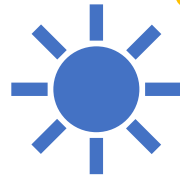
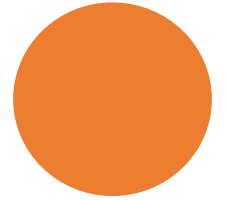


Meeting the Moment: Expanding Housing, Promoting Recovery, Improving Health.

Tony Vezina, 4D Recovery
Eric Martin, MHACBO



Substance Use and Housing Crisis, intersect in various points.

Political Debate on HOW to get people HELP, not whether people need/deserve HELP.

Initial downpayment to address crisis, setting up future investments.



Agenda

Funding Request



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graph TD; A[Funding Request] --> B[Recovery Housing Overview]; B --> C[Provider & Community Testimony];
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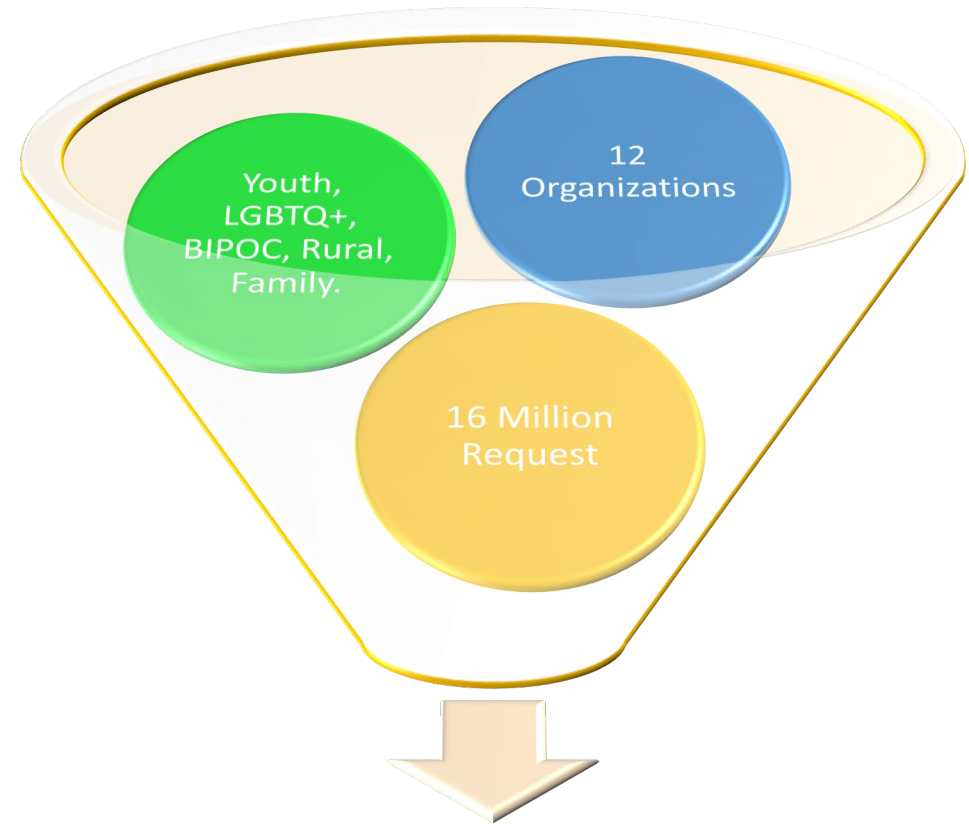
Recovery Housing Overview

Provider & Community Testimony

Funding Request

The Legislature Can

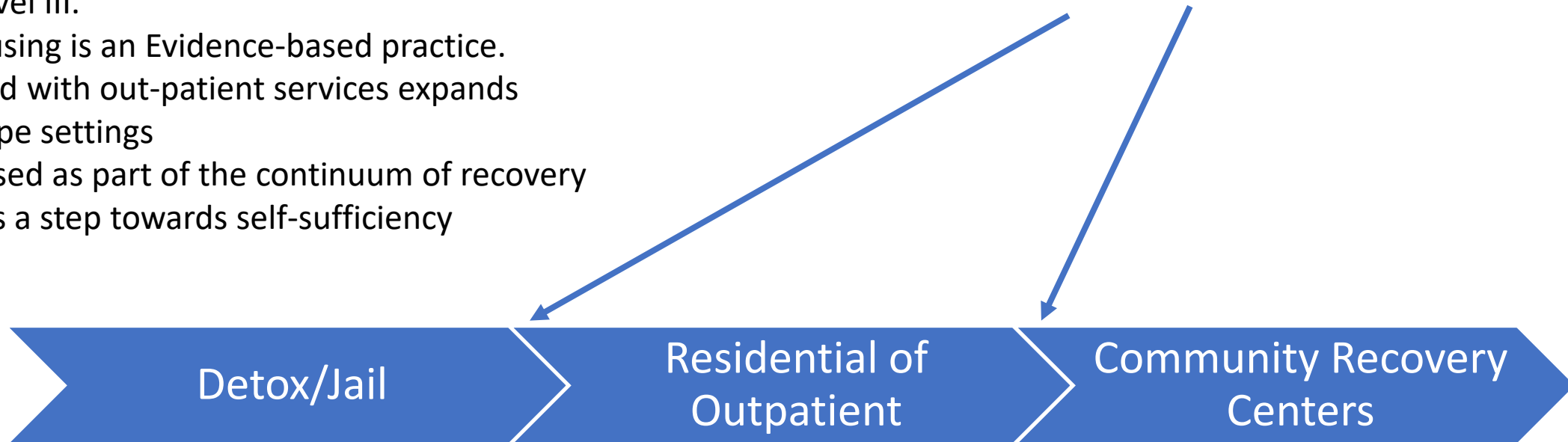
- Rapidly expand housing to people with Substance Use Disorder
- Align investments with current crisis and long-term federal/state strategies.
- Support minority communities and programs



**574 Recovery Housing Beds
Rapidly Operationalized**

What is “Recovery Housing”

- Shared housing
- Operates on the “Social Model of Recovery” capitalizing on mutual support of residents. This differs from “Housing First” SROs where people have individual apartments.
- Most recovery housing maintains abstinence as a goal for the residents.
- Recovery housing operates on levels I – IV.
- Most recovery housing is level I & II, and a small number like Aid & Assist, Child Welfare, and Corrections recovery homes are level III.
- Recovery housing is an Evidence-based practice.
- When coupled with out-patient services expands residential type settings
- Historically used as part of the continuum of recovery
- Often used as a step towards self-sufficiency



HUD Policy Brief

- Recommends states fund both “Housing First” and “Recovery Housing”. They refer to this as “Housing Choice”.
- **Why did HUD put out this policy brief?**

RECOVERY HOUSING POLICY BRIEF

I. Introduction and Intent

As communities implement strategies to end homelessness, they need to be able to provide effective housing and services options for people experiencing homelessness who have diverse challenges and service needs, including substance use disorders. Those strategies should be effectively integrated within each community’s overall approach, strategies, and systems for addressing substance use. HUD’s Office of Special Needs Assistance Programs (SNAPS) funds over 1,600 projects across the country through its Continuum of Care (CoC) Program that report serving people with chronic substance use disorders, including projects funded as both transitional housing and permanent supportive housing; of those, over 600 report that they serve this population exclusively. In some cases, these programs target and focus on a specific priority population, such as families with children or persons with a history of chronic homelessness.

Recipients operate these projects with a range of philosophies and practices, varying levels of formality and accreditation, and an array of quality and achievement of outcomes. Some recipients operate their projects using *Housing First* and harm reduction practices, some are treatment-oriented transitional housing programs, some might refer to themselves as “sober-living environments,” and others refer to themselves as “Recovery Housing.” This Policy Brief focuses on sober-living and *Recovery Housing* programs and simply uses the term *Recovery Housing* throughout.

The intent of this Policy Brief is to provide clear guidance regarding the expected and effective operation of the subset of HUD-funded *Recovery Housing* programs in order to strengthen performance and improve the achievement of outcomes by these programs. Programs serving this population that are not currently operating with the practices and policies described within this brief, or do not currently meet the standards described here, should use this brief as a guide for making changes within their programs.

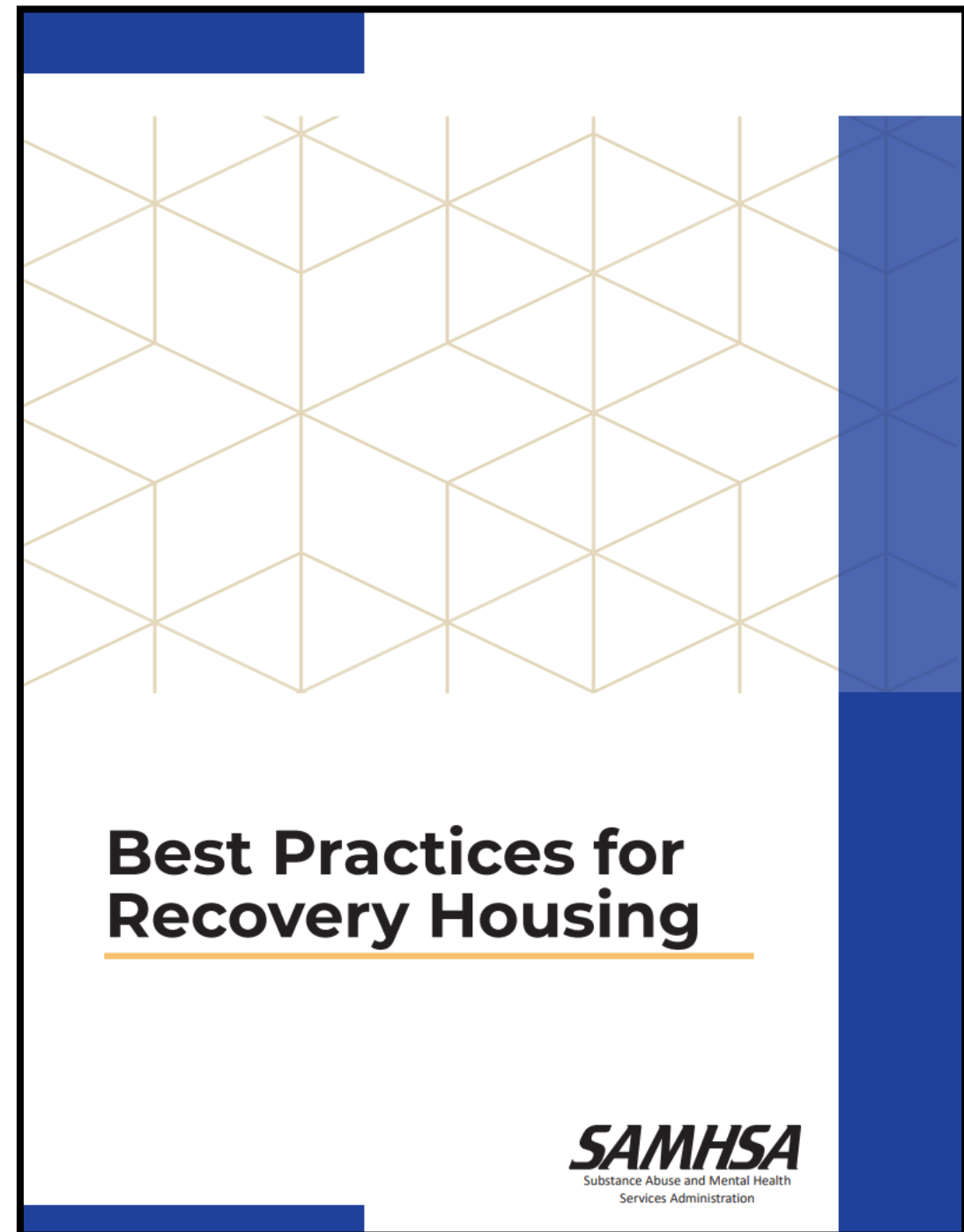
It is not HUD’s intent that CoC’s consider this brief as HUD’s mandate on how CoCs should prioritize *Recovery Housing* programs within the CoC. Rather, HUD is encouraging each CoC to analyze the following to inform *their* prioritization decisions:

- 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.

For the purposes of this Policy Brief, HUD is defining *Recovery Housing* as housing in an abstinence-focused and peer-supported community for people recovering from substance use issues. Typically, residents choose to actively participate together in

SAMHSA

- Federal best practices call for NARR and/or Oxford accreditation of recovery housing.
- Details research supporting Recovery Housing, and research-based best practices.



Alcohol and Drug Policy Commission Alignment

September 30, 2022

Updated January 27, 2023



SCHOOL OF
PUBLIC HEALTH

Oregon Substance Use Disorder Services Inventory and Gap Analysis

Estimating the need and capacity for services in Oregon
across the continuum of care

- There are an estimated 3,219 recovery housing beds in Oregon
- An additional 3,859 beds are needed
- Of 3,219 recovery housing beds, 1,850 are NARR accredited.



Alcohol and Drug Policy Commission

ADPC Overdose Recommendations

Increase access to Recovery Housing by:

- a. Providing information and facilitation of cross-agency support of the model.
- b. Fund recovery housing in addition to Housing, Rental Assistance and Shelter Capacity.

Future Aspirations: Leveraging Medicaid Funding

- LAPPA and the White House Office of National Drug Control Policy have developed “Model Legislation” (copy and paste legislation), requiring NARR and Oxford accreditation for use of public funds for recovery housing.

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

MODEL RECOVERY RESIDENCE CERTIFICATION ACT

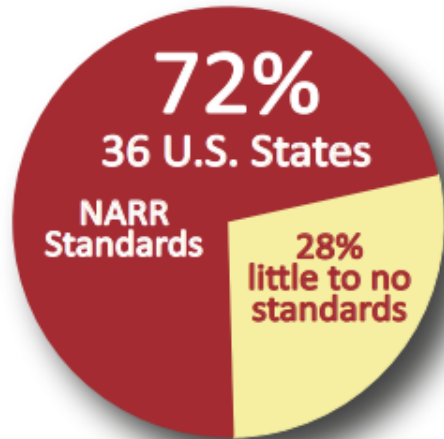
February 2021



This project was supported by Grant No. G1999ONDCP03A awarded by the Office of National Drug Control Policy, Executive Office of the President. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

What is NARR Accreditation?

The National Alliance for Recovery Residences is America's largest accreditor of recovery housing. The NARR accreditation standards are utilized in 36 U.S. states, 72% of the U.S.



34 States have active or emerging NARR affiliates that credential and monitor recovery housing.

2 States have adopted the NARR standards for their state driven licensing process.

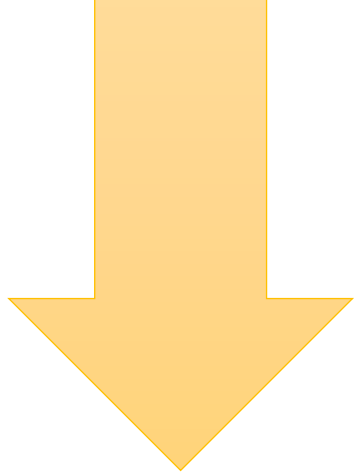
14 States have little to no standards.

The NARR Standard provides guidance for certifying effective recovery residences and incorporates the collaborative values of acute care and social models of recovery. The Standard is built on, research-based practices, the lived experience of operators and residents, and not the decisions of an external accreditation body. Resident wellness and opportunities to enhance recovery are at the forefront of the Standard.

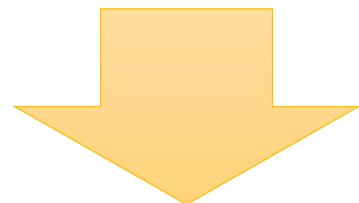
Since the inception of the first edition of the NARR standards in 2011, affiliates across the country have been certifying safe, ethical, and quality residences. As these criteria reach a broader audience, their content has become recognized as the industry standard.

Four Domains of the NARR Standard:

- Administrative and Operational Accountability
- Physical Environment Ensuring Health and Safety
- Recovery Support Capitalizing on the Social Model of Recovery
- Good Neighbor Policies & Practices



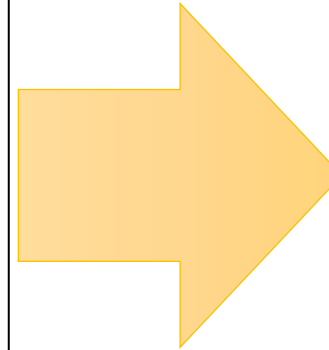
NARR Accreditation is similar to other behavioral health accreditation bodies like CARF and JCAHO.



NARR Accreditation chose MHACBO as state affiliate, MHACBO is a non-profit certifying 17000 behavioral health professionals.

NARR Member organizations: 170 houses, 1,840 beds

- Bridges to Change: including culturally specific recovery housing for Latino men, and African American men
- Iron Tribe: including Family recovery homes
- Transcending Hope: including four Aid & Assist recovery homes
- NWIL: Virginia Lopez women's recovery house
- Miracles: African American Men's and Women's recovery homes
- Women First: African American Women's recovery homes
- Bay Area Fist Step: Coos Bay
- 4D Recovery: Young Adult Recovery House
- Lasko Recovery Homes
- Mountain View Recovery
- Pinestreet Recovery Housing
- Free on the Outside Recovery Housing
- West Coast Recovery Housing



Funding requests
are providers
that ARE
currently NARR
Accredited or will
become NARR
Accredited.

Additional Rationale for Recovery Housing

NARR Accredited Recovery Housing is less expensive than other alternatives.

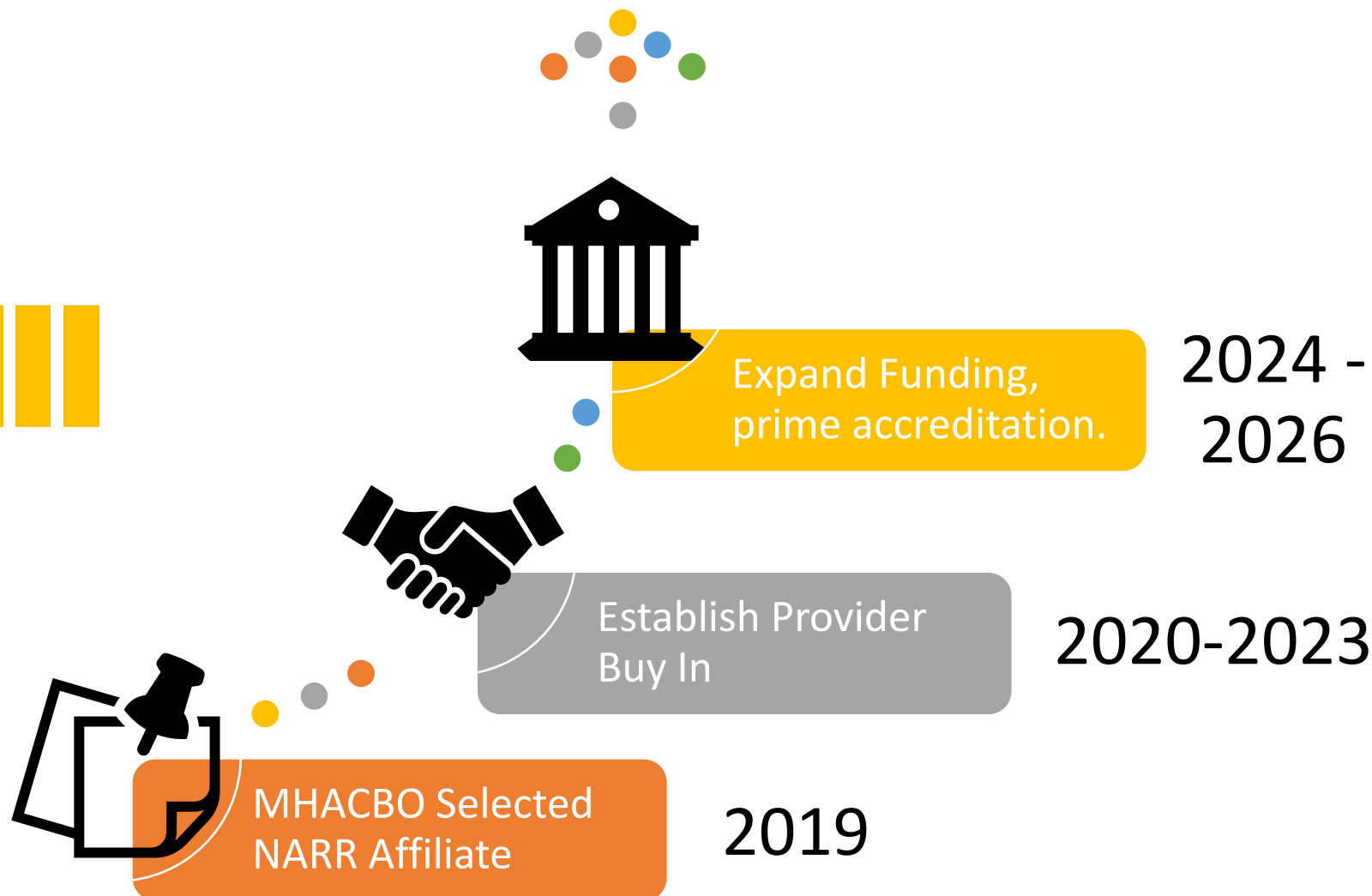
- The average cost of recovery housing is about \$800/month
- The average cost of housing first SROs are around \$300k-\$600k per unit
- Transcending Hope Aid & Assist Recovery Homes are \$2,600/mo., compared to OSH at \$45,000/mo.

Low barrier: fast wind up compared to new construction that takes years, people can get into recovery housing rapidly (sometimes within 24 hours) whereas Housing First takes much longer.

Recovery Housing can address the homelessness crisis. In a OHA funded survey of 215 recovery houses, 46% of residents reported homelessness within the immediate past year prior to entering recovery housing.

Recovery Housing supports individuals on Medication Assisted Treatment (Methadone or Buprenorphine). The OHA funded survey revealed 29.1% of residents were on MAT, and 56.7% were taking prescribed psychiatric medication.

Community & Provider Perspectives



Painted Horse
Recovery