2016: U.S. Surgeon General’s Report on Alcohol, Drugs, and Health was published, describing the nature of addiction, treatment, and recovery based on 50 years of research and policy; **firmly established that addiction is a chronic, rather than an acute, condition.**
Numerous Long-term Recovery Support Services Now Exist...
Recovery housing; recovery residences

At the intersection of housing and recovery
Housing

Individuals with substance use disorders

Abstinence-based, inclusive of MAT

Peer recovery support

Operates as a family-like community
Long-term recovery: Independent, meaningful living in the community

Service intensity

High

Low

Acute care (ER, detox, hospitalization, residential treatment)

Stabilization

Recovery process duration

Long-term recovery: Independent, meaningful living in the community
Long-term recovery: Independent, meaningful living in the community

Service intensity

High

Low

Acute care (ER, detox, hospitalization, residential treatment)

Outpatient treatment

Stabilization

Recovery process duration

Long-term recovery: Independent, meaningful living in the community
Long-term recovery: Independent, meaningful living in the community

Service intensity

Funded (mostly) like other health care:
Insurance, Medicare/Medicaid, Substance Abuse Block Grant, VA, Indian Health Service, …

Recovery process duration

Stabilization ———> Recovery process duration
Long-term recovery:
Independent, meaningful living in the community

Service intensity

High

Low

Acute care (ER, detox, hospitalization, residential treatment)

Other community-based services (Including peer support services, job readiness, life skills, parenting, ...)

Long-term recovery: Independent, meaningful living in the community

Stabilization

Recovery process duration
Long-term recovery: Independent, meaningful living in the community

Service intensity

High

Acute care (ER, detox, hospitalization, residential treatment)

Low

Recovery residences
different service models, support levels

Stabilization

Recovery process duration

Long-term recovery: Independent, meaningful living in the community
Long-term recovery: Independent, meaningful living in the community

Acute care (ER, detox, hospitalization, residential treatment)

Most not viewed as health care, so funding is more challenging:
SA Block Grant, federal State Opioid Response grants, other federal grants, state funding, 1115 waivers*, self-pay

Stabilization ← Recovery process duration →
National standards and support systems
Oxford House at a glance

- Founded in 1975 by individuals in recovery
- Chartering process, ethics codes
- Model is a pure peer-run recovery environment
- About 3,300 Oxford Houses nationally
- Contracts with several state governments
- External staff supports autonomous homes
- Resident training and resources
NARR at a glance

• Founded in 2011 by leading regional recovery housing experts, organizations; based on decades of best practices developed nationally
• National Standard and Code of Ethics
• Covers the full spectrum of recovery housing
• Operating model for statewide recovery housing support systems
• Affiliate relationships in 31 states, over 4,000 residences nationally
• Training, technical assistance; working relationships with gov’t agencies
• Certification process implemented by state affiliate organizations
Classification: Levels of recovery support

I. Alcohol and drug free living environments
II. Social model recovery support
III. Recovery support services
IV. Life skills development
V. Clinical
Staffing models

I. Purely resident-governed, no in-home staff
II. Operator oversight, in-home staff are mostly peers
III. Mix of peer and paid staff, service delivery by staff with appropriate credentials
IV. Mix of peer and paid staff, includes clinical services and staffing
NARR network today

31 Affiliate organizations, eight additional interested states
Regulation

• NARR Level 4 residences offer clinical services so usually licensed under state addiction treatment laws

• NARR Levels 1 – 3, and Oxford Houses:
  • Considered housing for a protected class, so subject to federal fair housing protections.
  • Voluntary certification, state collaboration are the preferred methods.

• Fair housing laws applicable at state and local levels, and include zoning, fire codes, other targeted regulations
Model state law

- Developed in 2021, funded by White House Office of National Drug Control Policy
- Experts from all aspects of regulation, operation
- Covers oversight, quality assurance, consumer protection.
- Highlights:
  1. Definition of recovery residence
  2. Creation of a certification program
  3. Priorities for referrals, funding for providers
  4. Targeting abusive practices
  5. State case studies
Recovery housing policy guide

- A joint effort between National Council and NARR with input from other stakeholders.
- Strategies, tools, and policy language that support the infrastructure of recovery housing, quality operating standards, and protections for people in recovery.
- Highlights:
  1. Protecting recovery housing
  2. Ideal regulatory system
  3. Supporting recovery housing in practice
  4. Sample of state implementation practices
Recommendations: what’s next?

- Meeting of national thought leaders, stakeholders: federal and state agencies, DAs, national organizations
- Assessment of current challenges, needs
- Recommendations to increase the availability of quality recovery housing nationally
- Highlights:
  1. Current funding deficiencies
  2. State adoption of national standards
  3. Research on recovery outcomes
  4. Communication to increase access
Financing and state support

Different funding needs, different sources:

• Access to services for individuals in early recovery
• System operation, certification, training, technical assistance
• Capacity expansion, renovation:
  • Access to capital for system expansion
  • Access to capital for property development, home renovation

For all, focus on marginalized and under-served populations, rural communities
Financing: access to housing and services

• SAMHSA Block Grants: SAPT, MHBG
• State Opioid Response supplementary funding
• Criminal justice programs through US Department of Justice
• Opioid litigation settlement funds
• Medicaid*: inclusion in state plans under 1115 waivers
• Veterans funding (VASH, other)
• Targeted homeless services funds
• Direct state, county appropriations

* CMS funds can’t be used for the housing itself
Financing: system development and operation

- State Opioid Response supplementary funding
- Opioid litigation settlement funds
- SAPT Block Grant
- Opioid litigation settlement funds
- Other federal grants available to state agencies
- Direct state allocations (particularly for startup costs)
- Private grants
- Provider service, certification fees
Financing: capital funding

- HUD Recovery Housing Program (selected states)
- HUD LIHTC (low-income housing tax credits)
- Federal grants available to state agencies, housing authorities
- Direct state allocations (particularly for startup costs)
- “Gap” funding:
  - Federal Home Loan Bank (FHLB) funds
  - State and Federal Housing Trust Funds
  - Other grants (EDA, CDBG, etc.)
- Elimination of exclusions on current funding streams
- Others*
New developments

• **National Drug Control Strategy**
  - Created an Office of Recovery
  - Includes proposed 1.8x increase in basic SUD block grant (SAPT)
  - Minimum 10% spend on recovery support services
  - Recovery housing specifically mentioned

• **Excellence in Recovery Housing Act (part of HR 7666)**
  - Interagency working group
  - Recovery housing implementation best practices for states
  - Money for states to implement recommended support systems
  - Research focus – outcomes and effectiveness

• **American Society of Addiction Medicine** adding recovery housing to continuum of care (in progress)
For more information

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• NARR recovery residence standards, code of ethics
• DOJ/HUD joint statement on fair housing
• Model Patient Protection and Treatment Ethics Act
• Model Recovery Residence Certification Act
• Technical Expert Panel Findings (2021)
Discussion