

Leveraging Community Partnerships to Address Social Needs and Improve Care Engagement

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ASAM Conference
Dallas, Texas
April 6, 2024



Learning Objectives

1. Describe the recovery community organization model and its current level of evidence.
2. Explain the critical elements of a unique recovery community organization model and how those elements contribute to positive recovery outcomes.
3. Specify key steps and considerations for development of the recovery community organization model described.

Acknowledgements

- ☀️ Thank you to our funding agency, the Health Resources and Services Administration (HRSA) for their support with this pilot initiative.
- ☀️ Special appreciation to Life Learning Center Candidates and Members, community, residential and employer partners, and Life Learning Center staff, St. Elizabeth Healthcare and Providers.

Disclosures

☀️ The presenters report no conflicts of interest.

Outline

- ☀ Introductions
- ☀ ASAM Continuum of Care
- ☀ Role of Recovery Ecosystem in Building Recovery Capital
- ☀ Recovery Community Organizations (RCOs)
- ☀ Life Learning Center: An Exemplary RCO Model
- ☀ Clinicians Can Make a Difference
- ☀ Critical Elements are Key

Life Learning Center

- Comprehensive and innovative recovery community organization located in Covington, Kentucky
- Established in 2005, delivering a holistic, integrated continuum of education and care to help "at risk" citizens learn, secure and sustain a better way of living through gainful employment within a 55,000 square foot facility
- Duality approach, (1) addressing barriers and health-related social needs while (2) supporting growth in recovery capital through 12-week Foundations for a Better Life Curriculum and linkage to employment
- Connection with 150 local community nonprofits and 300 employer partners
- Currently collaborating with Fletcher Group and KIPRC to evaluate the LLC program



Fletcher Group

- National 501c3 nonprofit founded in 2017 by former Kentucky Governor, Dr. Ernie Fletcher and his wife, Glenna
- Intent to support those in society move from the disease of addiction and the devastation of homelessness to lives of hope, dignity, and fulfillment through extending the “recovery ecosystem” model across the country.
- Received a national grant from the Health Resources and Services Administration (HRSA) in 2019 to operate a Rural Center of Excellence in Recovery Housing
 - Provision of technical assistance and conduct of research and evaluation to expand and improve recovery housing in rural areas
- Recently received a 5-year HRSA grant to continue expanding and improving recovery supports as a Rural Center of Excellence in Recovery



Kentucky Injury Prevention & Research Center

- Established in 1994 as a unique partnership between the Kentucky Department for Public Health (KDPH) and the University of Kentucky College of Public Health
- Serves as both an academic injury prevention research center and as KDPH's bona fide agent for statewide injury prevention and control.
- Focus areas include 1) Community injury prevention, 2) Drug Overdose Prevention, 3) Intentional Injuries, 4) Motor Vehicle Injuries, 5) Occupational Safety and Health, and 6) Trauma
- Collaborated with FGI as a sub awardee on the 2019 HRSA RCOE grant and will continue to work with FGI on the next 5-year grant



Kentucky Injury Prevention
and Research Center

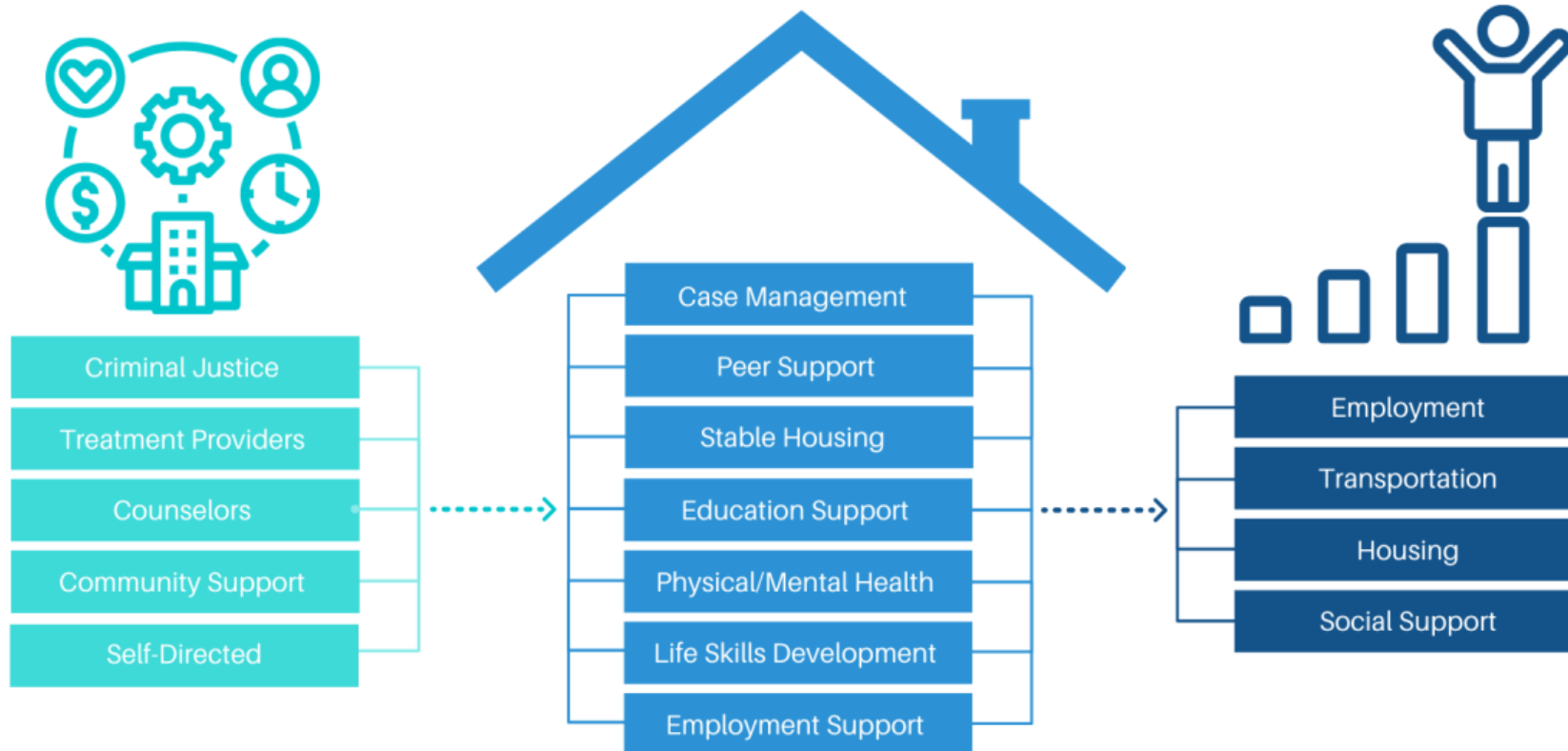


ASAM SUD Continuum of Care

The ASAM Criteria Continuum of Care for Adult Addiction Treatment



How A Recovery Ecosystem Creates Recovery Capital



Recovery Capital

- ☀ Defined as “resources and capacities that enable growth and human flourishing”
- ☀ Individual level recovery capital
- ☀ Social recovery capital
- ☀ Community recovery capital



Recovery Supports in Rural Areas

- ☀️ Access to substance use disorder recovery care continues to be a challenge nationwide
- ☀️ Disproportionate disparities witnessed by rural residents
 - ☀️ Hospital closures
 - ☀️ Lack of providers
 - ☀️ Limited internet access
- ☀️ Need for innovative approaches to support availability and access to quality recovery support services in rural areas
 - ☀️ Recovery community organizations – potential to play significant role



Recovery Community Organizations

- ☀️ Independent non-profit organization led and governed by local recovery community representatives
- ☀️ Peer recovery support services
- ☀️ Education and outreach
- ☀️ Advocacy



What We Know about RCOs

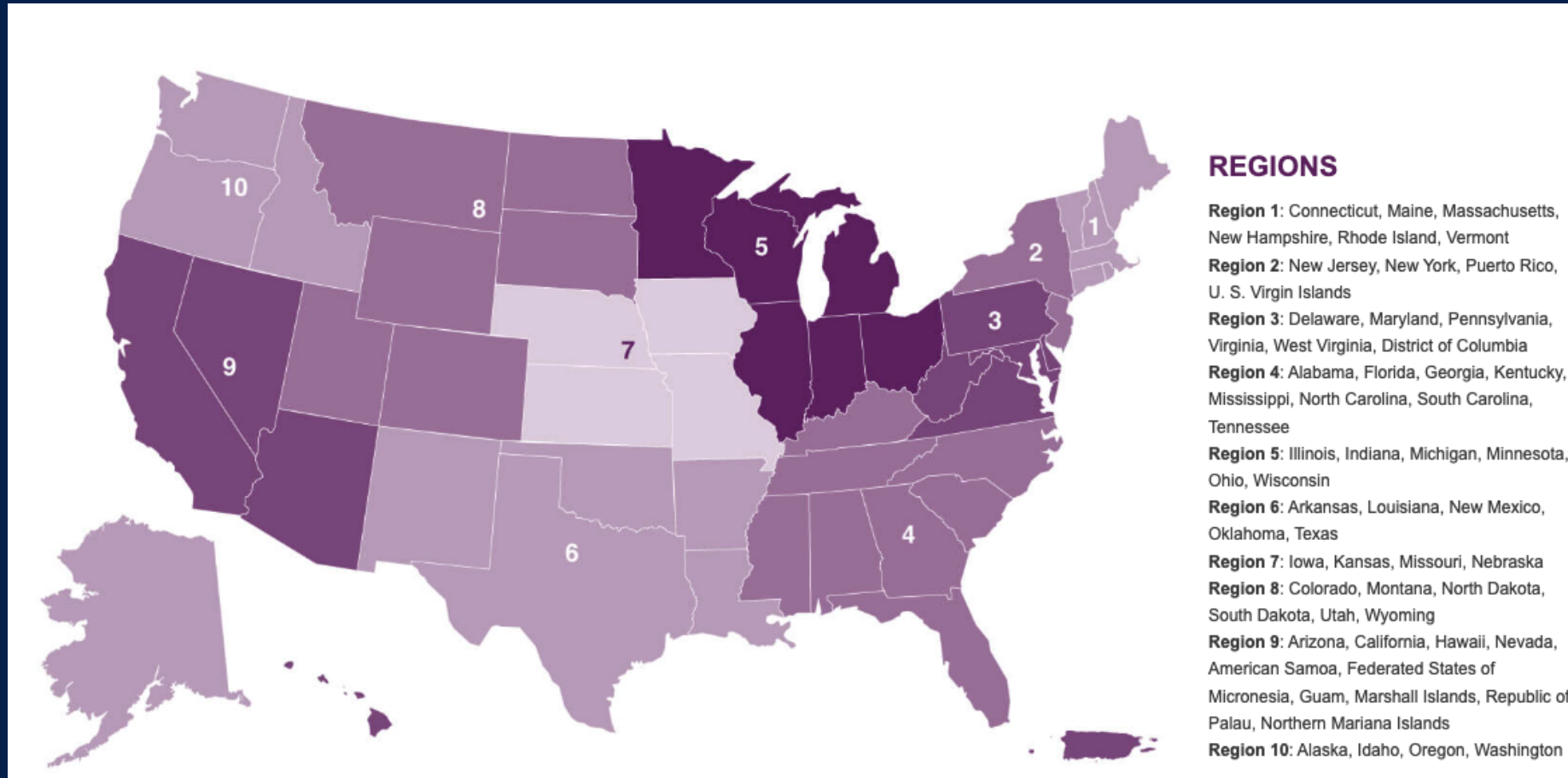
- ✦ Emerged in late 1990s - Recovery Advocacy Movement in U.S.
- ✦ Recovery oriented programs anchored in the heart of a community
- ✦ Provide a wide range of recovery support services
 - ✦ Provision of basic needs, peer support, connection to education/employment



Kelly. (2017). Report of findings from a systematic review of the scientific literature on recovery support services in the United States. Recovery Research Institute. Massachusetts General Hospital and Harvard Medical School.

How Many RCOs Exist?

- ☀ Estimates indicate 302 in U.S. – recognized by SAMHSA’s Peer Recovery Center of Excellence



Substance Abuse and Mental Health Services Administration (SAMHSA). RCO Directory. Available from <https://peerrecoverynow.org/resource-library/rco-directory/>

Evidence for RCO Effectiveness

☀ Evidence limited, Systematic Review of Recovery Support Services, Kelly 2017

Table 1B: Recovery community centers

Article	Study design	Intervention(s)	Description of sample	Sample size (N)	Follow-ups	Retention rate	Primary substance	Substance use and related outcomes
Haberle, Conway, Valentine, Evans, White & Davidson, 2014	Single-group prospective	Use of RCC	RCC participants	N = 385 (F = 50%, M = 50%)	6 months	6%, combined recruitment and retention rate from overall population	Any	<ul style="list-style-type: none"> Stability on abstinence and mental health symptoms Increases on independent living conditions (53% owning/renting vs. 30%), employment (22% full-time vs. 10%; 16% part-time vs. 11%), income (41% vs. 21% from wages)
Mericle, Cacciola, Carise & Miles, 2014	Single-group prospective	Use of RCC	RCC participants	N = 290 (F = 34%, M = 66%)	6 months	90%	Any	<ul style="list-style-type: none"> Less likely to use substances at 6-month follow-up (OR=0.5 for alcohol, 0.4 for drugs) Gains in employment status (5% vs. 14%)
Armitage, Lyons & Moore, 2010	Single-group prospective	Use of RCC	RCC participants	N = 55 (F = not reported, M = not reported)	6 months	Not reported	Any	<ul style="list-style-type: none"> 86% reported being abstinent from alcohol and drugs High service satisfaction, with 89% rating services as helpful and 92% rating provided materials as helpful

Kelly. (2017). Report of findings from a systematic review of the scientific literature on recovery support services in the United States. Recovery Research Institute. Massachusetts General Hospital and Harvard Medical School.

Evidence Emerging with RCO Expansion

☀️ Ashford et al. (2021): Large scale study of utilization of services from 20 RCOs

- ☀️ Nov 2019 – Dec 2020

- ☀️ Admin data (Recovery Link)

- ☀️ 3,459 participants – 900 used in analysis (min baseline and follow-up)

- ☀️ Increase in recovery capital, reduction in ER use

☀️ Kelly et al. (2020): Online survey of recovery community center participants (n=336)

- ☀️ Use of recovery community centers associated with increased recovery capital – improvements in psychological stress, self-esteem, quality of life

Ashford, R. D., Brown, A., Canode, B., Sledd, A., Potter, J. S., & Bergman, B. G. (2021). Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital. *Addictive Behaviors*, 119, 106945. DOI: 10.1016/j.addbeh.2021.106945

Kelly, J.F., Stout, R.L., Jason, L.A., Fallah-Sohy, N., Hoffman, L.A., & Hoepfner, B.B. (2020). One stop shopping for Recovery: An investigation of participant characteristics and benefits derived from U.S. Recovery Centers. <https://doi.org/10.1111/acer.14281>



As a healthcare provider, what do you see as a significant barrier to recovery for individuals with a substance use disorder?



Life Learning Center Role as an RCO

- ✦ Address substance use disorder through linkage with treatment
- ✦ Build recovery capital through
 - ✦ Basic needs provision
 - ✦ Foundational life skills training
 - ✦ Career identification and placement

LLC Mission, Philosophy and Vision

- ☀️ **We** deliver a holistic, integrated continuum of education and care to help our “at-risk” citizens step up to their highest potential.
- ☀️ Many socially oriented service programs provide only temporary relief; through barrier removal across the five domains of life (physical, emotional, relational, financial, and spiritual), we equip individuals with the necessary tools and resources to envision, achieve, and sustain a better future for themselves and their families.

We're building a caring and serving community by helping people learn, secure, and sustain a better way of living through gainful employment. The people we serve become healthier, happier, and more productive individuals working to change their future.



LLC Dual Continuums of Education & Care



Who does LLC serve?

Average client age: **38 years old**

81% have a history with the criminal justice system

77% lack transportation

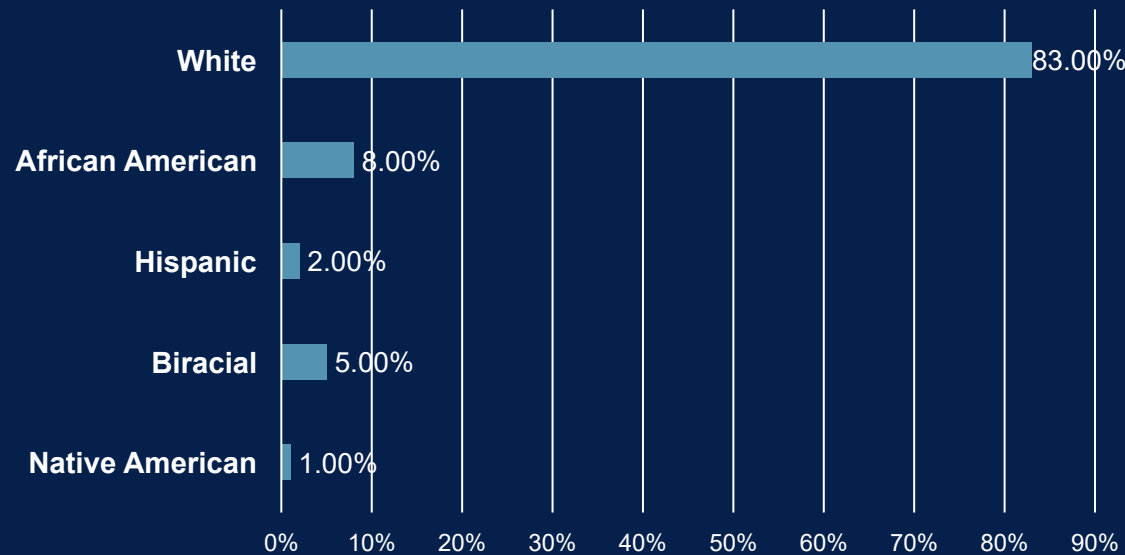
28% lack stable housing

77% struggle with mental health

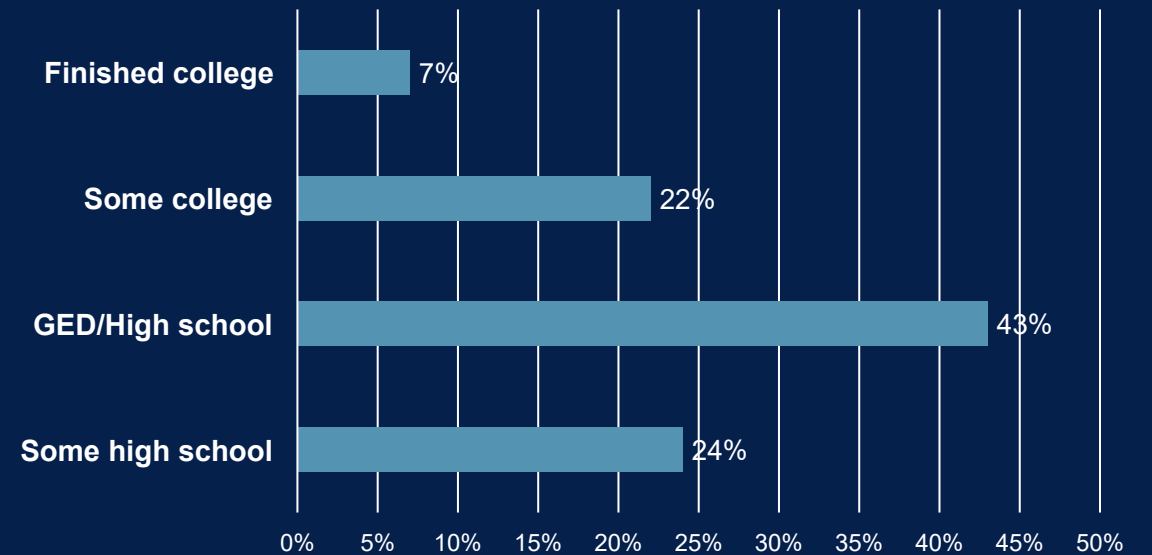
83% have a SUD

Who does LLC serve?

Race/Ethnicity of LLC Participants



Highest Level of Education



James Lay - Then



1546



James Lay - Now



Critical Elements of the LLC Service Model



Residential & Community Partners



Partnership with St. Elizabeth JRC

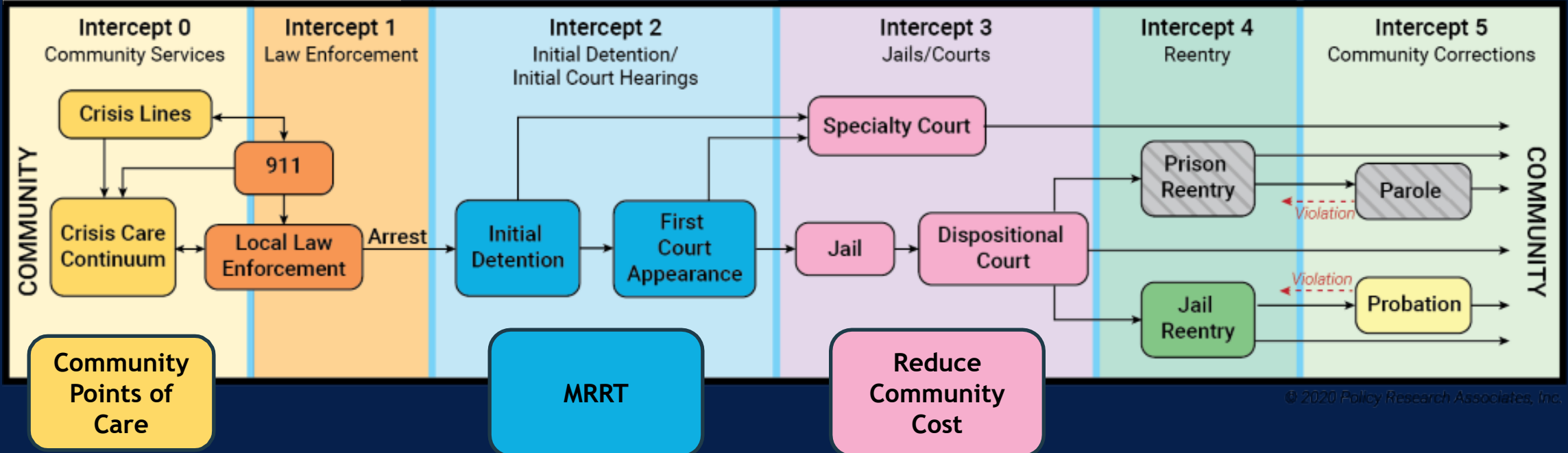
- ☀️ JRC and LLC leadership recognized the need for co-located treatment, recovery, and reentry services.
- ☀️ JRC stabilizes and treats SUD through the following services:
 - ☀️ Medication Induction and Management
 - ☀️ Psychiatry and Therapy Services
 - ☀️ Specialized Treatment for Pregnant Women – Baby Steps
 - ☀️ Case Management
 - ☀️ Support Services (Peers and Groups)
- ☀️ LLC addresses factors that support recovery and sustainable outcomes.



LLC Referral Sources



Sequential Intercept Model



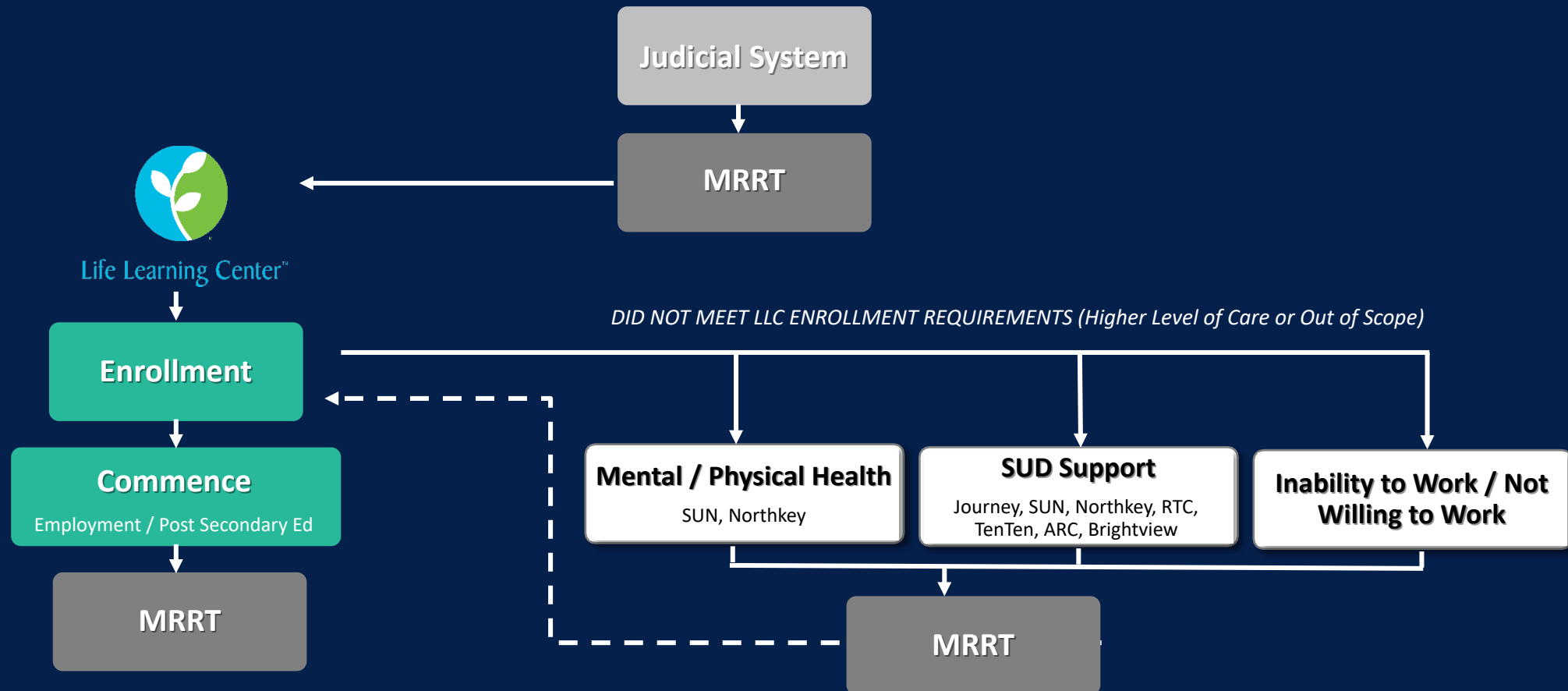
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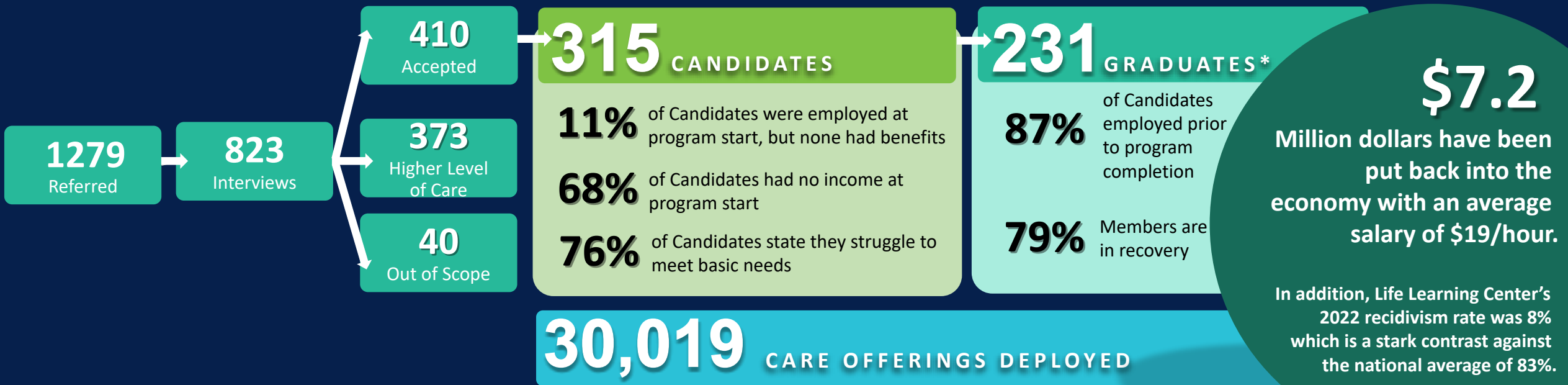
Multidisciplinary Recovery Reentry Team (MRRT)

 **Misdemeanor / Felony** 

Non-violent / Non-sexual



LLC Associated Outcomes



LLC in Rural Areas

- ☀️ Replication of LLC at St. Claire in Morehead and the 11 rural county service area
- ☀️ Bath county is included and has the highest drug overdose fatality rate in the U.S. per capita
- ☀️ Finalist for a \$10 million from Economic Development Authority in United States Commerce Cabinet

Evaluation of LLC

- ☀️ A comprehensive program evaluation of LLC is underway with 3 main aims:
 1. Conduct a process evaluation to evaluate if LLC services are accessible and acceptable for those with SUD and criminal justice backgrounds.
 2. Conduct an outcome evaluation to assess the effectiveness of LLC components at improving outcomes related to reduced drug overdose, substance use, and recidivism, and increased recovery capital.
 3. Conduct a cost-benefit analysis of LLC to determine economic costs, benefits, and societal return on investment of the program.

How You as Clinicians can Support an LLC Model in Your Service Area

- ☀️ Recognize the need for building recovery capital among persons recovering from substance use disorders
- ☀️ Become aware of local recovery support service resources including recovery community organizations, recovery housing, and mutual aid group meetings
- ☀️ Support businesses who employ persons in SUD recovery
- ☀️ Support local nonprofit organizations that serve persons with SUD
- ☀️ Discuss recovery support services with their care team

Critical Elements are Key

- ☀ Recovery ecosystems exist in every U.S. county
- ☀ Multidisciplinary teams of stakeholders invested in development/expansion of services coming together = strengthen ecosystems
- ☀ LLC RCO model adaptable to all communities, rural and non-rural
 - ☀ Critical components – addressing barriers, supporting development of recovery capital is KEY

Do you have any thoughts on how you could incorporate elements from LLC's model within your practice and within your local community?



Are there any gaps that you as clinicians identify regarding recovery community organizations?



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Thank you!

Questions?



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This presentation is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number UD9RH33631-01-00 as part of an award totaling \$17.1 M with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor endorsed by HRSA, HHS, or the US Government.