April 11, 2019

Re: Public Comment on SAMHSA's Proposed Recovery Housing Guidelines

To whom it may concern:

The Center for Social Innovation (C4) appreciates the opportunity to provide feedback on the draft "Recovery Housing: Best Practice and Suggested Minimum Guidelines." These guidelines indicate SAMHSA's ongoing recognition of recovery housing as an essential component of an integrated continuum of care for people with substance use disorders (SUDs).

Clear, directive guidelines from SAMHSA that are recovery-oriented and can be operationalized will bolster existing national, state, and local efforts to improve and expand recovery housing. Our comments are intended to enhance the potential impact and value of the draft guidelines. These comments are rooted in C4's experience working directly with systems, communities, providers, and service recipients in the field, as well as our collective lived experience as people in recovery and as supportive allies.

Reinforce SAMHSA's Recovery-Oriented, Person-First Values

SAMHSA has led the way in establishing and operationalizing recovery concepts for people with substance use disorders and mental illness. This legacy is evidenced in the stakeholder-driven development of a working definition of recovery and support for annual Recovery Month activities. Central to these efforts are an emphasis on instilling hope, emphasizing choice and self-determination, utilizing person-first language, and reducing bias. Aligning the proposed guidelines with such language will be essential in preserving SAMHSA's leadership in advancing recovery and ensuring that the guidance is embraced by recovery stakeholders. This includes replacing stigmatizing language ("addict," "addicted persons,") with person-first language.

Consistent with these values, we recommend that SAMHSA provide additional, extended opportunities for comment and stakeholder engagement to inform revisions of these guidelines. We appreciate the comment period and also recognize that inviting and incorporating input from diverse stakeholders takes time. An inclusive advisory, engagement, and revision process will help ensure that these guidelines will be understood and adopted as intended.

Ensure Inclusivity of Levels Across the Recovery Housing Continuum

The current draft of the guidance reflects a primary emphasis on treatment and clinical care, which reflects a small percentage of recovery residences (Level 4, using cited NARR Levels) and excludes other essential recovery housing levels of support. Reflecting the broader continuum of recovery residence levels and supports - and the range of choices for residents - will strengthen the guidance. For many people in recovery, clinical treatment and/or medication-assisted treatment are essential and life-saving components of their recovery - especially as an adjunct to a range of psychosocial services and recovery supports. Others may seek recovery residences to support their recovery, separate from clinical treatment engagement. Among those choosing recovery housing, some will prefer levels with a lower threshold of staffing and support, including a fully peer-run residence. Some

617 467 6014 l center4si.com
200 Reservoir Street, Suite 202
Needham, MA 02494 USA

Center for Social Innovation

elements, such as data collection, will remain out of reach for many such recovery residences without an infusion of resources and capacity. Comprehensive guidelines will reflect and value a wide range of levels and operators.

Clarify Guidance to Enhance Ability to Operationalize

Various concepts warrant further elaboration that will enhance the likelihood they will, be fully realized and practically implemented. Specifically, concepts that lack clarity include the intended audience (housing operators, residents, state officials, or other stakeholders) and scope (guidance, standards, best practices, or principles). We recommend clarifying the audience(s), which will in turn assist in defining the scope. For example, it is unclear with regards to minimum standard 1: "Recovery House Operational Definition," whether it pertains to residence operators defining the residence level, state system administrators aligning a broad definition with SAMHSA's benchmark definition, or other action. Defining the audience will help clarify the scope of the item.

Additionally, the guidelines require additional detail for audiences to know how to meet them. For example, states will need further guidance on what constitutes a qualified certifying body, and operators will need additional specificity to put standards into practice. SAMHSA might consider guidance to states to help them identify qualified certifying bodies and to leverage their existing recovery housing standards. With this approach, the SAMHSA guidelines could remain as high-level guidance, rather than defining day-to-day practices. Secondarily, reordering the document so that much of the background and supporting research is summarized in an introductory background section that will help the audiences understand the list of best practices.

Leverage Existing Resources

With the support of SAMHSA, other organizations have developed guidelines with careful input from diverse recovery stakeholders. Specifically, SAMHSA's draft guidance acknowledges the work of the National Alliance of Recovery Residences (NARR), which has been invaluable in creating a common language, framework, and architecture to advance the availability and quality of recovery housing nationally. To reduce confusion in the field and enhance efficiency and clarity, C4 recommends bringing the final guidance into closer alignment with existing guidance documents. Examples of these resources include: The Surgeon General's report, *Facing Addition in America*, The National Council for Behavioral Health's *Building Recovery: State Policy Guide for Supporting Recovery Housing*, the NARR *Standard 3.0*, the NARR *Helping Recovery Residences Adapt to Support People Medication-Assisted Recovery* guide, and the Ohio Recovery Housing *Code of Ethics* and *Standards*, to name a few.

We are grateful for the opportunity to review the draft guidelines and are encouraged by SAMHSA's commitment to this issue.

Kristen Paquette
Chief Executive Officer, Center for Social Innovation
t: 781-247-1801, kpaquette@center4si.com