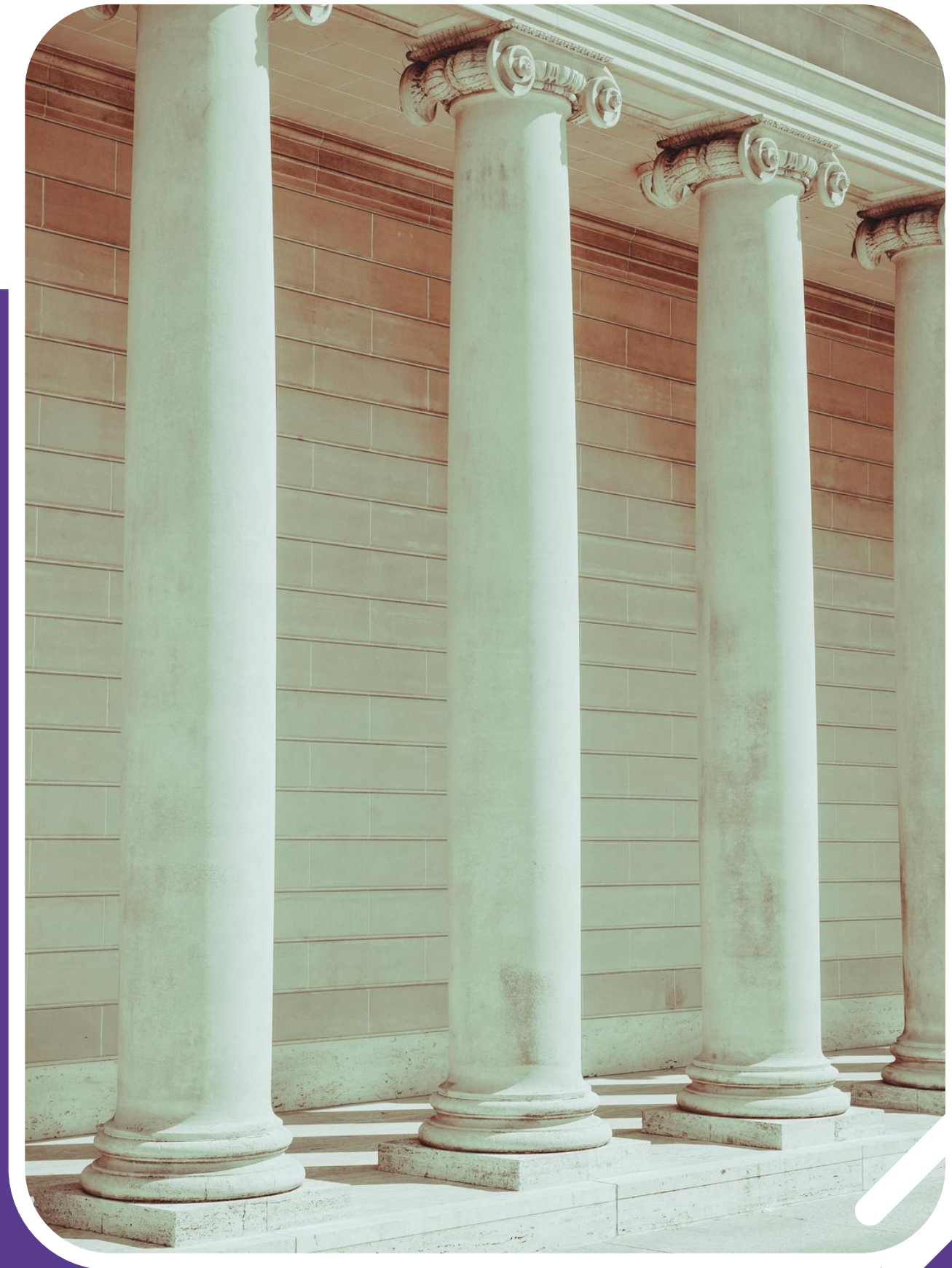


WHAT COMPOSES **POSITIVE RECOVERY CAPITAL**

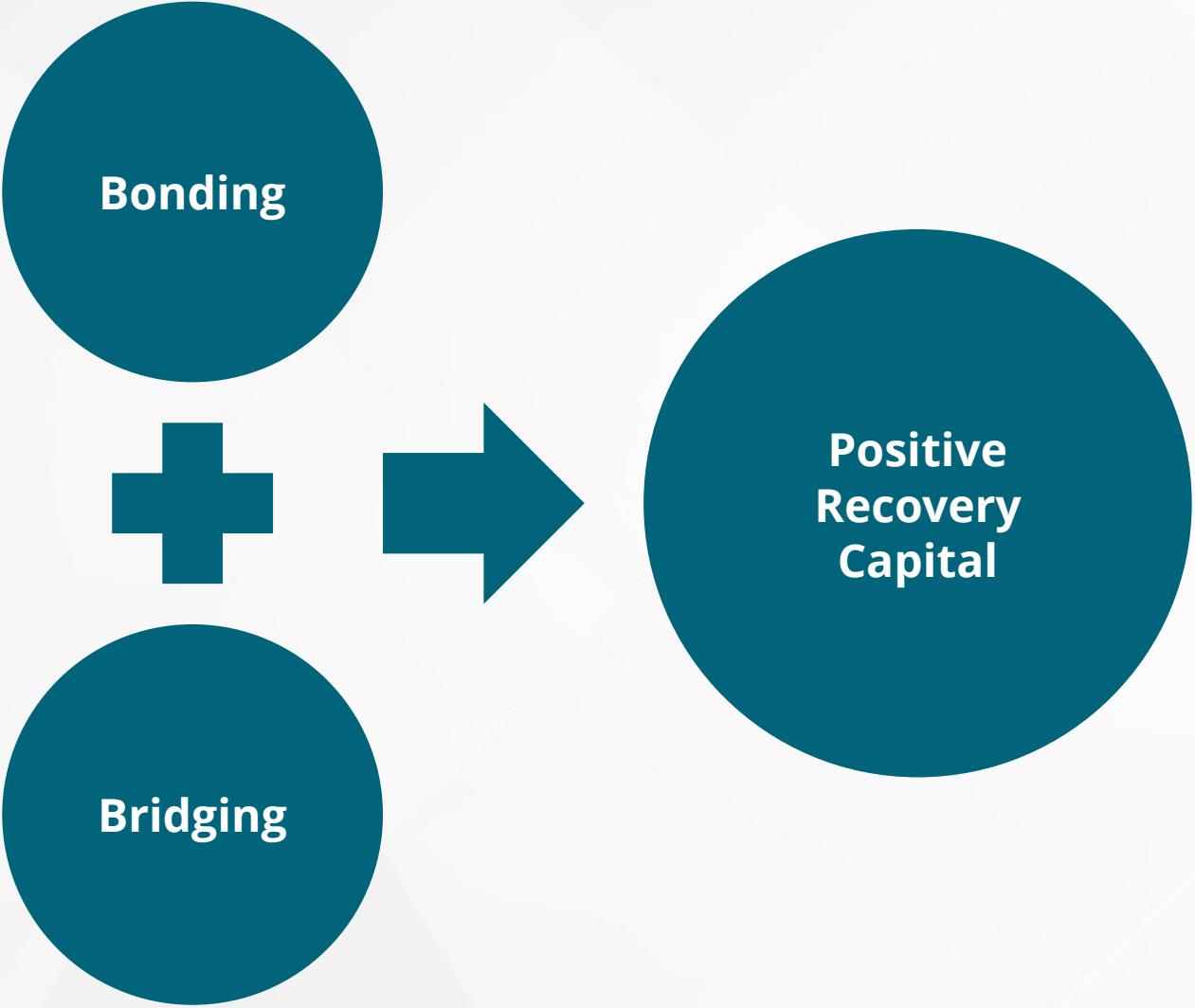


Positive capital is derived from each of the Recovery Strengths Domains. Quality of Life is broken down into five wellbeing indicators.

- Personal Capital
- Social Capital
- Community Capital
- Commitment
- Quality of Life
 - Psychological Health
 - Physical Health
 - Overall QoL
 - Accomodation
 - Support Network



BONDING AND BRIDGING





COMMUNITY-BASED RECOVERY SUPPORT SERVICES

WHAT ARE THEY?

WHAT ARE CBRSS?

a collection of peer-led services and practices designed to support sustained remission from Substance Use Disorders (SUD). These services primarily focus on reinforcing individual recovery pathways through peer support and assistance in overcoming obstacles to living a self-determined life. Organized and populated by individuals in recovery, CBRSS aim to inspire hope, model effective recovery strategies, provide emotional and structural support, and share coping skills..

Examples:

- In-person and online offerings of support groups (mutual aid)
- Recovery coaching
- Peer-based services in ED's
- Community programs
- Recovery street outreach programs
- Mobile clinics
- Employment agencies
- Recovery Support Centers
- Recovery supports in Education settings (high schools, colleges, etc)
- Treatment courts
- SUD clinics
- Primary care offices
- Housing programs
- and so much more...



TYPES OF CBRSS



- Recovery Community Organization (RCO)
- Recovery Community Center (RCC)
- Peer Support
- Alternative Peer Groups
- Recovery High Schools
- Collegiate Recovery Supports
- Recovery Residences

RECOVERY COMMUNITY ORGANIZATIONS

RCO

A recovery community organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery.

- organize recovery-focused policy advocacy activities
- carry out recovery-focused community education and outreach programs
- may provide peer-based recovery support services (P-BRSS)



RECOVERY COMMUNITY CENTERS

RCC

Recovery Community Centers (RCC) are a “one stop shop” for those in recovery for resources about accessing education, employment, support and socialization. It is meant to be a safe gathering space for like-minded individuals on a path of wellness to seek positive growth and access.

- hub for local resources
- come in all shapes and sizes
- offer invitations to community through external coordination



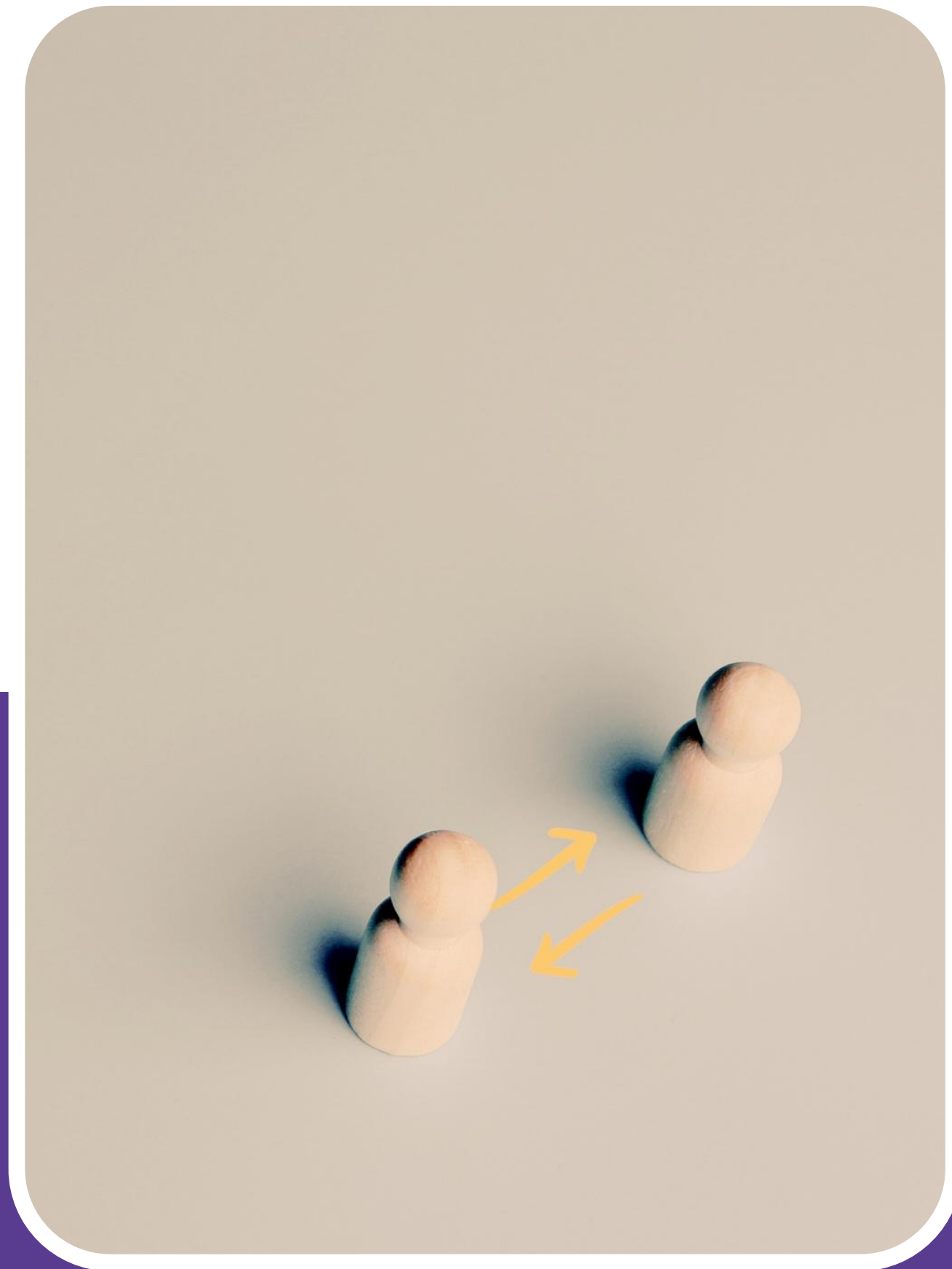
PEER SUPPORT

A peer provider (e.g., certified peer specialist, peer support specialist, recovery coach) is a person who uses his or her **lived experience** of recovery from mental illness and/or substance use disorder, plus skills learned in **formal training**, to deliver services that promote mind-body recovery and resiliency. Peer support workers inspire hope, walk with people, dispel myths, provide empowerment, education, and support people on their self directed wellness path.



Used in many areas:

- peer led organizations
- recovery community centers
- recovery residences
- drug courts
- other criminal justice settings
- hospitals/ED's
- child welfare agencies
- homeless shelters
- behavioral health & primary health settings
- *libraries (new emerging model)



PEER-TO-PEER SUPPORT PROGRAMS - MODELS

LESS

INTENSITY OF PEER SUPPORT

MORE

PEER-
DESIGNED/
LED SAFE
SPACES



PEER
AMBASSADORS



PEER
EDUCATORS



WELLNESS
PEERS



CULTURE
KEEPERS
R J PEER LEADERS



PEER
MENTORS/
PEER
COUNSELORS



PEER
SPECIALISTS
WELLNESS
COACHES



*PREVENTION
PEER EDUCATION
NON-CLINICAL SUPPORT*

ALTERNATIVE PEER GROUPS

An Alternative Peer Group (APG) is a community-based, family-centered, professionally staffed, positive peer support program that offers prosocial activities, counseling, and case-management for people who struggle with substance use or self-destructive behaviors. APGs are a much better fit for the adolescent who struggles with substance use and co-occurring disorders because the main focus is to offer and shape a new peer group that utilizes positive peer pressure to stay free from substances. In addition, APGs focus on making activities more fun than using substances by organizing and staffing substance-free social functions throughout the week, weekends, and summers.

For more information, see the film "Generation Found"



RECOVERY HIGH SCHOOLS

Association of Recovery Schools (ARS) helps to develop, support, and inspire schools for optimum performance, empowering hope and access to every student in recovery.

Although each school operates differently depending on available community resources and state standards, each recovery high school shares the following goals:



To educate all available and eligible students who are in recovery from substance use disorder or co-occurring disorders such as anxiety, depression, and attention deficit hyperactivity disorder



To meet state requirements for awarding a secondary school diploma



To support students in working a strong program of recovery



RECOVERY HIGH SCHOOLS

Educational Outcomes from a Recovery High School in Houston, TX (and APG attendance)

137 students enrolled
(rolling admission)

28 graduates
(2012)

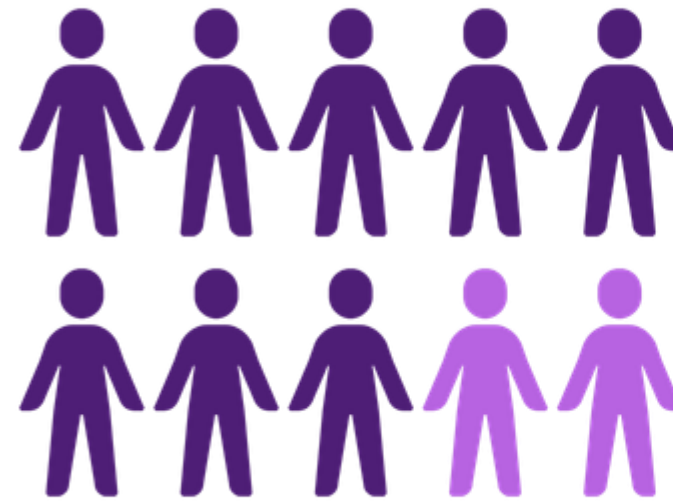
87%

sobriety rate

(stayed sober entire school year)

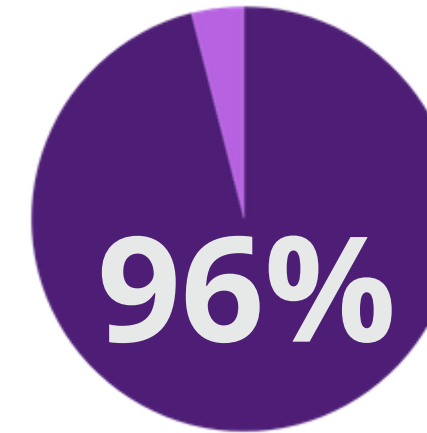
89%

school attendance



79%

student retention
(all grade levels)



96% of seniors graduated



96% graduates attending college

96%

For more information:
<https://recoveryschools.org/mission-and-vision/>

YPR YOUNG PEOPLE IN RECOVERY

YPR's mission is to provide the life skills and peer support to help young people recover from substance use disorder and reach their full potential.

YPR's national leadership team creates and cultivates local, community-led chapters through grassroots organizing and training.

Chapters support young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and explore continuing education. Chapters also advocate on the local and state levels for better accessibility of these services and other effective recovery resources.



54

Chapters






COLLEGIATE RECOVERY SUPPORTS

A collegiate recovery program (CRP) is a College or University-provided, supportive environment within the campus culture that reinforces the decision to engage in a lifestyle of recovery from substance use. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other.



How are students in collegiate recovery programs doing?

Data from the Collegiate Recovery Community (CRC) at Texas Tech University (TTU) suggest that its members have⁶⁻⁸:

-  **Higher graduation rates**
70% of CRC members at TTU graduate, compared with 60% of the general student population.
-  **Higher GPAs**
CRC members have a mean GPA of 3.18, compared with 2.93 among the general student population.
-  **4% to 8% relapse rate**
Each semester, fewer than one in ten CRC members use any substances.

RECOVERY **RESIDENCES**

Recovery residences provide a structured, supportive environment for individuals recovering from addiction, promoting the acquisition and practice of vital recovery skills.

With varying levels of support, from peer-driven to medically supervised settings, these residences are pivotal in nurturing the journey to sobriety and wellness.



RECOVERY RESIDENCES



Types of Recovery Residence Support

Current NARR Levels	New ASAM/NARR Types	Defining Characteristics
Level 1	Type P	<i>Peer-run</i> , decisions made solely by residents.
Level 2	Type M	<i>Managed</i> environment; house rules, appointed resident leader.
Level 3	Type S	<i>Supervised</i> activities, staffing, life skills programming.
Level 4	Type C	<i>Clinical</i> services included.

Note: No changes in NARR level definitions were made in creating this new naming convention.

<https://narronline.org/standards/#types-of-recovery-residences>

Social Model:

An operational framework that distinguishes these environments from other shared living spaces.

This model emphasizes the importance of *personal and collective responsibility* for the safety and progressive health of oneself and others in the community.

Strengths-based lived experience, peer leadership, participative governance, and community-based support networks are the foundational elements for lasting recovery.



ECONOMICS

TREATMENT AND RECOVERY

KY FY 2023

SPENDING ANALYSIS

Spending From All Sources

\$1.090 Billion

● Federal
 ● State
 ● Add'l State
● Add'l Federal

Federal Medicaid Spending ~\$682,261,97
 State Medicaid Spending ~\$297,183,50
 Additional State Treatment Spending ~\$34,091,493
 *

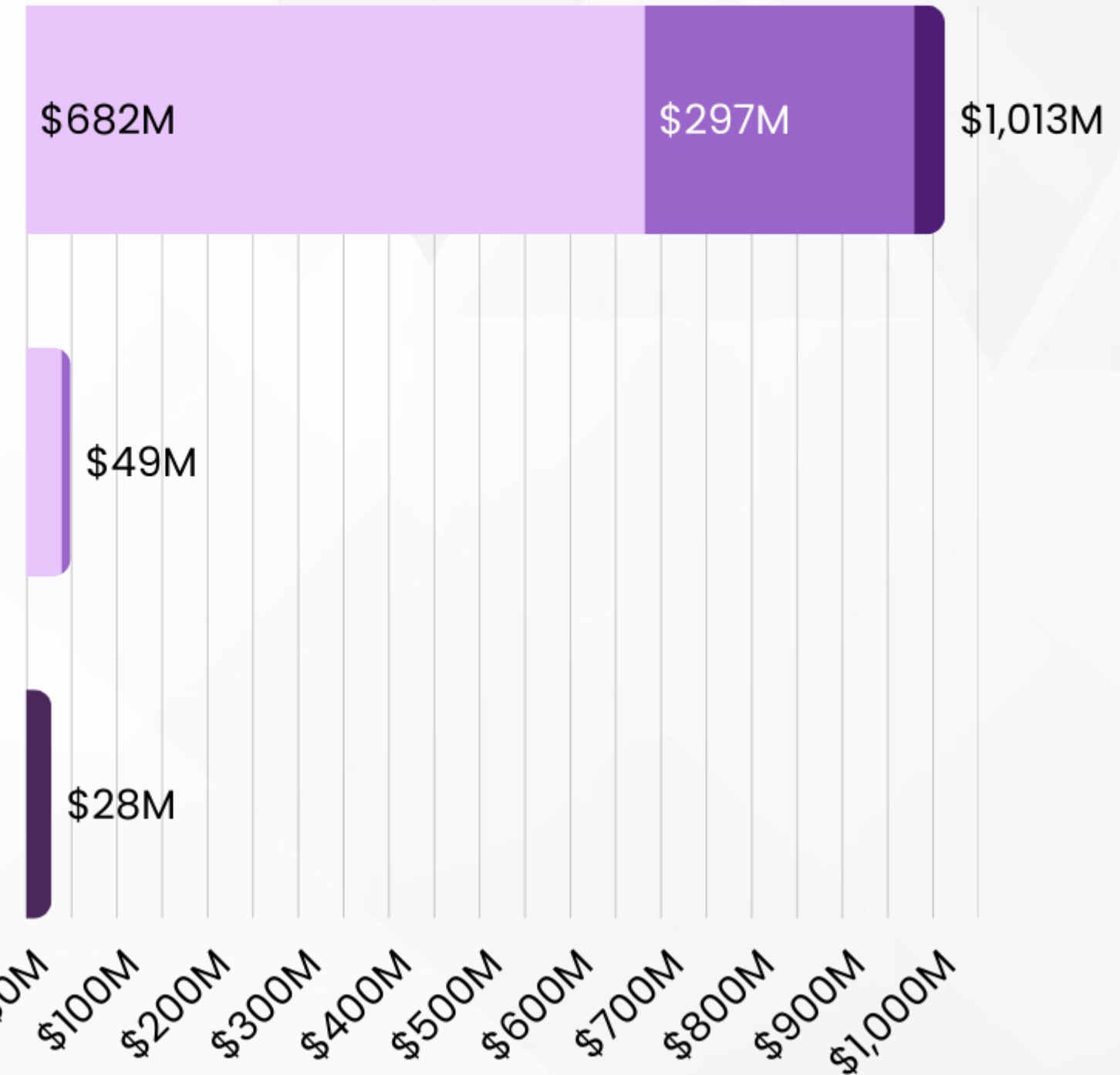
KORE Spending (Federal, non-treatment) ~\$38,972,20
 Additional State Non-Treatment Spending ~\$9,846,165*
 *

Additional Federal Spending (Federal grants, mix of TA, some treatment, research, etc.) ~\$28,356,54
 1

Treatment **93%**

Non-Treatment **4%**

Add'l Spending **3%**



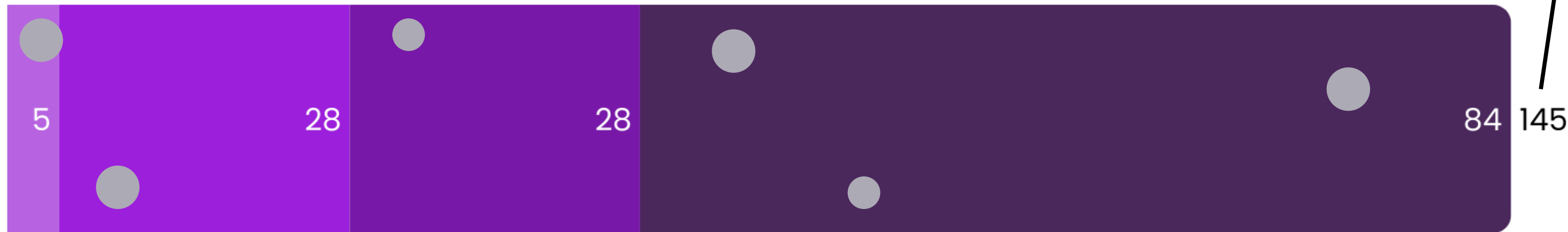
*Does not include any KYOAC or Local OAF Spend.

**Does not include other spending from SUD adjacent or focused projects in other parts of state government which receive federal & state funds. (Think workforce, education, housing, etc.)



THE LONG-TERM TREATMENT MODEL

145 days = ~**5 months** of intensive, professional services



● Ancillary Services (Assessment, Case Management, Peer Services, Therapy) – Sprinkled Throughout

Inpatient Hospitalization (Detox) – 5 Days

Residential Treatment – 28 Days

Partial Hospitalization Program (PHP) – 28 Days

Intensive Outpatient Program (IOP) – 90 Days

THE REALITY OF **SUD RECOVERY TIMELINE**

Average number of years to
obtain stable recovery from
first use

41
years

Median time to attempt
recovery from first use

27
years

Median time to sustain
recovery after achieving
remission

8
years

Time required in recovery to
reduce return to use
prevalence to 15%

*5
years



UNDERSTANDING THE CHALLENGE



People remain at risk for SUD recurrence for years after initial remission.

SINGLE RECOVERY EXPERIENCE

- After treatment initiation, it can take an average of 8 years
- 4-5 treatment episodes
- Additional 5 years before their risk of meeting SUD criteria drops to that among members of the general public



$$\begin{matrix} 8 & + & 5 & = & & \\ \text{year} & & \text{year} & & & \text{year} \\ S & & S & & & S \end{matrix}$$

**WHY DOES
THIS MATTER?**



THE COST OF **LONG TERM TREATMENT ALONE**

Cost per person: \$ 55, 678

Long-term success rate: 25%

In other words, 1 out of 4 people in this scenario has a successful outcome.



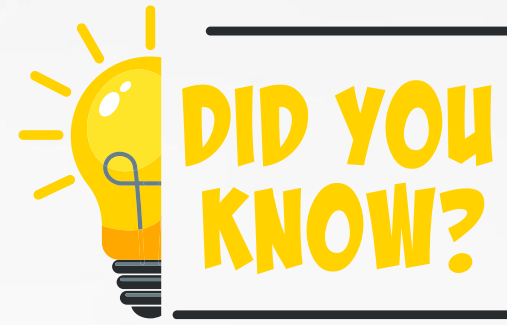
**1 success =
cost(\$) \times 4**

\$222,711



**based on publicly available data and preliminary research sourced by multiple publications*

COST PER SUCCESSFUL OUTCOME WITHOUT CBRSS

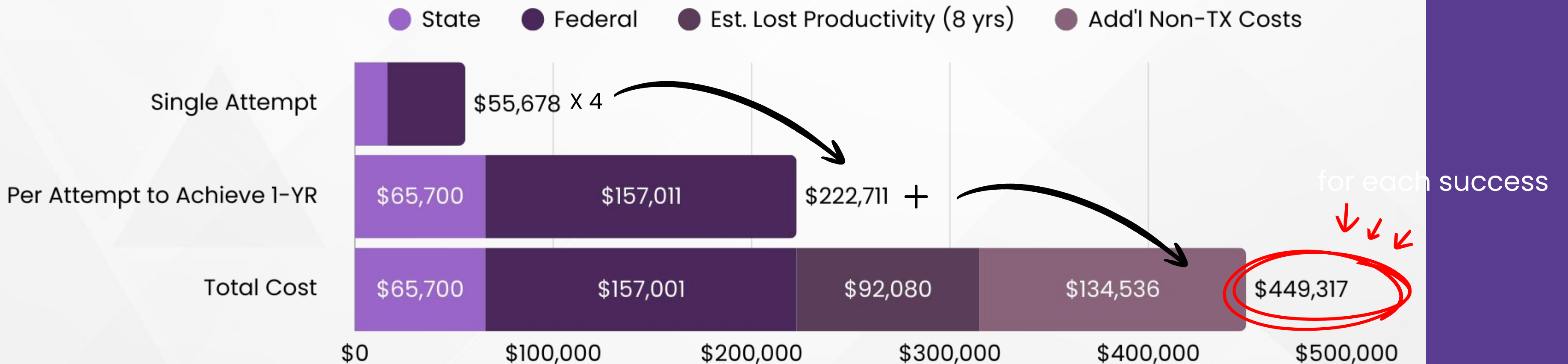


Est. Individuals receiving treatment for FY 2023 = **~18,100**

These are estimates using publicly available data & research and are meant to be illustrative but not exact, however they do paint a realistic picture.

So, assume four treatment episodes to reach sustained recovery of 1 year

Treatment-Only Model Costs



ADDING CBRSS COSTS

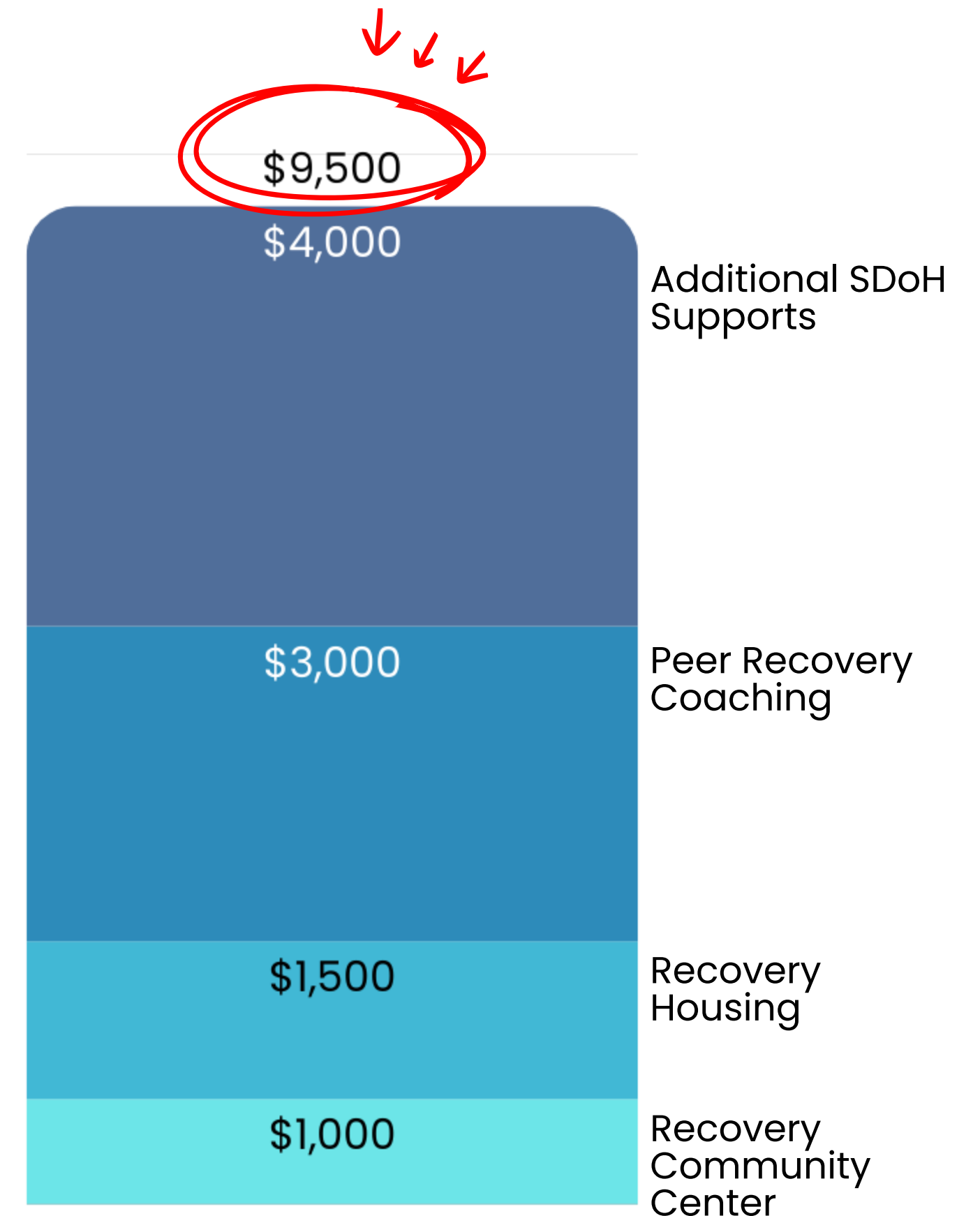
CBRSS Services to include:

- non-clinical peer recovery work
- recovery community centers
- recovery housing

This creates numerous benefits including:

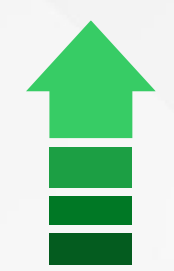
- increase recovery capital gains pre and post treatment
- reduce timescale to long-term sustained remission
- reduce recovery capital loss for repeat treatment episodes

Treatment + CBRSS likely produces 1-year sustained remission at 60% versus 25%



COST COMPARISON

When we invest in CBRSS we see:



Higher Success Rates

60% vs.

25%



Fewer Lost Productivity Costs

3.5 yrs vs. 8

yrs



Decrease in cost per attempt

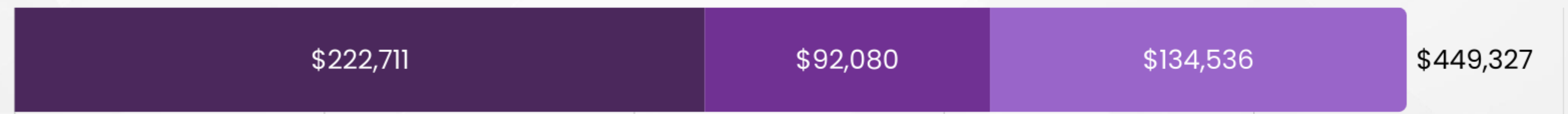
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%

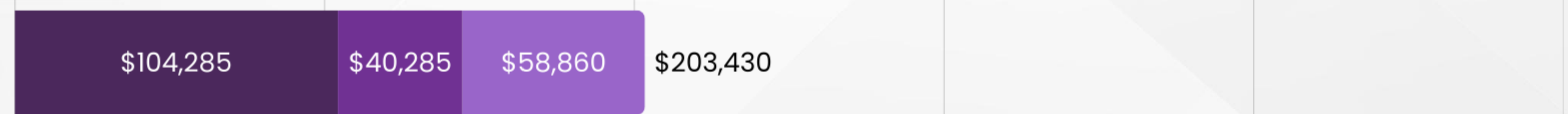
Cost Comparison Per Attempt

● Per Attempt Cost ● Est. Lost Productivity ● Add'l Non-TX Costs

Treatment-Only



+CBRSS



WHY NOT JUST ADD **CBRSS TO TREATMENT?**

CBRSS is an extension of clinical services, but is NOT clinical services itself. It can be combined within clinical services, as peers are embedded within residential care, and other clinical practices but these are not the same.

TREATMENT

- Focused on imparting Specialized Knowledge
- Confined by HIPPA
- Limited to specialized environments
- Top-Down Authority Structure: Professional-Client Relationship (professionals are primary)
- Practice is the service

CBRSS

- Focused on sharing Experiential Knowledge
- Must occur in social context
- Occurs exclusively in community environments
- Open Authority Structure: Peer-to-Peer Relationships (professionals are secondary, not primary)
- Environment is the service



WHY DOES CBRSS INCREASE LONG-TERM REMISSION?



How both models positively affect recovery capital by working together for long-term success.

TREATMENT

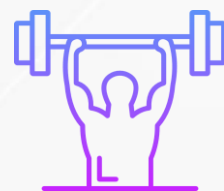
- Time Limited
- Acute
- Professionalized
- Temporary Dramatic Improvement

CBRSS

- Continuous
- Supports Initial TX Gains
- Community Based
- Holistic & Realistic
- Builds Over Time



Psychological
Health



Physical
Health



Overall
Quality of Life

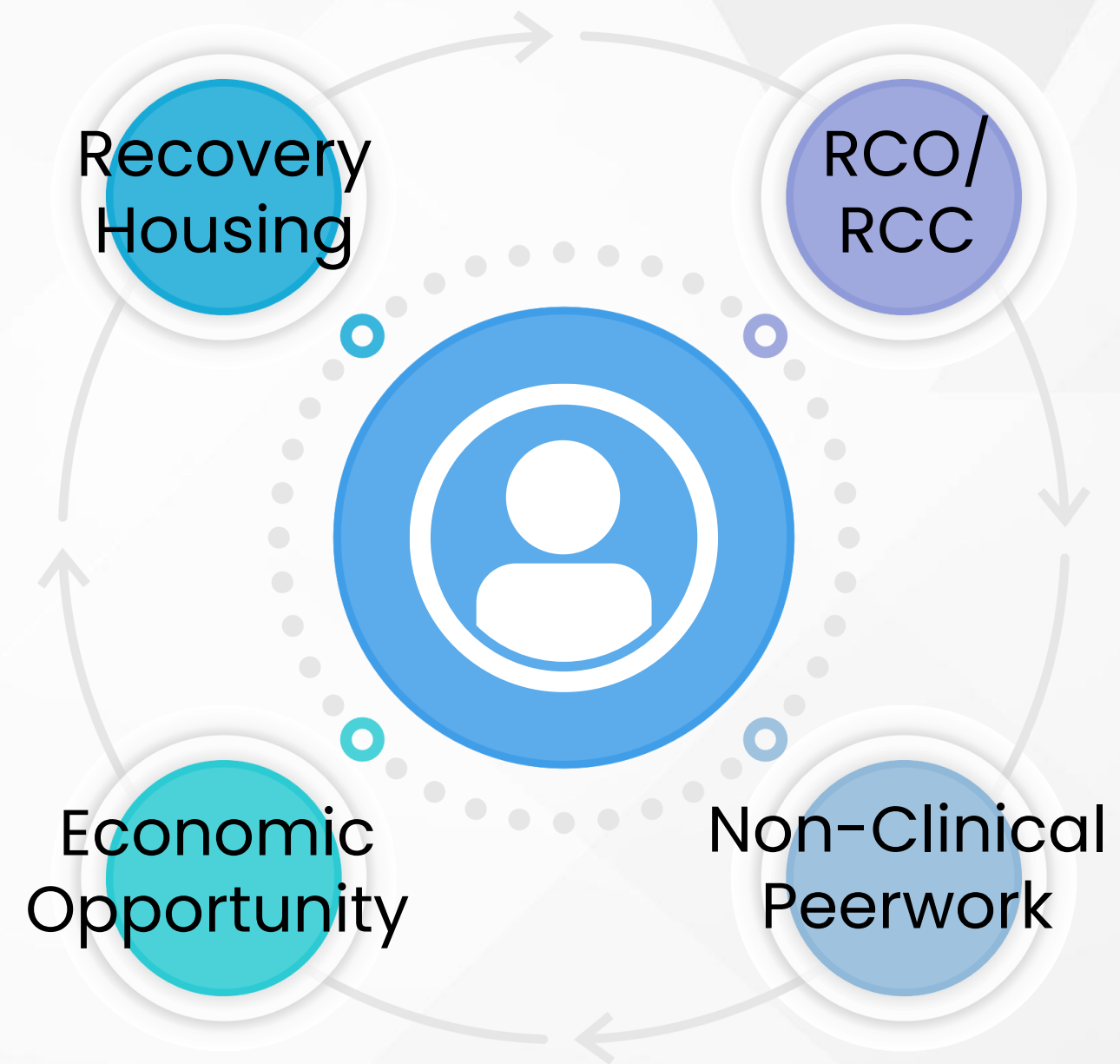
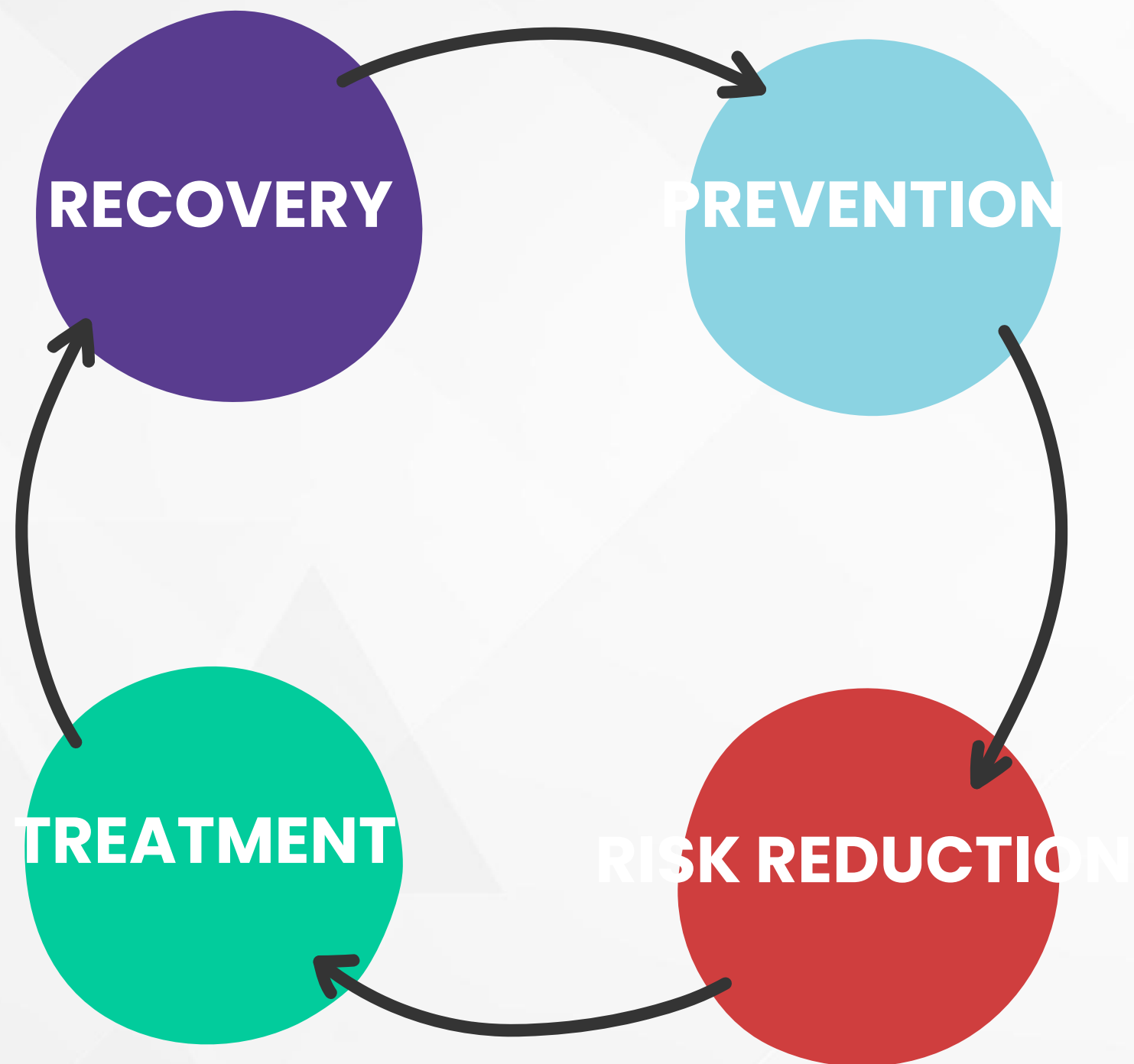


Accommodation

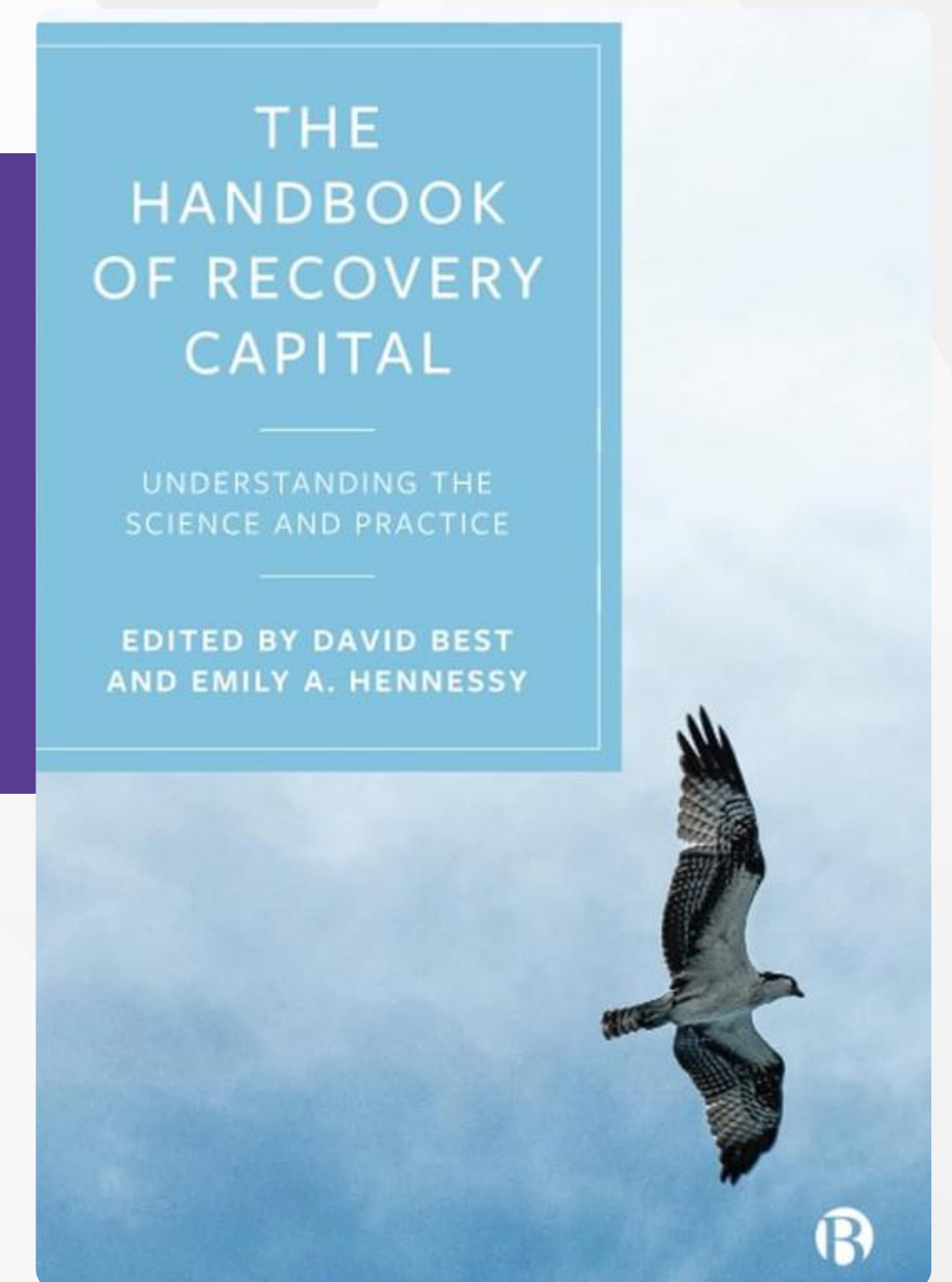
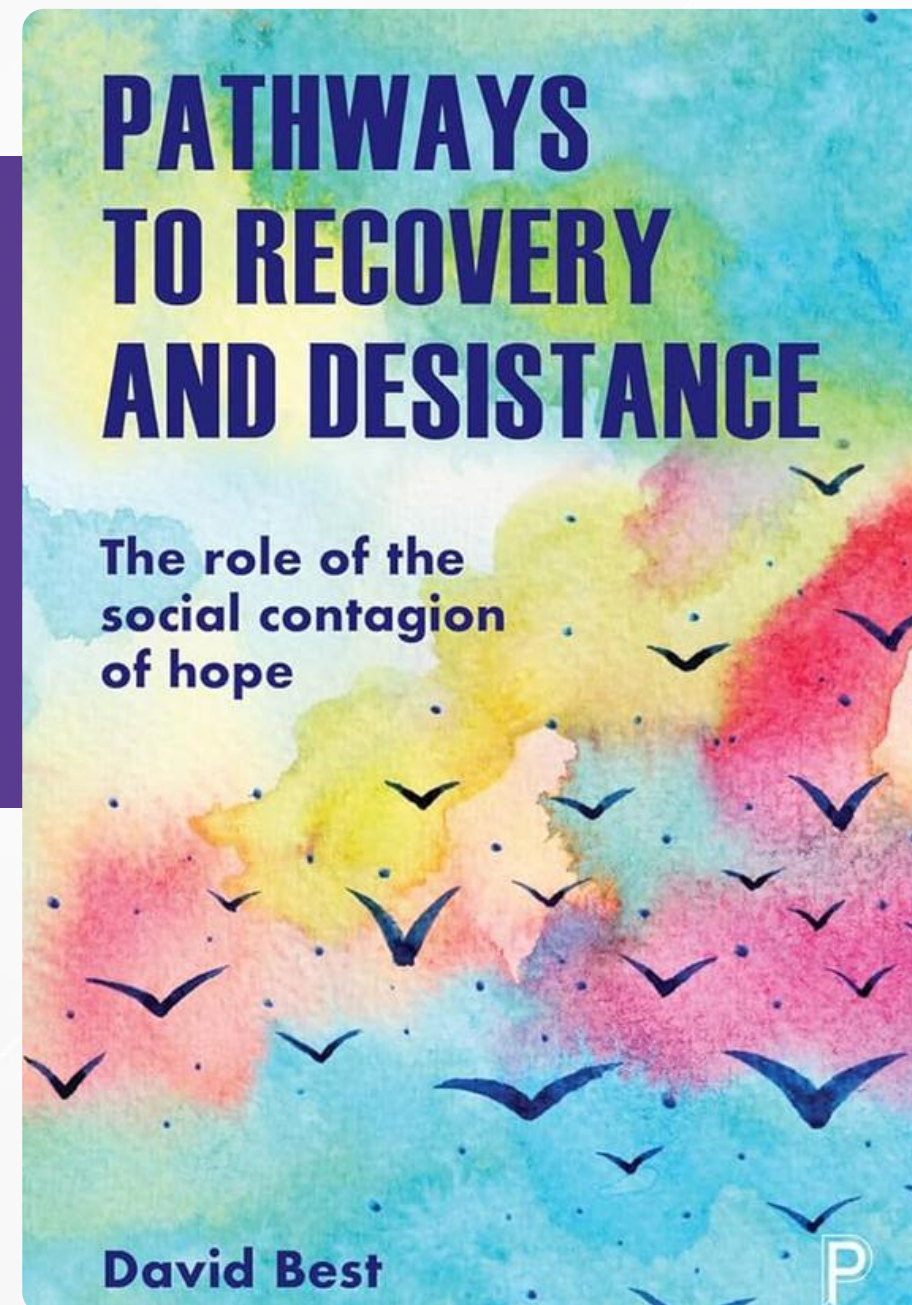
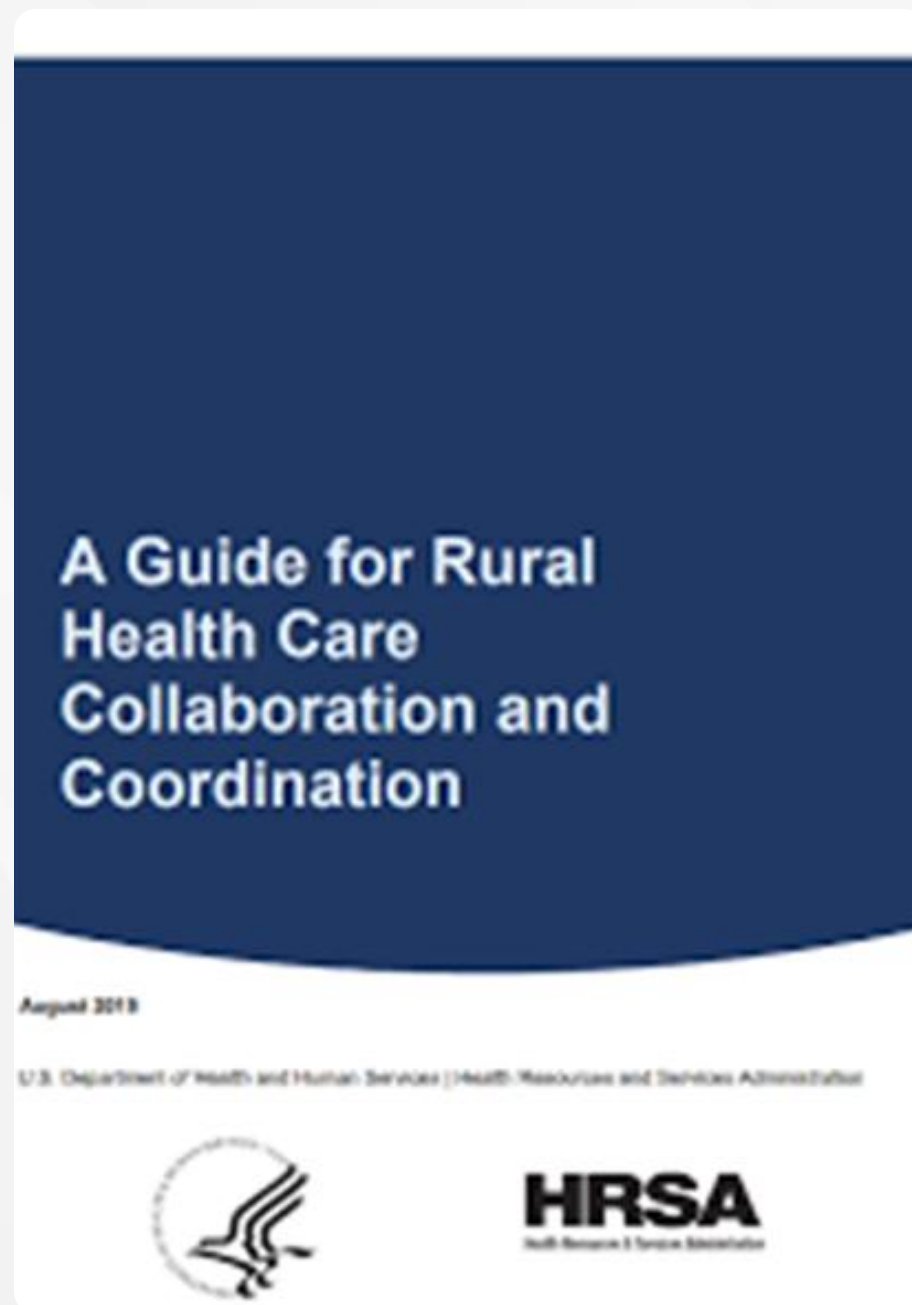


Support
Network

BUILDING A COMPLETE **CONTINUUM OF CARE**



ESSENTIAL **RECOMMENDED** READING



CITATIONS

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THANK YOU

Questions / Comments



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