RECOVERY HOUSING:

BEST PRACTICES AND SUGGESTED GUIDELINES

On October 24, 2018 the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities was signed into law by President Trump. Subtitle D, Ensuring Access to Quality Sober Living (SEC. 7031), of this law mandates that the Secretary of Health and Human Services, in consultation with other specified individual stakeholders and entities, shall identify or facilitate the development of best practices for operating recovery housing. These best practices may include model laws for the implementation of suggested minimum standards that:

(1) consider how recovery housing is able to support recovery and prevent relapse, recidivism, and overdose, including by improving access to medication assisted treatment
(2) identify or facilitate the development of common indicators that could be used to pinpoint potentially fraudulent recovery housing operators

The SUPPORT legislation seeks to improve resident care for individuals suffering from a substance use disorder who are in need of supportive recovery-oriented transitional housing. The Administration has dedicated time, attention, and resources to ensuring that individuals with substance use disorders have access to lifesaving medications, treatments, and services in settings throughout the continuum of care, including recovery housing. This document is intended to serve as a guidance tool for states, governing bodies, treatment providers, recovery house operators, and other interested stakeholders to improve the health of their citizens related to substance use issues.

This report identifies ten specific areas, or guiding principles, that will assist states and federal policy makers in defining and understanding what comprises safe, effective, and legal recovery housing. National organizations have contributed significant and valuable work in developing policies, practices, and guidance to improve recovery housing as an integral model of care. The guiding principles in this document are meant to provide an overarching framework that builds upon and extends the foundational policy and practice work that had guided the development of recovery housing to date. SAMHSA recommends following these Ten Guiding Principles to guide recovery house operators, stakeholders and states in enacting laws designed to provide the greatest level of resident care and safety possible.

Recovery housing is an intervention that is specifically designed to address the recovering person's need for a safe and healthy living environment while supplying the requisite recovery and peer supports. The ten best practices and minimum standards are further described below in the following principles.

Ten Guiding Principles

1. Have a clear operational definition

All recovery housing should have a clear operational definition that accurately delineates the type of services offered and to what degree or intensity these services are provided. The SUPPORT legislation defined the term 'recovery housing' to describe a shared living environment free from alcohol and illicit drug use and centered upon peer supports and connection to services that promote sustained recovery from substance use disorders.

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) official definition of recovery housing is described below:

> *Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders.*

For purposes of this document, SAMHSA's official definition will serve as the benchmark from which to ascribe best practices and suggested minimum standards. The utilization of this definition is because it encompasses the basic tenets as set forth in the statute and it stipulates the inclusion of FDA approved pharmacological interventions for substance use disorders and other co-occurring conditions.

To deliver the best care possible, recovery house operators should include to which level of care their facility delivers services to their residents. SAMHSA supports the levels of care, as identified by the National Alliance of Recovery Residences (NARR) and other stakeholder agencies depicted below, as these levels accurately reflect the basic structural blueprint of quality recovery housing and highlights the continuum of support ranging from nonclinical recovery housing to clinical and usually licensed treatment and highlights the continuum of support ranging from nonclinical recovery housing (Level 1 and II) to clinical and usually licensed treatment (Level III & IV).

NARR Level	Typical Resident	On-site Staffing	Governance	On-site Supports
Level 1 **(e.g., Oxford Houses)**	Self-identifies as in recovery, some long-term, with peer-community accountability	No on-site paid staff, peer to peer support	Democratically run	On-site peer support and off-site mutual support groups and, as needed, outside clinical services
Level 2 **(e.g., sober living homes)**	Stable recovery but wish to have a more structured, peer-accountable and supportive living environment	Resident house manager(s) often compensated by free or reduced fees	Residents participate in governance in concert with staff/recovery residence operator	Community/house meetings, peer recovery supports including "buddy systems", outside mutual support groups and clinical services are available and encouraged
Level 3	Those who wish to have a moderately structured daily schedule and life skills supports	Paid house manager, administrative support, certified peer recovery support service provider	Resident participation varies; senior residents participate in residence management decisions; depending on the state, may be licensed; peer recovery support staff are supervised	Community/house meetings, peer recovery supports including "buddy systems". Linked with mutual support groups and clinical services in the community, peer or professional life skills training on-site, peer recovery support services
Level 4 **(e.g., therapeutic community)**	Require clinical oversight or monitoring, stays in these settings are typically briefer than in other levels	Paid, licensed/ credentialed staff and administrative support	Resident participation varies, organization authority hierarchy, clinical supervision	On-site clinical services, on-site mutual support group meetings, life skills training, peer recovery support services

Source: The National Alliance for Recovery Residences

2. Recognize that a substance use disorder is a chronic condition requiring a range of recovery supports:

The transition from active addiction into lasting recovery is often a difficult and emotionally trying journey for many people with a substance-use disorder. NIDA (2018) indicated that the relapse rates for substance-use disorders is approximately 40-60%, and that relapses could signify the necessity to reexamine a person's course of treatment, as relapses can be very dangerous and in many instances deadly. The first 12 months of this transitional period prior to the onset of sustained full remission, sometimes referred to as early recovery, is a crucial period during which people contend with raw core clinical issues such as family history, unresolved trauma, grief and loss, emotional immaturity, low frustration tolerance, and other factors that make them susceptible to relapse. However, Moos & Moos (2006) determined that individuals with more 'social capital' are more likely to show improved outcomes for short term remission. Therefore, recovery houses are uniquely qualified to assist individuals in all phases of recovery, especially those in early recovery, by furnishing social capital and recovery supports.

Communities support is a critical aspect of achieving and maintaining recovery. A support network comprising friends and family who are not abusing substances, peers with lived experience, trained recovery housing staff, clinical support, and access to community resources is essential to helping people maintain recovery. Community, camaraderie, empathy and guidance are necessary ingredients in helping somebody

remain on track as they navigate their way into a healthy lifestyle of recovery. This is true for individuals recently discharged from inpatient treatment, criminal justice custody, or people seeking a safe, drug free living environment conducive to recovery.

3. Recognize that co-occurring mental disorders often accompany substance-use disorders:

SAMHSA recommends that all recovery house operators and their designated staff should be informed about co-occurring disorders and the close association these ailments have with substance-use disorders. The 2018 National Survey on Drug Use and Health (NSDUH) produced by SAMHSA determined that 9.2 million adults live with a co-occurring mental and substance use disorder. The NSDUH also demonstrates that those with mental disorders, including serious mental illness, are more likely to engage in substance use; conversely, those with substance use disorders are also more likely to have a mental illness.

It is critical that recovery house operators, staff, and certified peers need to be informed as to how co-occurring disorders and resulting symptomology can contribute to increase a person's susceptibility for relapse. Furthermore, SAMHSA believes that all residents and staff should be instructed to treat each other with compassion and understanding regardless of mental health status.

4. Assess applicant (potential resident) needs and the appropriateness of the residence to meet these needs:

SAMHSA recommends that all resident referrals and placement decisions be predicated upon what gives the resident the best chance for obtaining lasting recovery. To help guide placement decisions, SAMHSA strongly encourages all clinically oriented recovery house programs to accurately assess each prospective resident according to their unique needs, strengths, challenges and current recovery capital. SAMHSA maintains that proper resident placement where an individual's needs and goals are appropriately matched to the facility including therapeutic services, recovery supports and the surrounding environment will help to ensure resident safety. To best achieve these ends, the assessment should include the prospective residence and important information about the person.

Resident assessment is an integral part of the comprehensive assessment that should be performed prior to referral and placement into a recovery house system of care. Whether the referent is a licensed clinician, concerned family member, criminal justice professional, or other stakeholder it is important to know and consider the relevant and pertinent information about a person before making impactful decisions regarding their chances for a successful recovery. Usually a licensed clinician obtains intimate knowledge of the resident throughout the therapeutic process.

State governing agencies, including law enforcement, are often important referral sources to recovery housing, it is necessary for these entities to be well versed about the

prospective program prior to referring a potential resident. Relevant information to be considered in determining the most appropriate setting includes:

- House Culture: such as permissiveness of unhealthy behaviors, degree of adherence to outside meeting attendance, general living environment including other peer's investment in recovery, etc.
- Level of Care: the type, nature and intensity of therapeutic services and recovery supports provided, ability to address specific needs.
- Utilization of certified or appropriately trained peers with relevant lived experience
- Geographic area, neighborhood or external surrounding environment of the recovery house
- Physical living environment
- Current residents: welcoming, committed to sobriety, are they mostly employed, supportive of one another
- Medication Assisted Treatment: does the operator or other house staff support the use of medication assisted treatment, is the use of this medication properly monitored, are the other residents in the house also supportive of MAT, are peers with MAT experience available for residents with severe opioid use disorder (OUD)
- Level of training and professionalism of house staff (e.g., co-occurring disorder, crisis interventions, etc.)
- Reputation regarding ethical business practices, including fraud and abuse of residents
- Relapse policy
- Availability of opioid-overdose reversal drugs

5. Promote and use evidence-based practices:

Given the critical importance of stable housing and community supports to attaining recovery, it is important to ensure that residents in recovery housing are afforded high-quality, evidence-based care. It is important to recognize that many in recovery housing will also need access to outpatient treatment. Polcin (2009) found significant improvements in abstinence and employment rates, as well as a reduction in the number of arrest rates for those residents who also participated in outpatient treatment for substance use disorder(s). Additionally, 76% of the residents that participated in this study remained domiciled in a recovery house for at least five months. For many, the combination of recovery housing with evidenced-based outpatient treatment is an efficacious model of care.

Medication Assisted Treatment (MAT) is a lifesaving evidence-based practice. MAT includes the use of FDA-approved medications for the treatment of opioid use disorders. Medication therapy in conjunction with counseling, behavioral therapies, and community recovery supports provide a whole-individual approach to the treatment of substance-use disorders. The National Academies of Science, Engineering, and Medicine (NASEM)

notes that medications for opioid use disorders save lives and cite the use of these medications as an integral strategy in addressing opioid misuse.

Peers and recovery coaches are other essential components that model the societal and fellowship aspects of recovery, and are fully endorsed by SAMHSA as integral components of recovery houses. Peer Support Recovery Services (PRSS) and recovery coaches have emerged as an efficacious intervention to help utilize lived experience to assist others in achieving and maintaining recovery. (Smelson et al, 2013; Tracey et al, 2011).

6. Written policies, procedures, and resident expectations

Recovery house operators should have clearly written and easy to read documentation for all standard operating procedures and policies. To avoid ambiguity, SAMHSA recommends that the standard operating procedures are clearly explained to each new resident by a house staff member or designated senior peer. It is also advisable for programs to establish a resident handbook to help ease transition and ensure compliance with house rules.

Each resident should sign the documents to verify comprehension; residents should be given a copy for future reference. The house should store the signed documents. The communication of these procedures should also be accompanied by an orientation process.

7. Ensures quality, integrity and resident safety:

SAMHSA is strongly recommending that all recovery houses adhere to ethical principles that place resident safety as the chief priority. SAMHSA believes that unethical practices must be acted upon very quickly. One emerging unethical issue is patient brokering. Patient brokering is a potentially life threatening form of healthcare /treatment fraud that involves using vulnerable people with a substance use disorder as a pawn or commodity to be traded.

In patient-brokering type practices, a broker or agent refers a person, who is either in active use or has relapsed after treatment, to an unethical treatment center for a financial fee or some other valuable kickback. In many instances, the brokered individual, who is already in sobriety after completing treatment, is enticed through financial inducements and/or free drugs to resume use by the brokering agent, who then refers this person back to treatment for a kickback. The unethical treatment center is then able to bill a third party payer for services rendered, which far exceed the kickback paid making this fraudulent business very lucrative. In other brokering type scenarios, people with an active substance use disorder are lured by inducements such as free travel, rent or drugs from around the country to seek treatment in another state or location. Once these individuals arrive at treatment they are then recruited to engage in the brokering process.

Recovery house operators should be well aware of the existence of these types of practices and should understand that these are unacceptable and unethical practices.

Program Certification

Program or recovery house certification or accreditation is one noted remedy to some of the problems stated above. States are advised to adopt a process of certification to assure program quality.

> In July 2017 the city of Delray Beach Florida required certification for all recovery residences housing 4 or more unrelated individuals. A year later after this rule was implemented the city of Delray Beach witnessed a significant 60% decline in overdoses from 635 to 245. The city of Delray Beach also saw another 48% decrease in overdoses for the most recent year since this ordinance became law.

In regards to the Fair Housing Act, it should be noted that in Bangarter v. Orem City Corp (1995) the court stated that the Fair Housing Amendments Act should not be viewed to preclude special restrictions on disabled or vulnerable people if the benefit of such restrictions for these populations clearly outweighs the burden of these restrictions. Therefore, certification of recovery residences should not be prohibited as a discriminatory practice if the certification is narrowly tailored to benefit the needs of vulnerable populations, and these benefits clearly outweigh whatever burdens are imposed by these rules.

It is standard clinical protocol for all treatment centers and recovery houses to require clients submit to random urine analyses and breathalyzers. In other situations clients or residents may be required to submit an additional sample if they are suspected of using or after returning to the treatment center after time spent in a potentially using type of environment. This protocol is designed to ensure safety by confirming people are sober, on track in their recovery and not in need of additional therapeutic interventions. Fair Health examined claims data based on Current Procedural Terminology (CPT) codes and determined that costs associated with laboratory testing have increased more than 900 percent between 2011 and 2014. This large increase is an indication that a standard clinical practice has been exploited for financial gain. SAMHSA panelists identified 3 key areas of concern for this unethical practice:

- Testing for quantitative amounts on negative samples
- Charging exorbitant fees over and above the standard costs for lab tests
- Excessive drug screenings during residential treatments (testing can also become excessive in some outpatient treatments)

Medication Policy:

According the NSDUH (2018) buprenorphine was the opioid with the highest rate of misuse by those with a prescription for it. The misuse of any medication in a sober living environment can have detrimental effects not just for the individual misusing but also for other members of the house. As such, the following strategies are recommended:

- Locking medication up and house staff providing medication at specified time to clients
- Medication counts with staff and resident
- Increase drug testing (if suspected of diversion)
- Communication between stakeholders, providers & staff (releases of information)
- Maintain proper documentation
- Monitor specific residents as needed
- Open discussion of medications (e.g., group topic, potential triggers, etc.)
- Daily dosing within a licensed facility

8. Learn and Practice Cultural Competence:

The concept of cultural competency is of extreme importance, as the disease of addiction does not discriminate along racial, cultural or socioeconomic lines.

The staff and peers who operate and work in recovery houses should treat all individuals with respect regardless of their personal backgrounds and beliefs. Staff should be trained to deal with individuals on a personal basis and respect different beliefs and backgrounds.

9. Maintain ongoing communication with interested parties and care specialists

Ongoing communication is another important aspect of clinical practice that recovery houses should implement as part of their operating procedures. Provided there is a signed release of confidential information, ongoing communication between the resident's referent, concerned loved one, treatment provider, former treatment provider, certified peer recovery coach and criminal justice professional, is essential to helping the resident stay on track with recovery. In certain vocational programs, it could also be advantageous to maintain contact with the person's place of employment. Listed below are some topics areas that could be covered during communication between stakeholders to improve the quality of resident care.

- Level of program adherence
- Resident behavior – potential relapse indictors
- Attendance concerns at treatment
- MAT dosage changes, take home doses
- Progress reports
- Psychotropic medication changes

- Employment status
- Referral decisions (especially following a relapse to help alleviate any brokering type activities)
- Drug testing
- Discharge planning
- Any social network concerns
- Relapse history

10. Evaluate program effectiveness and resident success:

As recovery houses become recognized as vital components in the continuum of care, it is important to properly assess how each house is ultimately performing in delivering quality resident care. SAMHSA recognizes that program evaluation may occur at varying levels depending on the size and scope of the recovery house; however, collecting data on measures such as abstinence from use; employment; criminal justice involvement; and social connectedness would greatly assist the home in gauging the effectiveness of services provided and would also enable these entities to utilize data to justify requests for state and federal funding.

CONCLUSION

SAMHSA strongly believes in the use of recovery housing as a key strategy to assist individuals living with substance use disorder in achieving and maintaining recovery. Providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime of recovery. It is critical that these houses function with sound operating procedures which center on a safe, sober living environment in which individuals can gain access to community supports and therapeutic services to advance their recovery.

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