FLORIDA'S RECOVERY RESIDENCES

Tracing the Journey, Evaluating the Impact, and Envisioning Tomorrow
Learning Objectives

• Obtain a thorough understanding of current best practices for recovery housing
• Gain insight into how Medications for Opioid Use Disorder (MOUD) are complemented by the support of Recovery Housing
• Achieve a working knowledge of how Oxford Houses and FARR-certified residences operate, including levels of support.
Background

- President Joe Biden signed Consolidated Appropriations Act, 2023 (Public Law 117-328).
- Section 1232 mandates the development and publication of recovery housing best practices.
- SAMHSA's website to host these guidelines, excluding substance use disorder treatment services.
- Document updates prior Recovery Housing Guideline for states, providers, operators, and stakeholders.
- Emphasizes housing as a vital dimension supporting recovery, aligning with SAMHSA's Recovery Definition.
Overview of Recovery Housing

• Highlights the critical role of recovery housing in supporting individuals on their recovery journey.

• Research-backed positive outcomes: decreased substance use, lower relapse rates, reduced incarceration, higher income, increased employment, and improved family relationships (References: Jason et al., 2006; Jason & Ferrari, 2010; Polcin et al., 2010).

• Recovery housing as a recovery support service designed by persons in recovery.

• Social model recovery principles underpin the setting, fostering prosocial bonds, community, and a recovery-supportive environment.
Evolution and Adaptation

Traces the history of recovery housing back to the mid-1800s.

Acknowledges the evolution of various models to meet diverse and evolving needs.

Adaptation to contemporary challenges, including addressing the overdose epidemic.

SAMHSA's State Opioid Response grant funds supporting individuals in recovery housing with opioid use disorder medications (MOUD).
NATIONAL ALLIANCE FOR RECOVERY RESIDENCES (NARR) LEVELS
OVERVIEW OF NARR’S FOUR LEVELS OF RECOVERY HOUSING: PEER-RUN TO CLINICALLY FOCUSED.

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

Level 1: Self-Identified Recovery (e.g., Oxford Houses)

- **Residency Type:** Self-identifies as in recovery, peer-community accountability.
- **On-site Staffing:** No on-site paid staff, peer-to-peer support.
- **Governance:** Democratically run.
- **On-site Supports:** On-site peer support, off-site mutual support groups, and as needed, outside clinical services.
Overview of Recovery Residence Levels

Level 2: Structured, Peer-Accountable Living (e.g., Sober Living Homes)

- **Residency Type:** Stable recovery, seeks a more structured and supportive living environment.
- **On-site Staffing:** Resident house manager(s), often compensated by free or reduced fees.
- **Governance:** Residents participate in governance with staff/recovery residence operator.
- **On-site Supports:** Community/house meetings, peer recovery supports, outside mutual support groups, and clinical services.
Recovery Residence Levels

Level 3: Moderately Structured Daily Life (e.g., Transitional Housing)

• **Residency Type:** Those seeking a moderately structured daily schedule and life skills support.

• **On-site Staffing:** Paid house manager, administrative support, certified peer recovery support service provider.

• **Governance:** Resident participation varies, senior residents involved in management decisions.

• **On-site Supports:** Community/house meetings, peer recovery supports, life skills training, linked with mutual support groups and clinical services.
Recovery Residence Levels

Level 4: Clinical Oversight (e.g., Therapeutic Community)

- **Residency Type:** Requires clinical oversight, typically briefer stays.
- **On-site Staffing:** Paid, licensed/credentialed staff, administrative support.
- **Governance:** Resident participation varies, organizational authority hierarchy, clinical supervision.
- **On-site Supports:** On-site clinical services, mutual support group meetings, life skills training, peer recovery support services.
Recovery Residences Research

Oxford Houses

- 2-year follow-up: Oxford House residents had lower substance use rates (31.3% vs. 64.8%), higher monthly income ($989.40 vs. $440.00), and lower incarceration rates (3% vs. 9%).
- Economic benefit: $29,000 per resident (Lo Sasso et al., 2012).
Recovery Residences Research

Level II - California Sober Living

- Example of Level II recovery residence.
- 18-month follow-up: Improved abstinence, mental health, and decreased criminal justice involvement.
- Sober living houses as underutilized modality for clean and sober living environments post-residential treatment (Polcin & Henderson, 2008).
Recovery Residences Research

Level III - Peer Recovery Support Services (PRSS)

- Emphasizes resident leadership, governance, and mutual aid.
- Nonclinical support services provided by certified peer specialists or recovery coaches.
- PRSS endorsed by SAMHSA, utilizing lived experience to assist in recovery (Smelson et al., 2013; Tracey et al., 2011).
Recovery Residences Research

Level IV - Therapeutic Communities (TCs)

• Combine social model recovery and clinical services.
• Decades of research confirm TCs as an effective and cost-effective treatment for certain subgroups with substance use disorders (De Leon, 2010).
Recovery Residences Research

Quality Concerns and Best Practices

• Historical concerns about inconsistency in quality among residences.
• Best practices available to assist policymakers in defining safe, effective, and legal recovery housing.
BEST PRACTICES FOR RECOVERY HOUSING

Introduction:

• National organizations have played a crucial role in shaping recovery housing policies and practices.

• SAMHSA report outlines 11 best practices for improving recovery housing.
Best Practices Overview: 11 Best Practices

Be Recovery-Centered
• Emphasize a recovery-focused approach in housing operations.

Promote Person-Centered, Individualized and Strengths-Based Approaches
• Tailor support to individual needs, strengths, and preferences.

Incorporate the Principles of the Social Model Approach
• Apply social model principles for a holistic recovery environment.
Best Practices Overview: 11 Best Practices

Promote Equity and Ensure Cultural Competence
- Prioritize fairness, inclusivity, and cultural sensitivity in housing practices.

Ensure Quality, Integrity, Resident Safety, and Reject Patient Brokering
- Uphold high standards, safety, and reject unethical practices.

Integrate Co-Occurring and Trauma-Informed Approaches
- Address mental health and trauma with specialized support.
Best Practices Overview: 11 Best Practices

Establish a Clear Operational Definition

• Define and communicate operational parameters for clarity.

Establish and Share Written Policies, Procedures, and Resident Expectations

• Clearly document and communicate rules and expectations.

Importance of Certification

• Highlight the significance of certification for housing programs.
Best Practices Overview: 11 Best Practices

Promote the Use of Evidence-Based Practices
- Encourage evidence-based approaches for effective support.

Evaluate Program Effectiveness
- Regularly assess and refine programs to ensure positive outcomes.
Recommendation:

• SAMHSA strongly recommends that recovery house operators, stakeholders, and states/jurisdictions adopt the outlined best practices.

• Adoption of these practices is crucial for ensuring optimal support, safety, and quality of life for individuals in recovery housing.
Conclusion:

• Implementing these best practices is key to fostering a more robust and effective recovery housing system.

• SAMHSA advocates for the vital role of recovery housing in supporting individuals with substance use and/or co-occurring mental health disorders.
Conclusion:

• Establishing a safe and stable living environment through recovery housing lays the foundation for a lifelong recovery journey.

• Ethical, effective, and sound standards are emphasized for recovery housing programs, promoting a safe and healthy living environment.

• Access to community supports and recovery services is highlighted as significant for the advancement of individuals' recovery journeys in housing programs.
OXFORD HOUSE: NATIONWIDE

PEER-RUN, SELF-SUSTAINING, SUBSTANCE-FREE HOUSING

PEER-SUPPORT RECOVERY WITH PROVEN SUCCESS

TIME TESTED EVIDENCE-BASED MODEL

- The first Oxford House was opened in Silver Spring, MD in 1975.
- Since then, Oxford House has expanded to:
  - 3600+ Houses
  - 29000+ Beds
  - 46 States & DC
  - 5 Countries
- Houses available to:
  - Men
  - Women
  - Women & Children
  - Men & Children
OXFORD HOUSE FLORIDA

- State House: 168
- State Beds: 1523
- Women’s: 209
- Women & Children’s: 346
- Men’s: 939
- Men & Children’s: 29

Progression of Growth
March 2019: 4 houses
December 2019: 30 houses
December 2020: 48 houses
December 2021: 79 houses
December 2022: 114 houses
December 2023: 158 houses
MEMBERSHIP QUALIFICATIONS

• ONE OF THE FOLLOWING IS SUGGESTED
  • Withdrawal-free
  • Completion of medical detoxification
  • Completion of inpatient treatment
  • Re-entry from Department of Corrections/County Jail
  • Referral through 12 step or self-help fellowship

• ALONG WITH:
  • Willingness to work a recovery program
  • Ability to pay Equal Share Expenses
  • Adherence of Oxford House Model and House Guidelines
BECOMING A MEMBER

FILL OUT APPLICATION

CALL A HOUSE TO SET-UP AN INTERVIEW

SHOW UP OR CALL ON TIME

BE OPEN AND HONEST DURING THE PROCESS

ACCEPTANCE = 80% YES VOTE BY MEMBERS

IF ACCEPTED, NEW MEMBER MAY MOVE IN IMMEDIATELY
MEMBERSHIP

These Members Do Well in Oxford House:

- Opioid Use History
- Co-occurring
- Veterans
- Drug Court Participants
- Re-entry From Incarceration
- Chronic Reoccurrence
- MAR Participants
WHAT MAKES OXFORD HOUSE DIFFERENT?

Oxford House uses 9 traditions for success

The house is democratically self-run

The house membership is responsible for all household expenses

The house must *immediately* expel any member who uses alcohol or drugs.
Members Receive:
- 24/7 peer support
- Accountability
- Responsibility
- Safety
- Stability
- Greater chance of success
- Self Efficacy
2022 National Profile

Demographics:
• There were 2,282 men's houses, 682 women's houses, 367 women/children's houses, and 95 men/children's houses.
• There were a total of 28,034 beds, with 19,637 for men and 8,397 for women.
• The average age of members was 39, with the youngest member being 17 and the oldest being 85.

Primary Substance of Use Before Oxford House:
• The primary substances of use were alcohol, methamphetamine, opioids (including prescription and heroin), cocaine, cannabis, prescription medication, hallucinogens, and inhalants.
Homelessness & Incarceration:
• 65.0% of members reported prior homelessness, and the average number of times members had been homeless was reported as 5.
• The reported prior incarceration rate was 46.2%, and the average total months spent in jail or prison was 4.7.

Employment and Income:
• 76.8% of members were employed for wages, and 6.5% reported disability/SSI as their employment status.
• 35.3% of members reported a monthly income of $1,001-$2,000.
Member Recovery and Experience:

- The average length of sobriety was 587 days.
- 73.0% of members reported being high school graduates, with 32.1% having some college education and 9.6% being college graduates.
- The importance of Oxford House to members' recovery was rated on a scale of 1 (unimportant) to 5 (important), and the average rating 4.7.
- The average length of stay was reported as 329.8 days.
• NREPP stands for the National Registry of Evidence-based Programs and Practices.
• The Oxford House Model is a community-based approach to substance use disorder recovery that emphasizes peer support and mutual aid.
• The model involves individuals with a history of substance use disorder living together in a substance-free, democratic home.
• Members of the house provide each other with social support, accountability, and mentoring in recovery.
• The Oxford House Model has been evaluated through numerous studies and has been found to be effective in reducing substance use, increasing employment and income, and improving other aspects of social functioning.
• The NREPP has recognized the Oxford House Model as an evidence-based practice for substance use disorder recovery.
TO SUM IT ALL UP

• Oxford House gives people recovering from SUD and all backgrounds the best chance at long-term recovery.

• Oxford House saves millions of tax dollars nationwide.

• Oxford House expansion is possible in periods of both good and poor economics.

• Over 48 years of experience and backed by the federal government as a best program and practice.
Introduction:

• Founded in 2011, the Florida Association of Recovery Residences (FARR) is dedicated to evaluating and monitoring standards-based recovery support services in community-based, residential settings throughout Florida.

• FARR serves as the Florida Affiliate of the National Alliance for Recovery Residences (NARR).
Philosophy:

• FARR supports Recovery Residence providers in delivering quality recovery-oriented housing opportunities in peer supportive environments.
• Emphasizes the importance of encouraging and monitoring provider compliance with national standards for ensuring the right to recover in an atmosphere that meets special and basic needs for safety, dignity, and respect.

Intent:

• To fairly certify Florida Recovery Residences voluntarily, demonstrating compliance with the NARR Standard and FARR Code of Ethics.
• FARR provides training for owners, managers, and staff of Recovery Residences to enhance and inform their delivery of quality services.
Commitment:

• FARR is committed to providing fair, impartial support, and encouragement to recovery residence providers expressing a willingness to achieve compliance with the NARR Standard and FARR Code of Ethics.

• Actively participates in academic research studies focused on Recovery-Oriented Systems of Care (ROSC), Recovery Management, and residents' personal development of Recovery Capital.
MOUD IN RECOVERY RESIDENCES

NARR STANDARDS

1. Medication for Opioid Use Disorder (MOUD) Overview:
   • MOUD is a valuable tool in addiction recovery.
   • Research indicates that MOUD, coupled with other support services, enhances engagement and outcomes.

2. Legal Rights for MOUD Individuals in Recovery Residences:
   • Recovery residences cannot deny admission based solely on medication use.
   • Upcoming FL legislation to potentially re-emphasize this.
MOUD IN RECOVERY RESIDENCES

NARR STANDARDS

3. Referrals for Medication Users:
   • If a recovery residence cannot accommodate certain medications, referrals should be made to alternative facilities.
   • Reason: Lack of pertinent staff or services.

4. Naloxone Availability and Training:
   • Recovery residences are urged to stock naloxone and provide staff training for overdose reversal procedures.
   • Aligned with recently-approved NARR standard.

5. Secure Medication Storage and Administration:
   • Certified recovery residences adhere to NARR Standard #16 (2018).
   • Provision for secure drug storage and medication administration in accordance with prescriptions.
MOUD IN RECOVERY RESIDENCES

OXFORD HOUSES

• All Oxford Houses accept individuals utilizing MOUD
• Currently over 70% of Oxford Houses in FL have at least one individual utilizing MOUD
• Individual in charge of their own medication
• Accountability with medication, therapy & recovery program; high success, low diversion
• Oxford Houses realize the use of MOUD is a best practice and fully support all treatment options for OUD
• Consistent training on MOUD with membership
MOUD RELATED TO BEST PRACTICE 2: PROMOTE PERSON CENTERED, INDIVIDUALIZED AND STRENGTHS-BASED APPROACHES

Placement:

• Individuals have autonomy to choose housing aligning with gender identity and supporting recovery, including MOUD.

• Interview process assesses environment's alignment with goals, including medication regimen.

Clear Expectations:

• Residences define policies on MOUD, addressing medication use and relapse.

• Written policies empower informed decisions, ensure transparency.
MOUD RELATED TO BEST PRACTICE 2: PROMOTE PERSON CENTERED, INDIVIDUALIZED AND STRENGTHS-BASED APPROACHES

Referral Process:

• Referrers consider individual's situation, including medication needs.
• Criteria: support level for medication use, staff training, cultural acceptance.
I'm not an actual lawyer
But I play one on facebook
Referral Restrictions:

- Licensed service providers are prohibited from making referrals of patients to, or accepting referrals from, recovery residences unless the residence holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator.

- Referrals between a licensed service provider and a recovery residence are allowed if the residence has no financial ties to the provider, is democratically run by residents with a charter from a Congress-recognized entity, and neither the residence nor its residents benefit from the referral, either directly or indirectly.

- Another exception includes licensed providers under contract with a managing entity.
FL STATUTE 397.4873 - REFERRALS TO OR FROM RECOVERY RESIDENCES

Substance Use Restrictions:
• Referrals are prohibited if the recovery residence allows the use of substances by individuals other than the prescribed patient.

Definition of Referral:
• The section defines a referral broadly, encompassing any information exchange about a patient or a recovery residence.

Penalties:
• Willful violations result in a first-degree misdemeanor, and fines of $1,000 per occurrence may be imposed on violators.
• Repeat violations can lead to license suspension or revocation.
Record Keeping:
• Licensed service providers must keep records of referrals as prescribed by the department.

Discretionary Referral:
• The section clarifies that there's no obligation for a licensed service provider to refer or accept referrals from recovery residences.
FL Statute (397.487) - Voluntary Certification of Recovery Residences

Legislative Intent:
1. Acknowledges the higher success rate of sobriety for those in recovery residences.
2. Recognizes a state interest in protecting vulnerable individuals in need of housing.

Credentialing Entity:
1. Department to approve a credentialing entity by December 1, 2015.
2. Entity responsibilities:
   • Establish certification requirements.
   • Administer application, certification, and disciplinary processes.
   • Conduct training and develop a code of ethics.
   • Set application, inspection, and renewal fees (not exceeding $100).
FL Statute (397.487) - Voluntary Certification of Recovery Residences

Application Requirements:

1. Recovery residence to submit a comprehensive policy and procedures manual.
2. Rules for residents, intake procedures, and compliance policies.

Certification Process:

1. Certified recovery residence must be actively managed by a certified recovery residence administrator.
2. Onsite inspection upon receiving a complete application.
3. Background screening for owners, directors, and CFOs.
4. Certificate of compliance issued upon approval, valid for one year, subject to renewal.
Monitoring and Compliance:
1. Annual onsite inspections for continuing compliance.
2. Credentialing entity may suspend or revoke certification for non-compliance or failure to address deficiencies.
3. Immediate reporting and replacement of the certified recovery residence administrator.
4. Revocation for false information provided.

Appeals and Review:
1. Reviewable decisions by the credentialing entity can be appealed to the department.
Public Advertisement:

1. Misdemeanor for advertising as a "certified recovery residence" without obtaining a certificate of compliance.

Visitation Policies:

1. Guidelines for allowing minor children to visit parents in recovery residences.

Discharge Policies:

1. Certified recovery residences, with an approved discharge policy, can discharge or transfer residents under specific circumstances, prioritizing resident welfare and safety.
REFERENCES


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