



BUILDING A STRONG RECOVERY COMMUNITY IN RURAL AREAS

RECOVERY IS A PERSON-DRIVEN
PROCESS



FACTORS THAT
DRIVE
RECOVERY
CARE

- Limited funding for recovery residences
- Transportation challenges
- Limited access to a continuum of care/ recovery-oriented systems of care
- Lack of detoxification facilities
- Lack of mental, dental, and health services
- Limited access to transition and long-term housing
- Lack of anonymity
- Limited access to mutual-aid meetings
- Limited access to employment

FOUR FACTORS IMPACT DELIVERY OF BEHAVIORAL HEALTHCARE AND SUD RECOVERY SUPPORT SERVICES

- **Availability** includes basic and specialized recovery support services and staffing that can deliver services.
- **Accessibility** is when and where services can be received and the coordination of services across the behavioral health and social service system. This also includes transportation issues that may be involved.
- **Affordability** includes the costs of receiving care and availability of benefits, insurance, and alternative revenue streams to underwrite services.
- **Acceptability** addresses the consistent issues around stigma for those who need services. In addition, rural residents may be more likely to make use of informal supports, such as neighbors, family, churches, and other community groups.

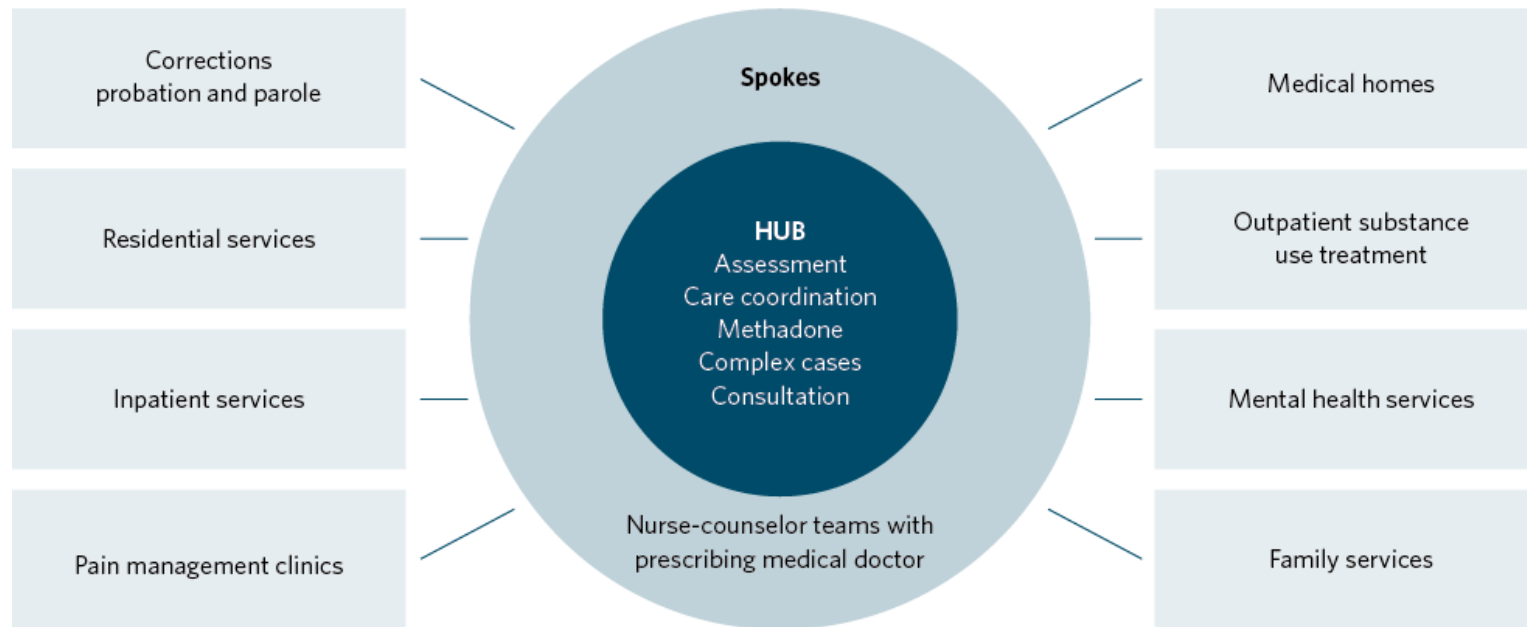
FOCUS ON BUILDING RECOVERY-ORIENTED SYSTEMS OF CARE

Examples of Recovery-Oriented Activities

Prevention	Intervention	Treatment	Post-Treatment
<ul style="list-style-type: none">• Early screening before onset• Collaborate with other systems, e.g., child welfare, VA• Stigma reduction activities• Refer to intervention treatment services	<ul style="list-style-type: none">• Screening• Early intervention• Pre-treatment• Recovery support services• Outreach services	<ul style="list-style-type: none">• Menu of treatment services• Recovery support services• Alternative services and therapies• Prevention for families and siblings of individuals in treatment	<ul style="list-style-type: none">• Continuing care• Recovery support services• Check-ups• Self-monitoring

THE HUB AND SPOKE MODEL

Figure 1
Integrated Health System for Addictions Treatment



Source: Vermont Agency of Human Services, "Integrated Treatment Continuum for Substance Use Dependence, 'Hub/Spoke' Initiative—Phase 1: Opiate Dependence" (January 2012), <http://atforum.com/documents/HUBSPOKEBriefingDocV122112.pdf>

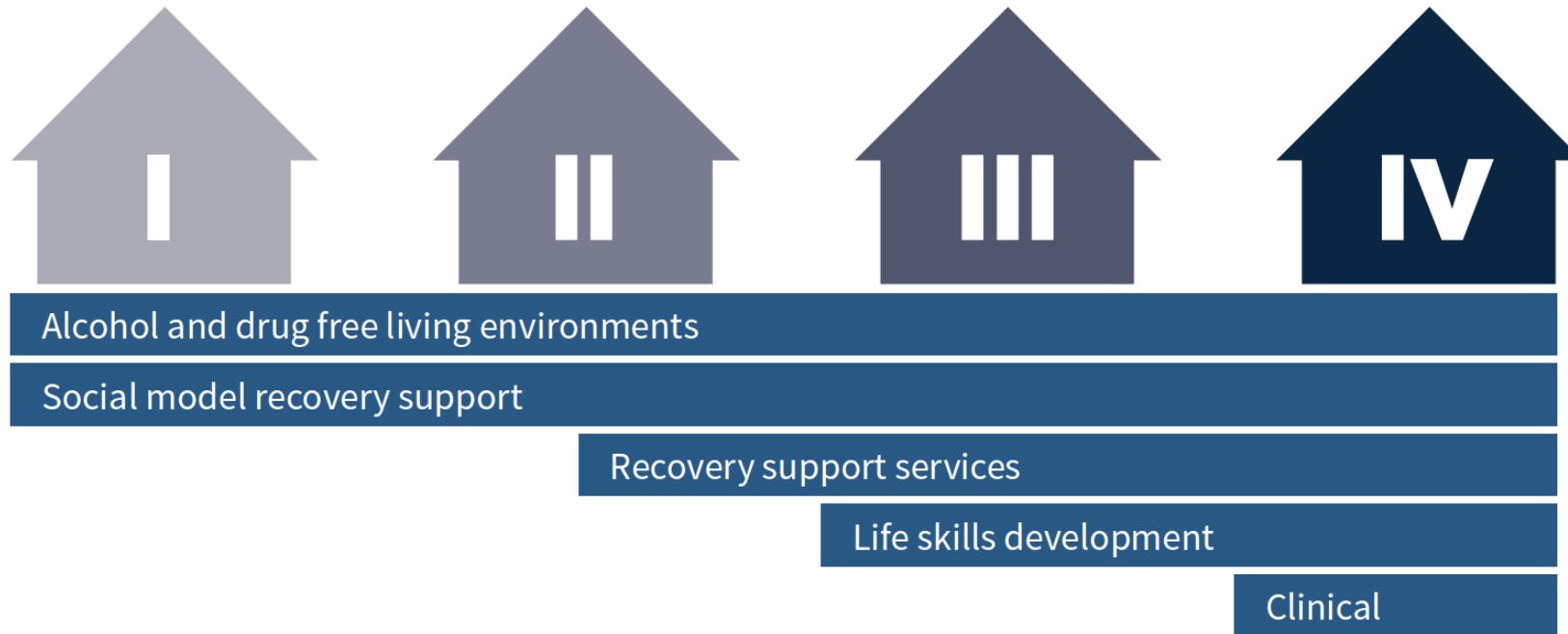
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CONVENE A COMMUNITY TASK FORCE

- Collaborate with:
 - Non-Profit organizations
 - Faith-Based groups
 - Civic groups
- Apply for Federal and State grants
- Introduce new and innovative delivery models
 - Adapt broader e-connectivity (telemedicine, telehealth, health apps on smart phones, online recovery coaches and other programs)
 - Facilitate relationships between health professional schools and Critical Access Hospitals to create rural behavioral health practice training sites

INCREASE ACCESS TO COORDINATED CARE IN RECOVERY HOUSING

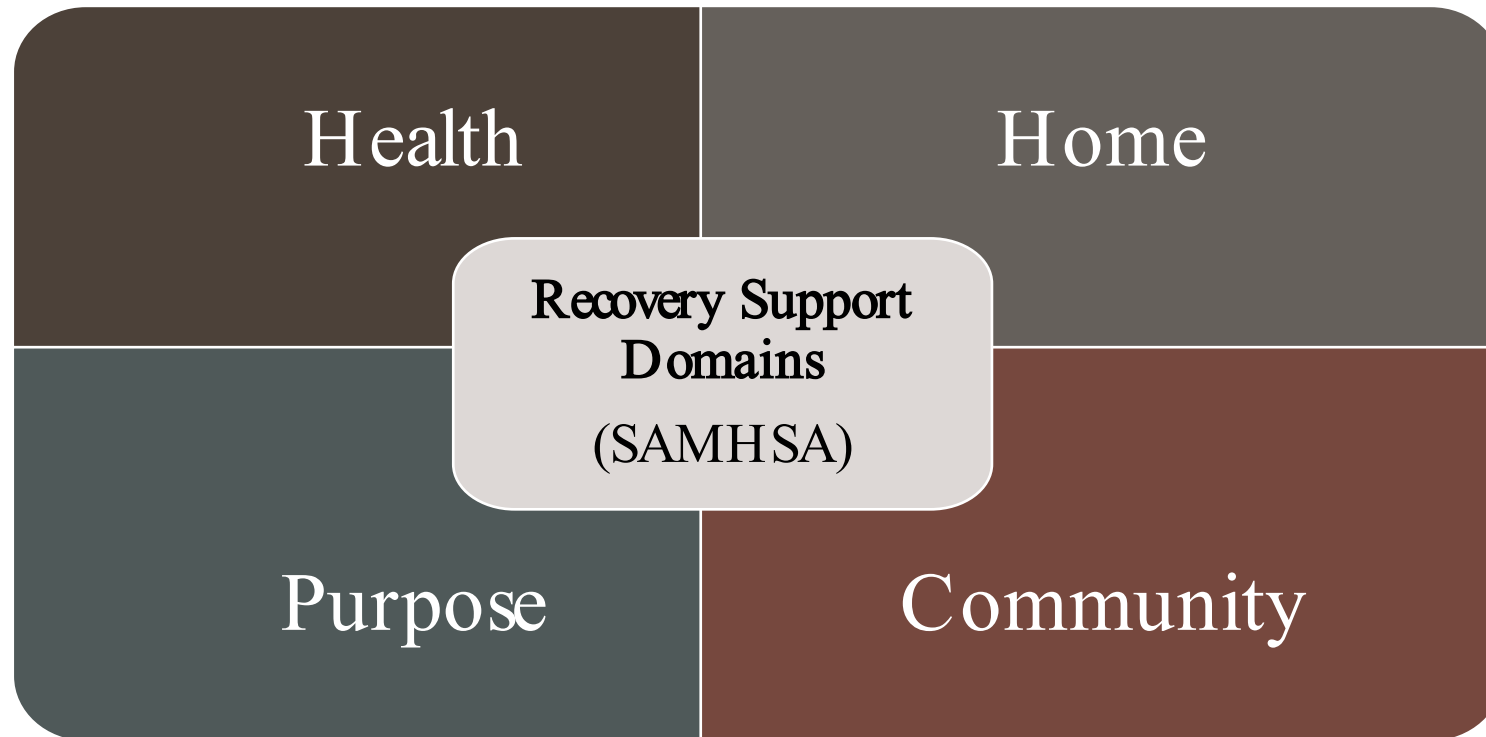
Recovery Residence Levels



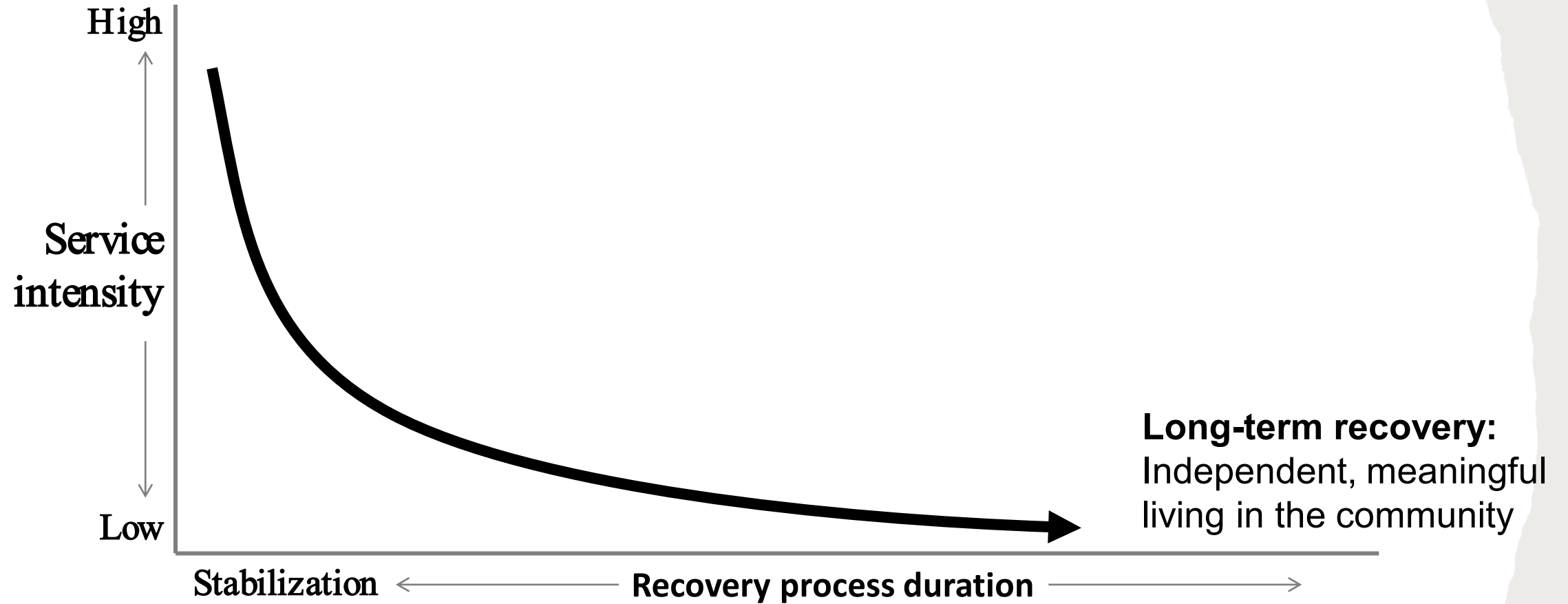
Recovery housing in the continuum of recovery



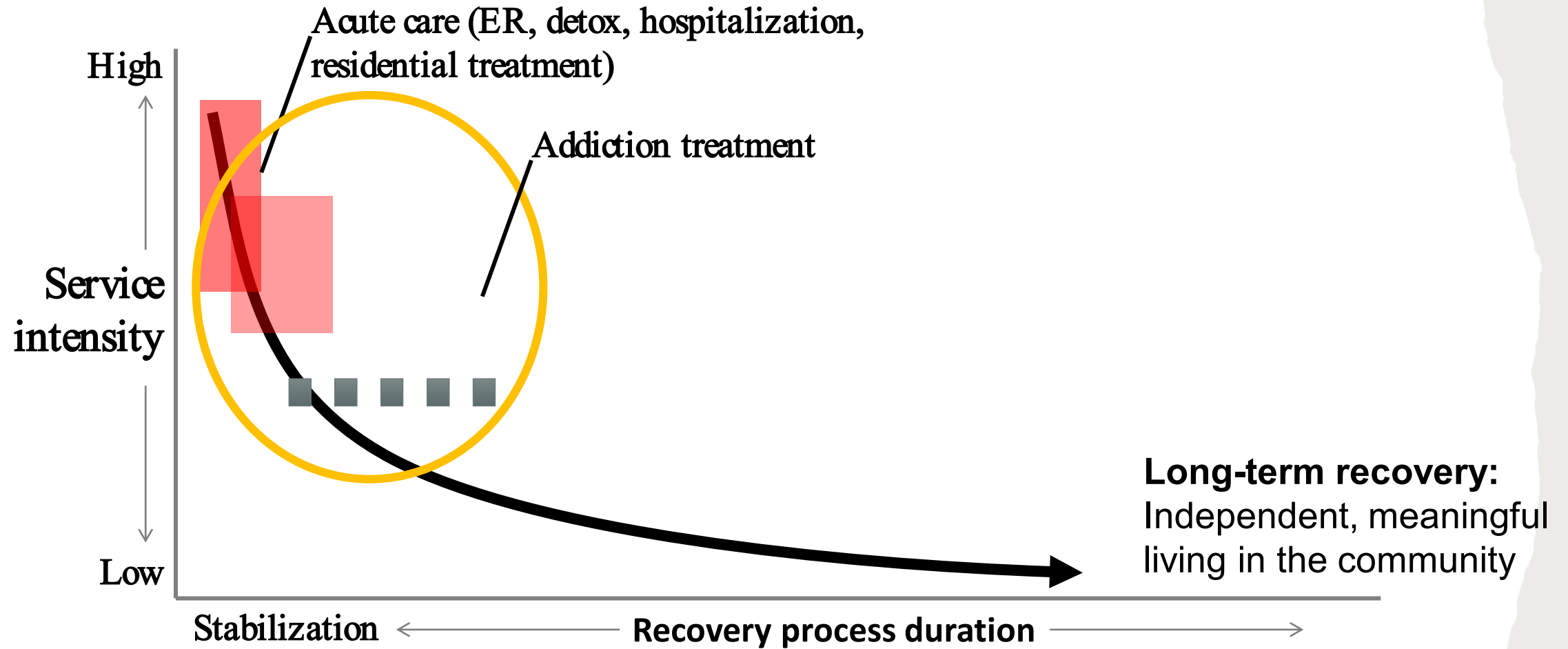
COVERS MANY ASPECTS OF HUMAN EXPERIENCE



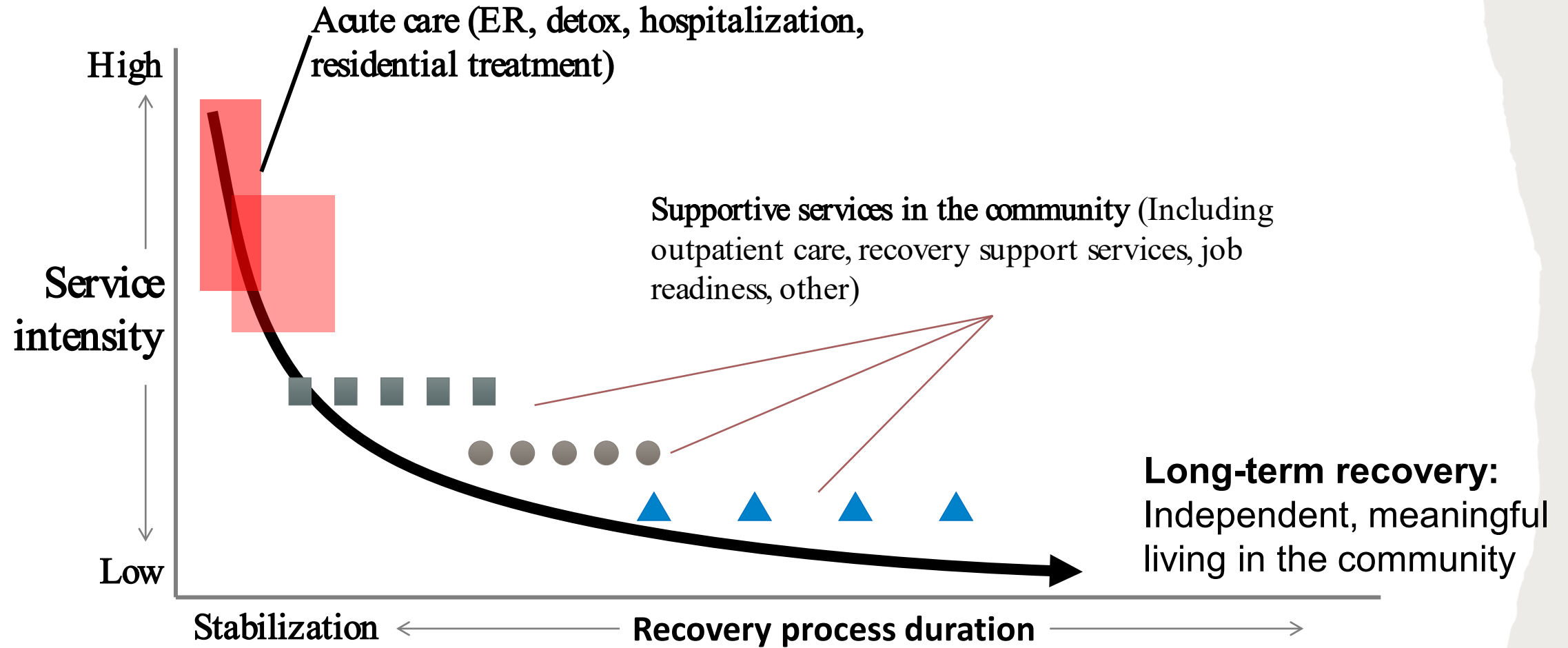
SUD RECOVERY PROCESS



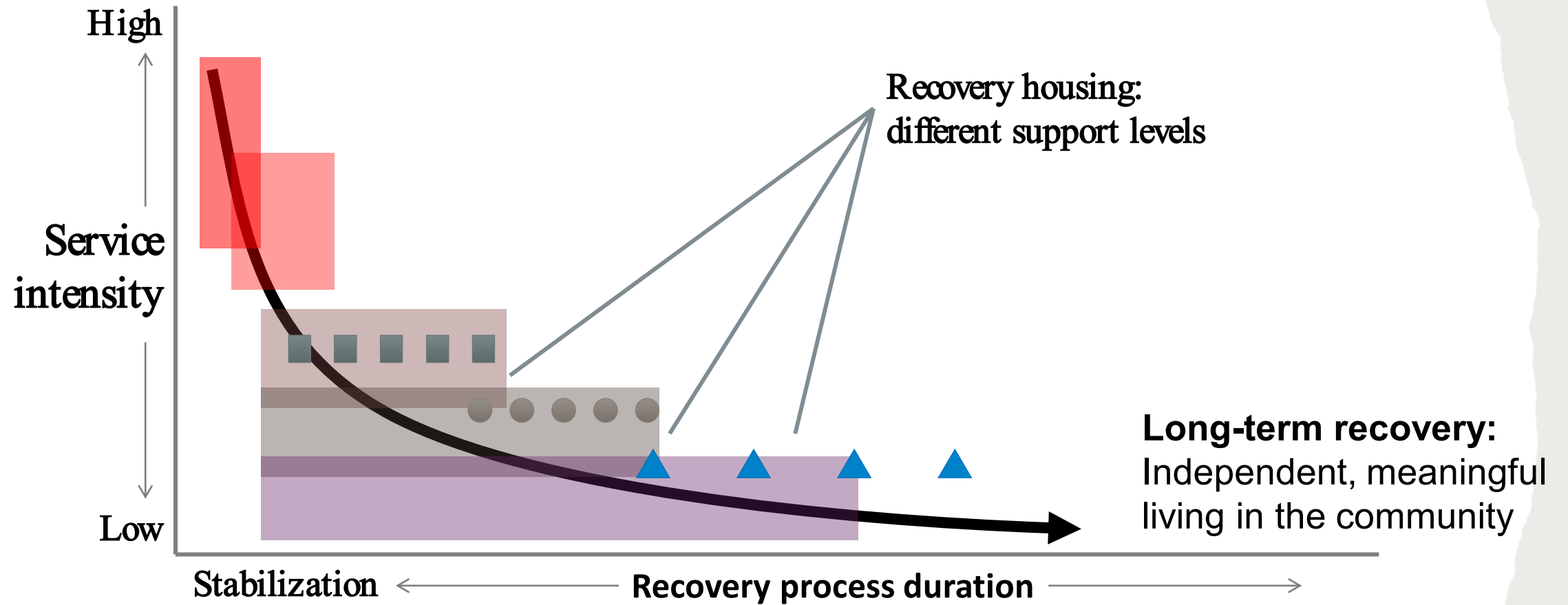
SUD RECOVERY PROCESS



SUD RECOVERY PROCESS

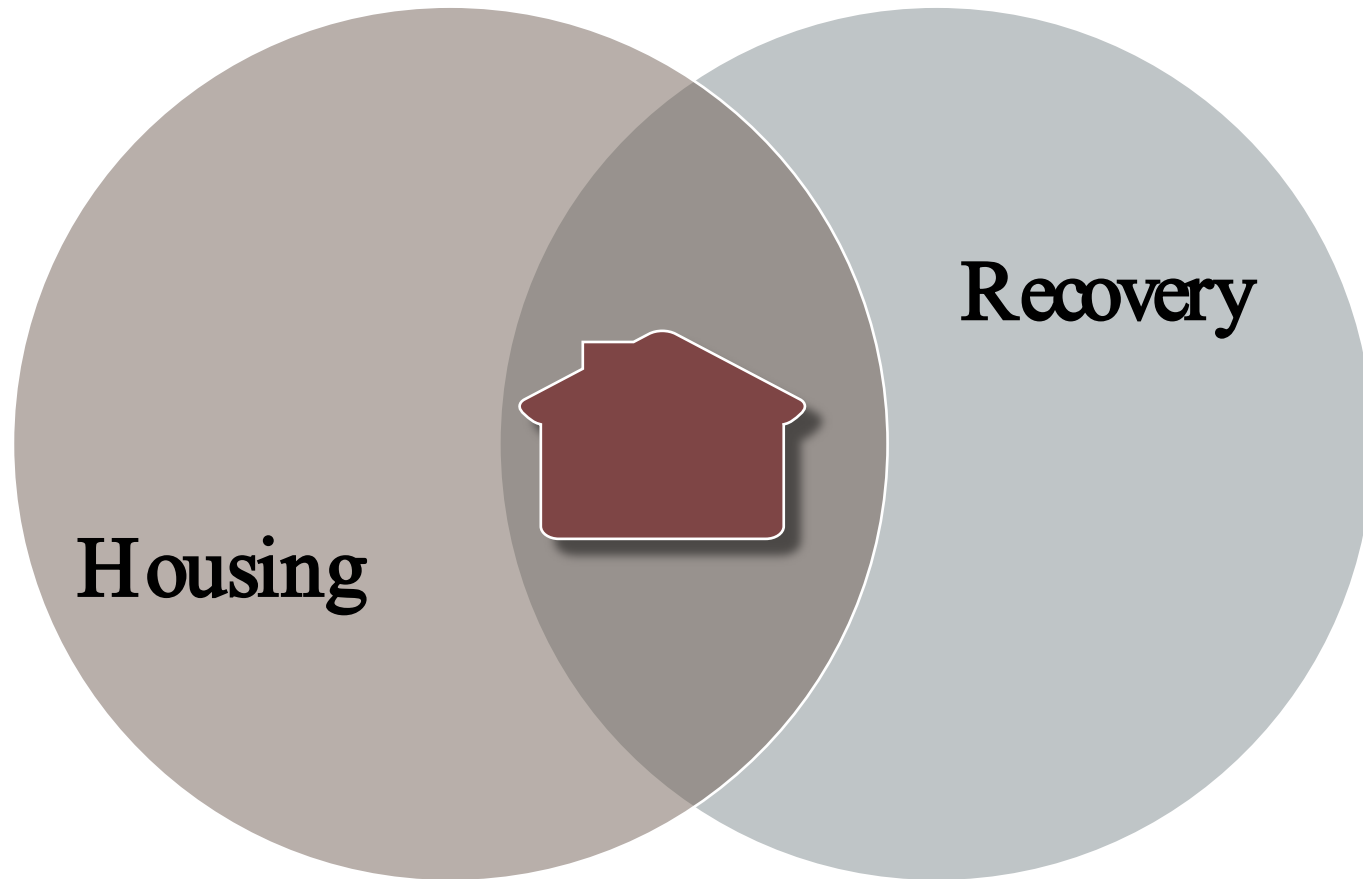


SUD RECOVERY PROCESS



RECOVERY HOUSING; RECOVERY RESIDENCES

At the intersection of housing and recovery



RECOVERY HOUSING IS AN EVIDENCE-BASED PRACTICE



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EBP

About

Emerging Practices

Recovery Housing: Best Practices and Suggested Guidelines

This report identifies ten specific areas, or guiding principles, that will assist states and federal policy makers in defining and understanding what comprises safe, effective, and legal recovery housing. National organizations have contributed significant and valuable work in developing policies, practices, and guidance to improve recovery housing as an integral model of care. The guiding principles in this document are meant to provide an overarching framework that builds upon and extends the foundational policy and practice work that had guided the development of recovery housing to date. SAMHSA recommends following these Ten Guiding Principles to guide recovery house operators, stakeholders and states in enacting laws designed to provide the greatest level of resident care and safety possible.

EBP Resource Link

[Recovery Housing: Best Practices and Suggested Guidelines](#)

RECOVERY HOUSING: BEST PRACTICES AND SUGGESTED GUIDELINES

On October 24, 2018 the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities was signed into law by President Trump. Subtitle D, Ensuring Access to Quality Sober Living (SEC. 7031), of this law mandates that the Secretary of Health and Human Services, in consultation with other specified individual stakeholders and entities, shall identify or facilitate the development of best practices for operating recovery housing. These best practices may include model laws for the implementation of suggested minimum standards that:

- (1) consider how recovery housing is able to support recovery and prevent relapse, recidivism, and overdose, including by improving access to medication assisted treatment
- (2) identify or facilitate the development of common indicators that could be used to pinpoint potentially fraudulent recovery housing operators

The SUPPORT legislation seeks to improve resident care for individuals suffering from a substance use disorder who are in need of supportive recovery-oriented transitional housing. The Administration has dedicated time, attention, and resources to ensuring that individuals with substance use disorders have access to lifesaving medications,

NARR'S FOUNDING PURPOSES

- Improve, expand, protect recovery housing access for individuals with substance use disorders
- Codify the best practices in place nationally; develop objective and measurable standards for the ethical operation of recovery housing according to those practices
- Create, support state-level provider-focused organizations to implement standards, achieve recognition for supported providers
- Integrate recovery housing into larger systems of care
- Assist in developing policies that expand recovery housing opportunities



NARR AT A GLANCE

- Founded in 2011 by recovery housing experts, allies
- National Standard and Code of Ethics
- Operating model for statewide recovery housing support systems
- Affiliate relationships in 31 states, over 3,500 residences nationally
- Certification program implemented by state affiliate organizations
- Working relationships with federal agencies, national organizations
- Policy development
- Advocacy: access, support, civil rights

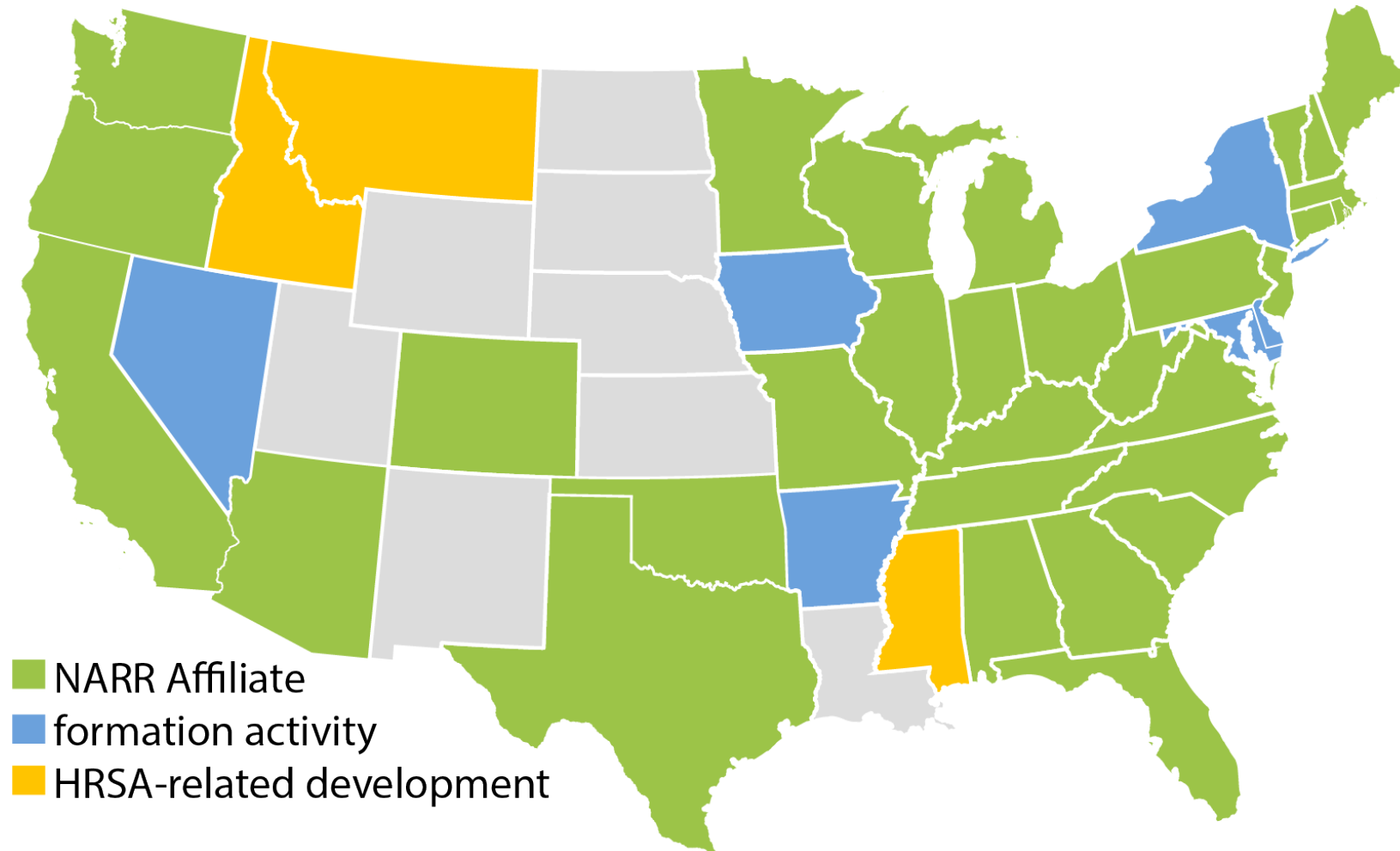


NARR IN 2010



Active state organizations
at NARR founding

NARR NETWORK TODAY



31 Affiliate organizations, nine being formed

NARR SERVICES AND SUPPORT

- National best practice standards, code of ethics
- Formation, expansion of state standards/ support organizations
- Technical assistance to state, federal agencies
- Training
 - Leadership, organizational development
 - Residence operators
 - Residence staff
 - Certification staff
 - Training for trainers
- Policy formation, development
- Advocacy



ABOUT NARR STANDARDS...

- Developed from best practices from all kinds of residences, over decades
- Covers full spectrum of service delivery models
- Non-prescriptive, supportive of multiple recovery pathways
- Widely accepted: state legislation, administrative regulations, federal publications
- Achievable by low-cost and small operators
- Inclusive of FDA-approved SUD medications



NARR ADVOCACY

- Resident rights
- Access to recovery housing and services
- Civil rights, fair housing, discrimination
- Abusive practices and exploitation
- Resources to support recovery infrastructure
- Policy development, federal and state



ROLES, FUNCTIONS OF A NARR STATE AFFILIATE

- Certification of providers, residences according to NARR standards
- Relationships with other stakeholder organizations, recovery community
- Technical assistance to providers, new entrants
- Resolution of complaints about certified residences
- Provider learning community
- Operator training
- Process improvement; collection and analysis of outcomes, service data (initiatives in progress)
- Participate with other state organizations in NARR's programs and initiatives



ACTION STEPS
TO FOSTER
STRONG
RECOVERY
SYSTEMS

1. Survey available recovery housing capacity
2. Seek out creative resources for funding
3. Identify supporting roles for community members
4. Integrate recovery housing more fully into healthcare and other systems
5. Engage in regional collaboration
6. Consider innovative treatment delivery models
7. Support peer-based recovery support services

Thank You



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