

The background features a dynamic, abstract pattern of curved, parallel lines in various shades of blue, creating a sense of depth and movement. The lines are most prominent on the right side, curving towards the center.

Michigan Recognizes
NARR Standards
and Provides
Funding for MARR

MICHIGAN'S TRANSFORMATION TO A RECOVERY ORIENTED SYSTEM OF CARE FOR SUBSTANCE USE DISORDER SERVICES WHAT IT MEANS FOR PEOPLE IN RECOVERY

A recovery revolution is sweeping the nation and is having a profound impact on all substance abuse services and supports. There is even a change to the way we refer to substance abuse and addiction – they are now referred to as substance use disorders (SUD). Michigan, like many other states, is undergoing a transformation of the SUD service system to a Recovery Oriented System of Care (ROSC).

Why we need change:

- Fifty percent of clients entering treatment have already had at least one prior episode of care.
- SUD is a chronic condition, but we currently have an acute care treatment model.
- Cycling in and out of a series of disconnected treatment episodes is a product of the challenges within the current system – an inability to support sustained recovery.
- We want to broaden our system of treatment services to include ongoing support and multiple coordinated strategies to support recovery.
- We want to integrate and better enhance the coordination of prevention, follow-up, or continuing care in the recovery process that will help people rebuild their life in the community.
- The only way to provide all services needed is by working together in partnership and collaboration.

What is a ROSC?

Michigan's recovery oriented system of care supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families and communities.

What we know about services that support recovery and resilience.

Effective ROSC services focus on:

- Greater emphasis on continuity of care: effective prevention, assertive outreach and engagement, treatment, and ongoing monitoring and support.
- A continuum of care in which services are holistic and integrated, culturally responsive, and with systems that are anchored in the community.
- Expanded availability and utilization of non-clinical services, such as: peer supports, 12-step programs, prevention, faith-based initiatives, etc.
- Resources to help prevent the onset of substance use disorders.
- A public health approach being taken to help create healthy communities.
- More assertive outreach to families and communities impacted by substance use disorders.
- More assertive post-treatment monitoring and support is provided.
- A partnership/consultation approach rather than an expert/patient model.
- The lives and experiences of other people in recovery are valued and used to help others on the journey.

Additional elements of a ROSC include a person-centered self-directed approach to recovery, and the use of peer support services to sustain an individualized recovery effort.

TREATMENT TECHNICAL ADVISORY #11

SUBJECT: Recovery Housing

ISSUED: July 31, 2015

EFFECTIVE: October 1, 2015

PURPOSE:

The purpose of this advisory is to provide guidance to the field on developing and supporting recovery housing for *Prepaid Inpatient Health Plans (PIHPs)* and interested programs.

SCOPE:

This advisory impacts *PIHPs* and their provider network.

BACKGROUND:

The Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC) began researching opportunities for recovery housing in late 2011. A request was sent to all states and several of the former coordinating agencies, for information regarding their recovery housing standards and structures. In addition, the *National Association of Recovery Residences' (NARR)* standards were reviewed. Many states endorsed the *Oxford House* model, while others had a combination of housing options available for their recovery population. States that have been awarded *Access to Recovery Grants* had developed extensive standards to monitor recovery housing and funding that went along with it.

Clarification regarding using *Substance Abuse Block Grant (SABG)* funds for recovery housing was sought from the *Center for Substance Abuse Treatment*. *SABG* funds may not be used to fund an individual's lodging in recovery housing. However, *SABG* funding can be used in conjunction with a treatment service category to provide room and board for any individual, to the extent that it is integral to the treatment process. In addition, the *SABG* set aside for pregnant and parenting women does allow payment to provide housing eligible women. Recovery Housing for the pregnant and parenting population will ideally be offered through a designated program to ensure that all of their needs are met.

Definitions

OROSC has defined "recovery housing" as follows:

Recovery housing provides a location where individuals in early recovery from a behavioral health disorder are given the time needed to rebuild their lives, while developing the necessary skills to embark on a life of recovery. This temporary arrangement will provide the individual with a safe and secure environment to begin the process of reintegration into society, and to build the necessary recovery capital to

return to a more independent and functional life in the community. These residences provide varying degrees of support and structure. Participation is based on individual need and the ability to follow the requirements of the program. (Excerpt from the proposed Substance Use Disorder Benefit Package for the state of Michigan).

RECOMMENDATIONS:

From the review of standards available nationally, OROSC determined that there were certain aspects of the establishment and maintenance of recovery housing that was necessary for success. They are as follows:

- Maintain an alcohol-and illicit-drug-free environment.
- Maintain a safe, structured, and supportive environment.
- Set clear rules, policies, and procedures for the house and participating residents.
- Establish an application and screening process for potential residents.
- Endeavor to be good neighbors and get residents involved in their community.

Recovery Housing Standards

After careful consideration of the options available, OROSC has come to the determination that the levels of recovery housing and standards identified by *NARR* most closely fit the vision of recovery housing for Michigan. The levels are as follows:

- **Level I - Peer Run** – staff positions within the residence are not paid; setting is generally single family residences; services include drug screenings and house meetings; and residence is democratically run with policies and procedures.
- **Level II - Monitored** – staff consists of at least one compensated position within the house; setting is primarily single family residences, potentially apartments or other types of dwellings; services include house rules, peer run groups, drug screens, and house meetings; and residence is administered by house manager with policies and procedures.
- **Level III - Supervised** – staff includes a facility manager, certified staff or case manager(s); setting is all types of residential; services include clinical services accessed in the community, service hours within the house, and in-house life skill development; and residence has administrative oversight with policies and procedures.
- **Level IV - Service Provider** – staff are credentialed; setting is all types of residential, often a step down phase within care continuum of a treatment center; services include in-house clinical services and life skill development; and residence has clinical and administrative supervision with policies and procedures.

The following are samples of the standards identified by *NARR*; they are representative of the interests and activities that OROSC supports. Recovery residences must:

- Identify clearly the responsible person(s) in charge of the recovery residence to all residents.
- Collect and report an accurate process and outcome data for continuous quality improvement.
- Maintain an accounting system that fully documents all resident's financial transactions, such as, fees, payments, and deposits.

- Use an applicant screening process that helps maintain a safe and supportive environment for a specific group of persons in recovery.
- Foster mutually supportive and recovery-oriented relationships between residents and staff through peer-based interactions, house meetings, community gatherings, recreational events, and other social activities.
- Encourage each resident to develop and participate in his/her own personalized recovery plan.
- Provide non-clinical, recovery support and related services.
- Encourage residents to attend mutually supportive, self-help groups, and/or outside professional services.
- Maintain the interior and exterior of the property in a functional, safe, and clean manor that is compatible with the neighborhood.
- Provide rules regarding noise, smoking, loitering, and parking that are responsive to a neighbor's reasonable complaints.

The full *NARR* standards can be found at <http://narronline.org/wp-content/uploads/2013/09/NARR-Standards-20110920.pdf>

In addition to the standards developed by *NARR*, recovery residences should maintain a prevention license through the Michigan Department of Licensing and Regulatory Affairs. This will help ensure a minimum level of housing standards throughout the state.

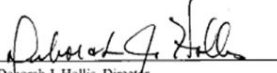
REFERENCES:

National Association of Recovery Residences. (2011). Standard for Recovery Residences. Retrieved October 6, 2014, from <http://narronline.org/wp-content/uploads/2013/09/NARR-Standards-20110920.pdf>

Oxford House International. (2011). Oxford House Manual. Retrieved May 25, 2012, from http://www.oxfordhouse.org/userfiles/file/doc/man_house.pdf.

Ocean State Coalition of Recovery House Standards. (2011). Standards. Retrieved May 25, 2012, from <http://www.recoveryhousingri.com/>

U.S. Code of Federal Regulations, Public Health Service, 45 CFR Part 96 § 129. (2001). *Revolving funds for establishment of homes in which recovering substance abusers may reside*. Retrieved May 25, 2013, from <http://www.gpo.gov/fdsys/pkg/CFR-2009-title45-vol1/xml/CFR-2009-title45-vol1-sec96-129.xml>.


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TREATMENT TECHNICAL ADVISORY #11

CBH FY19 (Comprehensive Services for Behavioral Health) SORRE (State Opioid Response - Recovery Residence)	Nov.2018 - Sept. 2019
CBH FY20 (Comprehensive Services for Behavioral Health) SORRE (State Opioid Response - Recovery Residence)	Oct. 2019 - Sept. 2020
SORII FY21 (State Opioid Response II)	Oct. 2020 - Sept. 2021
SUGS FY22 (Substance Use & Gambling Services) SORII-MI (State Opioid Response II) CSUGS (RecCap) FY22 (COVID-19 Substance Use & Gambling Services) RCA -MI (Recovery Capital Assessment)	Oct. 2021 - Sept. 2022
SORIII FY23 (State Opioid Response III) SOR3RR-MI (State Opioid Response III Recovery Residences) CSUGS (RecCap) FY23 (COVID-19 Substance Use & Gambling Services)	Oct. 2022 - Sept. 2023
SUGS SORIII FY24 (Substance Use & Gambling Services) SOR3RR-MI (State Opioid Response 3 Recovery Residences) CSUGS (RecCap) FY24 (COVID-19 Substance Use & Gambling Services)	Oct. 2023 - Sept. 2024

FUNDING

THANK YOU

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