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Conducted for Lebanon Housing First

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Upper Valley Recovery Housing Assessment

Purpose

1. Why is recovery housing so important for recovery?
2. What is the need for recovery housing?
3. What are the best models? Nonprofit vs For Profit? Levels of Service?
4. What other services does an ideal recovery home offer, in-house or through agreements? E.g., peer support, recovery coaching, and job coaching.
5. While offering recovery housing with different levels of service is ideal, what level of care would be the most effective if we can only offer one?

Methods

- Input from Recovery Housing Subcommittee of Housing First
  - Best Approach
  - Available Data Sources
  - People to Talk To
- Review of Secondary Data (e.g., NSDUH, CDC, etc.)
- Literature Review
- Regional Experts & Data Sources (e.g., NH CORR, HMIS)
- Local Interviews with Subject Matter Experts

Project Deliverables

- Upper Valley Recovery Housing Assessment
- Literature Review for Recovery and Relapse Predictors

- This presentation offers brief highlights of the project deliverables.

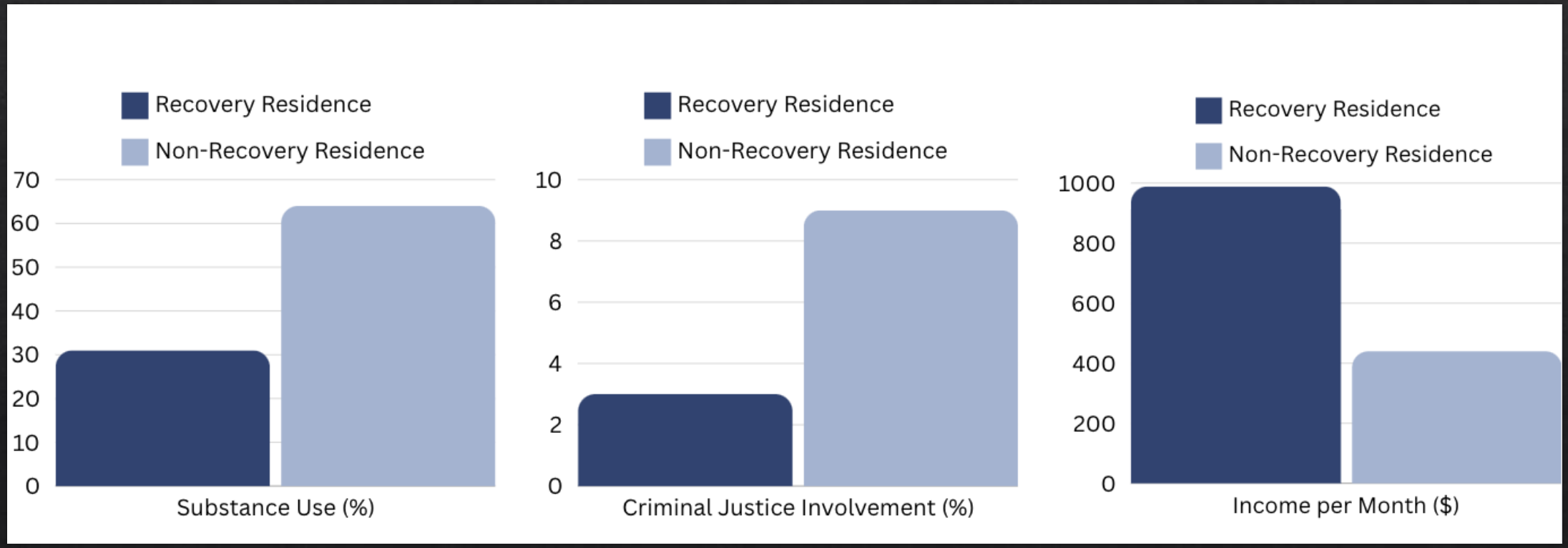
NARR
National Association of Recovery Residences

STANDARDS CRITERIA	RECOVERY RESIDENCE LEVELS OF SUPPORT			
	LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
ADMINISTRATION	• Democratically run • Manual or P& P	• House manager or senior resident • Policy and Procedures	• Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state	• Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
SERVICES	• Drug Screening • House meetings • Self help meetings encouraged	• House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services	• Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house	• Clinical services and programming are provided in house • Life skill development
RESIDENCE	• Generally single family residences	• Primarily single family residences • Possibly apartments or other dwelling types	• Varies – all types of residential settings	• All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
STAFF	• No paid positions within the residence • Perhaps an overseeing officer	• At least 1 compensated position	• Facility manager • Certified staff or case managers	• Credentialed staff

Most homes in NH & VT are Level I or Level II.

Do Recovery Homes Work?

24-Month Follow-Up Outcomes Oxford House Study



Source: Jason et al., 2006

What is available in the Upper Valley?

- Vermont
  - Jack's House & Willow Grove
    - 11 beds
  - Statewide:
    - 13 certified recovery residences
    - ~140 beds
    - Most in Burlington & Brattleboro areas
- New Hampshire
  - Currently, no local recovery residences
  - Statewide:
    - 97 certified recovery residences
    - 1,276 beds
    - Most in southern part of state

The # of recovery residences is subject to change. Financial difficulties have led to numerous closures. This is true for both for-profit and nonprofit programs.

Why provide recovery housing?

- Risk factors for substance use relapse:
  - **Biological Factors**: age, state of physical health, and genetics
  - **Psychological Factors**: coexisting psychiatric conditions, the severity of symptoms, history of use and treatment, and low self-efficacy
  - **Environmental and Social Factors**: employment, exposure to triggers, interpersonal conflicts, lack of social support, and physical
    - Environmental and social factors are becoming the basis for relapse prevention with interventions like peer support, recovery-oriented living, and community-based organizations/assistance.

Protective Factors for Recovery: Recovery Capital

- Chances of sustained sobriety increase as one's recovery capital increases. The growth of personal recovery capital has ripple effects for families, others in recovery, and the community.
- **Physical capital** is defined as assets, like money or housing, that may increase recovery potential – for example, being able to live away from friends who engage in substance misuse or affording residential treatment.
- **Social capital** is the resources from personal relationships, such as family or support groups.
- **Human capital** is skills, good physical health, positive outlook, etc.
- **Cultural capital** includes "values, beliefs, and attitudes" that move a person away from the social conformity of drug culture and toward societal behaviors.

Protective Factors for Recovery

- Self-efficacy: The belief that someone can perform the behaviors needed to achieve a specific goal. It's a measure of how confident someone is in their ability to control their motivation, behavior, and social environment.
- Steady and stable post-treatment employment and an employer who supports one's recovery.
- Living in an environment like a recovery residence and having peer support.
- Maintaining a good and stable relationship with family and friends who are not in recovery.

Reports Available

https://uvpublichealth.org/understanding-recovery-and-substance-use-disorder-better/