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Technical Exper2 CI:tnel Fv

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About This Report

In January 2021, the National Council for Mental Wellbeing hosted a technical expert panel (TEP) to explore ways to best demonstrate the value of recovery housing in the United States. The TEP reviewed the current landscape, identified areas for improvement and discussed potential options for improving the system. In partnership with the Opioid Response Network and the American Academy of Addiction Psychiatry, the National Council convened subject matter experts, including recovery housing leaders, researchers, treatment providers, national associations, federal agencies, Single State Agency directors and payers (see Appendix B for full list of participants). Due to the ongoing COVID-19 pandemic, the TEP was convened via video conference over the course of three days.

The panel identified existing strengths and challenges within recovery housing and discussed the following questions to identify solutions for improving the system:

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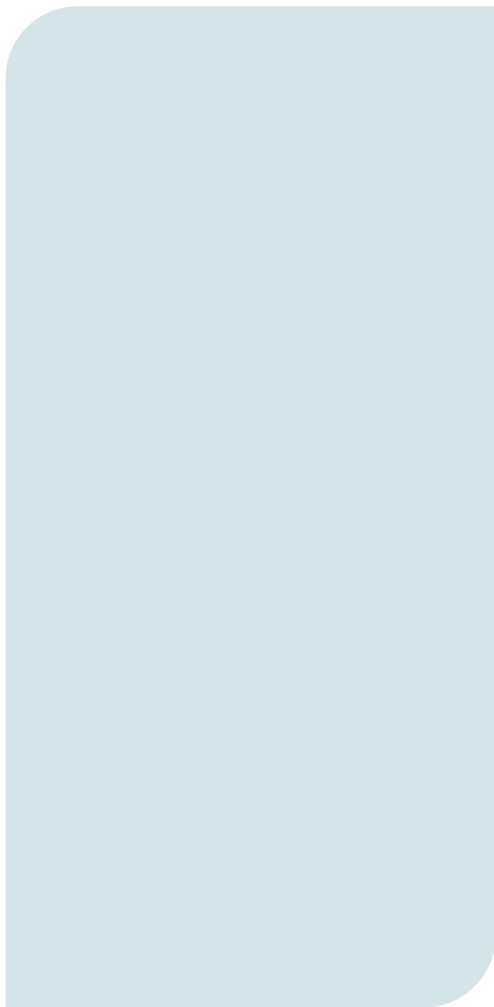
Background

In 2019, 20.4 million people above the age of 12 had a substance use disorder in the United States, including 14.5 million people who had an alcohol use disorder and 8.3 million people who had an illicit drug use disorder.[1] In the same year, only 4.2 million people received any substance use treatment, with the majority (2.1 million) seeking treatment through mutual support groups within their communities.[2] Partially due to a lack of recovery supports, more than 60% of people who receive treatment for substance use disorder relapse within one year of leaving treatment.[3]

During the COVID-19 pandemic, substance use has increased significantly and the disparities in access to quality treatment and recovery services have become even more stark. For most, formal treatment is just the beginning of their recovery journey,

O r H s	N A r s s
A H s's: P r-r	Level One: Peer-run
	Level Two: Monitored
	Level Three: Supervised
	Level Four: Clinical Service Provider



Challenges and Recommendations

The following identified challenges and recommendations were informed by our TEP, which included recovery housing experts, recovery researchers, addiction specialists and public policy specialists. This information highlights opportunities for stakeholders to advance health policy and strengthen ROSC to support recovery housing within the broader health care system.

. FINANCING

The current health care system is primarily based on a fee-for-service model, which supports payment and reimbursement for the volume of services provided instead of focusing on quality, outcomes and cost-efficiency. The fee-for-service model also values the individual therapeutic services provided by a single provider compared to placing value on the setting (e.g., housing) as the service. Currently, recovery housing can only be considered a health benefit when clinical services are delivered onsite and operators are precluded from billing for room and board. This has resulted in recovery support services being siloed from treatment, including within existing payment models and other funding opportunities. Ultimately, recovery housing is underutilized as a resource for people leaving substance use treatment, partially because recovery housing lacks a sustainable funding model. This lack of a sustainable funding model can lead to fraud and abusive practices within the current system.

Operating in a health care system that does not value recovery services means that most recovery houses are constrained by limited budgets. The following are potential payment models and strategies that can better improve funding for recovery housing until a value-based system is established to support an independent recovery housing finance model.

An Independent Recovery Payment Model

The TEP identified that an independent recovery payment model will not look like any payment model in use today – it will value recovery housing in its own right. It is recommended that the recovery payment model be informed by the American Society of Addiction Medicine (ASAM) Criteria but tailored to the non-clinical nature of recovery housing. The model should cover the continuum of care from treatment through recovery but can also cover treatment and/or recovery independently.

As recovery housing can be the entry point to recovery for many individuals, this payment model should not require a medical diagnosis for recovery housing services. It is important that all levels of recovery housing are incorporated into the model and that it places value on workforce expertise, quality of services and outcomes associated with the service. Furthermore, the model should be evidence-based. For example, research indicates that self-efficacy increases after six months of residency, which should serve as a baseline for coverage in the payment model.[8]

State Spotlight: Kentucky

Kentucky has a unique setup that relies on several strategic partnerships throughout the state's government bodies, nonprofit sector and private entities all working to improve access to recovery supports. Recovery Kentucky was established in 2005 by three government agencies: The Kentucky Department for Local Government (DLG), the Kentucky Department of Corrections (DOC) and the Kentucky Housing Corporation (KHC). Today the program maintains 14 Recovery Kentucky centers, including the men's and women's programs of The Healing Place in Louisville and the Hope Center in Lexington, for a total of 18 programs providing safe housing and e ective recovery services for more than 2,100 individuals at any given time.

Each of Recovery Kentucky's centers utilize the social model of care in an e ort to build recovery capital for people participating in the recovery program. The University of Kentucky conducts annual outcomes assessments of the program, which continuously shows the e ectiveness of the program.

F : The Recovery Kentucky program utilizes a unique financing model that pulls from both public and private resources to achieve financial stability. Starting with construction of each facility, Recovery Kentucky strategically utilizes tax credits through the Kentucky Housing Corporation and generous funding from partners, like the Famsmhdral soumeLoun eBanka

Additional Strategies for Financing Recovery Housing

Extend the Medical Model to Include Wraparound Services

Insurance companies can reimburse for services if they contribute to generating outcomes and improving social determinants of health and recovery capital.[9] Recovery housing should be incorporated into current insurance plans as a wraparound service, especially since recovery housing contributes to improved health outcomes and cost savings within the health care system.[10,11]

The U.S. Centers for Medicare and Medicaid Services looks to the ASAM Criteria to inform reimbursement for addiction and treatment services under the medical model. As the country moves tow 0 0 10enal S 0 0 10enal S 0 0 1cl,ntren-USoS tsdiction anof healt

Improve Waiver and Block Grant Opportunities

Federal and state funding opportunities for recovery housing vary drastically by state, but some of the most common federal sources come from SAMSHA's Substance Abuse Prevention and Treatment (SAPT) Block Grants and SOR Grants.[14,15] Some states are also using Medicaid section 1115 substance use disorder demonstration waivers, but are prohibited from billing for room and board.[16] While grant funding is critical to supporting recovery housing, strategies for improving these funding opportunities will look drastically di erent for each state. It is also important to acknowledge that grant funding is not a sustainable solution for long-term support of recovery housing services. Access to capital funding for housing acquisition and periodic renovations need to be a part of any funding model. Funding models should also be flexible enough to allow providers to stockpile resources to address emergent needs such as the need for personal protective equipment (PPE) brought on by COVID-19 and the public health emergency that ensued. Stakeholders should capitalize on opportunities to secure policy language that allocates a certain amount of block grant funds to be directed specifically to recovery supports, including recovery housing.

Recommendations

While the TEP did not come to a consensus on the best model to pursue, there was agreement that a workgroup should be established to determine the most strategic direction for the recovery housing community to pursue, both in the short-term and long-term. It is recommended that the workgroup pilot demonstration projects and conduct research to determine which models would allow for maximum flexibility between states and recovery housing types. The workgroup should be comprised of recovery housing experts from di erent geographic locations to help represent the diverse needs of communities across the country.

. A NATIONAL STANDARD

Today, there are two prominent frameworks for recovery housing in the United States – the NARR Standards and the Oxford House Charter – which utilize the ROSC and social models as the base of their organizations. NARR has 30 state a liates that have certified more than 3,000 recovery houses[17] and Oxford House is a network of 2,060 chartered recovery houses in 49 states and the District of Columbia.[18] In addition to these models, SAMHSA also issued Recovery Housing Best Practices.[19] However, SAMHSA's guidance is clinically oriented and not suitable to all levels of recovery housing, especially those that are fully ensconced in the social model.

Developing a single, payer-responsive national standard will increase cohesion throughout the recovery housing community

State Spotlight: Ohio

r s : Ohio's model for quality recovery housing is built on a strong public-private partnership. While Ohio does not require certification, Ohio Recovery Housing (ORH) is the NARR state a liate organization that has been supported by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). To build trust within the recovery housing community, ORH's model is peer-driven and local recovery housing operators comprise the organization's Board of Directors.

Utilizing the NARR standards as the basis of Ohio's certification, ORH and the OhioMHAS worked together to implement the standards in a way that is suitable for local operators. Realizing that there is not a single, uniform way to meet NARR standards, Ohio sought input from community partners, referenced research and consulted with NARR to develop a unique implementation process for the state. As operators express interest in becoming certified, ORH works with them to meet the standards. OhioMHAS and ORH have also implemented a training and technical assistance strategy to build consistency for quality improvement and expectations for recovery houses that become certified.

D C : ORH recognized the importance data collection can have in storytelling and building support for recovery housing at the local and state level. When developing a data collection tool, ORH worked with a researcher to identify national data collection trends and gaps in national data that could be collected at the local level. By creating simple and resident-driven tools, ORH was able to implement a comprehensive voluntary data collection system that is easy for operators to implement and quick for residents to complete.

The data collection tool can be used on a smartphone, tablet or desktop and it takes less than 10 minutes to complete. Data is typically collected at move-in, three-months, six-months and move-out. The tool also has a qualitative section where residents can share their story, which helps build the narrative around some of the data given in the surveys. All data is stored on a dashboard that is updated every four minutes and compiled into state-level data. This data collection system allows ORH to deata

Recommendations

The TEP strongly supports adopting a national standard that is derived from the Oxford House model and the NARR standard. Since there is already broad adoption of the Oxford House model and the NARR standard, the transition to the new standard should not be burdensome for most recovery housing operators. In order to accomplish a smooth transition to a national standard, the panel o ered additional recommendations:

- **N - r r s :** A national standard should be developed and the corresponding certification process should be housed and administered through a non-governmental entity in partnership with a state entity to ensure credibility and quality of the program.
- **C r , s r :** The process should remain a certification and not transition to a licensure where requirements could be become highly political and the administration more burdensome for operators to meet.
- **Pr ss s :** For those operators that are not currently chartered by Oxford House or certified by NARR, technical assistance resources should be developed and o ered to help houses raise to the standard level.
- **Pr r s r s r s :** Most states lack capacity in high-need areas and rural areas and aren't responsive to the needs of marginalized and traditionally under-served populations. These activities require more and di erent resources than supporting existing providers and homes.

. EVIDENCE BASED RESEARCH AND DATA COLLECTION SYSTEMS

There is a strong foundation of research and data that supports recovery housing,[20] but more consistent information is needed to implement new practices, advocate for funding, improve policy and inform payment models. Collecting high-quality data on recovery home services, individual outcomes, actuarial data and population-specific information are all critical to strengthening the system. By building consistent data collection systems and filling in the gaps through research, the recovery housing community can develop a stronger narrative to demonstrate the value of recovery housing throughout the U.S.

It's critical that recovery housing research and data collection include health outcomes, but it's equally important to track recovery capital and the environmental/contextual issues that lead to substance use. The TEP identified a number of data gaps that should be prioritized by the research community and funders: ... of recovery

- E cacy studies/comparison studies
  - National e cacy study (all types of recovery housing)
  - Primary substance
  - Di erent types of recovery housing
  - Abstinence-based programs vs. harm reduction
  - Recovery housing vs. treatment modalities

State Spotlight: Virginia

In 2018, Virginia's legislature approved VARR as one of two credentialing organizations for state certification for recovery homes in Virginia. Oxford is the other organization, which only certifies/charters Oxford houses. Virginia law does not require certification to operate but does require it to receive some referrals and funding opportunities. VARR drives strategic partnerships in the state to advance their work:

- **A & DBHD :** In 2019, legislation identified the Virginia Association of Recovery Residences (VARR) to work on behalf of the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to assess community needs and certify recovery houses in the state.
- **A & A C s :** VARR has conducted community needs assessments and worked with the Department of Corrections, minority-owned businesses, LGBTQ+ communities and others to make recovery housing accessible to communities most in need of long-term supports.

D C : When the VARR/DBHDS collaboration began, it was critical for VARR to demonstrate the value and impact of recovery housing in the state. In 2019, VARR adopted the Advanced Recovery Management System (ARMS) Data Platform, which contains the Recovery Capital (REC-CAP) module to capture data from certified recovery houses in the state. REC-CAP enables VARR and certified residences to measure outcomes, engage individuals and track recovery capital throughout a person's recovery journey.

The REC-CAP program is simple to operate and requires little training or additional resources to implement. The program also has a funding mechanism to help operators enhance their operations. Most importantly, REC-CAP provides consistency in measuring evidence-based practices and establishes standardized data collection/reporting to ensure validity. This gives recovery housing legitimacy and re-e-t.5ng (en-US)/MCID 635 fes andmID 619 s (v)125 (ed dae/]TJETEMv nFLang (en (e)10 (a)oen ahnBT10 0 0

ss s	C s
The collaboration between VARR and DBHDS has established recovery housing as a valuable, high-quality service within Virginia. Introducing the REC-CAP program has helped VARR demonstrate the impact of recovery housing, which has leveraged their advocacy e orts to secure funding and additional supports for the service. Recent data show that over the past six months, certified houses went from serving 80% White individuals and 20% non-White individuals to serving 70% White individuals and 30% non-White individuals, demonstrating their dedication to reduce barriers to recovery and ensure equitable access to high quality, safe and supportive recovery residences across the state.	Although REC-CAP has helped secure funding at the state level, federal funding streams are unpredictable and complex. SOR grants are also a major source of funding. If SOR was no longer available, there would be a severe negative impact in Virginia and throughout the country. VARR hopes to advocate for a line item in the Virginia budget to help address funding concerns.

Recommendations

The TEP recommends developing a national, cross-sector workgroup – including recovery housing experts, researchers, research funders, public health practitioners, current and potential payers for services and communications specialists – that is tasked with:

- **I I s r :** Review current research and data to identify important gaps that can strengthen buy-in, expand services and build support.
- **D N D C r s :** Informed by the data review, the workgroup should develop standards that recovery housing operators can adopt at every level. Developing data standards will establish consistent reporting and help build a narrative regarding the impact of recovery housing at a national level.
- **r s s r :** This cross-sector workgroup will be well-positioned to translate new and existing research and data, so it is e ectively utilized at every level of the system, including in operations, development and policy.
- **A r ss H s s /Pr s r I s A s A s Pr s :** Review existing laws and policies to address barriers to securing housing as well as prevent exploitation of potential residents.

. COHESIVE MESSAGING

Developing a message that makes the case for recovery housing is an essential part of reducing stigma and increasing support

Collaborations

NATIONAL COORDINATION

In order to create a more cohesive infrastructure that supports recovery housing in a meaningful way, panelists suggested the need for an entity that can coordinate efforts at the federal level. At the governmental level, coordination needs to bridge the divide of existing recovery housing policies and programs that are overseen by the Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS). TEP participants offered that the White House Office of National Drug Control Policy (ONDCP) could play a critical role in facilitating this coordination at the government level. Non-governmental players hold specialized knowledge about those in the recovery housing community and national coordination of these experts is critical, especially outside of the government context. This national entity can be helpful in:

- Establishing a national infrastructure through the implementation of practice standards, data collection, communications and more.

Conclusion

As recovery supports become more recognized as an integral part of the continuum of substance use care, it's critical for all stakeholders to take action. Work has begun at the federal level with additional block grant funding for mental health and substance use treatment, but policymakers need to work with states to ensure recovery

Appendix A. Agendas

RECOVERY HOUSING TECHNICAL EXPERT PANEL

Design Elements of a Complete Payment Model for Recovery Housing

January 12, 13, & 27, 2021

DA [illegible] : JAN [illegible] A [illegible]

Goals:

- Review an overarching framework that encompasses ROSC, recovery management, recovery capital and the social model.
- Explore a conceptual and practical alignment between the social model (recovery housing) and the medical model (treatment) and strategies to bridge the cultural divide.

[illegible]	A[illegible]	F[illegible]
2:00 2:10	Welcome; Purpose & Design of Meeting; Agenda Walk-Through; Participant Roles; Housekeeping	Tom Hill
2:10 2:45	Introductions	Aaron Williams
2:45 [illegible]	[illegible]	[illegible]

Appendix B. Participant List

TECHNICAL EXPERT PANEL

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K r H s , MA
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National Conference of State Legislatures

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