RECOVERY HOUSING PROGRAM MODELS

SUMMARY

The pilot Recovery Housing Program (RHP) was authorized in 2018 by the SUPPORT for Patients and Communities Act (SUPPORT Act). The intent of RHP is to support individuals in recovery from substance use disorders (SUD) on a path to self-sufficiency by providing and stable, temporary recovery housing. RHP provides resources that grantees can be join with treatment and peer supports to address SUDs in their communities. This Quick Guide provides an overview of the need for recovery housing and the various program models used by recovery housing operators, including the Substance Abuse and Mental Health Services Administration (SAMHSA)-recognized National Alliance of Recovery Residence (NARR) levels of care, Oxford Houses, and HUD Continuum of Care (CoC)-recognized recovery housing for individuals and families exiting homelessness.

WHAT IS RECOVERY HOUSING?

Recovery housing is a safe, healthy, family-like substance-free living environment that supports individuals in recovery from addiction.[1] Recovery housing is an essential part of the SUD treatment and recovery continuum of care. Residents living in recovery housing may receive support through a variety of programs and services that promote long-term recovery, including peer support, peer recovery coaches, connections to ongoing primary and behavioral health services, and connections to mutual aid groups and sober social clubs. By supporting those who want to commit to a recovery lifestyle, these supportive communities reduce opportunities for social isolation and risky behaviors that can often lead to a recurrence of substance use. For more on peer supports, see the related RHP Peer Support Quick Guide.

PREVALENCE OF SUD AND HOUSING INSTABILITY

SAMHSA, an agency within the U.S. Department of Health and Human Services, defines that an SUD occurs "when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home."[2] (Note: RHP grantees must adopt a definition of SUD in their Action Plan, but can use or refer to SAMHSA's.) SUDs affect millions of Americans, including many individuals enrolled in the Medicaid program. In 2018, approximately 20.3 million people aged 12 years or older had a SUD in the past year.[3] Furthermore, SUDs are strongly associated with housing instability and homelessness. Safe and stable housing is integral to recovery, but nearly a third (32%) of individuals entering substance abuse treatment report being marginally housed in the 30 days prior to treatment entry.[4]

In 2018, SAMHSA data documented that only 42% of those entering substance use disorder treatment in state licensed treatment settings across the United States completed the program.[5] One significant factor affecting the success of treatment is the availability of recovery capital, which includes the economic and social resources necessary to access help, initiate abstinence, and sustain recovery. Individuals with SUDs who are unemployed, do not have stable housing, or are involved in the criminal justice system are particularly vulnerable.[6] Recent studies have shown that certain populations may be at higher risk for both homelessness and SUDs, including young people aging out of foster care,[7] those being released from prisons and jails,[8] and older adults.[9] Safe and stable housing is integral to addiction recovery. Across numerous studies, recovery housing has been found to be associated with improvements in a variety of domains.

HEALTH CARE USE RELATED TO SUDS AND HOMELESSNESS

Multiple studies have documented that individuals experiencing one or more conditions of homelessness, mental health disorders, and/or SUDs have higher rates of using emergency service systems such as hospitals and 911 call centers. Individuals with untreated SUDs are more likely to rely on emergency departments than on a community-based health clinic for care of untreated health conditions, which can be further complicated by active substance use. Numerous studies also document that supportive housing for those experiencing chronic homelessness, many of whom have SUDs, reduces use of emergency departments and hospital inpatient bed days.[10] In addition, one study documented that individuals living in recovery housing made significant improvement on measures of substance abuse problems, employment, and arrests.[11] Because recovery housing programs offer an alcohol and drug-free living environment with peer supports that promote coordination with health care and treatment providers, residents of these programs are better able to manage their conditions outside of the emergency service system.

NATIONALLY RECOGNIZED MODELS OF RECOVERY HOUSING

There are a number of Recovery Housing models, including:

- Recovery housing designed to meet the needs of those experiencing and exiting homelessness, which are recognized by the Department of Housing and Urban Development's (HUD) Office of Special Needs Assistance Programs that administers the Continuum of Care (CoC) grants to locales throughout the country.
- Recovery residences that operate in accordance with the National Alliance of Recovery Residence Quality Standards are recognized by SAMHSA.
- Oxford House is also recognized by SAMHSA.

Each of these models adhere to standards of practice, guidelines, and/or principles as outlined below.

RECOVERY HOUSING FOR THOSE EXITING HOMELESSNESS

In December 2015, HUD issued a Recovery Housing Policy Brief that recognized the importance of homeless service systems, known as Continuums of Care, and examined the types of housing options and supportive services that exist in a community so that individuals served have choices in their selection based upon their needs. HUD developed the brief to reflect the principles of Central City Concern's (CCC) model of Recovery Housing and housing choice model in Portland, Oregon, and highlighted this model further with a case study in 2016. CCC's Recovery Housing is available to people who are newly engaged in treatment and recovery, have been recently released from incarceration, or have recently lost their housing.

Core principles of Recovery Housing serving those who are exiting homelessness include:

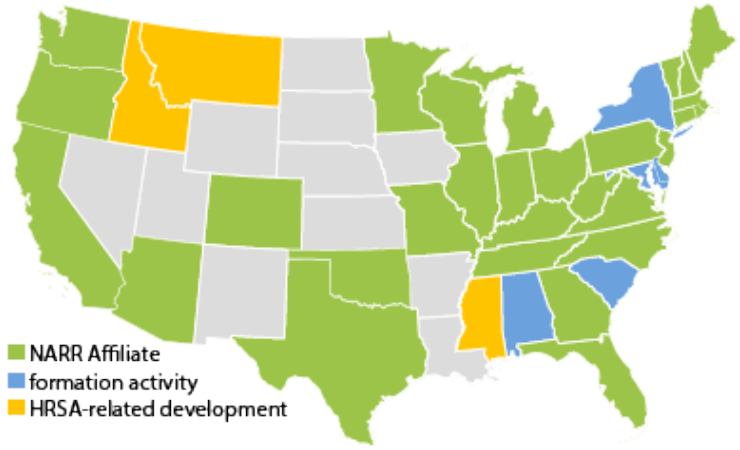
1) **Choice**. Program participation is self-initiated and based on choice. Those served through recovery housing are individuals who seek detoxification and enrollment into alcohol and drug treatment and determine they need to live in recovery housing to sustain a long-term recovery.
2) **Low Barrier**. Minimal barrier to entry so that long periods of sobriety, income requirements, clean criminal records, or no history of eviction are not required for program entry.
3) **Single Location**. Single-site operations (e.g., multi-family apartment complexes) promote a recovery-oriented community in which residents support one another.
4) **Privacy**. Personal privacy and 24/7 access to housing with separate area for community space where residents can gather.
5) **Support Services**. Holistic services and peer-based recovery supports are available to all program participants. Services support residents to secure permanent housing along with income and employment supports that are aligned with resident's priorities and personal goals.
6) **Prevention**. Relapse prevention and relapse supports that work to re-engage individuals in their commitment to recovery or to assist them in accessing other housing options to reduce program discharge and eviction.
7) **Appropriate Discharges**. Those that occur only when a resident's behavior substantially disrupts or impacts the welfare of the recovery community in which the resident resides.

While there is a scarcity of published research on the impact of recovery housing on treatment and economic outcomes, CCC tracks short-term outcomes through both Homeless Management Information System and its Electronic Health Record. As part of HUD's RHP Models webinar, available on HUD Exchange, CCC reported of its Transitional Recovery Housing program that:

- 85% of those served in short-term (up to 24 months) recovery housing exited to permanent or other stable housing and 93% of those who exited to housing remained housed and in recovery 12-months post exit.
- Of those who exited short-term recovery housing, 37% did so with employment earnings and 12% exited with other income.
- Those who entered recovery housing from a detoxification unit were three times as likely to complete SUD outpatient treatment and 10 times as likely to establish a fully integrated patient centered primary care home, versus those with SUD who exited a detoxification unit and did not use Recovery Housing.
- Additionally, when compared to those who engaged in treatment as usual, Recovery Housing participants averaged only 38% of total health care costs over a 12-month period.

RECOVERY RESIDENCES

The National Alliance of Recovery Residences, founded in 2011, is dedicated to expanding the availability of well-operated, ethical, and supportive recovery housing and has developed SAMHSA-recognized national standards for the operation of recovery residences. NARR works with over 30 state affiliate organizations that collectively serve over 25,000 persons in addiction recovery living in more than 2,500 certified recovery residences throughout the United States.[12]



NARR identifies how recovery residences are operated as shared housing that promotes a family-like community, serving those with SUDs in an abstinence-based setting with peer recovery supports. Properties may operate within a single-family detached dwelling, apartment buildings, or blocks of units. NARR defines four different levels of support that determine how a recovery residence is operated. Additionally, NARR has developed a set of SAMHSA-recognized national standards for the various levels of recovery housing. To learn more about these standards, click here.

NARR Level of Support	Features (Administration, Services, and Configurations)	Provider Example*
Level I Peer Run	Typically offered in a single-family residence, Level I residences are democratically run and adhere to an agreed upon set of policies and procedures, including requirements for regular drug screening, house meetings, and encouragement of residents to attend self-help meetings.	The Oxford House (All Genders)
Level II Monitored	Typically offered in a single-family residence or apartment and other dwelling types, Level II residences are staffed with a House Manager or Senior Resident who ensures adherence to house rules. Residents participate in peer-run groups, drug screenings, and house meetings while also being encouraged attend self-help and/or treatment services.	The Chandler Lodge Foundation (Men's Housing)
Level III Supervised	Offered in a variety of settings, Level III residences are part of an organization that provides administrative oversight and is licensed according to state requirements. Residents receive clinical services offsite while supportive services are offered on site to promote life skill development and as guided by policies and procedures aligned with licensing criteria.	The Woodrow Project (Women's Housing)
Level IV Service Provider	Typically, Level IV residences are offered in a variety of settings and are often a step down from residential treatment or detoxification facilities. These settings are overseen by an organization that offers both clinical and administrative supervision and may be licensed according to state requirements. Operators adhere to policies and procedures and offer in-house clinical services and life skill development programming.	Sunset House (Men's Housing)

*Provider examples have been identified as suggested examples with the assistance of the National Alliance for Recovery Residences and have not been endorsed by HUD or any other entity.

OXFORD HOUSE MODEL

The Oxford House model was established in 1975 and employs the practice of operating democratically self-run and self-supported recovery homes, without staff. Houses are typically rented, multi-bedroom dwellings for same-sex occupants and with no limits to length of residency. To be admitted into an Oxford House, applicants fill out an application form and are interviewed by existing residents who then vote for or against the applicant's admission. Every six months, residents elect officers who facilitate the handling of the Oxford House clerical responsibilities, including convening weekly meetings and collecting rent. Each resident is responsible for paying their own rent, contributing to other house expenses, and doing chores. Deviations from house rules, including resuming drug or alcohol use, results in eviction. In 2019, more than 40,000 recovering individuals lived in the national network of 2,754 Oxford Houses, with a total of 22,052 beds. Oxford House publishes a written manual that is a blueprint for running successful Oxford Houses and provides guidelines for group living to all residents of an Oxford House. Because Oxford Houses are self-governed and reliant on residents covering all of their expenses, this model has important public policy implications, especially in an era of affordable housing scarcity.

A 2011 study found that randomly assigned individuals who accepted residency at an Oxford House after substance abuse treatment discharge had significantly lower substance use, significantly higher monthly income, and significantly lower incarceration rates than the comparison group.[13]

THE ROLE OF MEDICATION ASSISTED TREATMENT IN RECOVERY HOUSING

While historically many recovery housing operators have opposed the use of prescribed behavioral health medications by residents, recent support has emerged in favor of medication assisted treatment (MAT). Recognition of the value that MAT plays in promoting treatment completion and long-term recovery has been documented in the Surgeon General's 2016 Report on Alcohol, Drugs and Health, the 2018 SUPPORT Act, and SAMHSA's 2018 Recovery Housing: Best Practices and Guidelines. One recently published article in The American Journal of Drug and Alcohol Abuse, entitled "Supporting Individuals Using Medications for Opioid Use Disorder in Recovery Residences: Challenges and Opportunities for Addressing the Opioid Epidemic," highlights the need to use MAT in coordination with traditional alcohol and drug treatment programs and recovery housing to achieve the full benefit of adherence to one's treatment plan and achievement of long-term recovery.[14]

MEDICATION ADMINISTRATION/STORAGE PRACTICES IN RECOVERY HOUSING

NARR recommends that all levels of recovery housing provide residents with a safe and secure space for storage of personal items and medications. Recovery housing programs should also include standards and guidance in their policies that clearly outline medication storage procedures for incoming residents. Depending on the staffing model, a recovery housing program may provide access to prescribed medications via personal safes or lockers for storage. Alternatively, some models with higher levels of staffing (e.g., NARR Level IV recovery residences) may limit medication access to staff, often with storage devices in a main office where residents can request access. Additional information on safe and secure storage for medications used to treat opioid use disorder is available here.

CARE COORDINATION BETWEEN RECOVERY HOUSING OPERATORS AND SERVICE PROVIDERS SYSTEMS

By coordinating care across the different systems and providers of treatment, peer support services, and healthcare, recovery housing operators can better meet the needs of both their residents and their service partners. Coordination requires the consent of residents, appropriate releases of information, consideration of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other

privacy and practice laws and regulations. Consulting with healthcare and service provider entities can help grantees determine the mechanisms to share information, store written communications, and document coordination. Additionally, recovery housing is often provided in conjunction with a range of other services, including but not limited to outpatient treatment, intensive outpatient treatment, case management, and other recovery support services. Care coordination will be further discussed in the soon to be released Quick Guide on Cross-Sector Partnerships.

HELPFUL RESOURCES

1. CDBG-RHP Federal Register Notice (FR-6225-N-01) (11/23/2020)
2. Recovery Housing Program Press Release (11/24/2020)
3. HUD Recovery Housing Policy Brief
4. SAMHSA Recovery Housing: Best Practices and Guidelines
5. National Council for Behavioral Health- Recovery Housing State Policy Guide
6. NARR Standard for Recovery Residences
7. NARR Helping Recovery Residences Adapt to Support People with Medication-Assisted Recovery

[1] https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf.
[2] https://www.samhsa.gov/find-help/disorders
[3] Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/
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[5] Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.18.19. Available at https://www.samhsa.gov/data/report/treatment-episode-data-set-teds-2018-admissions-and-discharges-publicly-funded-substance-use
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[8] 2 Bronson, Jennifer, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky. "Drug Use, Dependence, and Abuse among State Prisoners and Jail Inmates, 2007-2009." Special Report. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. June 2017. Available at https://www.bjs.gov/content/pub/pdf/dudaspji0709.pdf; 4 Federal Interagency Reentry Council. "A Record of Progress and a Roadmap for the Future." August 2016. Available at http://csgjusticecenter.org/wp-content/uploads/2016/08/FIRC-ReentryReport.pdf.
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[10] Center for Medicare and Medicaid Services. (2020) "Report to Congress: Innovative State Initiatives and Strategies for Providing Housing-Related Services and Supports under a State Medicaid Program to Individuals with Substance Use Disorders Who Are Experiencing or at Risk of Experiencing Homelessness". Available at https://www.medicaid.gov/medicaid/benefits/downloads/rtc111320-1017.pdf.

[11] Polcin, Douglas and Korcha, Rachael. "Housing Status, Psychiatric Symptoms, and Substance Abuse Outcomes Among Sober Living House Residents Over 18 Months." Addiction Disorders and Their Treatment, vol. 16, no. 3, 2017, pp.138-150. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5646694/.
[12] https://narronline.org/
[13] Jason, Leonard, Olson, Bradley, Ferrari, Joseph, and Sasso, Anthony. "Communal Housing Settings Enhance Substance Abuse Recovery". American Journal of Public Health, 96, 1727-1729, 2006.
[14] Miles, Jennifer, Howell, Jason, Sheridan, Dave, Braucht, George and Mericle, Amy. "Supporting Individuals Using Medications for Opioid Use Disorder in Recovery Residences: Challenges and Opportunities for Addressing the dreOpioid Epidemic". American Journal of Drug and Alcohol Abuse, 46, 266-272, 2020.