

Michelle Day: [00:00:00] Good afternoon everyone, and welcome to the Fletcher Group, Rural Center of Excellence's webinar series. Today's session is scheduled to run from 2:00 PM to 3:00 PM Eastern Standard Time. My name is Michelle Day and I am your moderator for the session along with Janice Fulkerson and Erica Walker. A couple of brief housekeeping items and then we'll begin.

You entered today's session on mute and your video was off and will remain so for the entirety of the webinar. Your chat feature is located at the bottom right of your screen. Use the drop down feature to communicate with either the panelists only or panelists and attendees. Please direct all questions regarding the webinar content to the Q&A section. Be advised that this meeting is being recorded and will be available to you on our website once it has been transcribed. You can access our website at www.fletchergroup.org. [00:01:00] Also, at the conclusion of today's session, there will be a short survey regarding the webinar content. Your participation in that survey is greatly appreciated and will only take a few moments to complete.

Today's presenter is Jay Davidson, Executive Chairman with The Healing Place. Jay retired as a Lieutenant Colonel, having had a successful career in the infantry and logistics. Post retirement, Jay became a licensed real estate agent and worked two years as a property manager. He then served two years in Saudi Arabia as a civilian logistics consultant to the Royal Saudi Air Defense Force during 1988 to 1990. In the spring of 1990, Jay entered the University of Louisville at the Kent School of Social Work and earned a master's degree in social work. He has an extensive experience in chemical dependency and related mental health issues, family advocacy programs, and domestic violence. Jay served as Executive [00:02:00] Director, Chief Clinical Officer of The Healing Place from 1991 to 2004.

During that time, he developed the organization from an emergency overnight shelter into a full continuum of social and medical outreach initiatives for homeless men and women. Those who chose to enter the program are given an opportunity to break the cycle of homelessness, find recovery from chemical dependency and return to their families and the community as contributing members. He officially assumed his new role as executive chairman of the Healing Place on January 1st, 2013 and continues to share the message of the nationally recognized and award winning model addiction recovery program. He lives in Louisville with his wife Jackie. They have four adult children, twelve grandchildren, and five great grandchildren. Jay, the floor is yours.

Jay Davidson: Well, good afternoon, everyone. Thank you for joining me on this webinar. I want to first thank the Fletcher Group and Governor Fletcher for the [00:03:00] opportunity to, uh, talk about the Healing Place and the Miracle on Market. It's really a blessing to be able to share the experiences that we've had over the years, and that picture is a little bit younger than I am right now, so, uh, appreciate the start here.

Um, Of course I want to just talk about a mission for a minute. The mission was established way back in 1993 and it started out with the three R's. Reach, Recover, and Restore. And it's stayed to this day the same mission statement of to reach the individuals suffering from drug and alcohol addiction and to provide the tools for recovery and to restore meaningful and productive lives. I think that's really the key that's kept the, the Healing Place focused on the

unity of mission and of course the vision is the vision of the Healing Place to everyone we serve will lead meaningful and productive lives. Just some statistics about the Healing Place, we're [00:04:00] considered a premier recovery center, a shelter recovery center.

We have over 8,000 alumni, and as you all know, alumni are the key to your success. They're the ones that continue to come back and share their experience, strength, and hope, and role model positive recovery, uh, sharing how they've been able to deal with life on life's terms, uh, uh, through their recovery. Um, talk to you later a little bit about Models That Work. We were a recipient of that award from HRSA. And of course, uh, the, the, the social model program originated at The Healing Place has been the model for Recovery Kentucky throughout the state. These are eight pillars of emphasis at The Healing Place, and actually they're in priority, and the first priority is that unconditional love.

We talk about unconditional love without expectation. Alcoholics and addicts learn early on in their addictive behavior that love [00:05:00] always hurts. And so now to be able to be in an environment where there's unconditional love without any expectation of repayment, reaching out and sharing and giving of your experience, strength and hope is really a powerful experience. And that is the foundation of the Healing Place. But along with that is that accountability. And, and the neat thing about the accountability is it's bi directional. What I mean by that is, you have to hold yourself accountable before you can hold somebody else accountable. And that's the real key to reaching out and helping someone. You're going to help someone

change their behavior because it's something that you've worked on and been able to change. And so, unconditional love and accountability are really the two key aspects of the, the foundation of these, um, uh, pillars. And most, one of the things that I really appreciate about The Healing Place and the model is that, um, it says diversity and what we, what I'm, what we mean by [00:06:00] that is it's extremely low barrier and all, uh, protected classes are, uh, are a part of, make a part of the Healing Place.

We, we don't turn anyone away. We, we look for ways to be able to keep, uh, Uh, clients in the program. And it naturally, uh, our integrity is based on the fact that we say what we're going to do, and we do what we say, and with that integrity, it, of course, builds community respect and client respect, along with the staff respect. And of course, uh, uh, you've got to be vulnerable, and that means you've got to be honest and you've got to be willing to trust others. And of course, uh, the neat thing about the Healing Place and, and another Recovery Kentucky Centers is a significant number of the staff are alumni of the program, and so that brings a compassion and passion, uh, to the model and makes and creates opportunities to, uh, really share experience, strength, and hope, and it's really, really very, [00:07:00] very powerful.

These are the basic core tenets of the social model. We strongly believe in a 12, 12 step program. We believe that you should really get grounded in the fundamentals of Alcoholics Anonymous. And then from that point, as you continue on your recovery journey, branch out into other 12 step programs. But really, you need to get a really good, strong foundation in the 12 steps of Alcoholics Anonymous and the principles therein. Back in the beginning of the model, and I'll talk about this a little bit more later, but we started out with a mutual help

idea. In other words, Alcoholics Anonymous, Dr. Bob and Bill Wilson got together, realized that it's one alcoholic helping another alcoholic learning how to change. And so, it's absolutely critical that you have that peer relationship.

And so, as we developed the model, we realized that it had to have peers to help peers. One of the things that [00:08:00] is interesting about the modified therapeutic community is very often alcoholics and addicts will create an incident, and the consequences for that incident may occur sometime down the road or for some length of time. And at that point, when that consequence occurs, they cannot connect it back to the original incident. So they say, how can you, how can this is happening to me. I just don't understand it. Well, in the modified therapeutic community, that's where you, behavior modification occurs, and you have that instant consequence for, uh, issues.

And so it's a very, very powerful tool, uh, to help address, uh, and, you know, create opportunity, learning opportunities to change behavior. And finally, the capstone of the model is the long term recovery program based on an abstinence model and continuing on with transitional care housing that can last up to 24 months. This is just a [00:09:00] quick highlight of the programs that we currently provide at The Healing Place. That's a 24 hour, 7 day a week, uh, detox, both for men and for women. We offer a long term residential program, uh, that's abstinence based. It can last up to, up to nine months or longer. We also provide intensive outpatient and outpatient programming for those who have all their social determinants still in place but still are dealing with the substance abuse issues.

And we're shortly, certainly, uh, shortly going to be starting a short term residential program, which is an off, an increased level of care provided to our men and women coming out of the, our detox unit. And at this short term residential program, we're going to have clinicians being able to provide education, therapy, and counseling and so forth in that short term residential program. Really proud of our veterans program. It's been going on for about six [00:10:00] years, and it has a low demand program and a clinical treatment program and a 90 day program. So we've got a full spectrum of continuing care for the veterans program, the low demand program is for all veterans who don't necessarily have a substance abuse or mental health issue, but are just homeless.

I don't mean just homeless, but are homeless. And through, uh, stabilizing them into our facility and connecting them with, uh, uh, VA HUD VASH vouchers of Section 8, we can get them into permanent housing very, very quickly. Of course, the clinical treatment for substance abuse and mental health. We've got a great relationship with the current VA hospital and provide, uh, counseling for the mental health needs of the veterans as well as we providing the substance abuse and recovery treatment for them. And the 90 day program is just a shorter, uh, clinical treatment program. We're excited with the fact that we're going to be opening up very soon [00:11:00] a veterans program for women. And of course, we have our transitional care, uh, for our alumni who can come and, uh, live in a halfway house status on our campuses for up to 24 months.

So that's kind of a brief overview of the current services that we provide at the Healing Place. So it really all starts in 1971. This is pretty exciting. Um, uh, the, uh, The Catholic priest at St. Patrick's Cathedral at 13th and Market, just three blocks down from our current campus.

Father John Morgan would come to the cathedral every morning and there'd be men sleeping on the doorstep waiting for him to get there.

And he kept asking them, well, why are you here? They said, well, we just can't get, we can't get into the other shelters in town. We're always under the influence and they won't let us in. Father had such a passion for these men that one, uh, Sunday homily, he [00:12:00] appealed to his parish. He said, parish, I need your support. I, I don't want any money that's, that has grant money or any, uh, funding public money that will have any strings on it. I just want cash. And so will you be willing to support me to start this shelter for these men where that have nowhere else to go? And of course they said, yes, Father, we will be glad to do that.

And so. In 1971, Father Morgan started Mission House. I don't have any pictures for Mission House, but the shelter started on 16th and Market. It was a 24 bed shelter. It was a wet shelter, meaning you could come in under the influence and as long as you behaved, um, you were fine. And, uh, uh, the, uh, uh, Father Morgan operated the Mission House on 16th and Market, uh, every day, 24 hours a day, 7 days a week.

Moving on to the, um, 1980s, there was [00:13:00] two significant events. The first one was that there was a fire in the shelter at 16th and Brock, uh, Market. And so Father had to find another, another location to, uh, set up his shelter. So he moved to 7, 1017, 1019 West Market. Those two buildings that you see, they're built in about 1893 or thereabouts. It's, uh, those buildings are never going to fall down. They're triple brick walled construction and the struts are three by sixteenths. And Father Morgan moved his, uh, overnight wet shelter into those two facilities.

The other significant event was that Father Morgan had to go see his family internist, and that was Dr. Will Ward. Of course, Father never passed up an opportunity to ask someone for help, and so he asked, told Dr. Ward, you need to come down to my, uh, shelter, uh, Mission House on 10th and Market. And you need to hold sick call for these men because [00:14:00] I'm sure that you can probably treat 90 percent of their ills, thereby keeping them from having to go to the emergency room, which, you know, costs us taxpayers a lot of money. If you would just come down to hold this sick call every Thursday night, that would, that would really help and help the men deal with their issues. So, Dr. Ward and his partner came down every Thursday night with their, black bag and brown paper sack full of sample medicines and conducted, um, what, what I would call, uh, a sick call.

Fast forward to 1984. Uh, two other significant, significant things happened in 1984. Um, Dr. Ward and his friends were coming back from a ski trip, and one of the friends was, uh, a local contractor here in Louisville that was very, very successful. And he told Dr. Ward, listen, I, I want to give back to the, to the community. I want to do something in the way of construction to help the community and Dr. Ward said, well, you ought to come down [00:15:00] to Father Morgan's Mission House. These, the buildings that he is in are really, really old and need renovation. Well, uh, the contractor came down and took one look at the buildings and as a contractor does and he said, man, that those buildings are too old.

There's too many problems, that too many opportunities for problems and cost override you. You got a vacant lot across the street. Let's see if we can get the city to give us that vacant lot.

Well, it turns out that the city already had interested parties wanting to put a convenience store on that lot. So, the HUD representative there in Louisville had a problem. Do we create a convenience store there or do we open up a shelter for, for homeless men? And after a lot of hard sell by Father Morgan and Dr. Ward, um, finally the city agreed to go ahead and, um, award the, uh, [00:16:00] the land to, uh, the contractor and Father Morgan, and that was when, um, uh, the contractor went ahead and started building, uh, 1020 West Market.

1020 West Market, you see it on the left here, was, uh, 24, 000 square feet. And it had a room for 80 beds, and that was the beginning. And the picture on the left is one of your, one of the first pictures of men getting ready to check into the new Morgan Center. Fast forward to about 1988. Father Morgan had been operating the shelter with a paid staff since 1971, and he wanted to get involved in helping women coming out of K-C-I-D-C or women's prison here in Louisville and provide transitional housing for them. He had some houses [00:17:00] on South Brooks, so he needed someone to take over operations of the, of the men's shelter. But coin, coincided with, uh, the. Dr. Ward and all of his doctor friends attending the annual AMA convention in Chicago in 1988. And during that, uh, conference, the president of the AMA got up in front of that august group of doctors and said, doctors, you've got a serious problem.

You've got a real, problem in that your, your patients don't think you really care about them. They, uh, it takes them a year to get an appointment and then when finally they get an appointment and they're in the waiting room, you're always behind schedule and you're at least a half an hour, an hour behind schedule and then when the patient finally gets in the exam room, you're in and out of that exam room in like five minutes. They don't really think you care about them and besides they think you make a lot of money and that sort of thing. You, you need, you all need to go back to your local communities. and get [00:18:00] involved in a social issue to show the community that you really make a, you really care and that you can make a difference.

Well, it turns out that, uh, 14 of the, Dr. Ward and 13 other doctors and 4, uh, community citizens came together and decided that they would, they would form a 501c3. or not for profit organization and take over, uh, with Father, uh, Morgan deeding over the property, uh, would start to operate, uh, the, um, the Morgan Center for the Father. Father also gave the doctors their first, um, uh, annual operating of 90, 000. Uh, doctors began to operate the shelter. They were down helping to serve, serve meals, uh, along with the three paid cooks that were there. Um, uh, Wives came down and Pro helped provide clo uh, clo, clothing for the Clothing Closet, but they quickly realized that, uh, they needed some help.

So [00:19:00] they hired two social workers to one to be an executive director and one to be a case manager, and they began operating the shelter. Uh, along about 1991, uh, the executive director decided they wanted to move on to another agency. And so the, um, board of directors was looking for a new, um, new director. And, um, they got a hold of my resume and they had seen that, uh, I was just graduating from Kent School with my social work degree. And that I had some military experience, so they figured that, uh, I could probably run the shelter with my military experience. They weren't really too concerned about what I did with my social work degree, but just to come down and continue operating the shelter.

So I got down to the shelter in December of 1991, and through a series of events, I had a meeting with some, uh, men who had been in the shelter, uh, [00:20:00] prior to, uh, uh, my getting there several, several years earlier and came to talk about some of the abuses they had experienced over the years. And so I talked to the chairman of the board about that, those situations, and he asked me what I was going to do. I said, well, I'm going to go back and fire all the staff. So that's what I did. So I came back, uh, and let everyone go and, but I did keep the three cooks because we needed to make sure that I could, we'd still have the meals being served. So the cooks did their job and I, I did everything, uh, checking in the clients, checking them out, uh, helping them with the laundry.

And during that process, I lived in the shelter for two weeks. And during that process, I really got to know the men on a first name basis and really got to understand what it was like for their life on the street. And I realized that doing the check in and everything, I realized that 80 [00:21:00] percent of them were dealing with alcohol and drug issues. And I figured that, in my own experience, I was nine years sober at that point, and I knew that Alcoholics Anonymous and the 12 step program worked for me, but I knew that, the only way they were going to really get off the street and get into a meaningful life was to, to learn how to get to work on a recovery program.

So with that in mind, I looked at the resources that we had at the, uh, at the healing, at the, at the, at the shelter and we had the building 1017 and 19 and then now we had the new, uh, new building at 1020 West Market. And so, uh, I knew I had an outreach to the streets through the overnight shelter, the wet shelter, but we needed an outreach to the street for those men struggling on the street with alcohol and drug addiction who wanted to detox and sober up and try to start a recovery [00:22:00] program. So, uh, in 19, um, um, In January of 1992, uh, we started, um, to, I asked the, uh, contractor to come back and take a look at 1017, 1019 and consider actually going back and renovating the building this time. I'd been able to put \$100, 000 together from the city, another \$100, 000 from the county, and I asked the contractor if he could do \$500, 000 worth of renovation with only \$200, 000 in cash, and he said, I guess I will be able, I should be able to do that.

So he renovated 1017, 1019, um, and, uh, we were able to start the Sobering Up Center. So now, now that I had the outreach to the street through the overnight shelter and the outreach to the street through the Sobering Up Center, I figured now it's time to start the [00:23:00] recovery program. Well, I didn't have the foggiest idea how to start a recovery program. Yeah, I had some book learning, I guess you'd say, from from the, from Kent School, but here I'm talking about real life on the street, trying to start a recovery program without, for alcoholics and addicts. So I figured that what I was learned in school was that you don't mix up. Uh, drinking and drugging people with those who are trying to, uh, to get clean and sober.

So, um, in Oct, the first week in October, I decided to, uh, with, uh, with the approval of the board of directors, I declared the, the Morgan Center that, at that point, uh, to be alcohol and drug free. And so I did the, I did the Monday evening check in for all the 80 men that were coming in to, uh, uh, check in the overnight wet shelter. And I did what, what I'd call the sniff test. If you smell like alcohol, I told you that, [00:24:00] uh, I'm not going check you in tomorrow because we're going, we're going be an alcohol and drug free shelter starting tomorrow. Um, so I, I checked in all 80 men, uh, that night. The next morning, next day, at

Tuesday, I get ready to check in the 80 men at 3:30 in the afternoon, and there's only 50 guys out there.

And I'm saying, well, where's the other guy, other 30? And they said, well, you said, if you smell like alcohol, don't bother coming to the Morgan Center because you can't get in. They're going to be an alcohol and drug free center. Well, that night, I got phone calls from every night manager at the other four shelters saying, what in the world's going on down at the Morgan Center? These, these men are trying to get into our program and we can't take them in because they're under the influence. And they said, you kicked them all out because you're trying to do something different. What's going on? I said, well, we're just trying to start a recovery program for alcoholics and addicts. Well, Wednesday morning, uh, I'm in the office [00:25:00] and I'm looking out the front door of the 1020 building and there are men walking up and down Market Street carrying placards that says, the placard says, Doctors, Shelters, Rules Unfair, Shut Out the Homeless.

There's guys out on the middle of the street stopping traffic and passing out handbills that say the same thing. And of course, by 10:30 that morning, I had all four TV stations and the Courier and the Times coming down saying, How can these doctors be so mean and cruel, kicking all these guys out of the shelter? And I said, well, we're just, we're just trying to, uh, trying to get a recovery program Started. Well, doctors aren't really keen about negative publicity. So, Thursday night, they had an emergency meeting of the, uh, just the executive committee of the board of directors. Well, we had 18 members on the board and instead of just the nine showing up for the executive committee meeting, all 18 board members showed up and they argued back and forth for an hour and a [00:26:00] half, wet versus dry, dry versus wet.

Finally, Dr. Ward took a vote and of course, as it would happen, nine voted wet and nine voted dry. Well, all I can do is do a little military shuffle here and figure out, well, we've got to figure out some kind of a solution. I said, well, maybe we can do both. Maybe we can do, uh, part of the program is the wet overnight shelter and the other part is a recovery program. And they asked, well, what will you need? And I said, well, we'll need, more staff. And I, they said, well, how much would that cost? And I said, well, I'm not really sure. I'll just take a guess and say a hundred thousand dollars. And they said, we'll go out and get it. And they did. And that became, again, the start of the recovery program in 19, January of 1993 in the 1020 building.

And again, here, uh, second floor of that 1020 building was the overnight wet shelter, where the men checked in every day at 3. [00:27:00] 30. And the downstairs was the recovery program in the kitchen and the classroom. And we started out the recovery program with 10 men in the recovery program. And there was a similar program that had already started in River City Jail, and they had some alumni that they called elders.

And so we were able to get four elders from that program to come and start being the peer mentor, peer support, uh, uh, mentors that we now know as to peer support specialists. So we started in 1993 with four, what you would call peer mentors and 10 men in the program. Additionally, up on the overnight shelter, one of the ways that we were able to deal with, uh, uh, maintaining discipline and, and, uh, proper behavior is that, uh, we created an

environment where this was their safe place. This was their home. And so the, they were responsible for maintaining the discipline and compliance to the rules [00:28:00] of the overnight shelter. So, what that meant was, what's in the bag stays in the bag while you're in the shelter. And that turned out to be fantastic, giving them the power to actually make sure that their area, their sleeping area was safe.

It was a fantastic opportunity for them to take control of their lives. Um, so about that. It didn't take very long for that 10 men in the recovery program to grow, and it grew exponentially every month. From 1993 to 1995, I had a center director, uh, uh, named Connie Morgan and she was, she ran the shelter for us. And literally every day she would say, well, uh, when are you going to start a women's program? And, you know, women are out there and struggling too, and we need to have the women's program started. Well, in 1995, [00:29:00] we had a meeting with, uh, Governor, uh, Jones's wife. Uh, Libby Jones and Dr. Elizabeth Wachtell, Director of Health and Human Services, to talk about the potential funding for starting a women's program.

And so, we talked about the need, at that time, the Coalition for the Homeless estimate of women on the street was about, annually about 250 women. We knew pretty much that that was probably a low number, but we used that as a planning figure. And, we, presented a, uh, and uh, Dr. uh, Wachtell and Ms. Jones asked, well how soon can you get the program started? And I said, well how soon can you get me the money? And they said, we'll get you the money as soon as you give us a, uh, an application. So turned right around that within the week, they had the application and we had [00:30:00] \$150, 000 to start the women's program. And you can see Ms. Jones there and Dr. Wachtell and the opening up of the 720 East Oak Street.

And we made the most of that. Rent that three story house. The living room had a couch and that was a one, the couch was the one bed for the overnight shelter. The back room was a five bed detox for the ladies. The second floor was a 15 bed area for the recovery program and that began the beginning of the recovery program for the ladies. In 1996, It was our first replication, and we replicated the social model, uh, at the, at the, uh, HOPE Center in Lexington, Kentucky. That was a very successful, and as you well know, the HOPE Center is an [00:31:00] absolutely star uh, replication of Recovery Kentucky, uh, uh, uh, uh, lighting the way for, uh, how to really scale up and expand the recovery program.

As the men's program continued to grow, we were having more and more alumni complete the program, but we didn't really have any really good places for them to go into transitional housing. So we rented two houses for them to go from a regular program into those rented houses. But in 1997, the board said, you know, we need to, we need to build some transitional housing. So the board took it upon themselves to, uh, enter into the process of Low Income Housing Tax Credits. And this building that you see on the right with the green roof, that was a auto parts store. And we were able to secure the funding to buy that piece [00:32:00] of, uh, that building. And then in the back of it, you can see a three story building that's 35 rooms, uh, as a single resident occupancy rooms that became our transitional housing for, for the men.

We could put two men in each one of those rooms for up to 72 men. So that was called the Brady Center. And as we, when that building was completed, we were able to take the men out of those two rented houses and move them into the Brady Center. And we gave the two houses to the women, um, so that we could expand the women's program from 25 to 55. And, um, In 1998, uh, we got a, a survey, uh, request from HRSA, uh, throughout, and they sent this survey out to all the clinics in the country, uh, seeing if there's clinics out there that, uh, [00:33:00] were really, really effective in their execution of their mission and that they would also be willing to be replicated and share their experience, strength, and hope.

And we got one of those surveys, and we went ahead and answered the survey and every time they asked what kind of a clinic we were, we had to use the other line and write in homeless shelter. And so we completed the six page survey and sent it back to HRSA and, uh, lo and behold, I got a Call from the director of the projects and said, uh, we've reviewed your survey and my question is, do you really do everything you say you're doing on this survey?

And I said, well, yes, absolutely. And they said, well, we, we got to come down and see for ourselves. And so they came down and spent almost four days looking at everything that, uh, the, all the services that were being provided to the, uh, to the men and women. And at the end of the, um, survey visit they said, actually, you're doing more [00:34:00] than you put on the survey. Well, the end result was that there's five awards that year in 1998 for the most outstanding clinics in the nation that can be replicated. And the Healing Place at that point was one of the five. And so we are, um, acknowledged as a model that works, uh, by HRSA and the Health and Human Services. It was really, really pretty fantastic.

In 1999, uh, we moved on to expand. Uh, we needed still to expand even more beyond the, uh, 55, uh, uh, women we had in the three houses. And I, if, as you well know about, uh, separation and space between programs, the three houses that had, provide housing for the women's for the recovery program, they never really bonded and really, uh, were able to work together.

And so we needed to have a place where they could all be [00:35:00] in one, uh, one facility. And there was a motel on 16th and Broadway, uh, that was up for sale. Uh, and we had a \$150, 000 pledge from an alderman from the city of Louisville to purchase land or building a facility. And, uh, it was that, that pledge was about to expire. And a board member was driving down Broadway and saw that for sale sign on that motel and he called the realtor. And asked the realtor how much they wanted for that motel, and the realtor said \$125, 000. And the board member said, sold, we'll buy it. And he had to kind of ask for forgiveness, but the board went ahead and agreed with that it was a smart thing to do.

And we went ahead and purchased the, uh, the, the, uh, bro, uh, the motel on 16th and Broadway, and that allowed the women's program to expand to 90, 90 beds. And this is also the year that we coordinated and [00:36:00] worked very closely with the staff, uh, in Raleigh, North Carolina, and to replicate the second replication of the Healing Place. And it's, uh, uh, the healing place of, of Wake Counties in Raleigh, and in in Raleigh, uh, North Carolina. Um,

in, um, back up here. In 2005, I've got to say that it was a significant event for the social model, uh, uh, to be replicated, uh, the, the, because the social model in itself is very, very effective. It is cost efficient and effective. Cost efficient because, uh, in, in its original, uh, design. Uh, it would cost about \$30 per person, per day, to provide all the applications. The total budget for the program, and because of the, the success of the 12 steps of Alcoholics Anonymous and the peer to peer relationship, [00:37:00] a high successful rate of people completing the programs and remaining, uh, abstinent well beyond their completion of their program. Uh, very high success rate, so, uh, it's ideal to be replicated, uh, in areas where the, uh, the demand was greatest and the, probably the financial support was not the greatest.

It turns out that Governor Fletcher, who had experience with the Hope Center in Lexington, at the time realized that he had a passion for this social model and a passion to get this model out into the rural areas of Kentucky where they, you know, didn't have the resources that Lexington or Louisville or Northern Kentucky had, and so he was able to do the fantastic job of getting together a partnership between Kentucky Housing [00:38:00] Corporation and the Department of Corrections and his own Office of Local Development to put together the concept of having Kentucky Housing Corporation be the financier through Low Income Housing Tax Credits and Section 8 vouchers to build the facility.

And then, uh, that, uh, the operating, uh, annual operating would come from a grant from the, uh, Uh, Governor's Office for Local Development through the Community Development Block Grant money funding. And then, Department of Corrections would pay a per diem for, uh, 50 beds, uh, of the 100 bed facilities that would be built throughout, uh, the, uh, Kentucky. And, uh, hats off to Governor Fletcher to be able to put that partnership together, uh, and, and, and continue to work, even working, still continue to work, to work till today. Um, and the first replication, uh, of Recovery [00:39:00] Kentucky. Uh, under that umbrella was, uh, the, the, uh, the WARM Center in Henderson, Kentucky, the Women's Addiction Recovery Manor in Henderson, Kentucky

in 2007. Uh, in 2008, uh, is when we decided that we needed to, or that the. At one of the board meetings of the Healing Place, by this time the men's census had grown to about 250 in that small 1020 West Market building, but the women's program was still about 90 women at the 16th and Broadway, and one of the board members asked, why is the women's program only 90 when the men's program is up to 250? Well, the only answer I could really come up with that really made any sense was, uh, capacity, a facility, and don't have a facility large enough to expand. So they courageously decided to embark upon a [00:40:00] capital campaign to build a new campus for the women. Also, just about this time, it was our third replication of, uh, the, uh, recovery program in, uh, Richmond, Virginia, the Healing Place of Richmond, Virginia.

Um, in 2009, We, we recognized there was a significant need at Churchill Downs and we knew that there's a need for a substance abuse and recovery program at Churchill Downs. So we, uh, were able to start, uh, coordinated with the staff there on the backside and we were able to start an outreach and a recovery program for the, all the people that worked on the backside of Churchill Down, and that's still in operation today and thriving.

There's a significant need there with the [00:41:00] people that, uh, work, uh, work in the backside taking care of the horses and the stalls and so forth, and even up through the trainers and so forth. We have a real passion for helping those individuals and hopefully as that program continues to grow, we'll be able to expand it to all the other racetracks across the country. Of course, in 2010, we were able to open up the women's campus. And that's a 250 bed facility, uh, \$20 million, uh, building, and, um, moved those 90 women into that, uh, facility, and it rapidly grew to 150 within a couple of months.

In, uh, moving forward, in 19, uh, in, uh, 2011, we, uh, [00:42:00] had the opportunity to assume operation and ownership of the Recovery Kentucky Center in Campbellsville, Kentucky. And so, we were able to go ahead and, uh, take a, uh, start operating the, uh, Campbellsville facility and at the same time, uh, we did another replication of the social model, uh, for the Healing Place in Huntington, West Virginia.

There's the 100 bed facility in Campbellsville, uh, still operating today underneath, under the direct ownership and operation of the Healing Place out of Louisville. And it's typically, uh, successful throughout all the Recovery Kentucky Centers. Um, so now we're moving forward. Um, COVID hits, or pre COVID, and then COVID starts hitting. The men's campus in Louisville, the detox was experiencing [00:43:00] tremendous demand. And so much so that it was, um, we were turning away 300 men. a month out of our detox that we just didn't have bed space for. And the board took a real serious feeling that it was important that we did what we could to provide those services for those men that we were turning away. And the logical initial solution would be, well, we'll just add or build a larger detox and expand the 24 bed detox that we had currently in the 1020 building. Well, if you think about it clinically, that was probably not a really wise solution because all you would do is create a cycle of having them come to detox in a larger detox, but then they no, no other place for them to go.

They would go back to the street or to the hospital and end up back in the detox again, creating a cycle. And so they decided that they should, they, what they [00:44:00] really needed to do is take that 24, 000 square foot, 1020 West Market building and really build a larger, men's campus at 1020 West Market. And so they entered into a capital campaign, a \$30 million capital campaign, uh, to expand and build a new facility, uh, for, uh, the healing place. And that's the, excuse me, that's the current facility you see now. Um, 426 beds, 48 bed detox, detox A for the acute, and that's 20 beds. And then they 28 beds in the detox view was a step down detox. We realized that we needed that step down detox because it takes the heroin addicts at least 30 days to really stabilize and detox.

And we really needed to be able to be able to provide a safe environment for them to be able to continue to detox. And so, um, now [00:45:00] with that, uh, with the expansion, uh, we're not turning in, uh, uh, anyone away from their, their willingness to come in and, and sober up. Um, and the, the construction was done in two phases, uh, in the picture on your left with a large building, uh, the portion of the building to the right of the vertical glass, uh, wall, that was phase one. And, uh, construction started on January of, uh, 2018, uh, and construction along with the administration building on the right, uh, where they were completed by December, 2018. One year construction. And that's what then. Men could move from the old 1020 building into the new phase. And then I could tear down the old 1020 building to build phase two, which is the left side of the building on the other side of the glass wall.

[00:46:00] So they started demolition in January of 2019, construction in February of 2019, and finished the building in December of 2019. And so the whole construction of the whole new, all new facilities were all completed in a two year construction process. Uh, fast forward to the year 2022, uh, was our fifth, uh, replication and that was, uh, In Huntington, West, uh, in, um, Wilmington, uh, North Carolina. It's a 200 bed facility and it took us, unfortunately, because of a lot of pressure, uh, uh, community pressure and NIMBY and a lot of other reasons, it took a long time for us to finally get the, um, uh, construction accomplished for the new replication. [00:47:00] So in this particular situation, the men's campus and the women's campus, they're all on the same piece of ground, which created a new twist for us.

All up to this point, the any men's replication or women's replication were separated by some considerable distance, but in this particular case in Wilmington, they're all on the same piece of ground. And so it's created a couple of unique twists on boundary issues, but I'm happy to tell you that Wilmington's doing a fantastic job of maintaining those boundaries, not violating space and all maintaining appropriate decorum and behavior, uh, with men and women on the same campus.

Having shared, uh, uh, basically they share only the dining room and they said it's really interesting to be able to see one half of the dining room is for the men, one half of the dining room is for the women, [00:48:00] and they're all ladies and gentlemen and treat each other appropriately. It was really pretty cool. This next major event is for the Healing Place and the, and the, and the future of the Healing Place. And that is that in March of this year, as part of the succession planning for leadership, the Healing Place hired a new president and CEO. That's John-Mark Hack. And he comes with a wealth business experience within profit, for profit, not for profit.

He brings with him a lot of government experience, having worked under two different governors, under two different special projects, and brings a lot of networking capacity and a real passion for recovery. And he has, uh, he has, he has taken the Reach, Recover, Restore mission to heart, and he's passionate about expanding through the vision of The Healing Place to [00:49:00] create more opportunities for more, more services provided for more people, expanding services, expanding residential facilities, uh, putting a capstone on, uh, workforce development and all those kinds of great things. So we're really excited about the future of The Healing Place. And at this point, we're at a turning point where we're just beginning to really, uh, realize the magnitude and the potential growth that The Healing Place has in, in, for the future. Um, And I'd like to share with you also, uh, so that some of you may not, uh, recognize or know the scope of, uh, replication.

This is just a quick, uh, uh, run through of the, the direct involvement of the Healing Place in the replications in 1996, the Hope Center, 99 uh, uh. Raleigh, North Carolina, uh, 2005, Richmond, Virginia, 2007, the beginning of recovery, Kentucky, [00:50:00] centers in Henderson, it's a WARM Center. Fourth replication for the Healing Place, actually it wasn't a replication, but take over ownership of the Campbellsville and then our full blown replication of the Healing Place

in Wilmington, the New Hanover County is the Healing Place of New Hanover County. And here's a map for you all to take a quick peek at. These are all 17 of the Recovery Kentucky

centers that have been replicated throughout Kentucky. You can see it's all the way from Paducah all the way to Hazard up into Northern, Northern Kentucky and everywhere in between. So, um, Governor Fletcher's vision of being able to get, you know, recovery into rural Kentucky has been realized and it's just beginning to continue to provide great services to all the men and women out in rural Kentucky so they don't have to leave home to go to either Lexington, Louisville or Northern Kentucky to get services.

[00:51:00] So we're really proud. All of us are proud. All 17 of us are proud of the services that we're providing to the men and women out in rural Kentucky as well as Lexington and Louisville and Northern Kentucky. And we see that, uh, it's absolutely essential that the Recovery Kentucky Centers continue to operate and continue to provide that service. And so we're doing The Fletcher Group is doing everything it can to figure out ways to continue funding these programs as the landscape changes and funding sources start to change. I know the Fletcher Group is confident that they'll be able to figure out ways to sustain each and every one of the 17 Recovery Kentucky Centers.

I'm really proud to be just a part of the whole Recovery Kentucky program. And if you want more detail about, uh, the Healing Place [00:52:00] and about how it got started and so forth, I did take the opportunity to write a book. And, uh, I did that because I wanted to make sure that the core concepts, the critical elements of the social model would be put in print so that it can be passed on from person to person and generation to generation so that the social model, the concept of the social model would be sustained for a lifetime because it is effective and it is a resource that can be replicated easily anywhere in the country. So with that, uh, I'm open for, uh, any questions or,

Ernie Fletcher: Yeah, Janice, this is Ernie. I, I, I just wanted to intercede here very briefly. I want to leave some questions and just say, uh, it, it is just amazing when you look at, not thousands, but tens of thousands of lives, you've changed and transformed through your work. [00:53:00] Uh, I, I just want to say thank you for, for that. You've inspired, as you know, Recovery Kentucky, The Fletcher Group, everything we're doing. We've brought folks from all over the country in and, um, the most remarkable thing I heard was a guy from Corrections in Georgia, when he went and visited one of the centers, he came out and he said, I'm a changed person.

And that's how much of an impact in watching that social recovery model that you so adeptly developed. in the Healing Place there and change a lot of lives. I just want to say thank you and we look forward as we've talked about to continue to partner with you and expand and, and help be able to provide education for folks on this and replication. So I'll, I'll stop there so we don't have a lot of time for questions, but got a number and I'll turn it back to our emcees and let them handle it. But thank you very much, Jay, for being here.

Jay Davidson: Thank you, Governor. It's a pleasure to be inspired by you. [00:54:00]

Janice Fulkerson: Well, and Ernie, I, uh, Governor Fletcher, I would love for you to stay with us for the rest of the time through the Q& A in case both of you want to, um, talk together and answer some of the questions that have been presented today. Um, um, Jay, I did

put a link to your book in the chat. Anybody who's interested in checking that out, it is in the chat. And we do have quite a lot of questions for you. Um,

Ernie Fletcher: So let me say I've read the book and it's a good read. So I encourage you to get the book.

Jay Davidson: It's a short read. It's a quick read.

Janice Fulkerson: One of our participants has said one of the things that they find most remarkable about the model is the ease in which you've been able to achieve financial support, especially in the early days. Can you talk about the funding environment and [00:55:00] how it's changed since you started?

Jay Davidson: Boy, well, the biggest selling point for the model is to have an alumni share their experience, strength and hope about how, how they were on their, their life and experience on the street or wherever in a car or in a family bedroom or wherever through that, that pain and suffering were able to go through a program that changed, gave them the tools to change their lives.

And that testimony is worth millions. Um, we've used, uh, that approach in every, every time we wanted to replicate to meet with, uh, neighborhood associations, business associations, uh, uh, chambers of commerce, any group that we could get together. and explain why the model is so effective and how it works. And here's an example, living examples, and ideally [00:56:00] sometimes we were able to get someone, uh, naturally in Louisville we were a draw off across the country, so often we would have somebody coming through our program that happened to live in the town that we were trying to replicate, and so they were, here's a hometown guy who got sober through this social model.

And this is the same model we want to put in your town, so you should really take it, take note that this is one of your fellow people that got sober, so that's a big deal. The, the competition today has gotten really strong, and so the challenge that Governor Fletcher is facing, and we are facing as well, is that we need to make sure that we tell everyone, uh, whether it's corporate or grant right grant funding opportunities, is that this is an effective model.

It's, it's slightly different than the for profit or slightly different than the strictly, uh, uh, short term, [00:57:00] uh, recovery programs. It's different in the fact that it takes longer for change to happen and this model provides that opportunity for change. That's the biggest selling point is that this model allows the, the alcoholic and addict needs the world to stop. Needs a, needs that world to, of distractions to be eliminated long enough so they can be, be given the time and be forced to look at themselves and work on themselves. So that's, those are the key, those are the key selling points for this model.

Ernie Fletcher: I'm going to add something there. We've got objective data on this model that you've developed and it matches or exceeds anything in the country. I can say that for

you. And it's been recognized as SAMHSA as an evidence based model. So I'll stop there, but it, it, it has the evidence behind it as well as the wonderful testimonies.

Janice Fulkerson: And I will, um, recognize that we've got about three minutes left and yes to both [00:58:00] of those. We've got the data, the research, and the toolkits that are all on the Fletcher Group website. If anybody's interested, they can.

Jay Davidson: Yeah, you've gotta talk, you gotta talk about return on investment. The ROI and the ROI is, you take a person who's a cost to the community, a high cost to the community using the er, uh, crime and all that sort of thing.

You take that same person and the return on investment is. That individual comes back into the community as a positive role model, being the best employee, the best student, best mother or father, son or daughter, giving back to the community constantly, and a real asset to the community. And that's the selling point anytime we go out there to try to raise money to a funder or to a corporation. And now, the other thing that we don't talk about, the workforce out there in this, in the world today, probably 60 percent of the employees in any organization are probably misusing alcohol and drugs. So there's still a tremendous [00:59:00] need to reach out and to make that, uh, those, our services available to those, those individuals out there.

Janice Fulkerson: I'd like to close with, um, a question that has, uh, come in. We've talked a lot about the model, about the social model. Um, and oftentimes I have said myself that people need more than 30 days inpatient. People need that time, Jay, that you've talked about, um, and the length of time that is specific to them. So can you talk, you maybe, and Ernie too, maybe just one or two sentences about the power of the social model?

Jay Davidson: The power of the social model is the credibility of the helper. One alcoholic or addict helping another alcoholic or addict. And so the share, the, um, a professor talks [01:00:00] about the, the, the, the gift economy. And that's the gift of giving, the gift of sharing experience, strength, and hope is the most powerful part of the social model. This whole program is when somebody reaches out and shares how they've been able to change. That's a gift to the other person. And I think probably that's one of the most powerful parts of the social model. Governor.

Ernie Fletcher: Yeah, let me say, 80 to 90 percent of the effectiveness on wellness and healing has to do with social determinants of health. Only 10 to 20 percent is the clinical aspect. We all support the clinical aspect. We're not worried about that, but you can't transform these lives without bringing the compassion, the unconditional love, the connection, the peer support. Without bringing all of that, transforming lives and even into developing meaning and purpose and meaningful employment, as you mentioned, Jay, it's, um, I call it soup to nuts [01:01:00] on recovery. And, uh, that takes time. The brain healing takes nine to 12 months and even probably longer, but at least to get it to a fairly, uh, decent level of normalization, it'll take 12 months. And you need that time. And, uh, you know, a 30 day program obviously does some good, but it just doesn't, uh, provide that adequate time for, uh, thorough healing there.

Janice Fulkerson: Thank you. Thank you. Thank you. Um, this has been so fabulous. Um, we are a couple minutes past the top of the hour. Um, what a privilege to have both Governor Fletcher and Jay Davidson here together on this webinar. I just, I have chills and I know so many people in the audience do as well. And we have lots of comments from people that have said Recovery Kentucky and The Healing Place and this model have [01:02:00] saved lives of their children and their family members. And we're looking forward to the continued work and the expansion across the U. S. in rural communities and beyond. So thank you both so much for being here. I'm going to go grab my Kleenex so I can wipe away these tears of joy.

Ernie Fletcher: Thanks again, Jay. Wonderful presentation.

Janice Fulkerson: Bye.

Jay Davidson: Governor Fletcher. Appreciate it. Appreciate you.