Recovery Housing

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Addiction is a disease.
Why Plan for Housing as a Recovery Support?
Why Now?

Moving away from a focus on:
• Acute Care
• Public Safety
• Homelessness

Emphasizing:
• Chronic Disease Management
• A Public Health Approach
• Stability, Recovery, & Wellness
What is the Social Model of Recovery?

A recovery-oriented, chronic care approach to substance use disorders:

- Philosophy and practices are different than medical/clinical based treatment models.
- Emphasizes social and interpersonal aspects of recovery using recovery as the common bond.
- Values experiential knowledge and mutual support.
- Views recovery as a person-driven, life-long and holistic process.
Recovery Residences: 4 Levels of Support

1. Peer Elected
2. Peer Monitor
3. Staff Supervised
4. Residential Treatment
What do people think about Recovery Housing?
Perceptions

What cities think:

What referrals think:

What neighbors think:

What residents think:
What Recovery Housing really is

What is Recovery Housing?
Recovery Housing is HOUSING not treatment.
Assessment tool used to capture treatment program philosophies over time.

33 items across 6 domains:
1. Physical environment
2. Staff role
3. Authority base
4. Recovery orientation
5. Governance
6. Community orientation

(Kaskutas et al. 1998)
Physical Environment

To what degree does it feel like a home?

✓ Architecturally and functionally homelike

✓ Community space (%)

✓ “Welcome mat”

✓ Everyone pitches in as a family, e.g. food prep or house chores
Staff Role

To what degree are staff respected peers vs. distant superiors?

✓ Community meals

✓ Staff’s time is spent amongst the residents

✓ Resident progress is rewarded with more responsibility
To what degree is authority based on lived experience?

✓ Staff that are alumni and/or in recovery

✓ Key roles that don’t require professional credentials

✓ Mutual aid / peer-to-peer encourage
To what degree is the program recovery-oriented?

✓ Called recovery programs, residences or centers

✓ Called residents or participants

✓ Have recovery plans

✓ Promote life skills development
To what degree does accountability involve peers?

✓ Residents are expected/encouraged to hold each other accountable

✓ Residents/councils have influence
To what degree is the community viewed as a resource?

✓ Recovery community is invited in
✓ Residents have mentor/Sponsor
✓ Link residents to outside services
✓ Host recovery events
Culture Influence and Cultural Self-identity

The Social Model helps individuals replace the social, interpersonal and cultural aspects of their addiction with recovery.

People, places & things

- Friends and family
- Homes and neighborhoods
- Leaders, icons, heroes
- Literature, art, music
- Language, symbols, artifacts
- Beliefs, traditions, rituals
Factors that positively impact recovery outcomes:

- Length of stay (6+ months)
- Social support
- Self-efficacy

Multiple studies indicate a “tipping point” of 6 months

12-step programs and supportive social networks were strongest predictors of positive outcomes

Peer support provides motivation and responsibility
Multiple studies show that recovery housing leads to high rates of employment (79-86%).

Recovery homes have also been shown to:

- Decrease substance use
- Decrease incarceration rates
- Increase income
- Increase family and social functioning
- Improve psychological and emotional well-being
- Increase quality of life measures
Policy Barriers for People with SUDs

- **Addiction is not always recognized as a disability** by federal policy. For the Social Security Administration, people who are solely or primarily disabled by substance use disorders do not necessarily have access to:

  - Medicare or Medicaid
  - Project Based Section 8 Housing for the disabled
  - Income Benefits (SSI)
  - Vocational Rehabilitation Services
Barriers for Individuals and Families

- Poor credit history
- Evictions
- Poor history with public housing authorities
- Back utility payments
- Back child support
- Unemployment and poor work history
- Incomplete or minimal education
- Low or no income
- Criminal convictions
- Lack of affordable housing
- Lack of access to health/behavioral health services
- Symptomology that interferes with tenancy requirements
- Damaged personal relationships with family and friends who support wellness and recovery
Prejudice is real.

“I don't see anything wrong with a neighborhood association wanting to keep their neighborhood a certain way or their apartment complex a certain way.”
Barriers for Recovery Housing Operators

Real and perceived barriers are significant and impact:

- Referrals
- Networking
- Funding
- Capacity
- Community planning
- Technical assistance
Government Regulation of Recovery Residences

**Regulation of Housing**
- Fair Housing Act (Federal)
- Fair Housing Law (State)
- Americans with Disabilities Act (Federal)
- Landlord-Tenant Law (State)
- Public Housing Policies (Federal and Local)
- Federal Anti-Drug Abuse Act of 1988 (Federal)
- Notice and Permit Requirements (Local)
- Occupancy (Local)
- Dispersal Requirements (Local)
- Requirement for Permanent Residency (Local)

**Regulation of Residential Treatment**
- Certification (State)
- IMD Rule (Federal)
- HIPAA, HITECH, and 42 CFR Part 2 (Federal)
Homelessness and Addiction

“Being without a stable place during substance abuse recovery only increases the likelihood that these treatments will fail.”

- United States Interagency Council on Homelessness

578,000 people were homeless in the U.S. during the point in time count completed in January 2014.

HUD Point in Time Count, 2014

Nearly 50% of homeless adults and 70% of veterans experiencing homelessness have a substance use disorder.

USICH, 2015
Creating Opportunity for Choice

affordable, mainstream housing where people can be safely housed and motivated toward recovery at their own pace

recovery-focused housing where people who are actively seeking sobriety can find safety in an alcohol- and drug-free setting
“When “I” is replaced with “we”, even illness becomes wellness.”
- Malcom X

Recovery Housing and The Social Model of Recovery
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