



Ohio Recovery Housing

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ADDRESS

Re: Recovery Housing Best Practices and Suggested Minimum Guidelines

To whom it may concern:

Thank you for the opportunity to provide feedback concerning the draft of “Recovery Housing: Best Practice and Suggested Minimum Guidelines.” This document represents SAMHSA’s recognition of recovery housing as a critical component of the continuum of care for people with substance use disorders. This document clearly recognizes the work of quality improvement organizations, such as the National Alliance of Recovery Residences (NARR) and their network of state affiliates across the nation who have already done work to support quality standards and ensure the implementation of such standards. We appreciate SAMHSA’s dedication to uplifting and amplifying, instead of replacing this important work.

Ohio Recovery Housing (ORH) is a recognized affiliate of the National Alliance of Recovery Residences. As such, we have developed and maintain a review process that verifies recovery homes meet the national quality standards as set by NARR. ORH implements this review process as well as provides training, technical assistance and other support designed to increase access to quality recovery housing options for Ohioans with substance use disorders. Certification in the state of Ohio is voluntary, and to date over 80 organizations operating over 160 individual homes have achieved certification.

The following recommendations are based on our nearly five years of experience in implementing quality reviews, as well as providing detailed technical assistance and support to a variety of recovery housing operator types across the state of Ohio.

General Recommendations

1. Be Clear about what is helpful background information and research as well as what is a recommended best practice or standard

The document provides helpful background information and research throughout the document. This information is helpful to ensure that readers are fully understanding terminology, industry history, as well as research. The way this information is currently presented it can be difficult to tell what background information is, and what is a recommended best practice or standard. We recommend organizing the document to include in the introductory section that includes the history and reasons for the document. We also recommend that this section include definitions of the terms that are used throughout the document, including recovery, the social model of recovery, medication assisted treatment, as well as other potentially misunderstood terms.

2. Use consistent language

Throughout the document there are inconsistencies in terms. We suggest consistently using the term “resident” for the person who is living in recovery housing and “recovery housing operator” for the provider of the recovery housing and associated services and supports. This will help reduce confusion and ensure a consistent message.

3. Use person centered language that does not promote stigma

Throughout the document, there are uses of language that are not person-centered and promote stigma. Terms such as “addict” can be replaced with more appropriate language that advances SAMHSA’s goal of reducing stigma against people with substance use disorders.

4. Use language appropriate for housing, not treatment

Recovery housing is housing. It is not treatment. Ensuring that language reflects this is important. Replacing terms such as “client” with “resident” or “admit” with “move-in” or “discharge” with “move-out” help clarify that recovery housing is a separate component of the continuum of care than treatment.

Best Practice/ Minimum Standard 1

5. Separate this standard into two distinct standards. “Implementation of the Essential Elements of Recovery Housing” and “Defined Level of Support and Associated Services”

The description of this standard encompasses two distinct, but important components. We recommend that each be highlighted as a separate best practice/ minimum standard to ensure clarity.

First, the document highlights the need of recovery housing to encompass all the essential elements of recovery housing in order to be considered recovery housing. The document should clearly state these elements include a living environment that is free from illicit drugs and/or alcohol, a length of stay that is resident centered and based on the individual needs of the resident, and a formal connection to treatment, recovery-supports, peer-support and other needed services in the community. While the implementation of these essential elements may be different based on the level of support offered, each of these elements must be present to be considered recovery housing.

Second, the document highlights the need for the recovery housing operator to define the level of support, and demonstrate that their target population, services and supports, governance structure, and oversight are all appropriate for the level of support they seek to offer. This is a separate consideration from the essential elements. To reduce confusion, they should be considered independently.

6. Clarify the Levels of Support Chart

This section also includes the levels of support chart from NARR. We suggest making the following adjustments to improve the chart and ensure understanding.

Level II – under “on-site staffing” indicate that there is a house manager, but do not describe how they are paid. Stating “compensated for free” is confusing and detailing charitable and employment law requirements of operators is beyond the scope of this document.

Level IV – remove the term “on-site clinical services” to allow for those who operate recovery housing but clinical services are not offered in the same physical location as the recovery home. Remove the example terms under the levels in the first column. These terms are often used without a formal definition, and vary depending on the person using the term. They may not be the best examples of the Levels as proposed.

Best Practice/ Minimum Standard 2

7. Separate the standard into three distinct standards “Defined strategy for implementation of the social model of recovery” and “Development and support of resident centered recovery plans” and “Actively engage residents in development of recovery capital”

This standard also seeks to address three distinct and important standards for recovery housing. To improve clarity and ensure that each standard is addressed, we recommend addressing them separately and clearly.

First, the document highlights that successful recovery homes implement the social model of recovery. Throughout this document there is helpful information about the definition of this term that can be addressed in a definitions or background section as described earlier. As the document describes, this may vary based on the level of support, but all homes must have defined strategies for ensuring that residents are connected to peers in recovery, residents are able to learn from others in recovery, and that residents are expected to provide and receive mutual support from others in the recovery house.

Second, it is also important that recovery homes have defined strategies for engaging residents in the development of resident centered recovery plans. Recovery housing operators assist residents with navigating the complex behavioral, physical and mental health care and social service support systems. At higher levels of support, these plans will likely mostly focus on connection with treatment providers and providing support and encouragement for residents to actively engage in their treatment plans, including any treatment plan that includes medication assisted treatment. At lower levels of support, these plans will likely focus more on connecting residents to social services, employment supports and education that fits the unique needs and goals of the resident and ensures access to supports needed for long-term recovery. It is critical that these plans always be resident centered, with support and resources provided by the recovery house. While recovery housing operators are uniquely positioned to offer suggestions, support, encouragement and connection to available resources, they are not treatment providers and must not put the health and safety of residents at risk by engage in activities that are in the scope of practice of treatment providers.

Third, recovery housing seeks to connect residents to the people, places and things that the resident will need to enter and sustain long term recovery. This is accomplished through formal recovery planning activities described above but is also done through informal activities and engagement that allow residents to develop positive relationships with employers, friends, family and the wider community.

Best Practice/ Minimum Standard 3

8. Include being co-occurring informed as a part of other listed standards instead of a separate best practice or minimum standard.

Recovery Housing operators do need to be aware of co-occurring conditions and the supports that are available. However, recovery housing is not treatment, and operators are not equipped to perform clinical assessments or make determinations on the mental health of a resident. While it is important that there be a basic understanding of co-occurring conditions, we believe that is adequately addressed in other areas of this document including

- The Standard Concerning Appropriate Assessments for Residents – this standard would ensure that residents are appropriately assessed for their needs prior to entering the recovery home environment.
- The Standard Concerning Trauma Informed Environments – this standard would ensure that recovery homes are trauma informed and sensitive to past experiences of residents
- The Standard Concerning Development of Recovery Plans – this standard would ensure that each resident is examined as an individual in their development of their recovery-oriented plans. These plans would include connection to physical health care, mental health care services, and other social services and supports a person needs to enter or maintain long term recovery.

If an operator of recovery housing is implementing these other standards, it is unclear what additional ways SAMHSA is expecting recovery housing operators to be co-occurring informed. We recommend removing this as a separate section to avoid confusion.

Best Practice/ Minimum Standard 4

9. Separate this best practice into two distinct standards, “Defined strategy for supporting residents engaged in treatment” and “Comprehensive assessment of residents to ensure appropriate level of support”

This standard encompasses two distinct areas that are both important and should be addressed separately.

First, recovery housing must have a defined strategy for supporting residents who are engaged in treatment. This includes residents who are engaged in medication assisted treatment as prescribed by an approved provider. Residents who are engaged in the higher levels of support can expect to have the recovery house actively and appropriately communicating and supporting the treatment team. As residents engage in lower levels of support, recovery housing operators will ensure that residents who need to reengage with treatment are connected, and that positive outcomes from treatment are sustained.

Second, Recovery Homes must conduct a comprehensive evaluation to ensure that the level of support available is appropriate for the resident. The language of this assessment must be clear that the recovery home is not engaging in a formal clinical assessment for treatment and ensure that resident choice and fair housing rights are respected. If a recovery home determines that the resident is not able to be most appropriately served at that home, every effort should be made to provide an appropriate referral.

10. Ensure that the Client Assessment guidance is resident focused

This document provides examples of what should be included in a resident evaluation. Many of the recommended elements are vague, and do not offer an appropriate tool or form to use to allow an operator to conduct an unbiased, assessment based on that factor. Many of these factors are also stigmatizing to people in recovery. We recommend that for each suggested element to be evaluated that SAMHSA provide an evidence-based tool that promotes recovery and does not continue to perpetuate stigma and stereotypes of people in recovery.

11. Clarify the purpose of the Facility Assessment

While it is appropriate for SAMHSA to provide information, guidance and best practice advice for other agencies who may refer individuals to recovery housing - it is confusing to include this assessment within the standards that apply to recovery housing. Recovery homes are not able to control the actions of the agencies that make

referrals to them. The document needs to clarify that the best practice guidance and information applies to outside entities seeking to make referrals, not to the recovery home operators.

Best Practice/ Minimum Standard 5

12. Remove this best practice/ minimum standard as a distinct standard.

Recovery housing operators are always seeking to implement evidence-based practices and standards. The standards listed in this section of the document are already addressed with best practice recommendations and minimum standards in other parts of this document including

- Social Model of Recovery – included in the standard addressing social model of recovery
- Utilization of Peers – included in the standard in the essential elements of recovery housing and standard concerning building recovery capital
- Assistance with connection to treatment and maintenance of treatment plans – included in the standard for the essential elements of recovery housing, as well as resident recovery planning, and ensuring connection to treatment
- Support for residents engaging in medication assisted treatment – included in the standard concerning engaging residents in appropriate treatment

If an operator of recovery housing is implementing these other standards, it is unclear what additional ways SAMHSA is expecting recovery housing operators to be evidence-based. We recommend removing this as a separate section to avoid confusion.

Best Practice/ Minimum Standard 6

13. Clarify what is meant by client expectations

This document mentions client expectations, house rules, and therapeutic duty assignments. In many recovery homes, the examples listed here are all considered house rules. We recommend more clarity of these terms, or simply using the term “house rules”.

14. Refer to the NARR standards for policies and procedures

The NARR standards outline necessary written policies and procedures which ensure resident safety and appropriate support. These standards include additional best practices for policies and procedures that are not listed in this document, but are best practice, including, but not limited to emergency policies, resident rights, grievance policies, medication policies, relapse prevention and resident relapse protocols, confidentiality/ privacy policies, drug/alcohol testing, neighbor policies and others. We recommend referring to this standard to ensure that all policies associated with appropriate administrative oversight are included.

Best Practice/ Minimum Standard 7

15. Include the following policies – medication policy, resident relapse prevention, resident relapse protocol, and drug/ alcohol testing policy to best practice/ minimum standard 6.

This section mainly highlights the importance of having well written and implemented policies and procedures concerning medications, drug testing, and resident relapse. We certainly agree that these are needed policies in any recovery home. These policies all ensure quality and ethical practice in administrative oversight, and are described in the NARR standards and therefore, should be addressed in the previous best practice/ minimum standard.

16. Clarify that current certification programs, such as NARR and others do not have the responsibility to evaluate or enforce health care fraud and abuse laws.

This document clearly highlights the value of a third-party independent certification process for improving resident experience and day to day operations of recovery houses. ORH is an example of an independent certification entity and as such we regularly perform quality reviews, provide basic technical assistance, training and support. Our review is focused on ensuring a positive environment that is supportive of long-term recovery for the resident.

This document states that an “independent third-party certifying agency can investigate how many clients continue to respectively cycle back through the recovery house and treatment center without making any progress”. Ohio Recovery Housing as an independent third-party certifying agency is simply not able to conduct the review as described. **We strongly recommend that any reference to independent certifying organizations evaluating or performing investigations into health care fraud, abuse, patient brokering or**

other illegal activity be removed as these organizations lack the legal authority, training and resources to conduct such investigations. We recommend that SAMHSA continue to rely on the resourced government agencies that are fully empowered to conduct health care fraud and abuse, as well as the legally empowered entities that are able to conduct criminal investigations and prosecute individuals to violate the law, such as Attorneys General, The Office of the Inspector General and State Auditors.

Best Practice/ Minimum Standard 9

17. Include this in the required list of appropriate policies and procedures under release of information and client confidentiality and privacy.

Recovery housing operators must navigate a complex system of requirements regarding resident personal information depending on their funding source, level of support and target population. While the background information and research in this section would be helpful in an introductory or background section as previously described, this standard is addressed when ensuring that recovery homes have appropriate policies and procedures for administrative oversight and day to day operations. One of the required policies should be a confidentiality or resident privacy policy that follows all laws and is appropriate for the level of support.

Best Practice/ Minimum Standard 10

18. Encourage the use of existing recovery housing outcomes tools and resources.

Ohio Recovery Housing has been collecting data on resident outcomes since 2016. Ohio Recovery Housing also offers each operator access to the outcomes data in a simple to use and read format. To date, over one-third of our recovery housing operators take advantage of this resource. We encourage SAMHSA to consider outcomes and data tracking tools that are consistent across states and are focused on recovery-oriented outcomes that allow recovery housing operators to demonstrate successes and learn about possibilities for continuous quality improvement. We welcome any opportunity to continue to collect and analyze resident data and encourage additional investment for organizations willing to engage in data collection and analysis.

We are grateful for the opportunity to review the draft document and submit our comments. Please do not hesitate to contact me if you have any questions about or recommendations. I can be reached at danielle@ohiorecoveryhousing.org or 614-228-0747.

Respectfully,

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