

Innovation In The Workplace

FAVOR Greenville
Rich Jones MA, MBA, LCAS,
CCS, CEAP, CAI, SAP, EMDR-c



Professional Credentials

- Masters Arts (MA) Social Psychology with Concentration in Addiction Studies
- MBA with Concentration in Healthcare Management
- Licensed Clinical Addiction Specialist (LCAS, # 4752)
- Certified Co-Occurring Disorder Professional (CCDP, # 5492)
- Certified Clinical Supervisor (CCS, # 4752)
- Internationally Certified Advanced Alcohol and Drug Counselor (ICADC, #114793)
- Internationally Certified Clinical Supervisor (ICADC, # 600033)
- Internationally Certified Co-Occurring Disorders Professional (ICADC, #300087)
- Department of Transportation Substance Abuse Professional (SAP, #13546)
- Certified ARISE Interventionist
- Certified Employee Assistance Professional (CEAP, #48034)
- Certified EMDR Trauma Therapist

FAVOR FACES AND
VOICES OF
RECOVERY
GREENVILLE

Suite
303





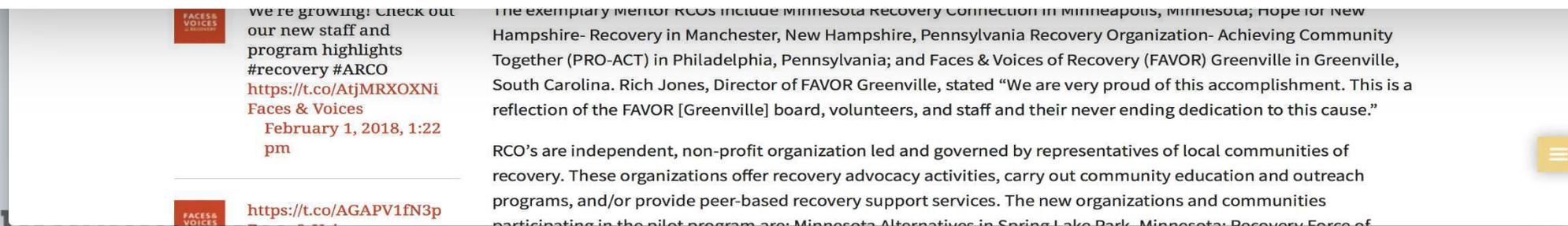
Council on Accreditation of
Peer Recovery Support Services

One of only 9 organizations to reach full accreditation nationwide... February 2017...

2017-SAMHSA MODEL PROGRAM



The exemplary Mentor RCOs include Minnesota Recovery Connection in Minneapolis, Minnesota; Hope for New Hampshire- Recovery in Manchester, New Hampshire, Pennsylvania Recovery Organization- Achieving Community Together (PRO-ACT) in Philadelphia, Pennsylvania; and Faces & Voices of Recovery (FAVOR) Greenville in Greenville, South Carolina. Rich Jones, Director of FAVOR Greenville, stated “We are very proud of this accomplishment. This is a reflection of the FAVOR [Greenville] board, volunteers, and staff and their never ending dedication to this cause.”





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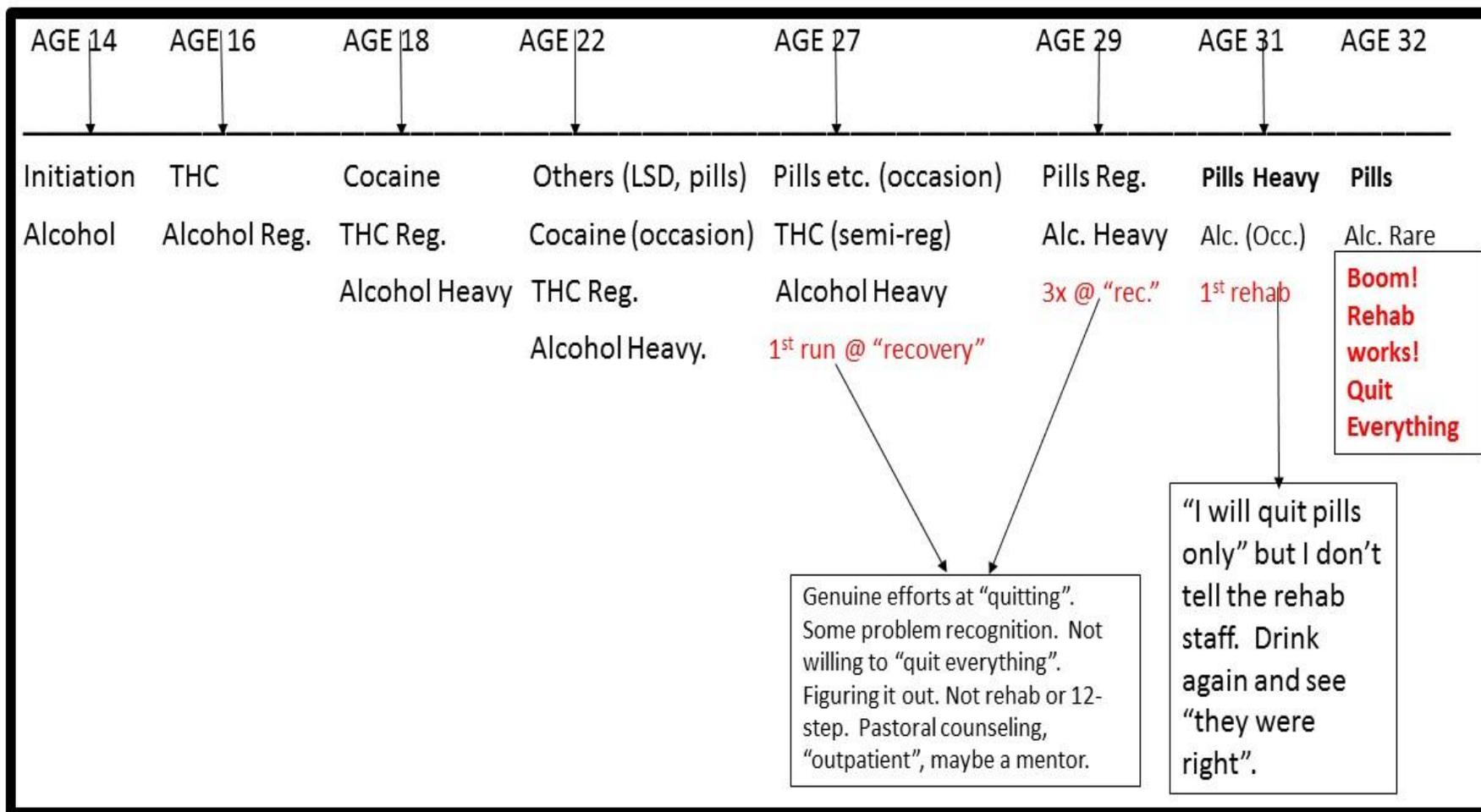


BJA

**Bureau of Justice Assistance
U.S. Department of Justice**

2018- Department of Justice: Bureau of Justice Assistance Model Program (4 nationwide)

Progression...



The Progression Accelerated

Age 14	Age 16	Age 18	Age 19	Age 20	Age 21
THC	Pills Regular	Pills Heavy	Heroin Snorted	Heroin IV	Heroin IV
Pills Intro.	THC occasion	THC Rare	THC Rare	THC Rare	
Alcohol Intro.	Alcohol Rare	Alcohol Rare	Alcohol Rare	Alcohol Never	



The facts are it takes 4 to 5 tries at recovery to get it. Using careers historically last 20 plus years. We have a fundamentally different problem on our hands.

Kid finds himself in rehab at 21 being told to give up all mood and mind altering substances. He is stunned. Heroin is my problem. But he is 21 with a habit. Where does the progression go from heroin? Is it appropriate to wait until the pain gets great enough?

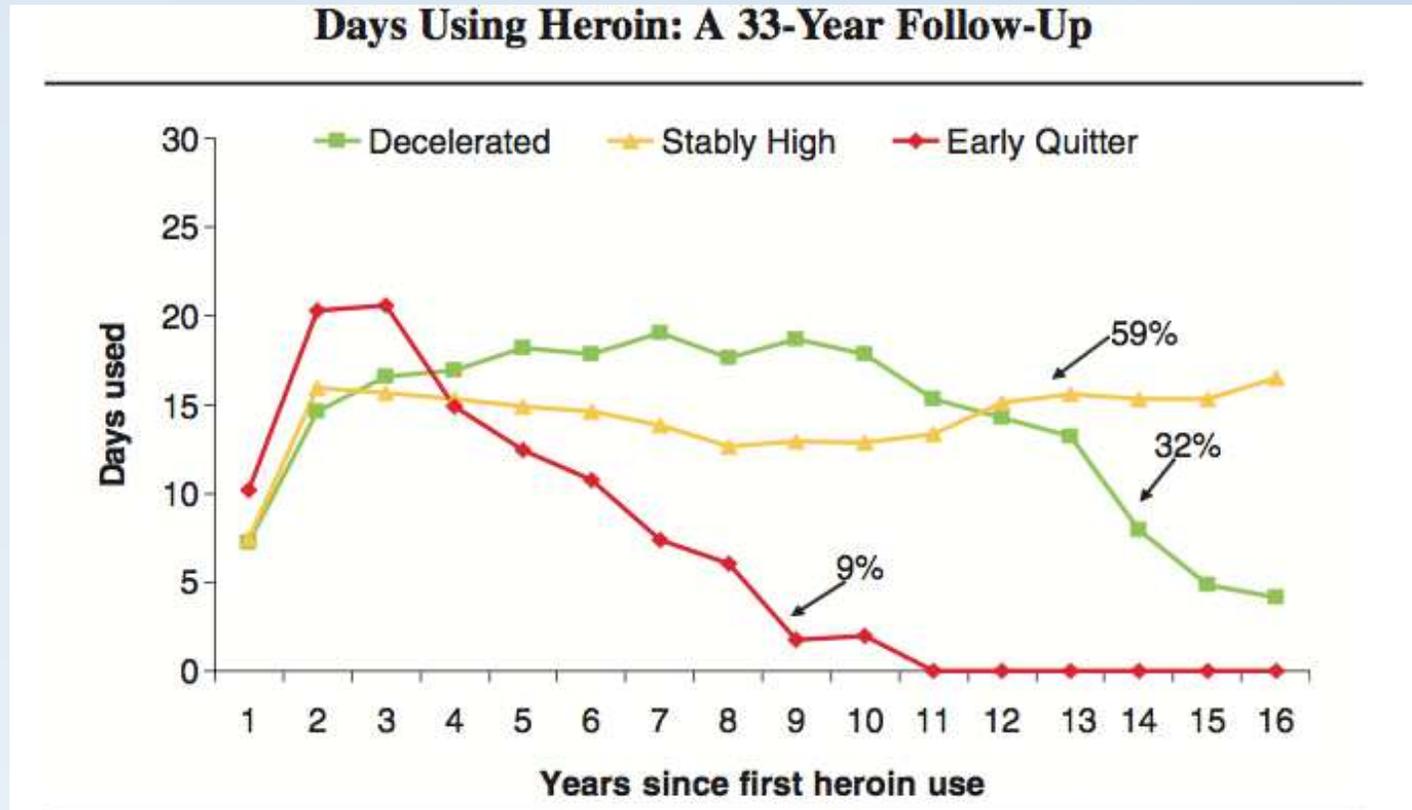
Figure 76. Two Milligrams of Fentanyl - A Potential Lethal Dose



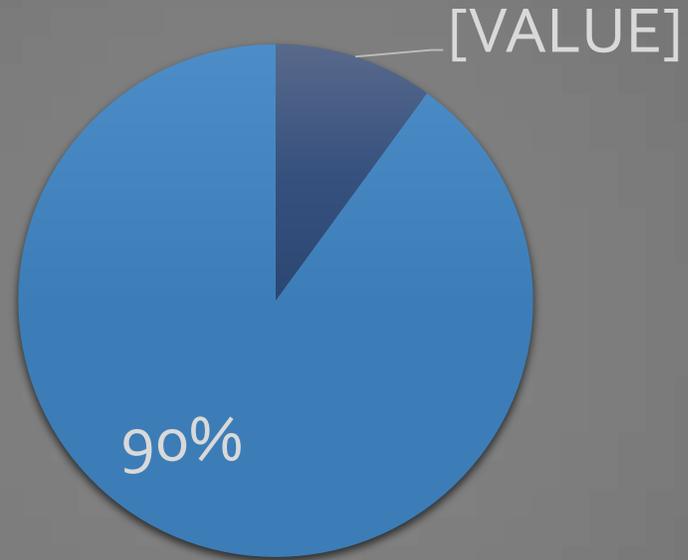
Source: Network Environmental Systems (NES)

Opioid Users Require Extensive Treatment Experience Before Abstaining

- Opioid users enter treatment an average of 8 times before staying abstinent.



24 million in "need"---SUD



■ getting help ■ not getting help

90% Untouched....

Independent Recovery Community Organization vs. “Integrated” Peer Support

Independent RCO

- Not affiliated or governed by any treatment or government organization
- Independent board: At least 75% of board members are people in recovery or family members (FAVOR Greenville=100%)
- Upside: Organic, entrepreneurial, different regulatory and boundary expectations
- Downside: Not sure how to keep the lights turned on. Less of “track record”. Must prove “ourselves”

Integrated Peer Support

- Affiliated with an existing treatment organization. Add on to the existing infrastructure.
- Governed by existing board and adheres to existing regulations and policies and procedures.
- Upside: More likely to be funded by existing systems and infrastructure. More sustainable. More predictable.
- Downside: Risk repeating history. Peer staff can be marginalized. Must defer to regulations and policy of organization.

- Identify
 - Access
 - Engage
 - Serve
 - Retain
-
- Assertive Community Engagement Model(s)

Paradigm Shift: Rather than waiting for a willing participant. Could we move toward a new mentality: The professional organization bears responsibility for participant engagement.

Engaging the 90%



FORCE Study

FORCE Study: N=150 as of 9/30/18

Male = 68%

Female= 32%

African American: 7%

Caucasian: 93%

AGE:

- (33%) of our clients were between the age of 25-29
- (20%) between the age of 30-34
- (16%) between the age of 20-24
 - Note: 69% between 20 and 34 (relatively young)
- (16%) between the age of 35-39
- (9%) between the age of 40-44
- (4%) between the age of 45-49
- (1%) between the age of 60-64
- (1%) over 64

FORCE CONTINUED

- Total Candidates/Total “Calls” (we are automatically called and we attempt to enroll in services): 150
- Engagement Rate= 97.3% Percentage of total candidates (150) that were Successfully Engaged/Agree to Services (146)
- Refusal Rate 2.6% = Percentage of total candidates who we “attempted to engage” and were unsuccessful (4)
- AMA Rate= .1% Percentage of total calls who left PRIOR to FAVOR arrival/AMA (1)
- Retention Rate= 66% Percentage of engaged clients (146) who remain actively retained in FORCE coaching services (91) (defined as at least monthly contact with FORCE staff)
 - Barriers to retention: homelessness; transient; “no phone”; “no family”
- Linkage Rate= 61% Percentage of engaged clients (146) who “were linked with treatment or formal recovery services at any point in time during enrollment”
- Recidivism Rate= : 8.2% Percentage of engaged clients who returned to any hospital “for any reason” (12)
- Mortality Rate=: .68% Percentage of engaged clients who died of accidental overdose (1) since FAVOR engagement; Sadly we just had our first death.

Other areas-At any point in time...

- 49% are working/school
- 6% have been “arrested” since enrollment with FORCE (all “possession” charges)
- Living Arrangement
 - With family: 41%
 - Stable “on your own”: 30%
 - Homeless: 16%
 - Residential Recovery/Rehab: 9%
 - Jail: 1%
 - “Other/No answer”: 3%

Other areas-At any point in time...

- 41% are working
- 13.6% have been “arrested” since enrollment with FORCE (all “possession” charges)
- Living Arrangement (upon “intake/initial contact”)
 - Residential Recovery/ Treatment (13) (recovery house)
 - Lives with family (62)
 - Homeless (24)
 - Shelter (3)
 - Jail (1)
 - Lives on their own (47)

University of South Carolina Medical School @ GHS—M-3 Recovery Coach Certification



OPERATION RESCUE

FAVOR
FACES AND
VOICES OF
RECOVERY
GREENVILLE

**100% free confidential support for you,
your family member, or friend dealing
with pain pills or heroin.**

***Do yourself a FAVOR.
Call the 24-hour hotline NOW.***

864 . 430 . 1802

Collaboration with Law Enforcement—Identify and
Access...

- The current “recovery coaching” curriculum reflects only one aspect of the recovery coaching experience.
- We really need “different types” of recovery coaches

Innovations

- Behavioral Health Rehabilitation Services (BHRS)
- High Density Medicaid Population in Western PA
- Core principles (mental health background, specific training, specific supervision package, minimum contacts, intake criteria)
- A services were delivered in the community, home, phone (the professional had to connect)
- Service Coordination
- Intensive Case-management
- Assertive Community Treatment
- We all referred to ourselves as “case-managers”

Benchmarking mental health

- D.A.R.A. ©
- Digital Addiction Recovery Advocate
- A recovery coaching specialist: trained and supervised to perform a special service
- Outreach via telephone, text, social media etc... FOLLOWING SPECIFIC PROTOCOLS ALONG WITH SPECIFIC TRAINING AND SUPERVISION.
- Supported by video content and automated texting
- Allows for more efficiency and increased “caseload”

Innovation



SHALER HOUSER

Chief Executive Officer, former co-founder and CEO of Nuvox Communications, UCI Communications, and Green Cloud Technologies. Raised over \$250M and closed over 20 acquisitions. Multiple Inc. 500 / 5000 awards. CEO of fastest-growing company in SC in 2015.



RICH JONES

Chief Strategy Officer (advisory role), a recognized leader in substance use disorder field of coaching and education. Rich is a Licensed Clinical Addiction Specialist (LCAS), DOT Substance Abuse Professional (SAP), Certified Clinical Supervisor (CCS), Co-Occurring Disorder Professional (CCDP), Certified Employee Assistance Professional (CEAP), Certified ARISE Interventionist (CAI) and an EMDR Certified Trauma Therapist.



ELIZABETH MCKISSICK

VP of Member Experience, is a community activist focusing her skills supporting scores of families suffering with substance use disorders. Additionally, Elizabeth was General Manager of Taz, which was sold to "The Profit," Marcus Lemonis, in 2017. Elizabeth's focus is to reduce stigma through the open sharing of personal experiences in effort to expand our message of hope and compassion.



Mission

Create the platform of trusted content and community engagement for substance use disorders and associated recovery

Purpose

Change lives by supporting employers and their employee-families through the delivery of practical addiction education resources



We are the first holistic educational and family support model on a national scale

1. We provide proprietary informative content surrounding all aspects of substance misuse and recovery.
2. We enable learning, certification, and self-confidence through FAVOR Greenville's proven process supporting 8,000 families over 5 years.
3. We facilitate community connections to garner personal relationships through mutual sharing and healing.
4. We enable members to help others by providing hope for others by sharing personal experiences.

. . . and we do this by providing businesses with a low-cost, easy-to-implement service for their employees



BEHIND THE SCENES



BEHIND THE SCENES



Medication Assisted Treatment: Recovery Support Series

Format: Rich Jones MA, MBA, LCAS, CCS, CEAP, SAP, CAI and Marc participant in recovery from OUD via M.A.T.

- 1) Opioid Use Disorder: The Basics (education with participant examples)
- 2) M.A.T. and compliance with medication/follow through on treatment plan: barriers, motivation
- 3) M.A.T. and other substances: decisional balance; experience
- 4) M.A.T. and psychosocial supports: what else do we need to address?
- 5) M.A.T. and recovery supports: Where to find a supportive meeting? Examples and experiences within 12 step recovery groups
- 6) Involving the family
- 7) The workplace and M.A.T.
- 8) You are in recovery if you say you are in recovery: IGNORE THE HATERS
- 9) A story of hope

D.A.R.A ©

- Machine learning (crisis text line)
- Coach will make ultimate decision on what videos go out to support participant
- Coach will use content when appropriate. We know that asynchronous interventions work!
- Digital health coaching
- Supplement with live calls and texting
- Increase efficiency