



Understanding **RECOVERY** HOUSING



Ohio Recovery Housing

Webinar

About the presenter:

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What is Recovery Housing?

- ❖ According to Ohio Revised Code Section 340.01 (A) (3), “Recovery Housing” means **housing** for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance.

What is the Purpose of Recovery Housing?

Recovery residences as NARR and ORH define them

- ❖ Are sober, safe, and healthy living environments where residents are most likely to achieve recovery from alcohol, drugs, and other associated problems.
- ❖ Foster the development of a sense of community.
- ❖ Promote physical, mental, spiritual, and social well-being.
- ❖ **Assist people in making transitions to independent, productive and meaningful lives of their own choosing.**

Poll Question 1

HUD encourages each CoC to analyze which of the following to inform their prioritization decisions:

- A. Expressed preferences of people being served
- B. Performance of all programs to determine the appropriate mix of housing options and to ensure the most effective use of CoC Program resources
- C. How it can provide meaningful choice to people experiencing homelessness with substance use disorders who are in all stages of recovery
- D. Current inventory of housing opportunities
- E. All of the above.
- F. None of the above.

Poll Question 2

Is RECOVERY HOUSING recognized as a viable option by HUD under its “Housing First” philosophy? (Select the most appropriate answer below)

- A. Yes, always.
- B. No, never.
- C. Yes, but only if the homeless person cannot find permanent housing.
- D. Sometimes . . . if the homeless person seeking HUD housing needs and wants to be in recovery housing.

Recovery Housing and HUD - 1

HUD is encouraging each CoC to analyze the following to inform their prioritization decisions:

- ❖ Current inventory of housing opportunities;
- ❖ Needs within its jurisdiction (geographic area);
- ❖ Expressed preferences of people being served;
- ❖ Performance of all programs to determine the appropriate mix of housing options and to ensure the most effective use of CoC Program resources; and
- ❖ ***How it can provide meaningful choice to people experiencing homelessness with substance use disorders who are in all stages of recovery.***

(continued)

Recovery Housing and HUD - 3

Recovery Housing might not be in conflict with *Housing First*, a system-wide approach that removes barriers whenever possible and that addresses the housing needs of people at all stages of recovery, so long as entry into the program is based on the choice of the program participant.

<https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/>

Recovery Housing and HUD - 4

HUD is emphasizing that unless court ordered, CoC Program funded projects should not require any homeless person to enter Recovery Housing or be offered or provided this type of program as the only housing option, but rather should offer them choices.

In providing such choice, HUD is encouraging communities to ensure that all projects serving people with chronic substance use disorders support a life in recovery through the following four dimensions:

1. Health—Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if an individual has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
2. Home—A stable and safe place to live.
3. Purpose—Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
4. Community—Relationships and social networks that provide support, friendship, love, and hope.

Recovery Housing and HUD - 2

Recovery Housing is a **housing model** that uses substance use-specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction, typically emphasizing abstinence.



Recovery / Fair Housing

NARR and ORH actively assist in challenging instances where local discrimination violates Federal laws, which prohibit housing discrimination, against individuals who have disabilities. A disturbing trend has recently emerged consisting of discriminatory actions by local governments through zoning, permitting and similar laws. These actions not only force recovery residences to close, they also create barriers to new capacity in communities that desperately need them.

Our assistance in the formation and operation of local recovery residence associations includes training and information about effective local advocacy on housing rights and other recovery issues. NARR also assists local housing rights and advocacy organizations to form alliances across local boundaries so that information and expertise can be shared. Finally NARR advocates for clearer guidance and earlier intervention by Federal agencies responsible for defending the housing rights of disabled populations.

NARR and ORH promote Fair Housing principles in all our accredited residences.

What is Recovery Housing?

- ❖ It is a viable HOUSING option for many people who wish to concentrate their efforts on overcoming substance-use disorders in a safe, home-like, sober-living environment.
- ❖ There are options for people who can afford it on their own and for those who cannot.
- ❖ It can satisfy “fair housing” requirements and fit with the “housing first” philosophy.

Poll Questions

Click any of the following statements that are true.

1. Technically, anyone can open a recovery house in the State of Ohio.
2. Recovery houses do not accept residents receiving Medically-Assisted Treatment (MAT).
3. There is a recognized code of ethics and a set of standards that all recovery houses must follow to maintain accreditation.
4. All recovery houses use the AA/NA 12-Step Approach to recovery.

Poll Questions

Click any of the following statement(s) that are false.

1. The State of Ohio licenses all recovery houses.
2. The appropriate length of stay in a recovery house is 90 days.
3. There are national standards that can help people in housing determine quality and whether or not a recovery residence is likely to be working with “best practices” of the recovery housing profession.

A Short Video:



5 min. 9 secs.

https://www.youtube.com/watch?v=oFwbe1ND_Ls

Things to Know About Recovery Houses:

- ❖ Just like other kinds of housing, they are not all created equally!
 - ❖ Currently, in Ohio, anyone can open a recovery house
 - ❖ Quality Standards may or may not be met
 - ❖ It is important to know about NARR and ORH ethics, standards and accreditation

NARR and ORH

- ❖ The National Alliance for Recovery Residences (NARR) has developed standards that each of its affiliates is expected to adopt when accrediting recovery houses.
- ❖ The Ohio Recovery Housing (ORH) is the state affiliate of NARR and has been recognized by the Ohio Mental Health and Addiction Services Department.
 - ❖ Any recovery house provider seeking state money for grants through OHMAS must meet ORH standards to qualify.

We Align with SAMHSA's 10 Principles



1. HOPE
2. PERSON-DRIVEN
3. MANY PATHWAYS
4. HOLISTIC
5. PEER SUPPORT
6. RELATIONAL
7. CULTURE
8. ADDRESSES TRAUMA
9. STRENGTHS & RESPONSIBILITIES
10. RESPECT

NARR Domains, Core Principles and Standards - 1



FOUR DOMAINS

1. Administrative and Operational
2. Recovery Support
3. Property and Architecture
4. Good Neighbor Domain

NARR Domains, Core Principles and Standards - 2



CORE PRINCIPLES

1. Operate with Integrity
2. Uphold Residents' Rights
3. Be Recovery Oriented
4. Use Peers to Staff and Govern
5. Create a Healthy Recovery Environment
6. Provide a Home-like Experience and Environment
7. Inspire Purpose
8. Cultivate Community
9. Promote Health and Safety
10. Be a Good Neighbor

NARR Domains, Core Principles and Standards – 3



37 STANDARDS

WHICH DEMONSTRATE COMPLIANCE WITH THE SOCIAL
MODEL OF RECOVERY

8. Support Housing Choice

EXAMPLE	<input type="checkbox"/>	Policies and procedures that promote resident-driven length of stay.
	<input type="checkbox"/>	Policies and procedures that defend residents' fair housing rights.

The Social Model of Recovery - 1

PHILOSOPHY:

People are **social** creatures who need human interaction to drive and sustain their physical intellectual and emotional development. The determination of who they interact with from the time of birth throughout their lifetimes is critical to who they become, how they behave, and how they are perceived (or misperceived) by others outside their immediate social environment.

Becoming immersed in new environments filled with caring, positive, empathetic, empowering people can have significant impact on people whose ability to thrive has been compromised by substance-use disorders. A properly implemented social model plan can enhance a person's recovery process.

The Social Model of Recovery - 2

- ❖ The Social Model implies a holistic concept of dealing with individuals and their recovery
 - ❖ ways they think and feel
 - ❖ ways they behave
 - ❖ ways they interact with others.
- ❖ The Social Model implies empowering people to become who they want to be and how they want to get there.

The Social Model of Recovery - 3

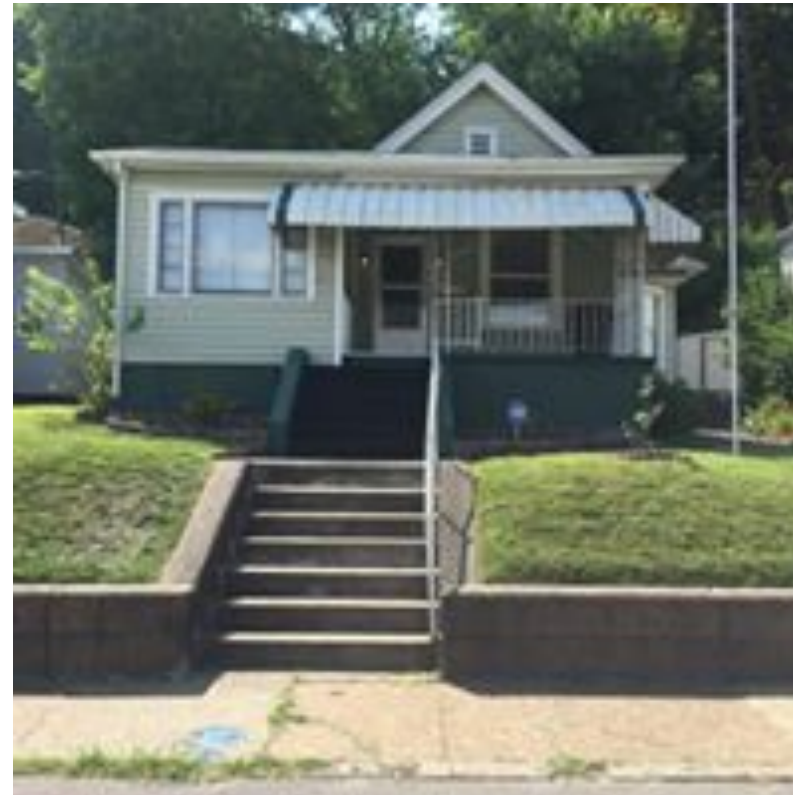
- ❖ We provide a functional family—*structure, nurturing, kindness, guidance, and unconditional positive regard on a day-to-day basis.*
- ❖ We believe that people with addictions can and do get better, particularly if they are supported by peers who are effectively prepared to assist them in the process of their recovery.

The Social Model of Recovery - 4

- ❖ We interact with our residents as peers, not patients.
- ❖ We use the vocabulary of peer support, NOT clinical talk.
 - ❖ “Residents” and “peers” vs. “clients”
 - ❖ “Homes” vs. “facilities” or “clinics”
 - ❖ “Process of change” vs. “cure”

The Social Model of Recovery - 5

- ❖ We deal with the day-to-day realities of our residents' lives over a period of time and gain insights that clinicians might not pick up on for long periods of time.



The Social Model of Recovery - 6

QUESTIONS WE ASK:

❖ **To what degree does it feel like a home?**

- ❖ The physical space of a social model program is vital.
 - ❖ It must promote interaction between staff and participants and each other.
 - ❖ Social model environments feel more like homes rather than clinical settings.

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

❖ **Social model programs encourage staff to mingle with participants.**

- ❖ Some of the best insight, feedback and interactions happen in an informal or community setting.

The Social Model of Recovery - 7

❖ **To what degree is authority based on lived experience?**

- ❖ Social model programs by and large employ persons in recovery (often alumni).
- ❖ We believe recovery imparts experiential knowledge, an invaluable resource.
- ❖ Professional knowledge is not valued over experiential knowledge.

❖ **To what degree is the program recovery-oriented?**

- ❖ Social model programs have a recovery-oriented view and approach, understanding that recovery is person-driven, lifelong, and a “whole-person” process.
- ❖ Social model programs demonstrate understanding that alcohol and drugs are only a part of the problem.

The Social Model of Recovery - 8

❖ **To what degree does accountability involve peers?**

- ❖ Social model programs utilize peers to establish and enforce program rules in a significant way.
- ❖ Participants will feel more invested in the program and their own recovery and get to develop skills.

❖ **To what degree is the community viewed as a resource?**

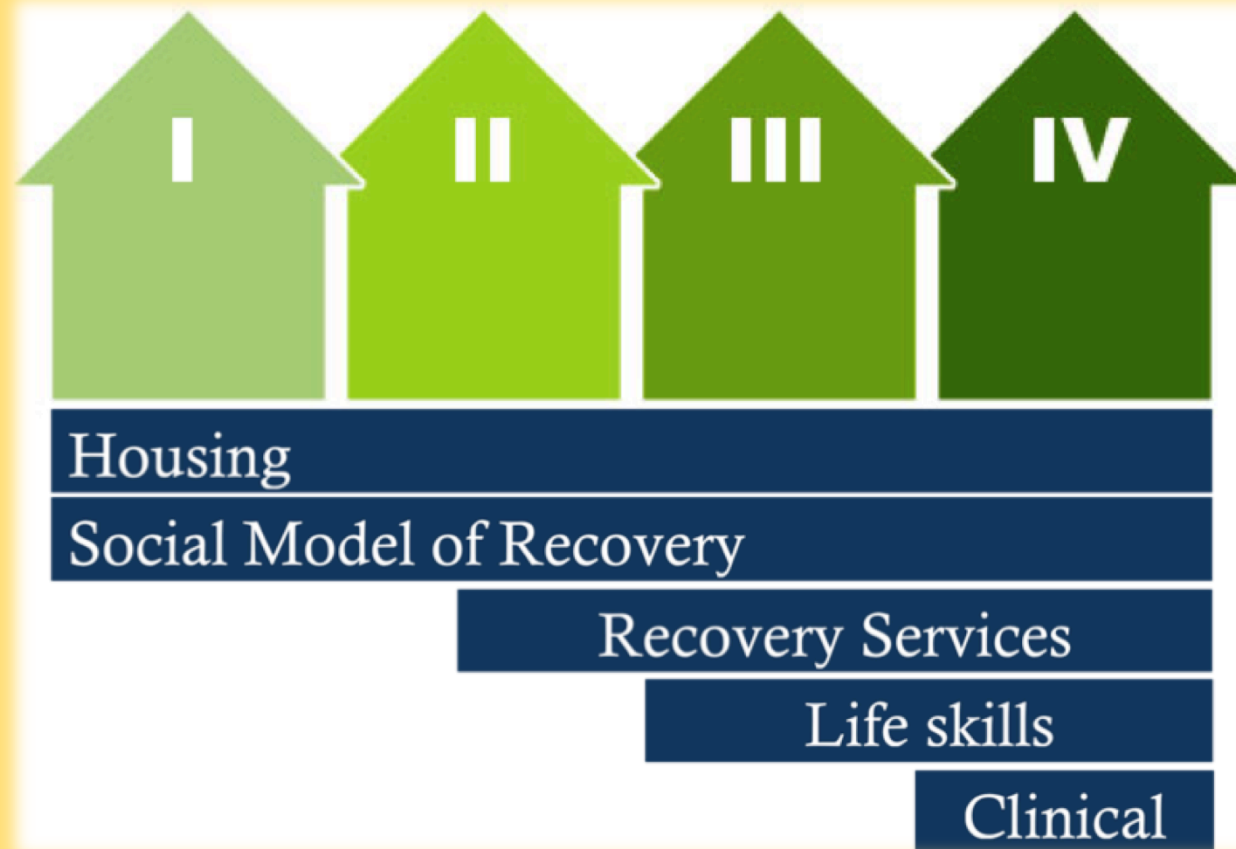
- ❖ Social model programs recognize that individuals must learn how to reach out and connect with a web of support in the community, including friends, mentors, social activities, employment.

Poll Question 10

Which of the following is true?

- A. There are infinite levels of recovery housing recognized by NARR and ORH.
- B. There are 4 basic levels of recovery housing recognized by NARR and ORH.
- C. There are only 2 basic levels of recovery housing recognized by NARR and ORH.
- D. NARR and ORH have determined that one level is better than another level.

Recovery Housing Levels



Level I: Peer-Run Residence

- ❖ Shared by a group of people in recovery agreeing to live together, to support one another's recovery and to share the costs and day-to-day responsibilities of meals, cleaning, maintaining the residence, etc. (PEER-RUN)
- ❖ Usually no paid staff on site.
- ❖ Most well-known example of this kind of recovery residence is an Oxford House.

Level II: Monitored Residence

- ❖ Limited supervision.

- ❖ Perhaps has a residence manager, who interviews potential residents, provides orientations, and general oversight.
- ❖ There may or may not be paid staff on duty overnight, and senior residence members may assume responsibilities for oversight when the manager is not present.

- ❖ Clinical services not available on site and likely occur as a result of a referral.

- ❖ Most residents likely expected to be working jobs or doing volunteer work in community.

Level III: Supervised Residence

- ❖ Highly organized in terms of resident care.
- ❖ Administrative oversight.
- ❖ Most likely a residence manager, case managers, and certified staffing.
- ❖ Life skills classes/education.
- ❖ Some regimented use of residents' time.
- ❖ Residents less likely to be working than if at a Level I or II.
- ❖ Clinical services may be available on site or through referral.



Level IV: Service Provider

- ❖ Licensed by the State.
- ❖ Administrative oversight.
- ❖ Highly organized systems of care and structure.
- ❖ Clinical supervision required.
- ❖ Credentialed staff provide services.
- ❖ Services are provided internally.



How Long Can a Resident Live in a Recovery House?

- ❖ In a Level IV House, time may be limited to a specified period.
 - ❖ Ideally, the resident will “step down” into a Level III or II or I.
- ❖ In a Level III, time frames will vary.
 - ❖ Usually, the goal is to help the individual “step down” into a Level II or I.
- ❖ In Levels I and II residency stays are determined jointly by the resident and the provider and can be anything from weeks to months to years.
 - ❖ Most providers encourage 6-12 months minimum.

How Do We Determine that a Recovery House is “Good”?

- ❖ Is it currently recognized by ORH as an “Associate”? (Reviewed and inspected?)
- ❖ What is the philosophy it espouses?
- ❖ Is it a home that is clean, safe, and conducive to sharing and interaction among residents? (Does it feel “home-like”?)
- ❖ Is it respected by its neighbors?
- ❖ Do current residents take pride in their participation in the “functional family” and the program?
- ❖ Does it meet local code specifications?
- ❖ Does it have clear policies and procedures that put the needs of residents ahead of the need to make money?

Ohio Recovery Housing (ORH)

1. Recognized by OHMAS as the accrediting body for recovery housing.
2. Collects written applications for “Associate Status” from recovery house providers.
3. Provides guidance for preparing for inspection and meeting NARR/ORH standards.
4. Evaluate policies, procedures, and their compliance with values of the Social Model of Recovery. Assess business practices to see if they are in compliance with the NARR/ORH standards.
5. Inspects properties (2 trained peers).
6. Makes a recommendation to the Board of Directors of ORH.

Ohio Recovery Housing (ORH)

7. Applications may be accepted after inspection, or the recovery house provider may be asked to make repairs/changes and is accepted once documentation of repairs/changes are received, or may be denied.
8. The goal of ORH is to bring recovery houses up to the standards, not to punish providers who do not meet the standards. *(We provide ongoing support as long as the provider is striving to meet standards, but we will not accept as “Associates” until providers meet at least minimum standards.)*



Ohio Recovery Housing

Do Recovery Houses Work?

Evidence suggests that the longer a person remains in a recovery house, the more likely s/he is to maintain abstinence when s/he leaves.

Questions?



Contact the presenter:

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1. Please rate the quality of the information provided:

1 (poor) 2 (less than average) 3 (average) 4 (good) 5 (excellent)

2. Please rate the presenter's knowledge of the subject:

1 (poor) 2 (less than average) 3 (average) 4 (good) 5 (excellent)

3. Please rate the webinar over all:

1 (poor) 2 (less than average) 3 (good) 4 (good) 5 (excellent)

4. Please state what you found most valuable in the presentation:

TEXT BOX

5. Please comment on anything you think could be improved about the presentation, the materials, and/or the experience of participating in this kind of learning experience (a webinar):

TEXT BOX

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