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I. BACKGROUND



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I. BACKGROUND

On December 29, 2022, President Joe Biden signed the Consolidated Appropriations Act, 2023 (Public Law 117-328). Section 1232, Developing Guidelines for States to Promote the Availability of High-Quality Recovery Housing, requires best practices be made publicly available and published on the Substance Abuse and Mental Health Services Administration's (SAMHSA) website. The provision also directs that the guidelines must exclude best practices with respect to substance use disorder treatment services.

This document updates a prior Recovery Housing Guideline and outlines best practices for the implementation and operation of recovery housing. The best practices are intended to serve as a tool for states, governing bodies, providers, recovery house operators, and other interested stakeholders to improve the health of their citizens, reduce incidence of overdose, and promote long-term recovery from substance use and co-occurring disorders.

In its [Recovery Housing Guideline](#), SAMHSA delineates that housing or having a home—a stable and safe place to live—is one of the major dimensions that support a life in recovery.

II. OVERVIEW

Recovery housing can be a critical asset in supporting an individual on their journey of recovery. Research has demonstrated that recovery housing is associated with a variety of positive outcomes for residents including decreased substance use, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships (Jason et al., 2006; Jason & Ferrari, 2010; Polcin et al., 2010).

Recovery housing is a recovery support service that was designed by persons in recovery specifically for those initiating and sustaining recovery from substance use issues. Founded on social model recovery principles, the recovery housing setting is the service. Recovery homes mindfully cultivate prosocial bonds, a sense of community, and a milieu that is recovery supportive unto itself. Recovery homes that focus on populations with higher needs often add peer recovery support services and other types of supports or actively link residents to recovery or clinical services in the community.

In 2020, there were an estimated 17,943 recovery homes across the nation (Jason et al., 2020). Tracing its origins to the mid-1800s, recovery housing has evolved into various models to meet the diverse and evolving needs of persons with substance use issues. Recovery housing continues to adapt to meet the needs of today, including the overdose epidemic that has ravaged the nation. For example, dollars from SAMHSA's State Opioid Response grant program are being used to support persons living in recovery housing who are taking

NAAR Level	Typical Residency	On-site Staffing	Governance	On-site Supports
Level 1 (e.g., Oxford Houses)	Self-identifies as in recovery, some long-term, with peer-community accountability	No on-site paid staff, peer to		

Research on the levels of support are examined below.

- **Level I**—Oxford Houses are an example of a Level I recovery residence. A 2-year follow up of individuals discharging from residential treatment into an Oxford House versus those who discharged to standard continuing care revealed that Oxford House residents had significantly lower substance use rates (31.3% vs. 64.8%), significantly higher monthly income (\$989.40 vs. \$440.00), and significantly lower incarceration rates (3% vs. 9.24%).





Best Practice 5: Ensure Quality, Integrity, Resident Safety and Reject Patient Brokering

Recovery housing should ensure quality, integrity, and resident safety and not engage in any patient brokering. SAMHSA recommends that all recovery residences adhere to ethical principles that place resident safety as the chief priority. Unethical recovery housing practices place both the residents and communities at risk and prioritize financial gain over resident safety and recovery.

Patient brokering is one of the more significant, life-threatening forms of healthcare/treatment fraud occurring across both recovery housing and clinical treatment programs. It is an illegal practice used by some programs to pay a third party to procure patients and/or residents for them.

A broker often refers a person with substance use disorder to an unethical treatment center or recovery house for a financial fee or some other valuable kickback. For example, the patient/resident, who is already in recovery after completing treatment or in a recovery housing program, is enticed through financial inducements and/or free drugs to resume use by the brokering agent, who then refers this person back to treatment and then the recovery housing facility for a kickback. Patient brokering has several consequences that are detrimental to both the resident and community. These include:

- Decrease in quality of care
- Higher overdose rates
- Incentives to keep residents in active use
- Hesitance by family to send loved ones to treatment
- “Not in My Backyard” (NIMBY) attitudes
- Monetary consequences for ethical providers (e.g., ‘losing’ residents to unethical providers due to inducements)
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Best Practice 6: Integrate Co-Occurring and Trauma-Informed Approaches

SAMHSA's [2021 National Survey on Drug Use and Health](#) (NSDUH) determined that 24.5 million people aged 12 and older experienced a co-occurring mental health and illicit drug or alcohol use disorder.

SAMHSA recommends that all recovery housing programs have policies, procedures, and

Each resident should sign the documents to verify understanding. The recovery housing operators should ensure proper and safe storage of these signed documents, and residents should be given a copy for future reference. An orientation process should accompany the communication of these procedures.

Best Practice 9: Importance of Certification

SAMHSA recommends recovery housing entities be certified. Certification is one noted remedy to address unethical and illegal practices in recovery housing. NARR has developed the most widely referenced national standards to ensure well-operated, ethical, and supportive recovery housing. There are 30 state affiliate organizations that have adopted the NARR standards and as of 2023, nine states are in development. NARR and these organizations collectively support over 25,000 people in addiction recovery who are living in over 2,500 certified recovery residences throughout the United States. Oxford House has its own certification/chartering process that has been in effect for over 48 years.

Certification of recovery houses ensures the home meets organizational, fiscal, operational, property, and recovery support standards. Culture is also important to consider when determining recovery housing. SAMHSA recommends the home be conducive to

Supportive Services

SAMHSA recommends that recovery housing providers offer resource sharing to help residents access health care, employment, social services, and other support services in the community.

Medication Policies

SAMHSA recommends that recovery housing operators not have any barriers or restrictions for residents to use prescribed medications for behavioral or physical health conditions. Medications for substance use and mental health disorders can be lifesaving. This includes the use of the FDA-approved medications for alcohol use and/or opioid use disorders—including buprenorphine, methadone, and naltrexone. Medication therapy in conjunction with counseling, behavioral therapies, and community recovery support services provide a whole-individual approach to the treatment of substance use disorders. The National Academies of Sciences, Engineering, and Medicine (NASEM, 2019) notes that medications for opioid use disorders save lives and cite the use of these medications as an integral strategy in addressing opioid misuse and overdose.

The misuse of any medication in a recovery housing program can have detrimental effects on both the individual and the other residents. Since most recovery homes do not have direct support staff, diversion risk management can look different across different recovery homes and levels of support. The following strategies are recommended when appropriate:

- Utilizing medication lock boxes
- Ensuring that residents and staff are properly trained on the medication policy and procedure
- Conducting medication counts with residents and staff present
- Exercising use of 42 CFR Part 2 and HIPAA-approved communication between recovery house staff and clinical team
- Providing proper documentation regarding medication
- Facilitating open discussion of medication use (e.g., groups, triggers, etc.)
- Being knowledgeable of daily dosing at licensed facilities when applicable

Drug Screenings

To maintain alcohol- and illicit drug-free environments, SAMHSA recommends urinalysis testing if someone in the home may be suspected of using alcohol and/or drugs and the environment becomes unsafe to other residents. This may also be necessary for individuals involved in the criminal justice system or other institutions. However, nonclinical recovery housing are not programs that can bill third-party payors for these services.

Best Practice 11: Evaluate Program Effectiveness

SAMHSA recommends that recovery housing operators properly assess how each program is performing in the delivery of quality recovery housing.

SAMHSA recognizes that program evaluation may occur at varying levels depending on the size and scope of the recovery housing program and recommend collecting data on measures such as sustained recovery, employment, criminal justice involvement, transition to permanent housing, and social connectedness. This data would greatly assist the home in gauging the effectiveness of services provided and would also enable these entities to utilize data to support requests for state and federal funding. In addition, SAMHSA recommends resident satisfaction surveys, which can be a valuable indicator as to the overall performance of the recovery housing facility and thus lead to program modification as necessary.

IV. CONCLUSION

SAMHSA strongly supports the use of recovery housing as a key recovery support strategy to assist individuals living with substance use and/or co-occurring mental health disorder in achieving and sustaining recovery. Providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime in recovery. It is critical that recovery housing programs function with sound, ethical, and effective standards and guidelines which center on a safe, healthy living environment where individuals gain access to community supports and recovery support services to advance their recovery.

V. REFERENCES

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