USA Today
January 15, 2019

Accidental opioid overdoses now the fifth leading cause of death, exceeding auto accidents for the first time.

Data: National Safety Council

“Any idea that this is just willpower and you ought to be able to get over it is completely contrary to what we know on the basis of strongest medical evidence,”

NIH Director Francis Collins
2016: U.S. Surgeon General’s Report on Alcohol, Drugs, and Health was published, describing the nature of addiction, treatment, and recovery based on 50 years of research and policy; 
firmly established that 
addiction is a chronic, rather than an acute, condition.

Identified progress

We are moving from...

• A “moral issue” (criminal justice) → a genetically influenced disease of the brain (public health)

• A few treatment options → many evidence-based pharmacological and psychosocial treatment options

• A rapid detox and “30 day rehab” → ongoing recovery management

• Believing few people recover → understanding that most people recover, but it can take time

• Uncoordinated and segregated addiction care → health systems treating this as a top public health problem (e.g., Mass. General Hospital)
Long-term recovery: Independent, meaningful living in the community

Service intensity

High

Low

Recovery process duration

Stabilization

Acute care (ER, detox, hospitalization, residential treatment)

Supportive services in the community (Including outpatient care, recovery support services, job readiness, other)

Long-term recovery: Independent, meaningful living in the community
Long-term recovery: Independent, meaningful living in the community

Recovery process duration

Stabilization

Acute care (ER, detox, hospitalization, residential treatment)

Recovery housing: different support levels

Service intensity

High

Low

Treated differently by payment systems

Funded (mostly) like other health care:
Insurance, Medicare/Medicaid, Substance Abuse Block Grant, VA, Indian Health Service, …

Long-term recovery: Independent, meaningful living in the community

Stabilization

Recovery process duration

Service intensity

High

Low
Treated differently by payment systems

Most not viewed as health care, so funding is more challenging: SA Block Grant, federal State Opioid Response grants, other federal grants, state funding, 1115 waivers*, self-pay

Long-term recovery: Independent, meaningful living in the community

Service System Progression

Model 3: Recovery-oriented
System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community

Dr. Arthur Evans
Numerous Long-term Recovery Support Services Now Exist...

Peer recovery support services

- Help individuals and families initiate, stabilize, and sustain recovery
- Provided by individuals with “lived experience” of addiction and recovery
- Non-professional and non-clinical
- Not case management or treatment
- Distinct from mutual aid support, such as 12-step groups
- Provide links to professional treatment, health and social services, and support resources in communities
Peer recovery support services

• Place-based (hospitals, emergency rooms, community recovery centers)
• Client-based (similar to home health care models); Recovery Community Organizations
• Different service models provide:
  • Assistance in creating, managing personal recovery plans
  • Resource navigation
  • Encouragement through sharing personal experience

Recovery Community Centers (RCOs)

**Vision**

• Community institution like a Senior or Youth Center
• Recovery-oriented sanctuary anchored in the heart of the community.
• Drop-in services, scheduled activities, gathering place
Recovery Community Centers (RCOs)

- Physical location – to organize the local recovery community's ability to care
- RCO provides opportunities for civic engagement, leadership development, and interface with the greater community as a key stakeholder
- Includes participation of family members
- Provides volunteer, service, and leadership opportunities
- Often a delivery point for peer recovery support services
- Provides public and visible space for recovery to flourish in community: Recovery on Main Street

Education-based RSS

- Includes recovery high schools (RHS) & collegiate recovery programs (CRP), both of which have grown in recent years
- Opportunities for recovery without abandoning or delaying educational goals

<table>
<thead>
<tr>
<th>Recovery High Schools</th>
<th>Collegiate Recovery Programs</th>
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<tbody>
<tr>
<td>Exist as independent schools and programs within another school[3]</td>
<td>Are peer driven, with limited professional staff</td>
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<tr>
<td>Are professionally led</td>
<td>No single model for CRP</td>
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<tr>
<td>No single model for RHS</td>
<td>Estimated 50 CRPs in development or operation in U.S.[7]</td>
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<tr>
<td>Estimated 40 RHSs currently in operation in U.S.[4]</td>
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Notes are to citations from a SAMHSA Technical Expert Panel on research and recovery support services, August 2018
Recovery housing; recovery residences

At the intersection of housing and recovery

Housing

Recovery

Individuals with substance use disorders
Abstinence-based
Peer recovery support
Operates as a family-like community
Excellent recovery housing doesn’t just happen

- Standards, ethics based on national best practices
- Provider accountability
- Consumer information and protections
- Provider support, continuing quality improvement
- Training, workforce development
- Integration into larger systems of care
- Local expertise, policy resource
NARR at a glance

• Founded in 2011 by leading regional recovery housing experts, organizations; based on decades of best practices developed nationally
• National Standard and Code of Ethics
• Covers the full spectrum of recovery housing
• Operating model for statewide recovery housing support systems
• Affiliate relationships in 30 states, over 2,500 residences nationally
• Training, technical assistance; working relationships with gov’t agencies
• Certification program implemented by state affiliate organizations

Classification: Levels of recovery support

- I: Alcohol and drug free living environments
- II: Social model recovery support
- III: Recovery support services
- IV: Life skills development
- V: Clinical
Classification: Levels of recovery support

- **Level I**: Alcohol and drug free living environments
- **Level II**: Social model recovery support
- **Level III**: Recovery support services
- **Level IV**: Life skills development

“Oxford House”

“Sober Living Home”

Terms vary

Clinical

Treatment

NARR network today

30 Affiliate organizations, four being formed
Oxford House at a glance

- Founded in 1975 by individuals in recovery
- Standards, ethics codes
- Model is a pure peer-run recovery environment
- About 2,400 Oxford Houses nationally
- Contracts with several state governments
- Infrastructure of trained staff supports autonomous homes
- Resident training and resources

Recovery housing policy guide

- A joint effort between National Council and NARR with input from other stakeholders, including Oxford House.
- Provides state policymakers and advocates strategies, tools, and policy language that support the infrastructure of recovery housing, quality operating standards, and protections for people in recovery.
- Highlights three main sections:
  1. Protecting Recovery Housing
  2. Supporting Recovery Housing in Practice
  3. Sample Legislative Language
State system support elements

- Recognition of standards, certification of residences
- Incentives for becoming standards-compliant, submitting to oversight
- Provisions addressing patient brokering, insurance fraud, misleading advertising
- Funding for these elements:
  - Resident access, services
  - Capital costs, system expansion
  - System support

State system adoption

already adopted, working well

- 30 existing state organizations
- Legislative support: OH, FL, MA, IN, RI, MD, PA
- Legislation pending: NJ, WV
- Legislation to be introduced: VA, TX
- Oxford House already supported, funded in several states
For more information

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