

RECOVERY HOUSING BUILDS RECOVERY

Recovery Housing (RH) is a social recovery model that has continued to evolve over the last 20 years to promote recovery while addressing housing issues and social drivers of health. By aligning social and medical interventions, RH supports the concept of community as an intervention. [1],[1] RH programs and services seek to increase: 1) health and well-being; and 2) promote long-term recovery. Health and well-being measures are not solely the

absence of disease but reflect an individual's perceptions of health status; participation in family and community interpersonal connections, work, and housing; and a sense of meaning and purpose in life. RH reflects a range of addiction recovery programs and services that are available within the residential structure, some guided by a completely lead peer process and others that include professionals involved in program services.

WHAT ARE THE OUTCOMES FOR RECOVERY HOUSING?

The University of Kentucky Center for Drug and Alcohol Research has conducted a robust annual program evaluation of Recovery Kentucky programs, which includes 18 facilities housing over 2,000 individuals, consistently demonstrates positive outcomes. Over ten years the outcomes at twelve months consistently decreases in drug and alcohol use, decrease in depression and anxiety scores, increase in physical health ratings, decrease in criminal justice involvement and incarceration, increase in employment and stable housing, and increased ability to meet basic living needs.[i] Additionally, the cost savings analysis of Recovery Kentucky programs suggests that for every dollar invested in recovery services there was an estimated \$2.25 return in avoided costs.[ii]

A study in California of Sober Living Houses (SLH) documented significant outcomes. Between entry into the SLH and 18-month follow-up with a decline in homelessness (16 to 4%) and marginal housing (66 to 46%) and increase in stable housing (13 to 27%). Further, psychiatric severity improved over the study period. [iii] Tuten also reported that individuals accessing RH had better abstinence and employment outcomes than those who did not access recovery housing.[iv] The National Council in a Policy Brief detailed positive outcomes of RH: decreased substance use, reduced probability of relapse/reoccurrence, lower rates for incarceration, higher incomes and increased employment as well as improved family functioning.[v],[vi]

[ii] Cole, J., Logan, T., Miller, J. & Scrivner, A. (2021). Findings from the Recovery Center Outcome Study 2021 Findings at a Glance. Lexington, KY:

University of Kentucky, Center on Drug and Alcohol Research..
[iii] 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/
[iv] Tuten, M. Shadur, J.M., Stitzer, M., & Jones, H.D.(2017). A comparison of reinforcement based treatment (RBT) versus RBT plus Recovery Housing (RBTRH), Journal of Substance Abuse Treatment, 72, 48-55.

[v] Author (2017) Recovery Housing Issue Brief: Information for State Policymakers. National Council for Behavioral Health. Recovery-Housing-Issue-Brief_May-2017, pdf (thenationalcouncil.org)
[vi] See also Kelly. JF (2017) Report of Findings from a Systematic Review of the Scientific Literature on Recovery Support Services in the United States, Recovery Research Institute. download (mass.gov)

Outcomes At A Glance			
From the Recovery Kentucky Program on which the Fletcher Group model is based.	AT INTAKE	AT FOLLOW-UP	RELATIVE CHANGE
Illegal Drug Use	86%	14%	-83.7%
Opioid Use	63%	7%	-88.9%
Alcohol Use	44%	7%	-84.1%
Homelessness	35%	10%	-71.4%
Employment	45%	82%	+82.2%
Recent Arrest	60%	11%	-81.7%
Incarceration	78%	15%	-80.8%
Anxiety	72%	20%	-72.2%
Depression	66%	16%	-75.8%
Suicidal Ideation	29%	3%	-89.7%



THE FLETCHER GROUP RCOE

WHAT DO WE HAVE TO DO WITH RECOVERY HOUSING?

We Can Help

- Stakeholder Engagement that brings together law enforcement, court personnel, social services, health services, housing, faith-based entities, political leaders, and others to help create a Recovery Ecosystem.
- **Program Development** that addresses capital development and the acquisition of RH facilities (either building them from the ground up or repurposing existing buildings) by providing an operational model and developing the partnerships needed to make RH a reality.
- Financial Modeling including pro forma development and braided funding to cover capital development and daily operating costs.
- Program Operations including a "Playbook," policies and procedures, hiring guidance, job descriptions, training, quality assurance, certification standards, documentation requirements, medications, and social recovery model best practices.
- Program Focus on the men, women, families, pregnant and parenting women (including those dealing with Neonatal Abstinence Syndrome) and people experiencing homelessness or involved with the criminal justice system.
- Technology and Data Management including resident management systems, tracking, outcome evaluations, and outcome documentation.
- Research that informs public policy and assists in the development of evidencebased best practices.

How has the Fletcher Group been involved in Vermont?

The Fletcher Group partners with the National Alliance for Recovery Residences and it's state affiliates. The Vermont Alliance for Recovery Residences reached out to us for technical assistance. As part of our process we survey the landscape and then provide education based on the national standards. Here are some things happening in Vermont related to the continuum of care and opportunities to align Recovery Housing as an aftercare and continuing care program

What are some related initiatives in Vermont?

Alignment with 1115 Waiver in Vermont In the application, completed and signed by the Office of the Governor, Vermont highlighted efforts to address Substance Use Disorder (SUD) by advancing the objectives of the Medicaid program and continuing to invest in programs and interventions that improve population health, impact social determinants of health, and ensure that those investments are sustainable over the long- term in order to support health improvement and health equity for Vermonters through effective use of state and federal Medicaid dollars.

For more Info, visit <u>fletchergroup.org</u>

COLLABORATION IS KEY

HOUSING: A CRITICAL LINK TO RECOVERY

- Medicaid covers 11,600 Vermonters with Substance Use Disorders
- There are roughly 1,200 Vermonters annually that enter Substance Use Disorder treatment
- There are only 212 beds throughout the state to serve individuals in recovery
- The highest unmet need is women in recovery with dependent children.
- Since the report, Vermont has lost 100 beds with the closure of sites

MOVING TOWARDS RECOVERY

Bennington Recovery Housing

Recovery Housing Program grant toward creation of an eight-bedroom facility

HUD's New Recovery Housing Pilot

The State of Vermont's Department of Housing and Community Development has been allocated \$1.5 million in Recovery Housing Program (RHP) funds from the US Department of Housing and Urban Development.

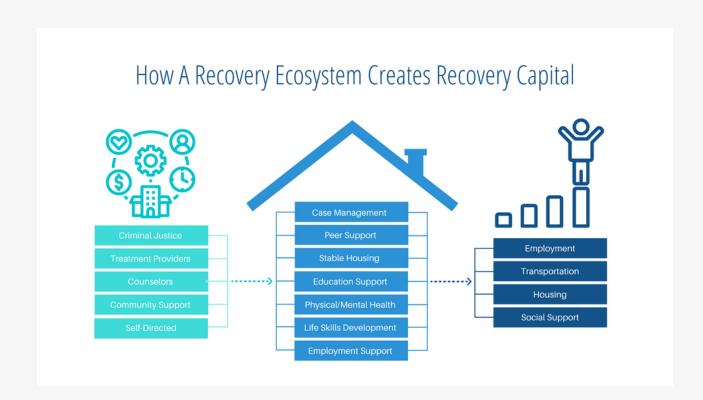
Vermont Housing Conservation Board

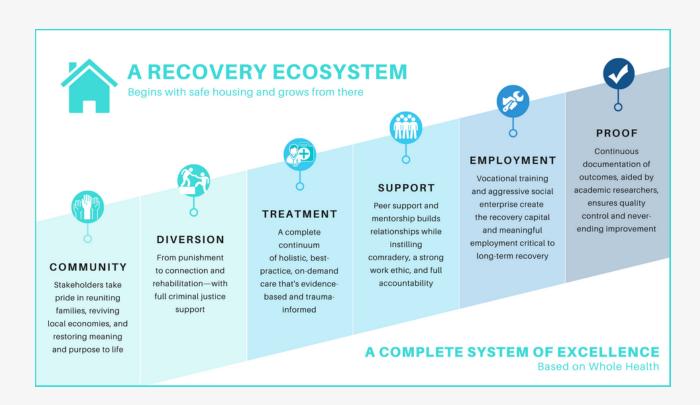
VHCB will also receive \$9.8 million in ARPA funding from HUD through the federal HOME Program targeted to housing those experiencing homelessness during the pandemic

Governor's Budget and Recovery Housing

Barre House for Women and Children

(For more info on each initiative, click the underlined titles above.)





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