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Presenter: Tara Moseley Hyde, MPAP, BS, Recovery Ecosystem Scientist & CEO, People Advocating Recovery

Topic: *How Individuals & Communities Heal Together*

[00:00:00] **Moderator:** Today's presenter is Tara Moseley Hyde, Chief Executive Officer with People Advocating Recovery.

[00:00:08] Tara is a national leader and advocate in the field of substance use recovery in long-term recovery. Since 2011, she serves as Chief Executive Officer of people advocating recovery, where she advances policies and systems that support healing and workforce reentry for individuals impacted by substance use disorder.

[00:00:30] Tara is also co-founder of the Louisville Recovery Community Connection and SSIS Center for Substance Abuse Treatment National Advisory Council. She holds a dual master's degree in public administration and public policy from American University and a Bachelor's in public policy and pre-law from the University of Law.

[00:00:53] Tara's work spans university recovery initiative. Community-based systems of care and national standards for peer support services. She's dedicated to building recovery ready communities that foster long-term success. Tara, the floor is yours.

[00:01:14] **Tara Moseley Hyde:** Hello everyone and welcome. So excited to be here and I hope everyone is ready. We have so much to cover and I'm so excited to be here with you today. Just give me a second and we will transition. There we go. Alright you guys just got a nice long introduction of some of my experience and how we arrived here today.

[00:01:43] Tara, Moseley Hyde and with people advocating recovery. However I am also a person in long-term recovery, which means that I've lived a life of resilience since 2011. Um, and I have interacted with several systems of care over the duration of my life. And I think that makes me an expert when it comes to social systems, but also an expert when it comes to public systems.

[00:02:09] And I'm so excited to share some of the information that I've gathered and then some of the research that I've been a part of and have worked in over the past year.

[00:02:21] Thank you. So some of the things we're gonna cover today we'll talk about defining and elevating community-based recovery support services and that term C-B-R-S-S for short, um, because it is a mouthful. And really what that means and what it looks like in our communities. We'll talk about advancing recovery oriented workforces and education pathways demonstrating the value and fiscal return of C-B-R-S-S.

[00:02:47] I'll try to use that interchangeably, but it is a pretty long term. So, uh, work with me. And then we'll also talk about how that C-B-R-S-S community-based recovery support services demonstrate successful recovery and how it actually enhances different systems of care and establishes longer term outcomes, higher and longer term and higher outcomes when coupled with those systems of care.

[00:03:14] So treatment and recovery. What I like to do whenever I start a training presentation or a discussion, is just to make sure that we kind of have some level setting and we wanna know what we're talking about, right? When I came into recovery I learned lots of terms and lots of new words and lots of things.

[00:03:32] And what I did learn was that a lot of the definitions of terms that I thought were not actually the correct ones that everyone else in society was using. So some level setting around those definitions. So, defining treatment when I, and when par typically speak about treatment. What we're talking about are, uh, multidimensional clinical assessment and any really clinical supported spaces for people, whether that's, you know, a specific diagnosis of opioid use disorder.

[00:04:04] Et cetera, or just general speaking, substance use disorder or behavioral health. So we'll talk about stabilization services either medically managed or MOUD, structured, any sort of structured clinical care things that are like goal oriented and integrated service delivery. So we're really talking more about clinical services.

[00:04:25] So, and these are just a few different paradigms. When we talk about treatment like I said, we're talking, this is mainly like clinical, behavioral health really high structured spaces. So when I talk about treatment anytime in this presentation, or probably anytime I get to interact with you, those are sort of the spaces that I'm talking about.

[00:04:43] I'm talking about all of these sort of clinical spaces where they're very structured. There's usually case planning, case management, et cetera. When we talk about recovery, so recovery has a few different multidimensional components. Um, recovery from substance use is a highly personalized and ongoing process.

[00:05:05] One of my favorite I guess thoughts or expectations or experiences when it comes to recovery is that recovery is a dynamic individualized process, right? Everybody's recovery is different. I know that we say that. But to actually like understand that in a way that it generalizes to like the mass community is really important and vital to understand how like community-based recovery support services should operate in our communities.

[00:05:33] So this is it goes beyond just a symptom reduction, right? We're not looking at individual symptoms which is usually, how we structure treatment case management situations because we're looking at, what the symptoms are that the person is experiencing. And then we're trying to work towards a space of stability, right?

[00:05:54] With recovery, it's more dynamic, it's more person centered. The person is kind of driving that case plan, if you will, and they're driving their life forward, right? Like they're making the decisions about work life family life, social components a lot of different spaces that are very individualized.

[00:06:14] So just some different sort of paradigms and understandings of what, you know, recovery is and can be. There's lots of definitions that float around there, right? Some from SAMHSA, some from ASAM four dimensions. Personalized and holistic. Strengths-based and peer support or peer and community support, right?

[00:06:32] There's lots of different paradigms. And those are all true. These are all true. I'm not saying that any of them are not by any means. They're just all different, which is what makes recovery so important and vital. And then now we kind of get into community-based recovery support services.

[00:06:48] And I hope that if any of you have interacted with me or know my organization or follow us, you've probably heard this at some point. But in a very general sort of definition, community-based recovery support services are a collection of peer led services and practices designed to support sustained remission from substance use disorder.

[00:07:08] So they can look like a lot of different things. Peer support, recovery, community centers, recovery housing, recovery schools, and collegiate recovery programs. It's really organized around people and populated by people who are in recovery and or collectively working towards that wellness experience, whatever that may be.

[00:07:31] So what recovery Capital, that's kind of like the next topic to cover for the the greater understanding of why the implication of community-based recovery support services and how it impacts those systems of care. So, defining recovery capital I'm sure if you haven't heard of Recovery Capital then you should look into some, a lot of different research, uh, whether it's Dr.

[00:07:54] David Best. And a lot of different groups have created their own sort of standard measurement tool. Recovery capital has been a term that's been around for quite some time now. It's the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation.

[00:08:13] And also it's. Understanding the things that create barriers and understanding the things that help you to stay connected or builds capital and builds tools to equip you in times of crisis or instability. So, and we'll talk a little bit more about that, but barriers to recovery is some of the negative recovery capital that we have to also sort of take into stock whenever we're looking at measures of something.

[00:08:42] So some barriers are like accommodations if there is substance use currently, and if there's a lot of risk taking in someone's like management of their, you know, life and how, where they currently are sort of in their place of stability and if there's an unmet service need. They may not have access to drug treatment or alcohol treatment.

[00:09:02] Or any of the other types of pathways. And also housing support. Housing is a number one issue when it comes to stability. If somebody doesn't have somewhere stable to live the va, the risk of their the risk of them, having a recurrence or going back to an unstable environment just, increases exponentially just because they don't have that stability and that's safe, right?

[00:09:24] It's all about safety and what composes of positive recovery capital. Which are all the things that kind of make up like our social support networks, quality of life. So we talk about personal, that's like familial direct connections, our social, our, professional or friends or, groups that we've been interacted with

in some way, whether that's through faith communities, other social factors, hobbies, et cetera.

[00:09:53] Community capital, right? Like in my community, am I in a rural community or am I in an urban community that has lots of resources? It's rich with different pathways and different support mechanisms. And then obviously, you know, we have the quality of life, which is definitely an impact to that recovery capital because if I'm not, um, well on, that multidimensional factor, then it's just gonna make, the negative capital increase because I won't be able to be stable. 'cause I might be unstable in, whether it comes from our health, physical health or other challenges. Bridging and bonding. Create positive recovery. Capital bonding is that direct connection. And that really close.

[00:10:39] Community and like personal capital that help to support that social connectedness. Bridging is more of like the things that are outside. It's more external. So it's all the things that are that can help influence that, either positive or negative experience. But you kind of need both of those, right?

[00:10:59] And in recovery what we know is that personal capital mixed with social capital and community capital we have to have all three of those experiences and connections to be successful over a long term. And you know, the reason is because life is messy. Life will show up in lots of ways that are unexpected, that, can be really great and then that can not be really great.

[00:11:24] A great example of that is like, you know, I was three years into my personal recovery. I had just moved out into an apartment with a roommate and I got laid off from work. Right. And someone who may not have been able to like. Talk about those things. Be strategic in, making sure I had my resume up to date, that I was working on all the things to ensure that, that I was going to be stable.

[00:11:44] That could have really instead went me, took me down a separate path. If somebody was just like, you know, uh, well, oh, well, guess you're gonna now be homeless or without a job not able to pay your bills, right? Like, stacking up all of the negative consequences that come with being laid off or, what have you.

[00:12:04] Regardless of, what was happening. So like some of those like, life factors that happen to anybody. Having those support systems are so vital.

[00:12:16] And now kind of getting into community-based recovery support services and what they are.

[00:12:25] So what are they? C-B-R-S-S. It's a collection of peer-led services. We kind of defined and talked about this a little bit more, and we talked about it in a more like general term about what you can expect to find at these places, right? Peer support mutual understanding, mutual respect, positive, safe spaces for people that are in this same living experience or episode kind of living together and moving forward in their life.

[00:12:49] It can be in a lot of different places in a lot of different ways. One thing that is pretty exceptional for all of them is that they are not like highly organized treatment spaces and episodes. Community-based recovery support services are all things that are outside of clinical treatment. And there's a purpose for that and there's a reason for that.

[00:13:13] So some of those things that we'll talk about now are recovery community organizations, recovery community centers, peer support, alternative peer groups, recovery high schools, collegiate recovery supports and recovery residences are all examples. We'll talk about these to be a little bit more specific, but you know, those are not, that's not like the full list.

[00:13:33] There are a lot more peers and ERs, right? Like there is so many more different spaces. But really it's about integrating recovery support services in community settings. So that in a nutshell is really what we're trying to do and look to advance and why would I say that? The reason is because recovery, just as a person overlaps with every facet of our life.

[00:13:58] And the more opportunities that we have to interact with people who may not be knowledgeable around recovery and or may not even understand and know that positive lived experience that can exist outside of maybe their potential misuse of substances, maybe that person hasn't even, developed a substance use disorder or isn't in that realm yet.

[00:14:22] Doesn't mean that person can't be exposed to a different positive experience or be exposed to something that can help them to be on a path of wellness, right? So it really gives us an opportunity to see. Recovery in a different light when it comes to prevention, when it comes to episodic experiences beyond just the clinical treatment episode, but in community spaces.

[00:14:48] So recovery community organizations like my organization, we provide training and technical assistance to recovery, community organization professionals like ypr, like the life learning centers of the world. We work with community directly, so we might host events, we host trainings we host round tables.

[00:15:05] We do lots of stuff where we talk a lot about recovery and bringing in new research innovation programs and practices. Recovery community centers are basically like the lifeblood of recovery support services in communities. They are a place where they can be an open door with recovery on the door that people can walk in and get services, like peer support, recovery coaching, access to housing, access to workforce development, access to health, if they are looking for, clinics and space, places that offer, access to those resources.

[00:15:43] And they do lots of different things. Right. I know I have some here that are listed in Kentucky. Some of them are more like event and activity driven, so they're really more about creating positive social experiences for people. And then you have some that are more like harm reduction or, overdose, prevent preventative. And so you'll have more structured settings for access to supplies and more access to a little bit more professionalized peers that might also be community health workers. So they, they can be built in various different ways depending on what the community needs are.

[00:16:25] Peer support which look different. And they are called different things in every state, in every community I've learned. So there's peer support specialists, there's peer navigators, peer coaches mostly they're all pretty much the, well, not pretty much the same, but they have some really basic tenants, right?

[00:16:45] They are individuals with lived experience of some kind. And they use their lived experience to help support other individuals on a path of wellness and stability. Right? That's a very generic way of saying that. Like they help that person on their walk with them to their next positive experience and upward mobility, whatever that looks like.

[00:17:06] And these folks can be embedded into lots of different places, peer led organizations, recovery, community centers like we just talked about, recovery residences, drug courts criminal justice settings, child welfare, homeless shelters. Also there, they work with public safety deflection. They're really effective in deflection.

[00:17:25] If you haven't checked that out, you should. Libraries, which is a new emerging model, which I think is brilliant because, you know, libraries are public spaces and very accessible for people. So, uh, you know, I talked about peers in a very general sense, but they also come in a variety of different sort of professions.

[00:17:45] So there's some that are really, really structured in some spaces and there are some that are really not so much structured, but instead they provide a lot more like community and direction leading for people. So, this is just an example of, different ways that they can be incorporated into practices.

[00:18:03] If you haven't adopted peers in your current place of employment. Alternative peer groups. So alternative peer groups is really for youth. So I talked about myself earlier. I came into recovery. I like to say I was kind of young, me this, we'll say this, uh, I was a younger person when I came into recovery, and so, I found it very fascinating that there were multiple opportunities that my life could have been intervened on.

[00:18:34] And for one reason or another I was never put into a system that allowed me to see that there was something more that was happening within myself like a substance use disorder or other behavioral health challenges. And I really found it interesting that there were not more interventions with our youth and doing this research.

[00:18:55] I found a lot of work that had been done and is being done in Texas and up north. When it comes to alternative peer groups that are sort of groups that are coupled with family. Also clinicians and clinical support. Schools also provide sort of like a leg of this support system, but also it's a, it's it's a youth led and centered group that helps them be supported while they're going through, like their youth experience, right?

[00:19:24] Like going to high school, going to prom, doing all of the same things that, that any other youth does, but still providing a structured safe place for them to have fun, find friends, live a productive life, and be connected to other youth that may or may not have the same challenges and just have that social connection that a lot of them are really seeking but can't or don't find in their community because there isn't anything accessible.

[00:19:53] Recovery high schools kind of are coupled with those alternative peer groups. And recovery high schools have been developing all across the country from my research and some of the things that I've learned and I've had.

The the folks who were on, like the board the advisory board for Recovery high schools come and present at our summit last year.

[00:20:13] It is such a great resource and they can be developed in a lot of different ways to fit the needs of the community, which is beautiful. But again, right, it's just a, it's a program and it's a, well, it's not a program, it is a a feature of a high school that. Also provides recovery support in a structured way for youth that have developed, you know, either substance use and or or on a path of recovery of some kind.

[00:20:40] And it can also be for folks with co-occurring disorders like anxiety, depression et cetera. And they also can work like within structured schools that are already developed, or they can be a standalone. There's lots of different models that are available out there. And you can find them at the Association of Recovery Schools.

[00:20:58] And there's also the association of recovery Schools in Higher education for collegiate experiences. Also. We'll talk about those in a second. But recovery high schools. One of the things that, like I just, I found so fascinating is the higher outcomes that they offered, especially for students from this was from a school in Houston that was a part of a pilot project some years ago.

[00:21:24] And out of the 137 students that enrolled there was a 79% student retention rate, which is exceptional. You can ask any. Primary school teacher or you know, administrator that their sobriety rates, which is how they termed. So we weren't gonna change that. 87% of those students remained sober or in recovery the entire school year.

[00:21:46] Their school attendance, 89% guys like this is incredible for a high school, right? Especially for any high school. It doesn't matter if they were in recovery or not. That's beautiful. And then 28 graduates from 2012 and 96% of those seniors graduated and 96% of those graduates attended college or had plans of attending college.

[00:22:11] Then if you guys know anything about young people in recovery they actually, I used to work there and I still they're still one of my greatest partners and friends at that organization. And white P'S mission is to provide the life skills and peer support to help young people recover from substance use disorder.

[00:22:27] Again, probably why I am so, avid around young people and making sure that they have the supports they need to thrive because that helps to make us better adults and more capable adults. Right? And young people in recovery have chapters all over the country. As you can see, this is a kind of an old picture too.

[00:22:45] There's definitely a lot more. We have, I think, 15 chapters in the state of Kentucky. So if you don't have a chapter, if you don't see a little bubble around your state, maybe think about applying or looking at some opportunities to advance pro-social events, workshops, and fun safe places for youth to come together and develop that social support group and social support network that shares pathways of recovery.

[00:23:12] I think that's one of the greatest sort of gifts that organization offers, is that it is something that anyone can be a part of and also people that are allies. And I really liked that as a young person who was in college and was just looking to, find my crowd and that organization gave me that.

[00:23:32] I learned a lot about collegiate recovery supports. There are two sort of, um, schools of thought with collegiate recovery. There's collegiate recovery programs and collegiate recovery communities. Programs are more of a structured a structured program setting where like there's certain requirements that you have to meet.

[00:23:49] A lot of times you may have to apply to get into that college program, because it's a program that requires you to apply, you have to have a certain GPA maybe go to be in a certain like program stu of study. And then a collegiate recovery community can be something more that's open and all inclusive.

[00:24:08] You may not have living quarters where that you have to be in or go to, certain meetings on a weekly or monthly basis. But it just might be, you kinda opt in and then you can tend and do, the activities are not. But it's still pretty much both of them are like safe spaces on college campuses.

[00:24:25] There's usually like a designated area where those members can go have meetings or just find network and safe spaces for people to create connections. And also, you know, have the college support. So, and then some, data points with collegiate recovery. There is higher graduation rates.

[00:24:47] 70% of CRC members at that's Texas Tech university graduate compared within 60% of the general student population. They have higher GPAs. So of of the general population that has a 2.93. And the CRC had a 3.18 on average. Then four to 8% relapse rates of each semester, fewer than one in 10 of their members had any substances that they may have used or had a recurrence of use.

[00:25:22] And then recovery residences. So. In the state of Kentucky, we have our certifying organization, Kai, a Kentucky Alliance of Recovery Residences. And if you don't know about the National Alliance of Recovery Residents, that is the National Standards for Recovery Residences that designates different levels of support within a residence.

[00:25:44] That is the National Model. Kentucky has its own certifying chapter but there are varying levels peer driven to medically supervise, which are more of, again, going into that treatment clinical space. And we're gonna stick here. Within that community space, here are the different levels, as in a snapshot level one being more of a peer run.

[00:26:06] So your Oxford model, I saw some people from Oxford on here. Hi. More peer run democratically ran level two, which is more of a managed environment. So there might be like house manager that's a peer, or that's someone that's a resident leader. And then level three supervised. So that's more like staffing and have more pro there's more programming that's embedded into that house.

[00:26:30] And then level four, which is definitely a clinical now level three and level four can vary depending on what state you're in because they can have different definitions, but. For the most part, this is a snapshot. Nonetheless, all of them share this core framework of having the model emphasizes the importance of personal and collective responsibility.

[00:26:52] So this social model of recovery it has to be ingrained and embedded into the community and the life of that recovery residences. That's kinda like the important factor and feature of a recovery residence that makes them different than like a transitional living house or reentry house.

[00:27:14] It centers around strength-based, lived experience, peer leadership participative governance, and community-based supports, all factors.

[00:27:26] All right, now we're getting to the fun part. So economics was not my favorite subject in college. However, I've learned that I've had to really learn to love economics because it helped me to understand the systems that are in place and understand where the investments go, and understand how we can take the systems that are invested in and we can build upon them.

[00:27:58] So, this is a snapshot from Kentucky, and I wanna be really specific here. This analysis was done by, a few different sources of information. There's also some of data that wasn't included in the data snapshot or in this fiscal snapshot. And that was on purpose. So, a friend of mine d Gene Deathridge and myself, we looked at wanting to understand how much we were actually spending on treatment.

[00:28:25] And again, from publicly sourced data. And also, there's a few different lines here where we did not actually incorporate some like federal funds into the snapshot outside of what was publicly available, just because we wanted to get a better understanding of where from the sources of funding where we were spending our money.

[00:28:44] And well, not just why, but. The impact it can have. So, our spending analysis from fiscal year 2023 so federal Medicaid spending, we spent and state Medicaid spending and any additional state treatment spending we spent, we have been spending in 2023 \$1 billion from Medicaid. And then our core spending, which is from federal non-treatment.

[00:29:15] So the money that we spend on non-treatment is 49 million. Additional federal spending. So that's, from federal grants, a mix of technical assistance, maybe some treatment or research. And maybe, from like research and innovation, some different treatment modalities or different pathways of recovery.

[00:29:37] We spend around 28 million. This is all data from 2023. But again, like this is from a snapshot of all of the treatment. This is a snapshot of the non-treatment support systems that we invest in Kentucky, and some additional spending. So the long-term treatment model, which we would say based on based on the structure of how we spend Medicaid we say so the inpatient hospitalization, detoxes around five days.

[00:30:08] Residential treatment can be to 20 days. Again, this is based on like, sort of like Medicaid and also some some best practices. Partial hospitalization programs, which can be 28 days depending on case by case studies, right?

Intensive outpatient programs can be 90 days and any ancillary services, so assessment case management, peer supports therapy sprinkled throughout, so around 145 days, less than five months of intensive professional services.

[00:30:43] So when we look at that picture, right, and we think about 145 days, five months, give or take of what we spend on clinical care and treatment episodes. When we talk about what the research says for substance use recovery timelines. So the average number of years it takes to obtain stable recovery from first use is 41 years.

[00:31:08] This is not my numbers. These are numbers from the Recovery Research Institute and a lot of smarter people than me that we pulled and put into this report. Median time to attempt recovery from first use is 27 years. Median time to sustain recovery after achieving remission. So eight years, it can take eight years time required in recovery to reduce return to use prevalence to 15%, five years.

[00:31:38] And there's an asterisk there because that depends on, you know, what type of use disorder that individual may have had. Because that data can vary.

[00:31:51] So what is the challenge, right? Like, so we're understanding where all of our spending is in Kentucky from like a Medicaid, federal, state lens. The funding that is spent on non-treatment and then some, special projects, right? And then we understand how long a treatment episode can be for an individual.

[00:32:10] And then we saw how long like that recovery potential stability experience can be, right On average in a median sort of experience. So people remain at risk for substance use disorder recurrence for years after initial remission, right? We talked about that for a single recovery experience after treatment initiation.

[00:32:30] It can take an average of eight years. Why eight years? Because it can take four to five treatment episodes because that's one in four people sustain recovery, right? That is. The statistic, unfortunately and an additional five years before their actual risk, after their success, right after the four to five treatment episodes, it takes an additional five years in order for that risk to be reduced to 15%.

[00:33:01] On average. Right. Given that, depending on what that use case scenario is, so that's eight plus five years equals 13 years, that's 13 years worth

of time that it takes to stabilize someone to that of the same risk level of developing a substance use disorder as someone in the general community.

[00:33:23] So at 13 years in recovery, I would say right. For me, as a person who's in recovery, I would say that in this scenario it would take 13 years for me to have the same risk as Joe down the street. If systems remain consistent in our community as it comes to supporting individuals from substance use disorder, why does this matter?

[00:33:50] 13 years is a long time. It's a very long time. So the cost of long-term treatment alone, the cost per person can be five 55,000, give or take for long-term success, for a long-term success rate of 25%. In other words, one in four people in this scenario has a successful outcome, so that means three are not successful.

[00:34:17] I went to a seminar not too long ago where they said that we've been telling our data stories wrong, where we wanna share that yes, one in four are successful. Well, that means that three and four are not, which is unacceptable. Really unacceptable. And when we think about that in fiscal terms, if it costs 55,000 for that one success or for that one experience, right?

[00:34:43] That doesn't matter if it's success or not, but it takes four times on average for someone to have a successful outcome that is \$222,000, give or take. So that's how much it costs to ensure that someone will be successful in treatment alone paradigms.

[00:35:06] And I find this just incredibly, incredibly frustrating. So the cost per successful outcome without C-B-R-S-S, so without all of the systems that we just talked about without recovery, high schools, without community recovery, community centers, or RCOs or anything else. So treatment only models.

[00:35:28] So the single attempt, right, like I said, was 55,000 times four because it's four, it takes four attempts typically ensure not everybody's gonna be four, but we're thinking, you know, we're thinking on the greater side of that 22,000. And then also when you are thinking in terms of our economics you have to think about the lost productivity of the eight years that it costs for that person to become stable.

[00:35:53] We talked about that. 'Cause it can take eight years for that person to gain stability after that one treatment outcome and then the additional non-treatment cost. So what are, what's incorporated into those costs? ER visits.

Potential public safety violations. If that person has any other sickness or illness or, a symptom of substance use family, other potential costs that are outside of treatment.

[00:36:23] So for each success, it costs and a treatment only model, it costs \$449,000, give or take. And in 2023, we had 18,000 people plus go through treatment, go through formal treatment, and

[00:36:47] when we incorporate community-based recovery support services costs, something really interesting happens when we look at that investment. So C-B-R-S-S services to include nonclinical, peer recovery work recovery, community centers, recovery housing. So all of these things, these are exceptionally cheaper programs and paradigms, right?

[00:37:12] That doesn't mean that they're not good, right? Or the quality is depleted. It's just because they don't require such high level mechanisms in order for them to be deployed in different settings. So it increases recovery, capital gains pre and post-treatment, reduces timescale to long-term, sustained recovery, remission, and reduces recovery.

[00:37:36] Capital loss for repeat treatment episodes.

[00:37:42] So in this nine \$9,500 is what that costs. I mean, again, right? It's, those are generally speaking in Kentucky specific data terms, I wanna be specific here we are talking about, we looked at Kentucky specifically. So the cost comparison. When we invest in community-based recovery support services, we see a few things.

[00:38:03] We see higher success rates from 60% versus 25%. And that is really due to the implementation and the continuation beyond the treatment episode, which as you can see it like community-based recovery support services are not like a, an init, like from the initial point of investment. It is not necessarily a cheaper practice, but it is cheaper in long term.

[00:38:34] As we talked about before, the loss to productivity, the additional non-treatment costs that come with the ER episodes, et cetera, to taxpayers into, our community is substantially higher because of the cost that it takes for one individual to have that success is times four.

[00:38:59] So, community-based recovery support services is an extension of clinical services, but it is not the clinical service itself. So here's two sort of flips

of the coin or some different frameworks for you to think about. From a treatment perspective, it's focused on specialized knowledge from that clinician, that expert that person who, has the licensed or the certification, et cetera.

[00:39:23] And they are confined by HIPAA usually, right? And protected health information. They're limited to specialized environments, right? It's really highly structured. And it's a top down approach. So the professional is giving directive to the individual as a client. And the practice is the service.

[00:39:43] So in, in community based recovery support services, it's focused on sharing ex experiential knowledge, right? Like I'm sharing my experience with you and helping to motivate you. It must occur in so social context. People can't feel like they're in a rigid structured environment because then they won't have that connectedness.

[00:40:03] It occurs exclusively in community environments. Like it's gotta be outside of the structured living and structured settings just because it won't have the same impact. And also the engagement is a lot different, right? Like, the kneecap to kneecap sort of experience rather than the top down.

[00:40:22] And it's open authority structure. So peer-to-peer relationships, professionals are secondary and not primary, right? So at this point, I would like to say or think that SS is more of the component that happens later after someone has a treatment episode and they become stable. But then it's more about like developing the growth, the wellness, the engagement in other spaces that help that person to become more ingrained in practices of wellness and developing as a human right.

[00:40:51] And then the environment is the service. So it's the things that surround that person that is the service. And so why does C-B-R-S-S increase long-term remission? How both of these models positively affect recovery capital is by working together again, right? It's not. Either or it's both.

[00:41:12] And we need, they need each other. Not every person needs treatment, but almost every person I could say, should be connected to community-based recovery support services. It may not all be the same type but to have that community collaboration and social connectedness is vital for any human right.

[00:41:32] Like we are humans. We have to have that social connectedness. We have to be engaged with friends, with a network of people that we trust and

create that positive social experience. I like to say sometimes that positive peer pressure to help get people sort of outside of their normative everyday life that sometimes is not healthy, but instead get them into some new spaces and engage them in different ways.

[00:42:02] So yeah. So building a complete continuum. So we look at recovery, prevention, risk reduction, and treatment. What do we think about? We think about this cyclical experience, right? Like we're constantly in motion and that's how I view recovery, right? Because it's not, some people in some pathways of recovery go to a meeting every x amount of time, right?

[00:42:25] Some people call a sponsor, some people talk to their peer coach regardless, like they're constantly doing those things and they're constantly like sharing their experience or they're constantly monitoring behaviors in a certain way, right? It is a continuous event cycle, and that's the same way with community-based recovery support services.

[00:42:43] Like we can't be a whole human and whole self without some of these support systems, because that's what's gonna help us to develop as an independent functioning person. Recovery housing may or may not be a part of that person's story. RCOs and RCCS may or may not be a part of that person's story, but we're all gonna need economic opportunity.

[00:43:04] We all need familial and or some sort of social connectedness, right? And matter if it's in a structured setting or not. But we need those sort of community support systems in order for us to be successful. So some different books and research that you guys can read and check out if you like.

[00:43:25] I know I've read a couple of these and there's also some other ones that have just come out that we haven't added yet. But they're listed here and we also have our citations very lengthy. And then that is all that I have, and I think I just ended just in time for q and a. So. Is that it?

[00:43:46] Yes. Okay. So yeah.

[00:43:48] **Moderator:** Hi. Thank you, Tara. That was, uh, that was great information. I know a lot of comments. I know it's hard when you're a presenter to read the comments in the chat. And the data that you presented was fantastic. I think it really speaks to the point that, you know, recovery we sort of get it shortsighted us right?

[00:44:05] Sometimes with our state officials and our funders. And, you know, to be honest, they have a limited amount of money in their box, right? And so they've gotta spread it so far. But really what you showed us today in some of those stats that you showed us, is that, when you really invest in long-term recovery, it pays back in dividends, you know, through cut costs in you know, prison and jail and having to add extra officers for due arrests and homelessness.

[00:44:32] There's this trickle down effect that oftentimes is not accounted for. I think the recovery community for years has talked about it, like, look, you have this impact, you have this impact. And what's so exciting about today is that now we're starting to gather numbers and data that actually supports that.

[00:44:48] That is like, no, hey look, it's real. We're not just saying this. It's real. So thank you for sharing that. Okay. We had a couple of questions in the chat. Uh, Paul asked, how do you work with the AA NACA and faith-based organizations offering recovery?

[00:45:09] **Tara Moseley Hyde:** So how do like, I work with or as just like, I guess a framework for the community based Yeah,

[00:45:15] **Moderator:** I think, yeah. I think he's asking like, where do they fit into the recovery system? How do you work with those? I know my background is a I have a master's in social work as a therapist and running a recovery center.

[00:45:25] Those were options in a part of our recovery cont continuum. When I worked for probation and parole, they were not optional for probation and parolees. They were had to attend. But I think Paul's asking, and Paul, feel free to chime in here if I'm not asking your question correctly, but how do you work with those in a recovery continuum to make sure that they're a part of that recovery continuum and utilized as a part of that recovery continuum?

[00:45:49] **Tara Moseley Hyde:** No, that's a great question. And I mean, I would say that it definitely is, and it is a part of the recovery continuum and has been for a number of years, right? We have like historical record that show that being connected to those social networks are so important. I would say that, and I even think that like, there has been recent data that's come out that, I wanna say Alcoholics Anonymous has participated in a study to help identify some of those outcomes through a couple of pilots like I said just recently.

[00:46:19] So, I think that, I think it's very highly individualized. So, at any of the community-based Recovery support services, whether that's recovery housing or collegiate recovery is just to be open and accepting to all of those pathways of recovery. And also like, you know, as an individual, I think that we have evolutionized sort of the experience that somebody in a, who is in recovery has when it comes to being a part of a greater community that does have multiple types of support systems.

[00:46:52] Whether it's through like the 12 step framework or if it's through other frameworks that are more like peer coaching. And I think it's just being inclusive for any paradigm, right? To ensure that they have access to whatever that individual needs. But also like to understand that you know that a lot of times, right, like 12 step AA and a CA those are all like self-identified, right?

[00:47:14] Like the individual has to say that's the group I'm a part of. And so, you know, like as a clinician or as somebody who is in that sort of setting that's in that more of a top down approach they would then have to, relinquish some of that power and recognize that person may need like that support system and help to incorporate more of that social support network from like that recovery community center.

[00:47:38] 'cause recovery community centers or other RCOs typically have a lot of different resources that are multidimensional that can incorporate. The 12 step community in that culture and other types of support systems that the 12 step community may not, also utilize. So that's what makes like those community, the C-B-R-S-S resources.

[00:47:59] So beneficial is because it can incorporate all of those different modalities under one roof. And that's what makes it so unique.

[00:48:07] **Moderator:** Yeah. I also found too, as a, when I was working as a provider providing treatment outpatient intensive outpatient treatment there were a lot of, and those of you on the call that are working, obviously you're working in recovery ecosystem somewhere, there's still, we still have a lot of silos, right?

[00:48:23] And so a lot of times, um, you know, the AA and a smart recovery, whatever it was, we would give 'em a list and say, pick a group if that's what they wanted to do. So one of the things that I did is I actually went out and started meeting some of the folks that ran those groups. And I had the advantage

of, running the recovery center and I was like, Hey, do you guys need a space to operate?

[00:48:45] Like, we could free up this room. And the same thing with faith-based. That's what I found when I was running, working as an operator, is that there were a lot of silos between faith-based recovery and non-faith based recovery. And so I just worked really hard to break down some of those silos, invite.

[00:49:02] Both, everybody in and, because at the end of the day, we're all, we all have the same goal. And it's not about we do it better or you do it better, or it's, it's, and I think that's what's so great about your presentation today. There's so many parts to play in a recovery ecosystem.

[00:49:15] There's enough parts for everybody, so. Absolutely. Yeah.

[00:49:20] **Tara Moseley Hyde:** Absolutely. And the more that we work together, the better outcomes that we all will have. Right. Like it's a shared experience. It's not just, you know, one component. It's all of us.

[00:49:30] **Moderator:** Yeah. I have other uh. I have another question for you. Tom said, and I don't think this is a question, you said the re the recovery set aside proposal for the block grant, which Congress did not adopt, was an attempt to level the playing field.

[00:49:44] The Appropriations Act in 2023 opted to request states from more disaggregated data instead of instead, which hopefully will help show the need. I think Tom was talking about getting more data and helping to show that need. Yes. One question that I had was how do you, I know one issue that I faced as a provider was how do you get state and funding partners on board?

[00:50:05] With providing appropriate resources such as reimbursement and things like that for a recovery continuum of care. Any thoughts or ideas around that? 'cause I mean, I think you've done such a great job of demonstrating the need and, but how do you know if I'm a housing provider and I wanna be, play an essential role in, and I am an essential role in the conte recovery continuum of care, how do I work with my state and funding partners to help get some payment that will sustain us to be a part of that recovery ecosystem?

[00:50:34] Any thoughts or ideas there?

[00:50:36] **Tara Moseley Hyde:** Yeah, absolutely. I mean, one, you have to speak the language, right? And the languages you have to talk about is the fiscal impact. Like that, though the language is so important, especially to understanding like where our tax dollars are going and the impact and the return on investment when we do invest two recovery and community-based recovery support services, right?

[00:50:58] Like, I can go take this presentation and I could deliver it to a bunch of leg legislators, but unless I actually go to them and tell them like, this is the program, this is the thing, and have the direct ask and what that could look like in our community. That's what's gonna pack the punch. And and I would make sure that I would have my exact ask of what I'm looking for whether it's recovery high schools or recovery community centers and finding, what it is also.

[00:51:25] Especially from like a legislator or an official and a decision maker's perspective, right? What is it that's the thing that they're wanting to achieve? If it's reducing reducing prison people who are in prison and incarcerated, right? Like, well, let's talk about how we can do that.

[00:51:42] If it is reducing Medicaid spending, let's talk about how we can do that, right? Finding out what it is too that's important to them, and then helping to tra. Craft and create that narrative. And also understanding the impact of what these services can do is really how you can deliver that message very clearly.

[00:52:01] And the great thing is that right now, because there has been a lot of research that has recently been published around recovery residences recovery, community centers, peer support there's a lot of data that's coming out right now around these outcomes and how it sustains long-term recovery.

[00:52:19] And it reduces, recidivism, it, it reduces ER visits, right? Like all of these really important factors and data points that are especially important to like legislators. Taking that information and really putting it into a snapshot is really helpful to get them to see the importance, the investment and making that ask.

[00:52:42] And also like just creating relationships too, right? Like I, I mean that's something that I've tried to do is create the relationships with our cabinets, with our departments understanding the needs and what they have, right? Like

you were talking about everybody's working on a budget, so, you know, also keeping that in mind too.

[00:53:00] **Moderator:** Yeah, our time has kind of come to a close. We'd like to thank everyone up. I wanna put in a plug some of you on here maybe wondering, how do I get this data? How do I, how can I demonstrate the ROI for my program? So the Fletcher Group has put together, we have a health economist Maddie Ashworth, and I call her the Taylor Swift of the Fletcher Group.

[00:53:18] But she has invented an economic calculator. And I'm, I was chatting with someone, I actually misspoke. It is actually free to anyone that wants to use it and I've put in here several times. So if you click on, I go to our website and you click on the economic calculator you put your information in, we can generate a report that will show the exact ROI of your program or if you're looking to tailor it.

[00:53:39] Um, so. Just in the last 18 months alone, we have been able to help recovery providers get \$30 million in grant funding using the economic calculator. So it's a really powerful tool because a lot of times if I just have a, recovery house or whatever, I don't have the bandwidth or the team or the what I need to be able to do that.

[00:54:01] But I really encourage you if you're interested in that and to go through and to use that economic calculator to help you quantify your results and give your ROI. So I know we're past time, so I'll close it up. But thank you, Tara. Great presentation. Really appreciate your time and your expertise and thank you everyone for attending and have a great rest of your day.

[00:54:19] **Tara Moseley Hyde:** Thank you.