

# Equitable Pathways to Recovery and the People Who Use Them

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Harvard Medical School  
NARR Board of Directors

National Alliance for Recovery Residences

October 9, 2023

# Learning Objectives

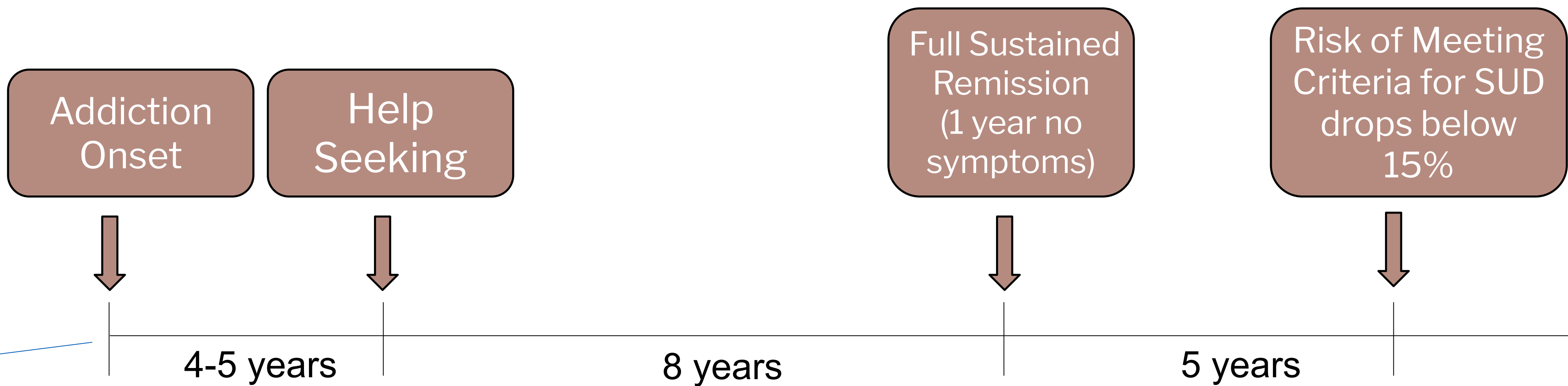
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- Identify Recovery Milestones
- Analyze Long-Term Recovery: Nature and Scope of Recovery Support Services
- Measure the Effectiveness of Recovery Housing: A Look Under the Hood

# *01* **Identify Recovery Milestones**

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# Nature of Problem for Severe Substance Use Disorders



earlier detection through screening in non-specialty settings like primary care/ED

Self-initiated cessation attempts

4-5 Treatment episodes/ Recovery Support Services

Continuing care/ Recovery Support Services

70% of individuals with addiction will achieve full sustained remission



## *Recovery Milestones*

- ◆ Initial 0-3m
- ◆ Early 4-12m
- ◆ Sustained 1-5yrs
- ◆ Stable 5+yrs

What do we know about recovery milestones and trajectories?





Relevant to  
inform answers  
to Questions  
regarding  
Treatment and  
Recovery  
Support  
Services...

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Who needs what type of service?

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When in their recovery?

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For what duration?

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At what intensity?

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# THE NATIONAL RECOVERY STUDY

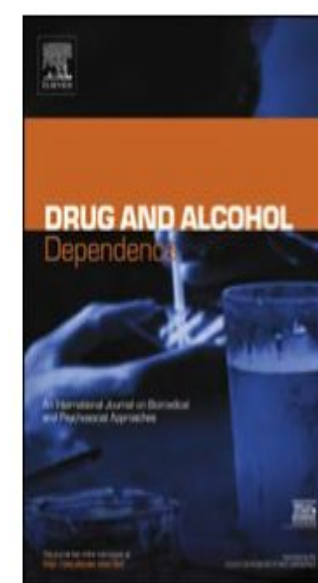
Drug and Alcohol Dependence 181 (2017) 162–169



Contents lists available at [ScienceDirect](#)

## Drug and Alcohol Dependence

journal homepage: [www.elsevier.com/locate/drugalcdep](http://www.elsevier.com/locate/drugalcdep)



Full length article

Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy



John F. Kelly<sup>a,\*</sup>, Brandon G. Bergman<sup>a</sup>, Bettina B. Hoepfner<sup>a</sup>, Corrie Vilsaint<sup>a</sup>, William L. White<sup>b</sup>

Design: web-based cross-sectional

Population: nationally representative of people who endorsed “yes” “Did you used to have a problem with drugs or alcohol but no longer do.”

Sampling Frame: 40,000

Sample: 2,002 people



# RESULTS

NRS



9.1% or  
22.35 million

Americans have  
resolved an alcohol or  
other drug problem

46% self-identify as  
being "in recovery"

54% used "assisted pathway"

1% Identify as Muslim

## PRIMARY SUBSTANCE

51% alcohol  
11% cannabis  
10% cocaine  
7% methamphetamine  
5% opioid

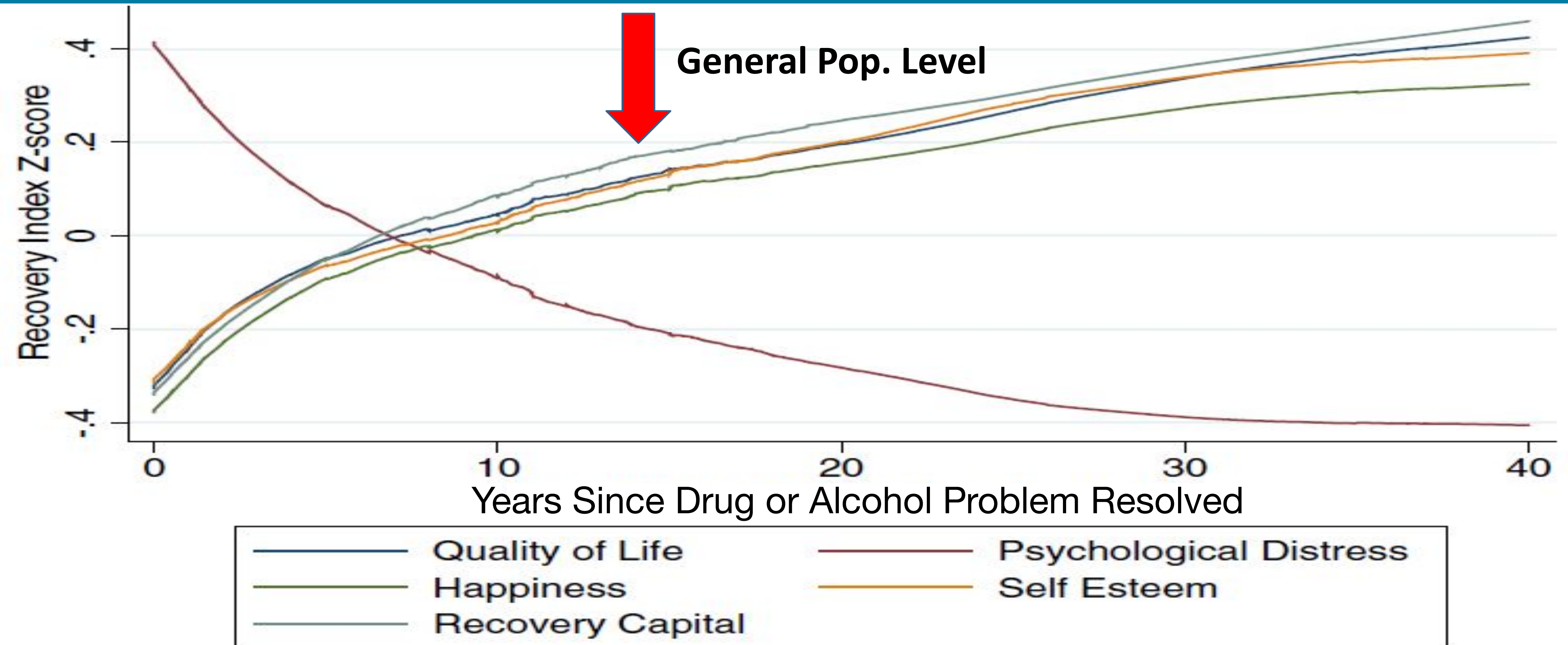


## SAMPLE

60% male, 45% aged 25-49 years of age,  
61% non-Hispanic White, 14% Black, 17% Hispanic  
48% employed, 46% living with family or relatives



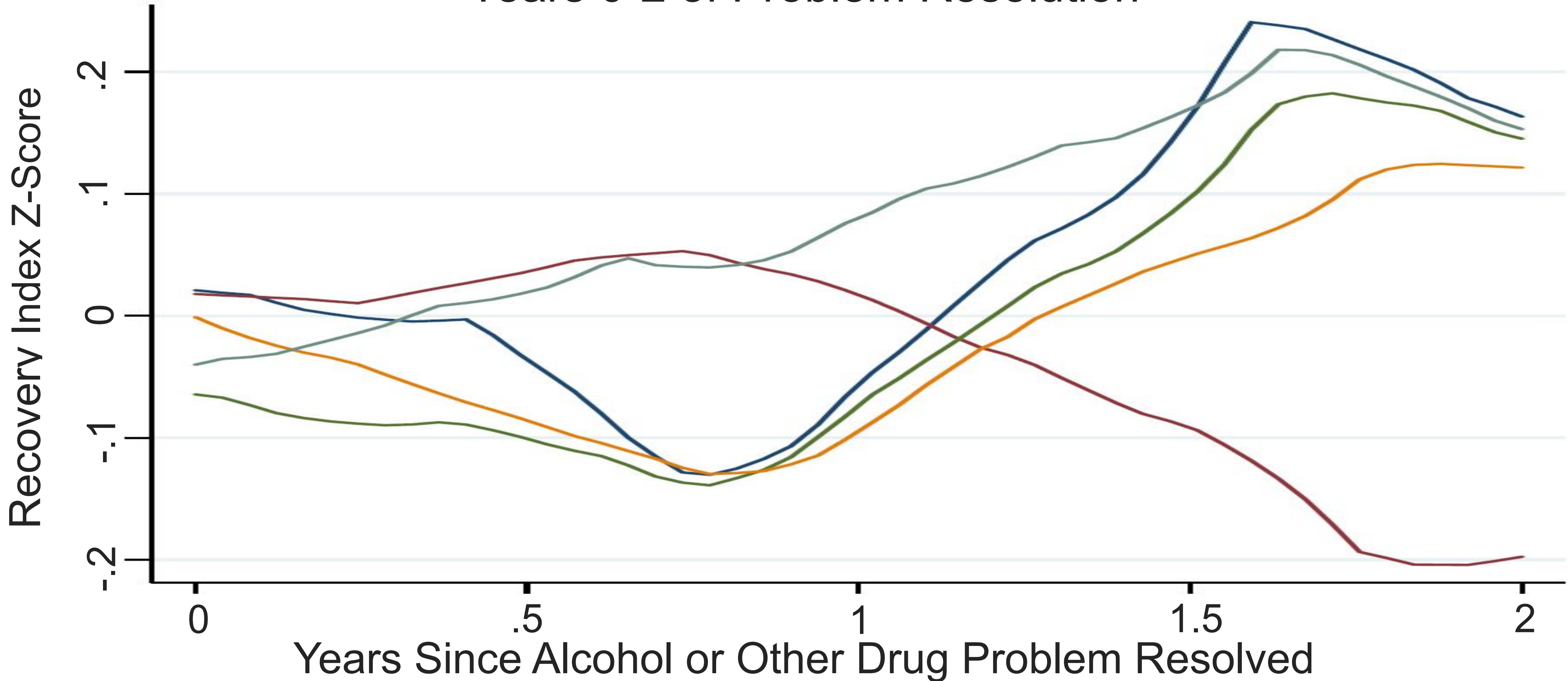
# Recovery Vital Signs Graphed by Number of Years Since Resolving a Problem



Kelly, Greene, Bergman. 2018. Beyond abstinence: Changes in quality of life with time in recovery in A nationally representative sample of US adults. *Alcoholism: Clinical and Experimental Research*, 42(4), 770-780.

# Recovery Vital Signs Graphed by Years Since Resolving a Problem

Years 0-2 of Problem Resolution

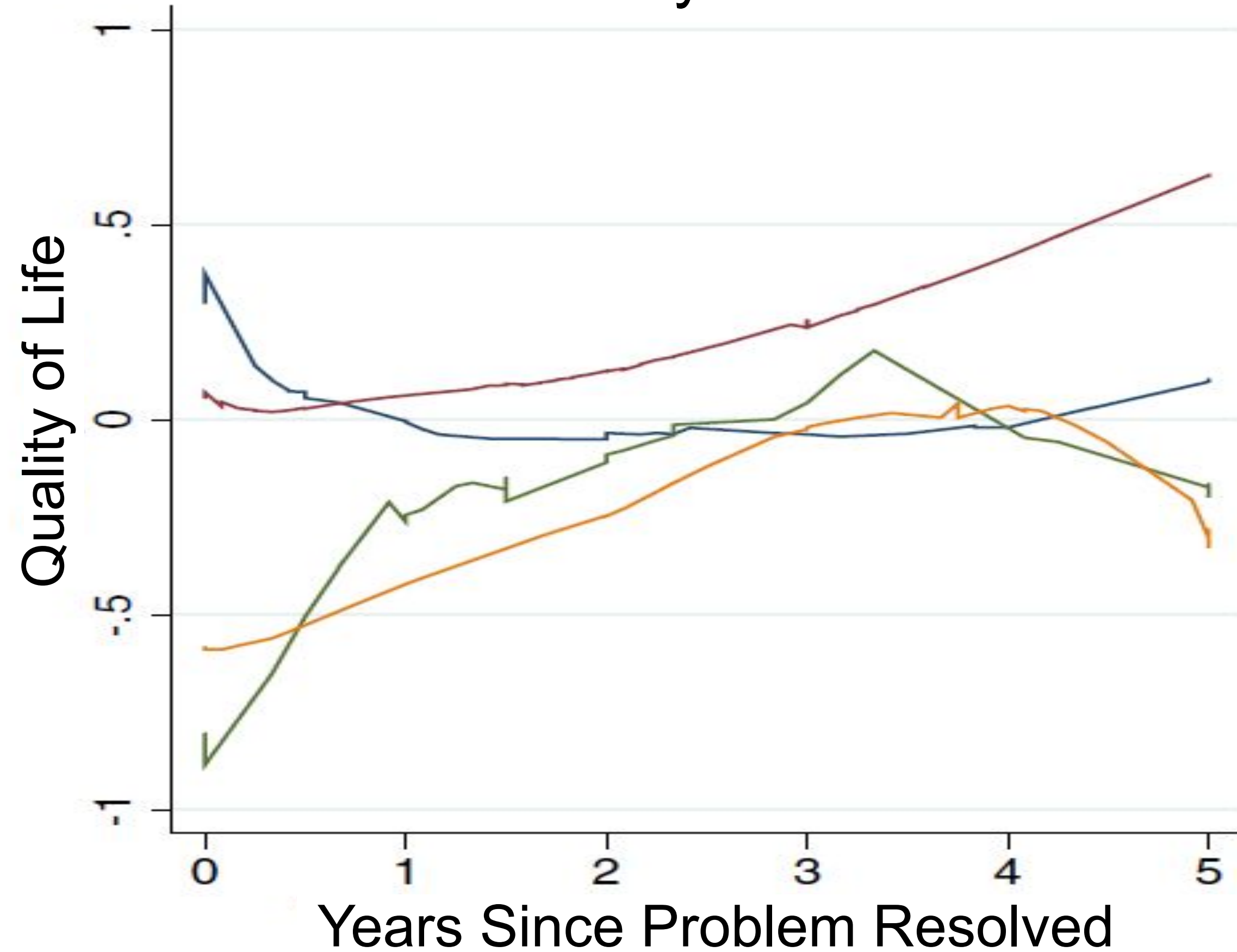


Kelly JF, Greene MC, Bergman BG. Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults. Alcohol Clin Exp Res. 2018 Apr;42(4):770-780.

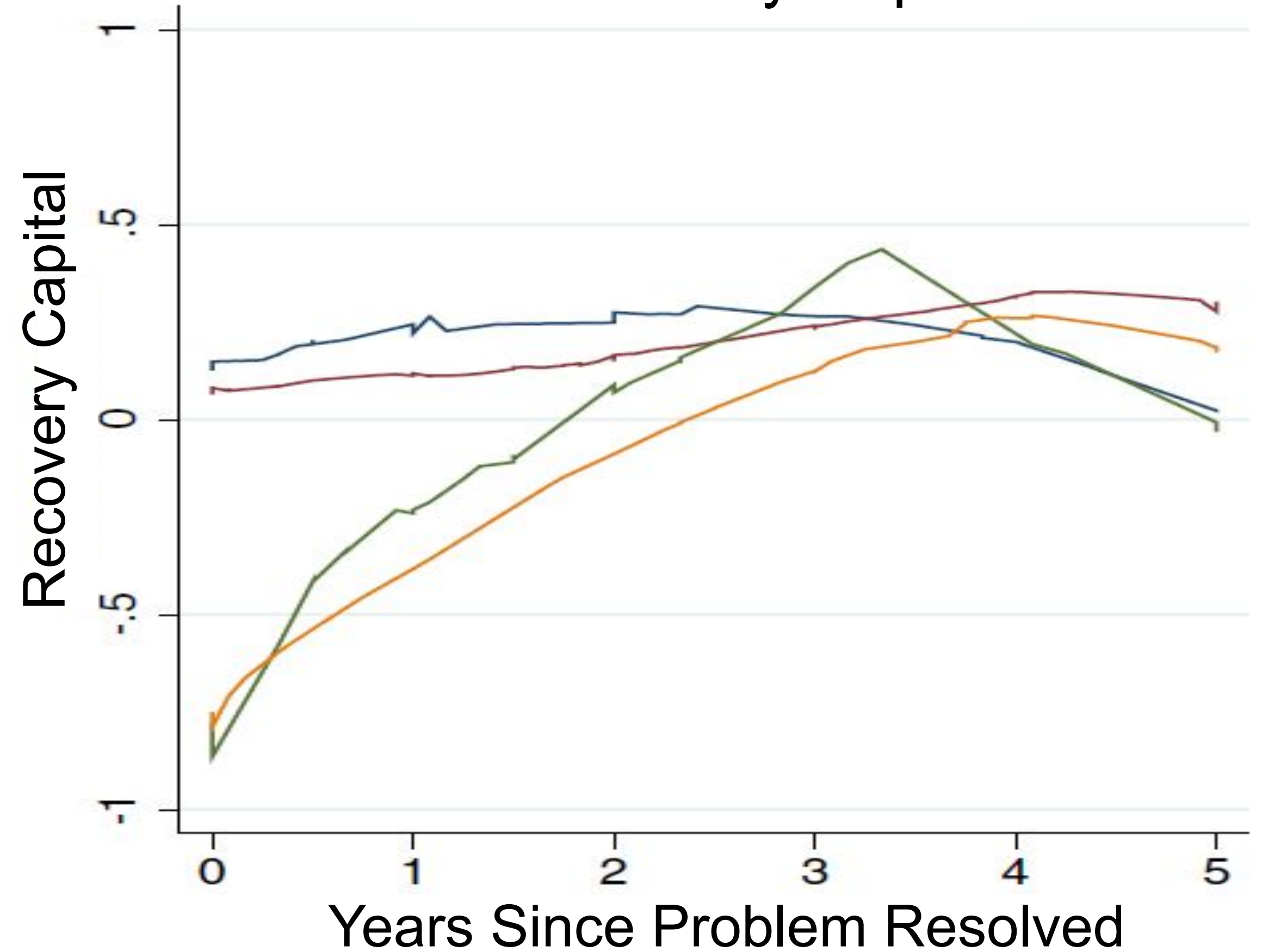


# Recovery Vital Signs by Years Since Problem Resolution

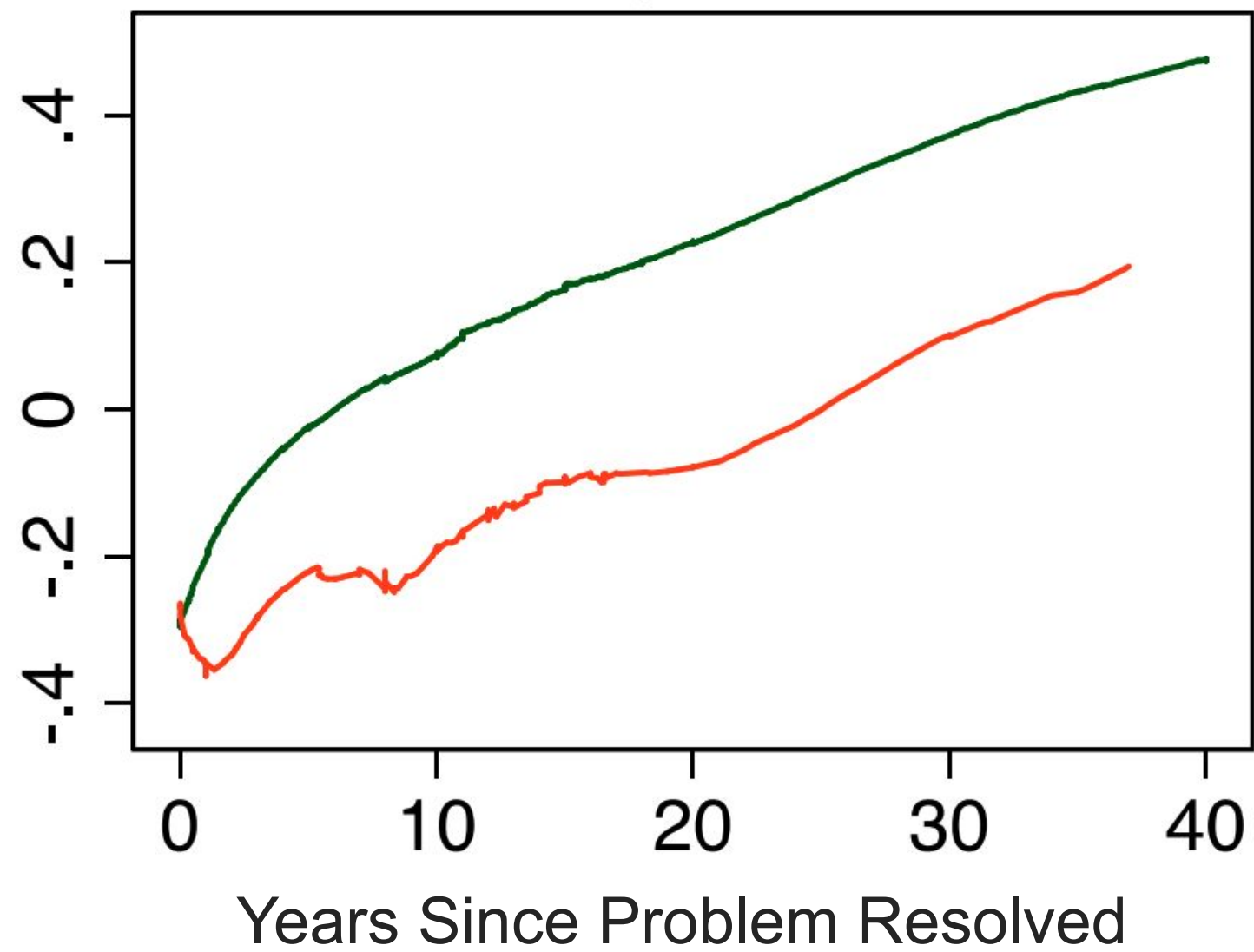
## Quality of Life



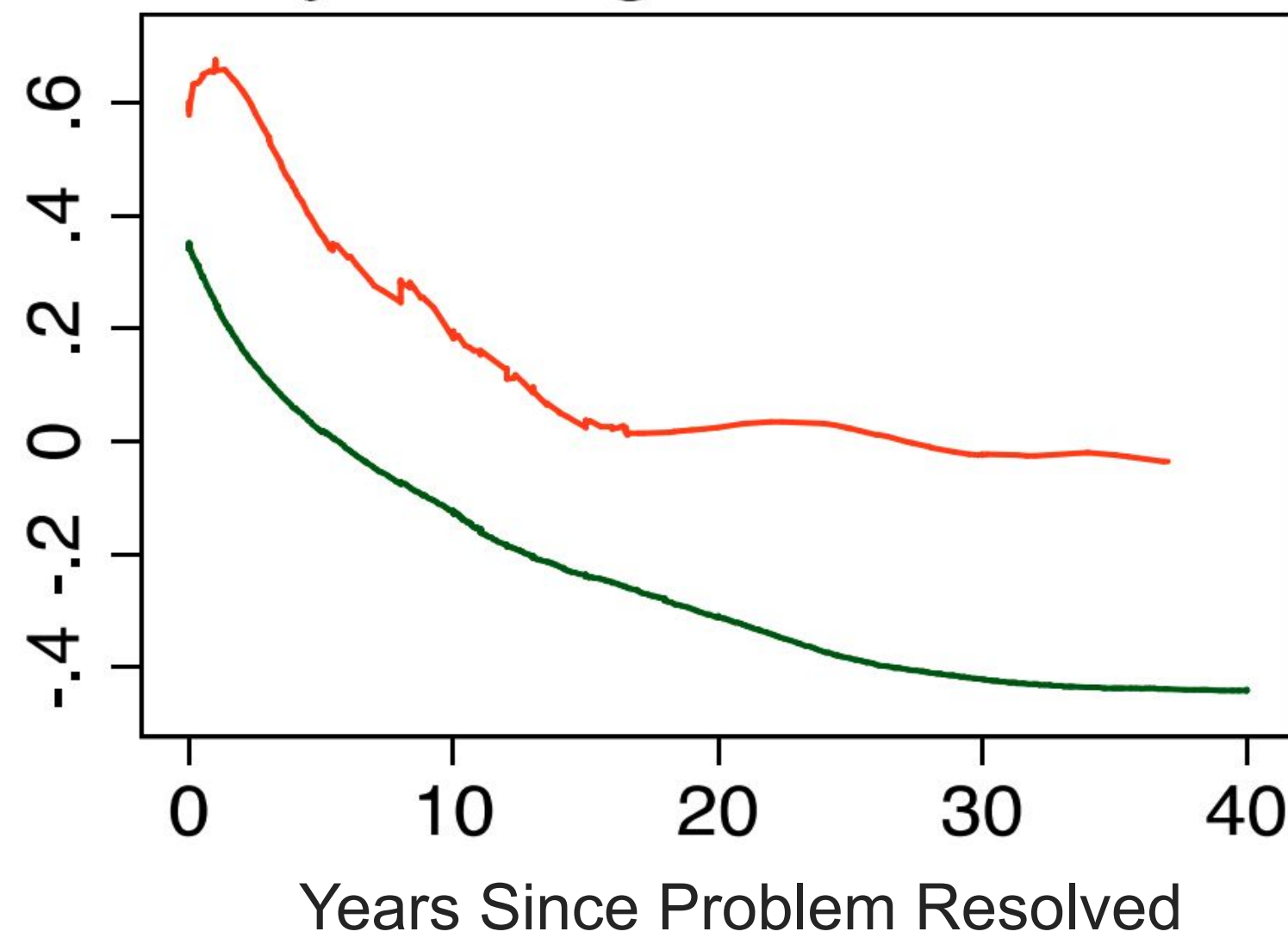
## Recovery Capital



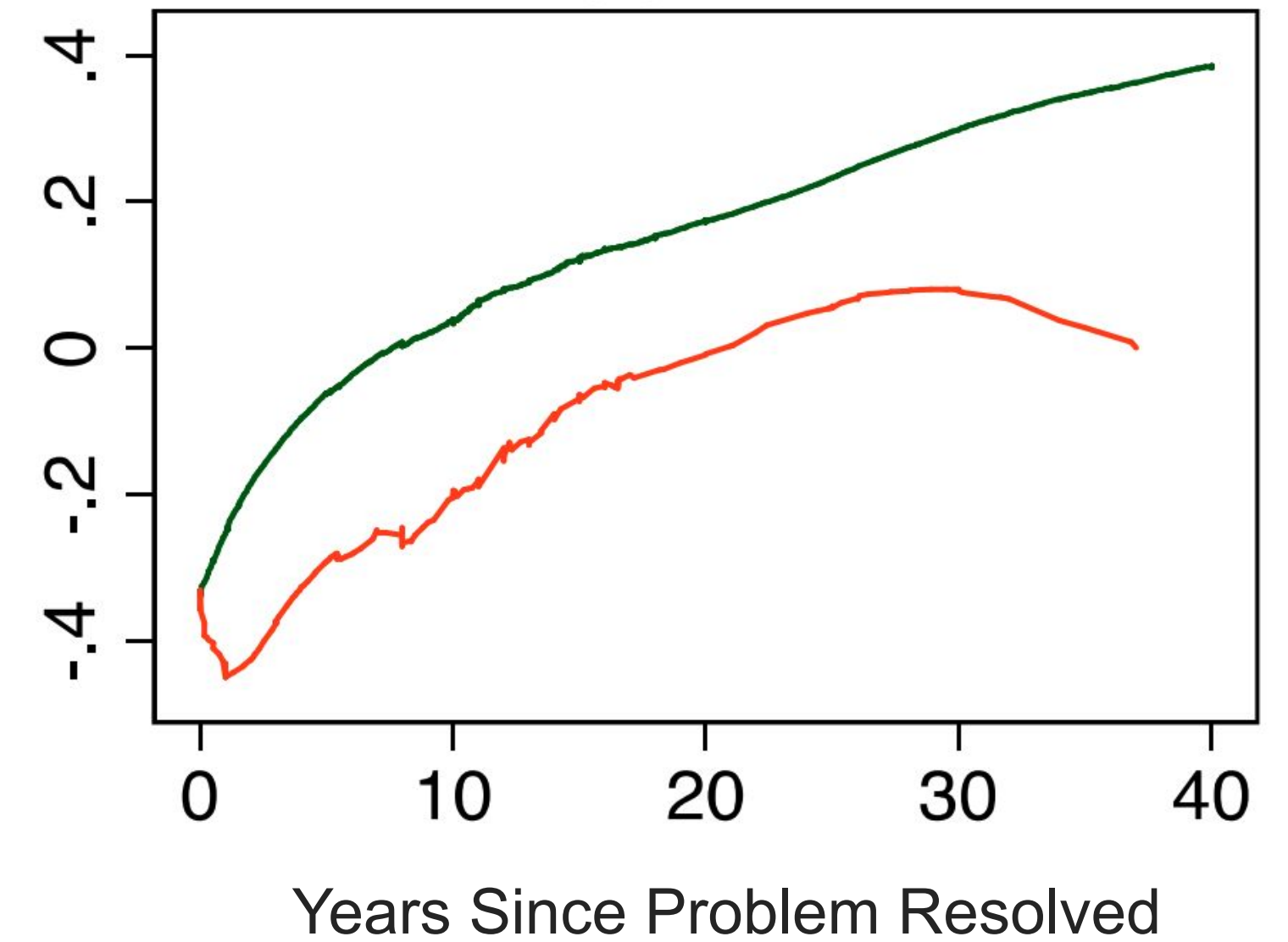
### Quality of Life



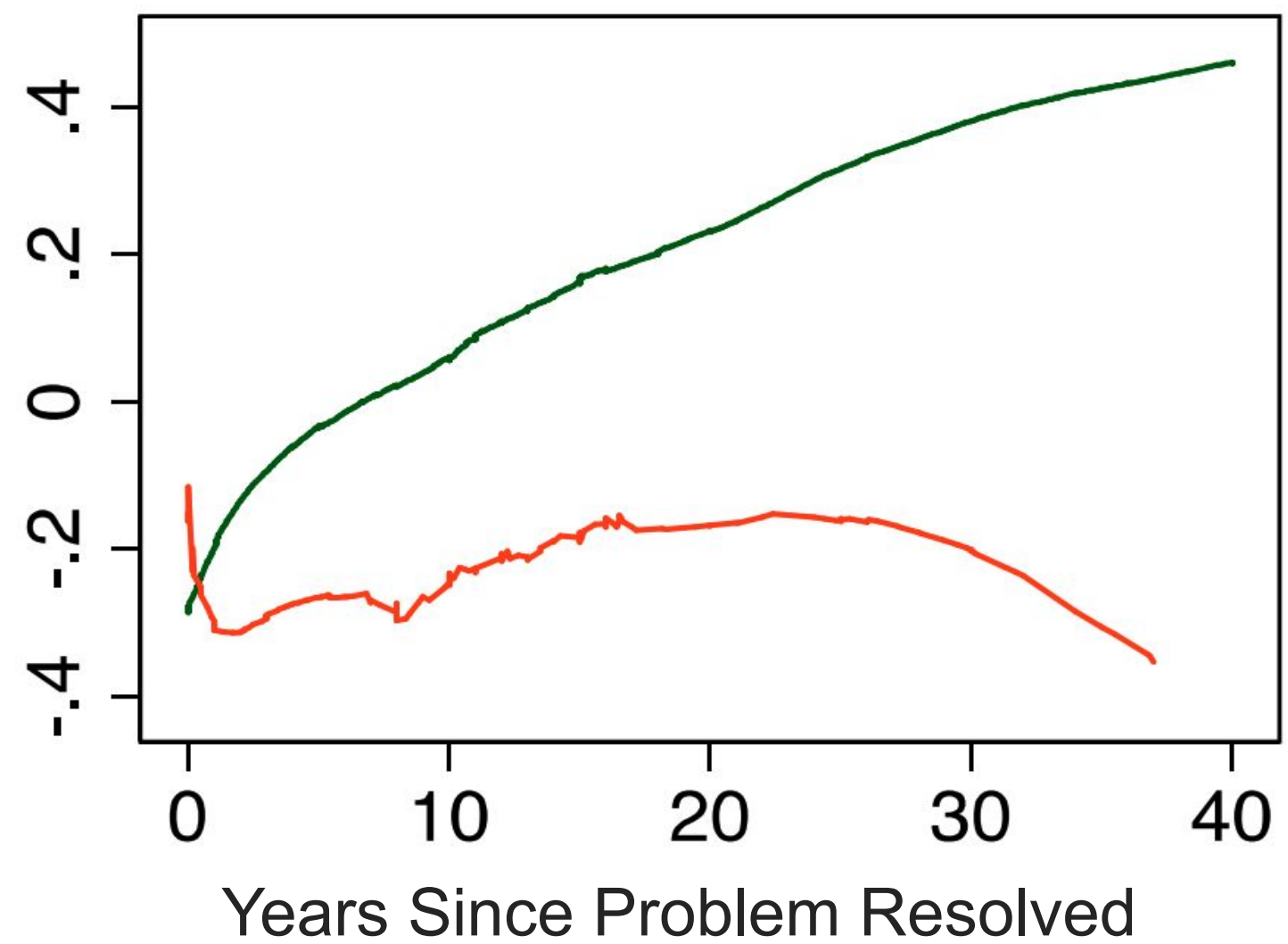
### Psychological Distress



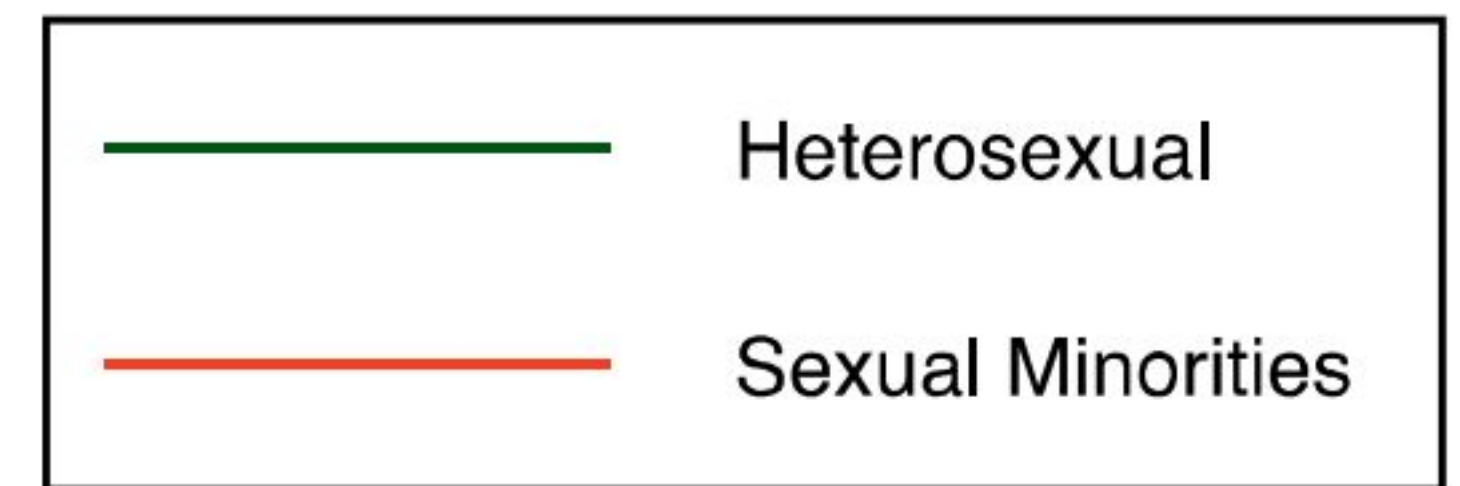
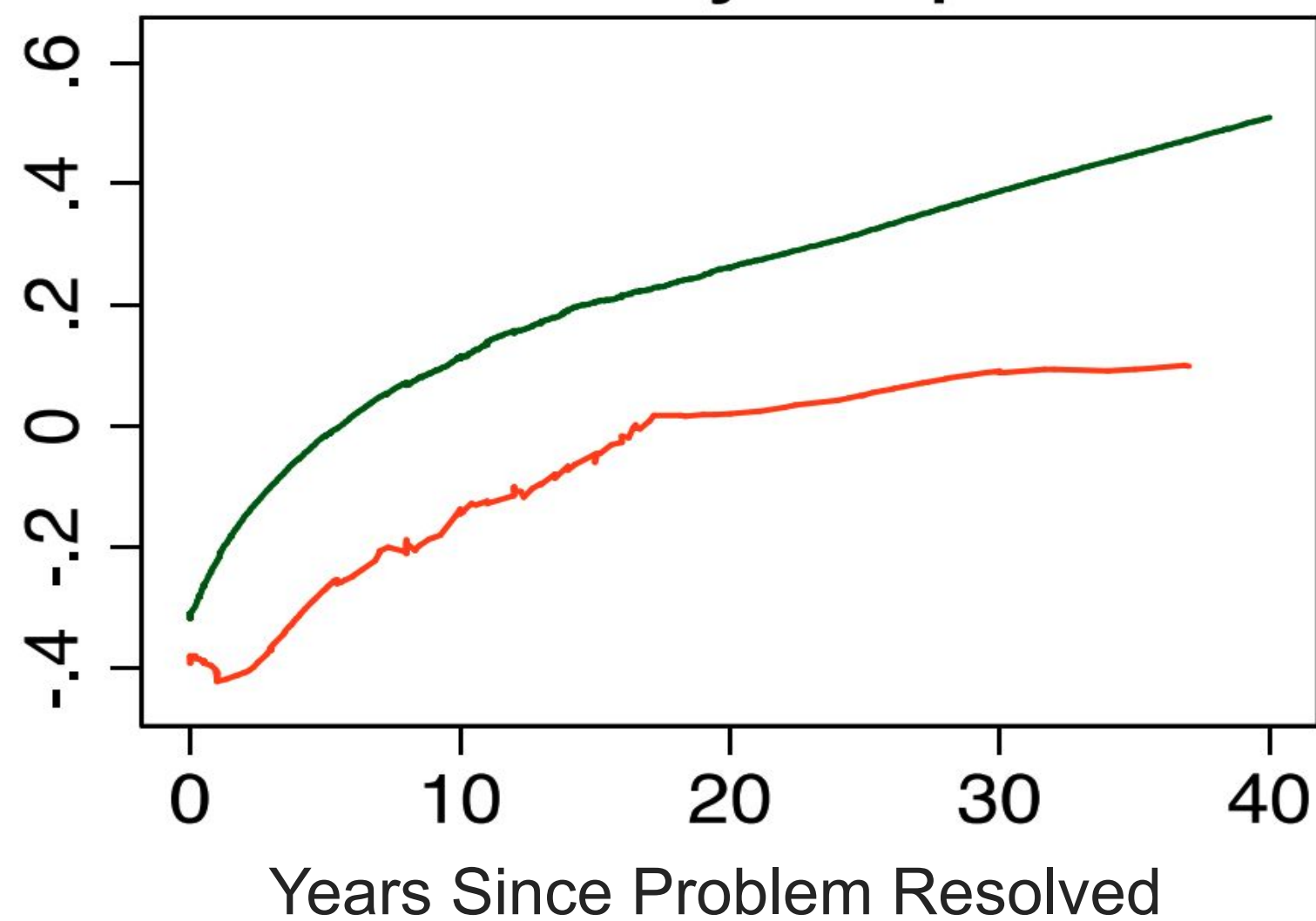
### Happiness



### Self-Esteem

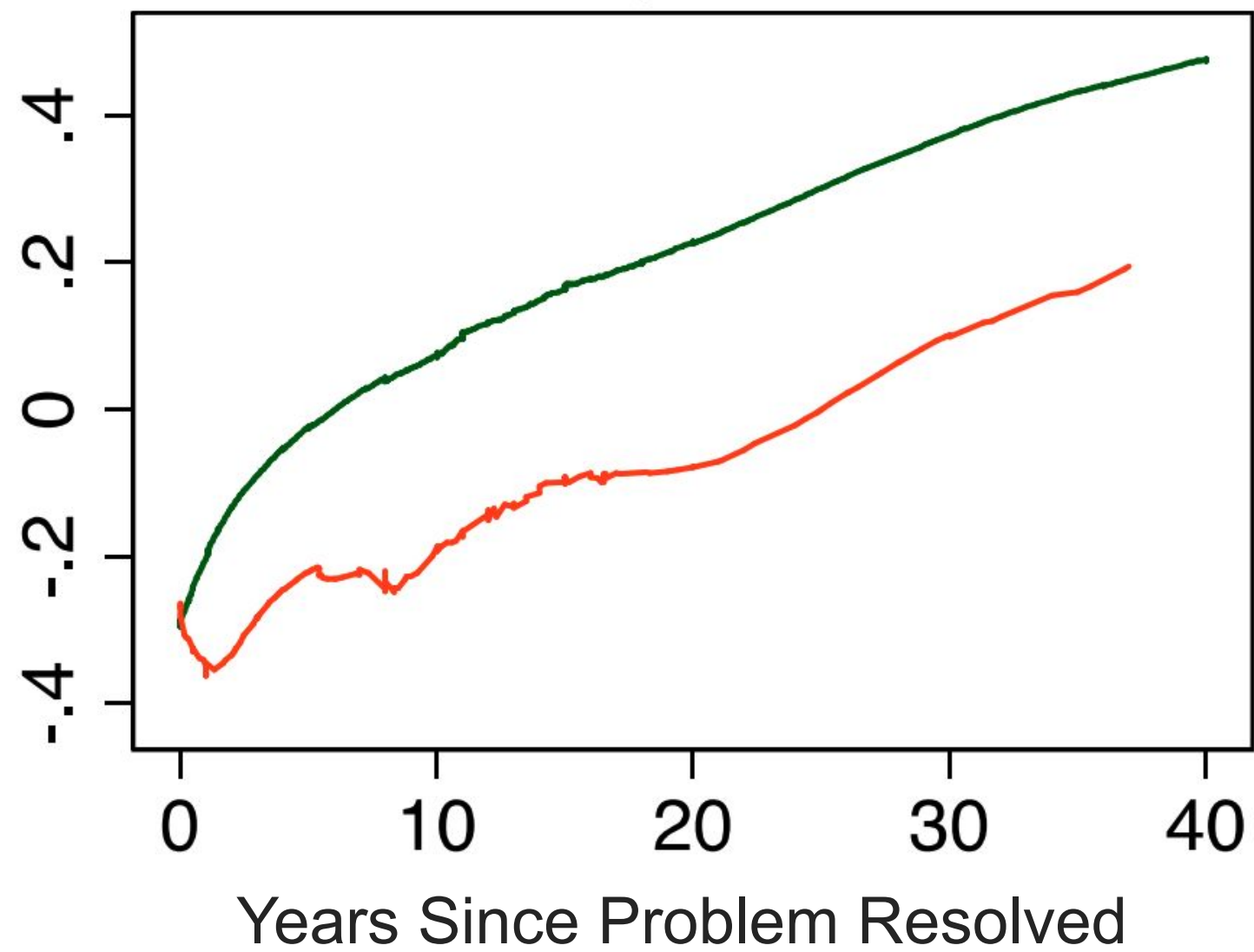


### Recovery Capital

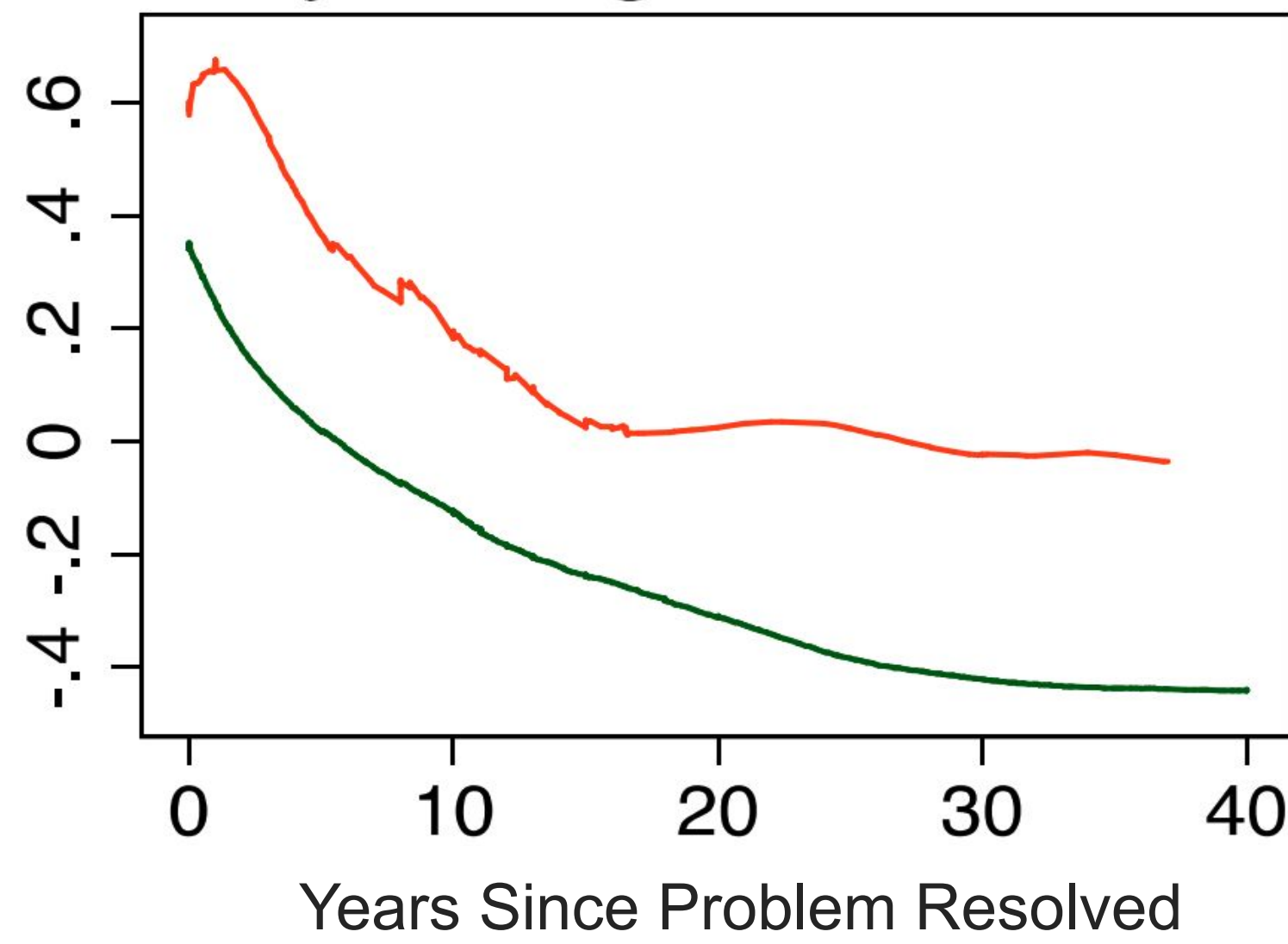




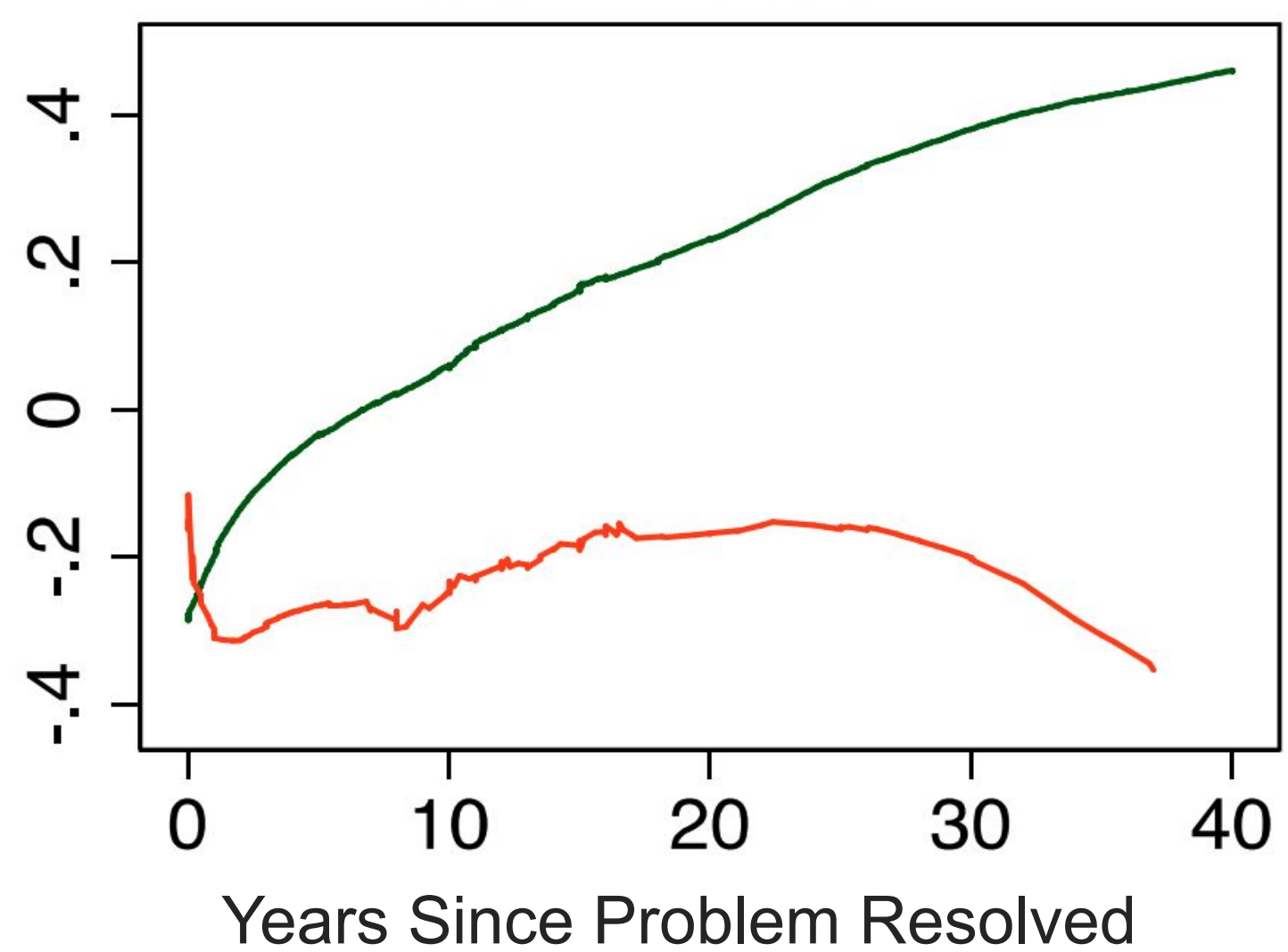
### Quality of Life



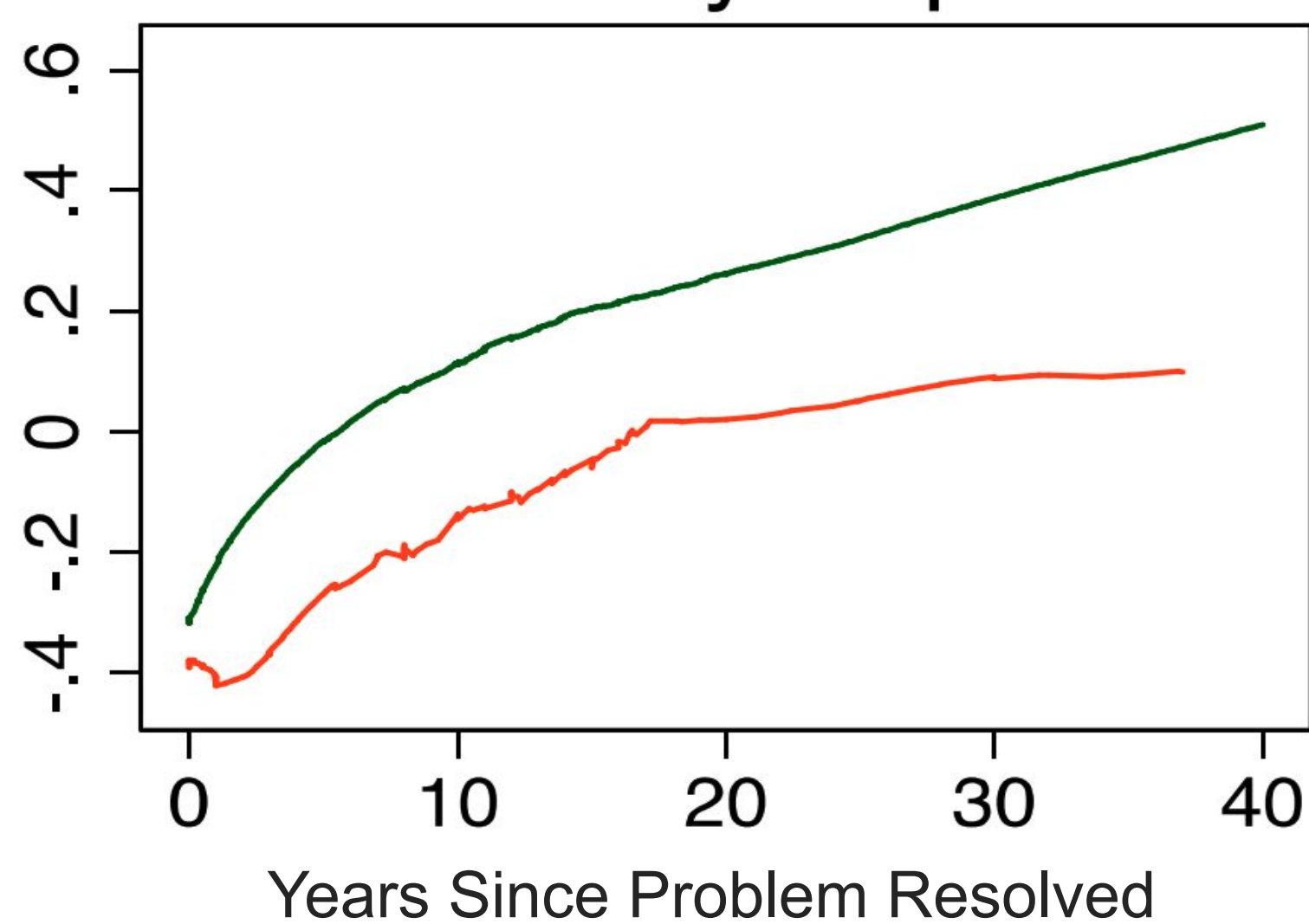
### Psychological Distress



### Self-Esteem



### Recovery Capital

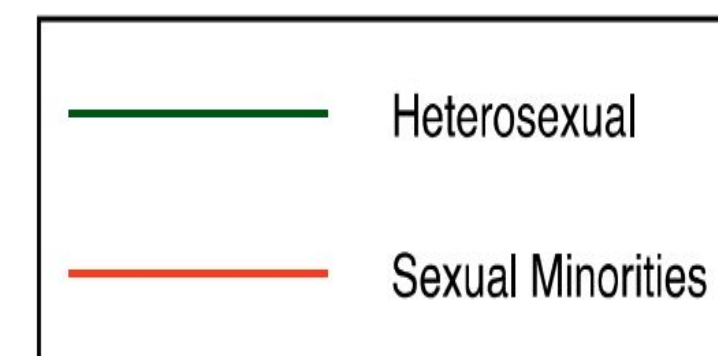


NARR Best Practices

## Commitment to LGBTQ-Inclusion in Certified Recovery Housing

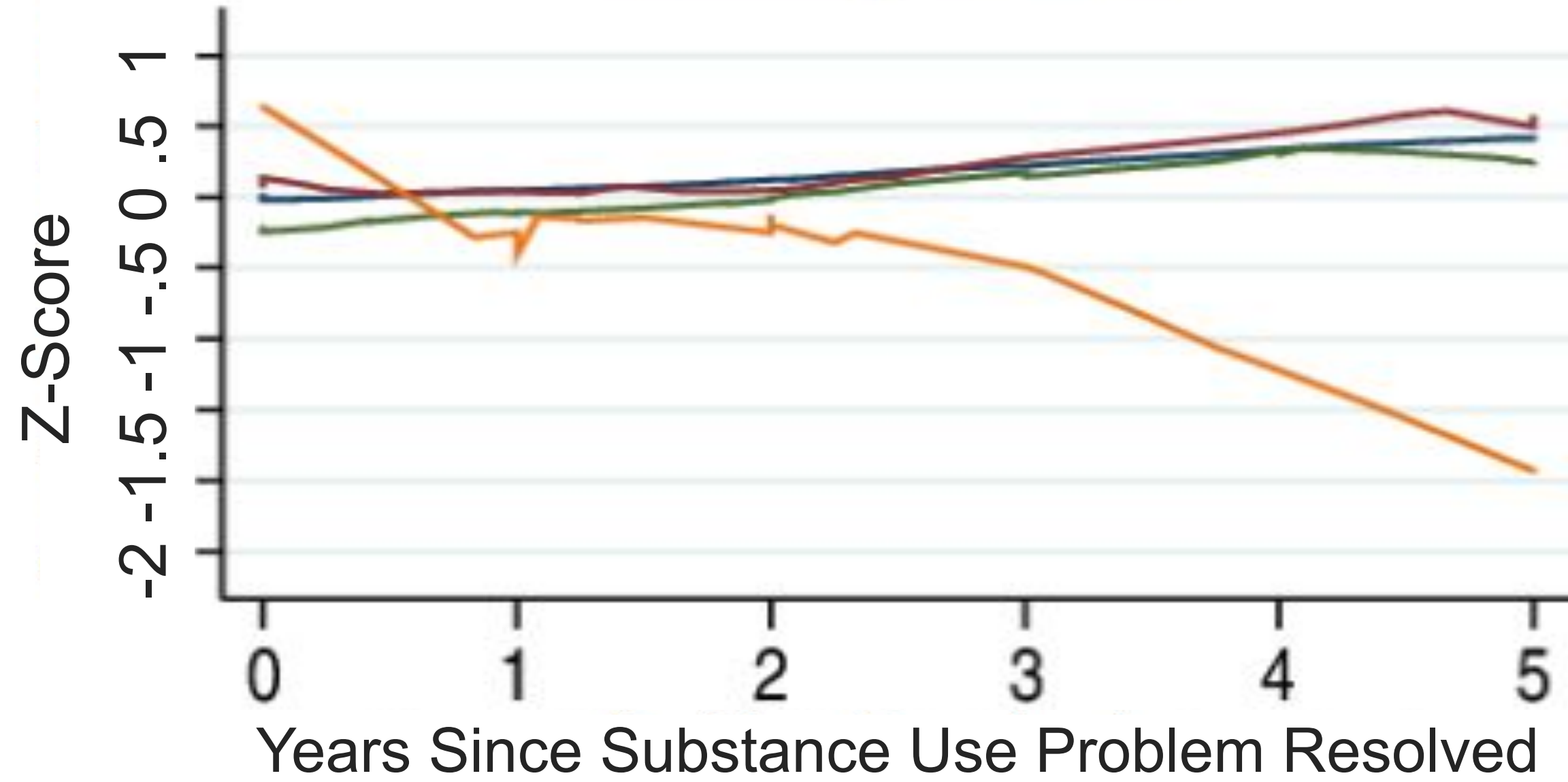
Introduction

Addiction can impact anyone. Yet research shows marginalized populations are more likely to develop substance use disorders (SUDs) and are less likely to access recovery

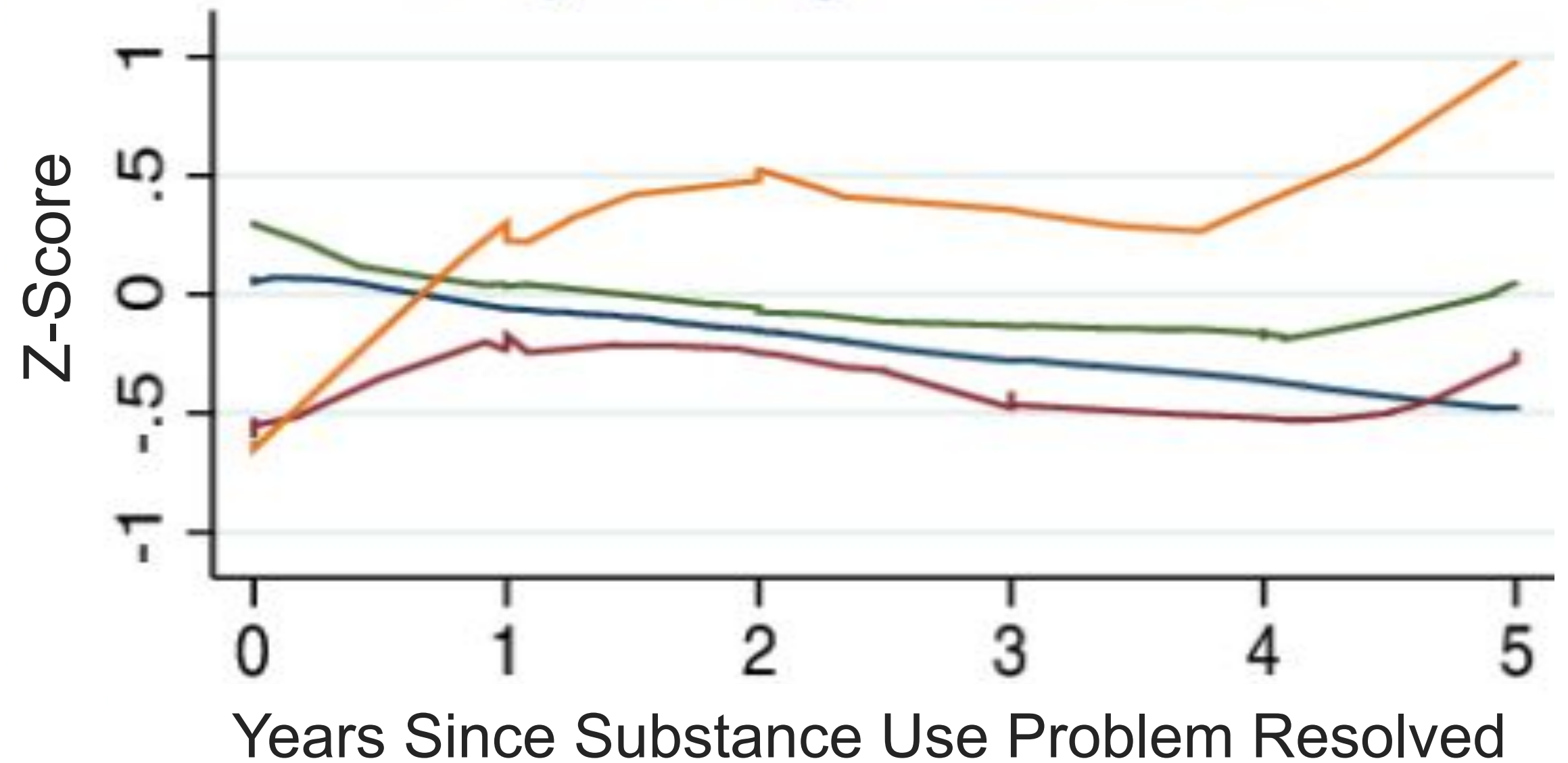




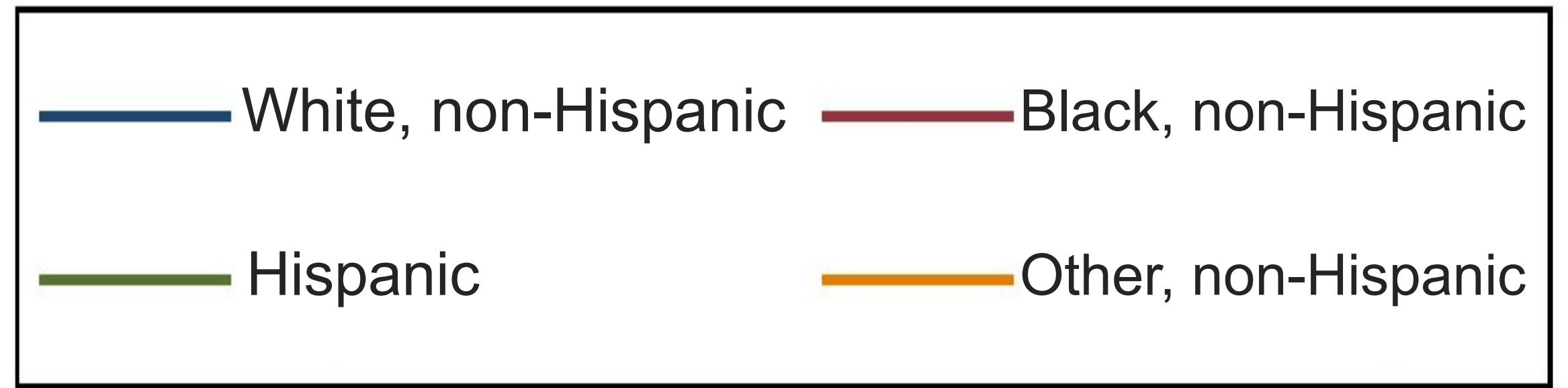
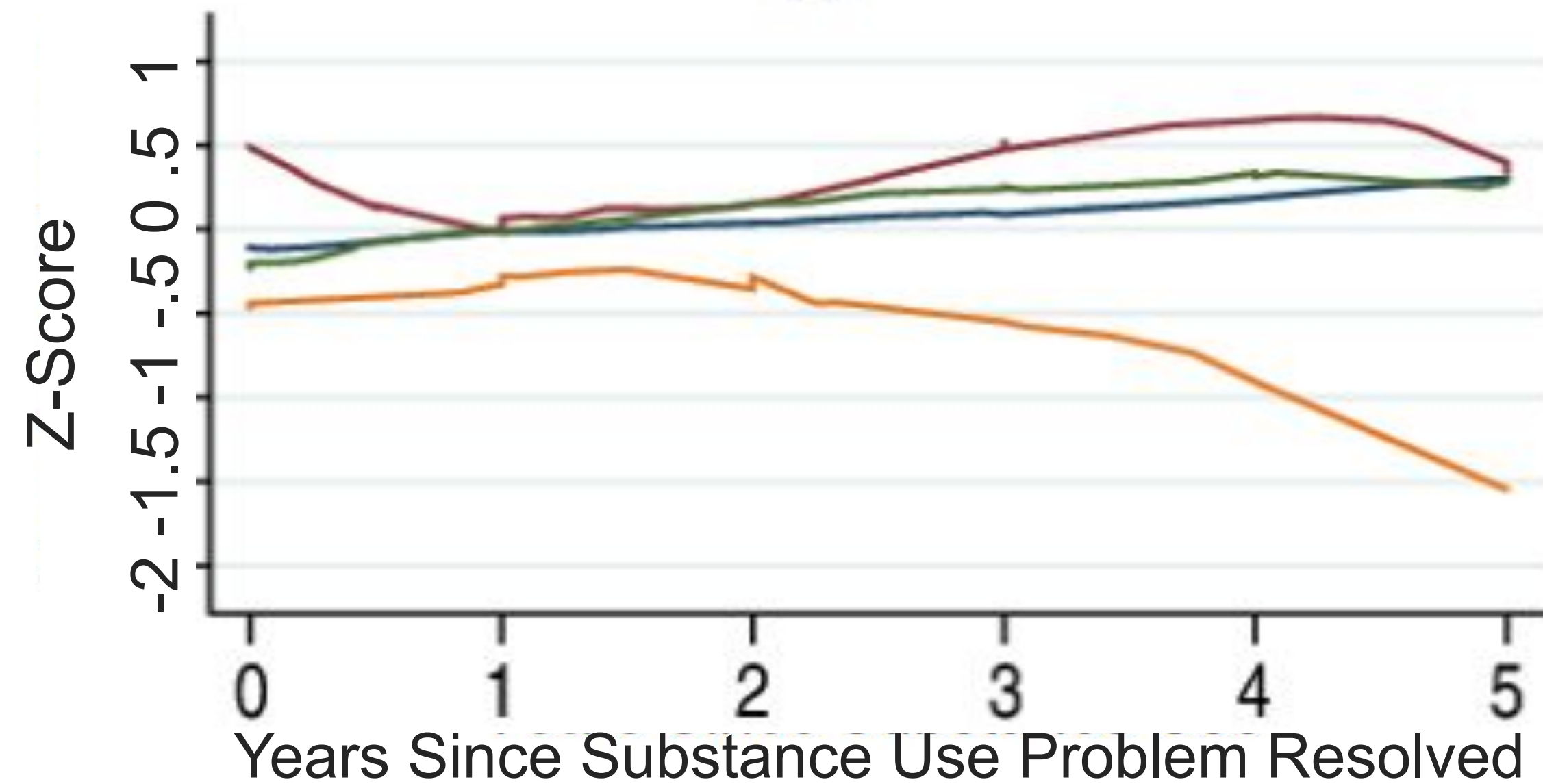
### Quality of Life



### Psychological Distress



### Happiness



Mixed Race & Native American:  
Lower on Happiness and QOL  
Higher on Psychological Distress



# In the U.S., among Muslims Who Resolved a Problem with Drugs or Alcohol...

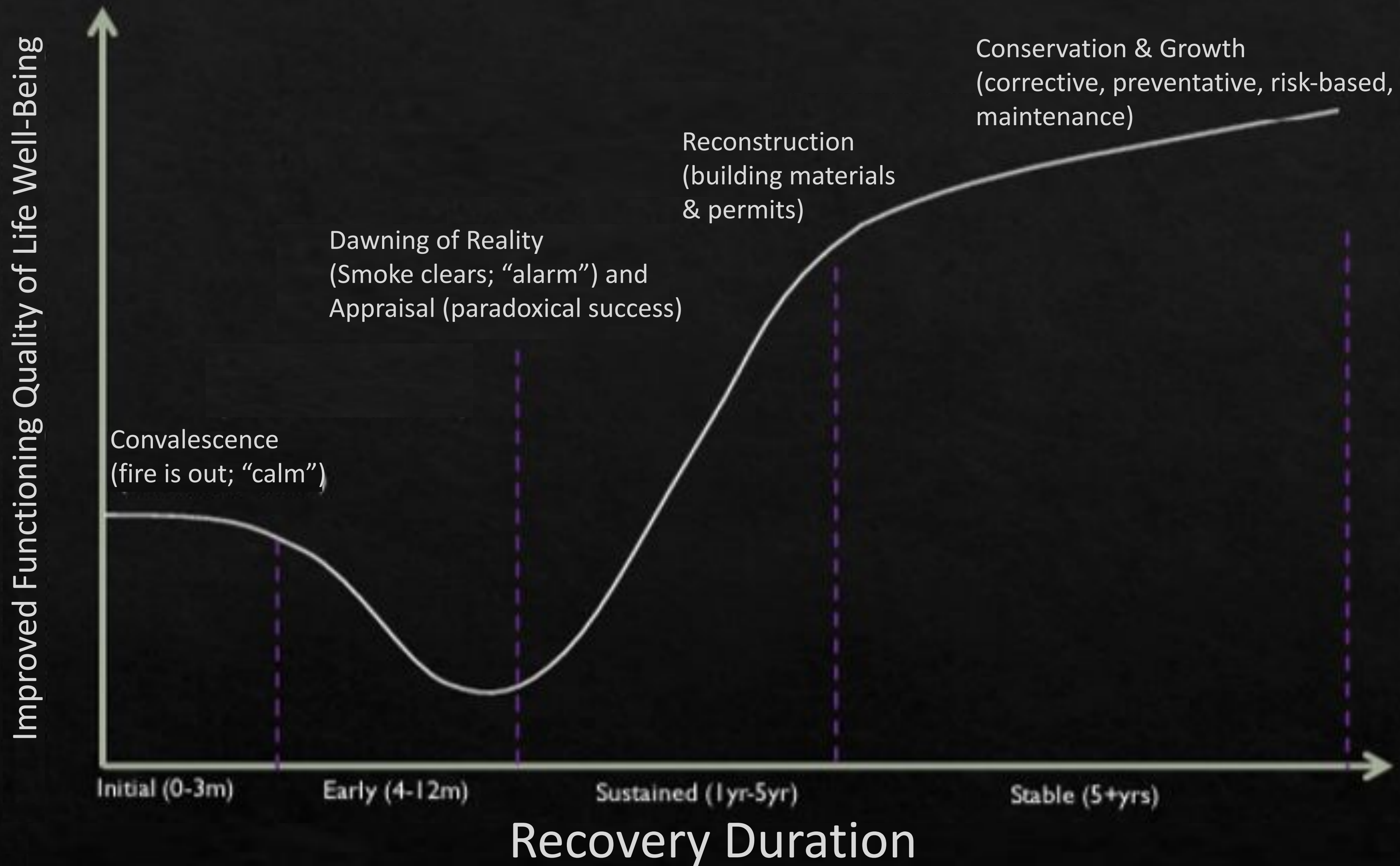
About half identify as being “in recovery.”

Same Recovery Capital, Quality of Life, and Psychological Distress as those who do not identify as Muslim.

Lower scores on Happiness compared to those who do not identify as Muslim.

# Recovery Curve

*Preliminary Data-Based Recovery Milestones and Tasks...*





**02**

**Analyze Long-Term Recovery:  
Nature and Scope of Recovery  
Support Services**

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# Treatment vs. Recovery Support Services

	Treatment	Recovery Support Service
Goal	Reduce symptomology and pathology	Build recovery capital (rebuilding materials: assets and resources, internal and external, to sustain recovery)
Time-frame	Time-limited, short-term	Long-term
Location	Health care settings	Community
Providers	Professionals	Peers (can be credentialed, has expertise in lived experience in recovery)

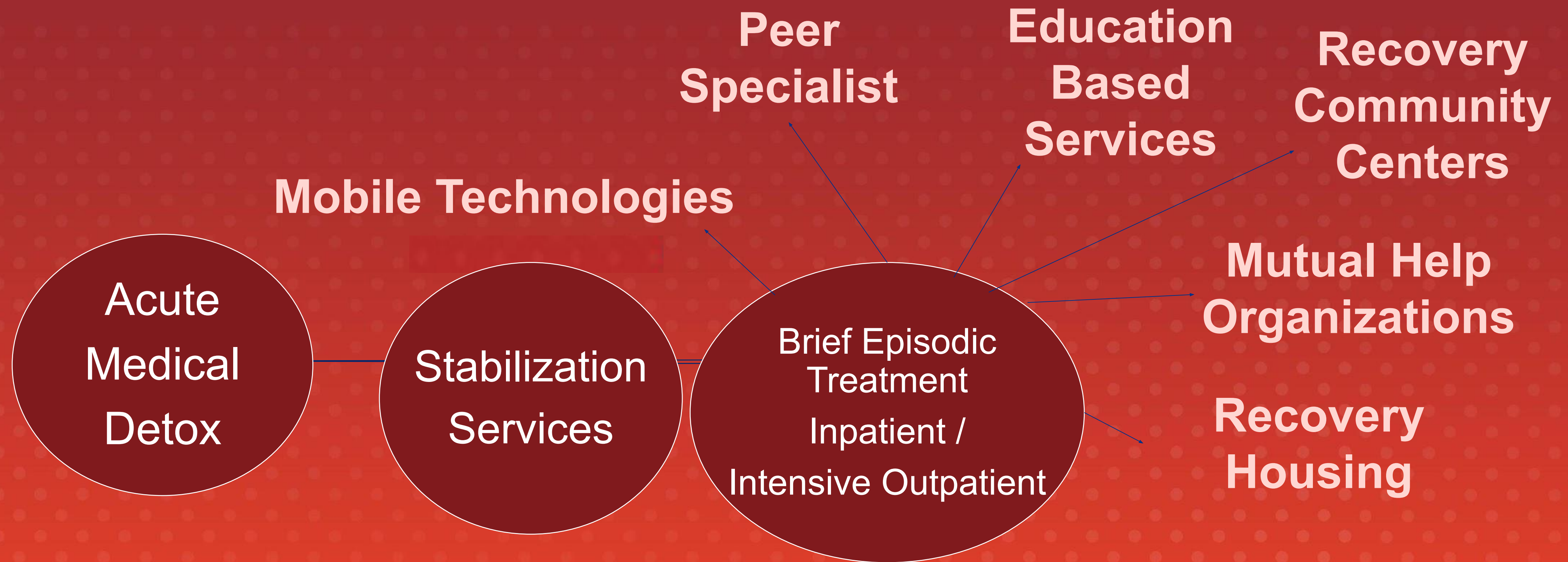


# Treatment vs. Recovery Support Services



# How do Recovery Support Services Fit into Long-Term Continuum of Care

## Paradigm Shift: Episodic to Continuing Care





03

# Measuring the Effectiveness of Recovery Housing: A Look Under the Hood

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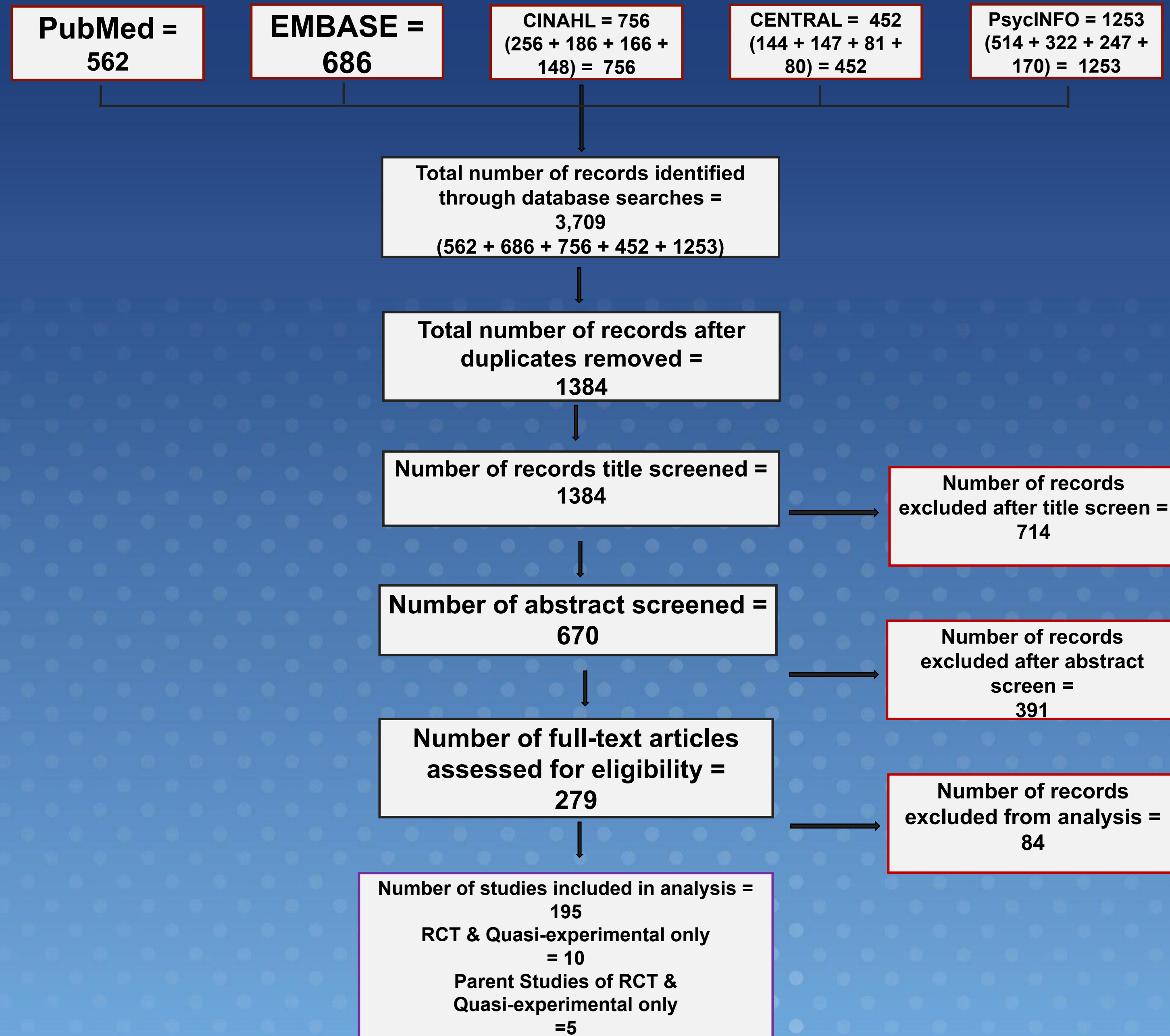
# RECOVERY HOUSING *Origin & Prevalence*

- Recovery housing emerged not from the medical literature, but from a recognized need among persons with lived experience.
- 22.6 million people who have resolved a problem with alcohol or other drugs in the U.S., of which 8.5% or nearly 2 million people have used recovery housing (Kelly, Bergman, Hoepfner, Vilsaint, & White, 2017).
- In 2020, there were an estimated 17,943 recovery homes across the United States (Jason, Wiedbusch, Bobak, Taullahu, 2020).
- NARR consists of 30 statewide affiliate organizations that support more than 48,000 residents across 4,500 certified recovery residences.
- Systematic quantification of the magnitude of the impact will inform how to build an effective public health infrastructure to combat substance use disorders and support recovery.



# RECOVERY HOUSING PRISMA FLOW DIAGRAM

## Recovery Support Service: Recovery Housing



- **1384** records identified after duplicates removed
- **279** full-text articles assessed
- **5** studies testing **Recovery Housing** versus a **non-housing** pathway to recovery (RCT or QED).

# Study Design, Quantity, Demographic, and Clinical Background of Published Studies from a Review of the Evidence on Recovery Housing

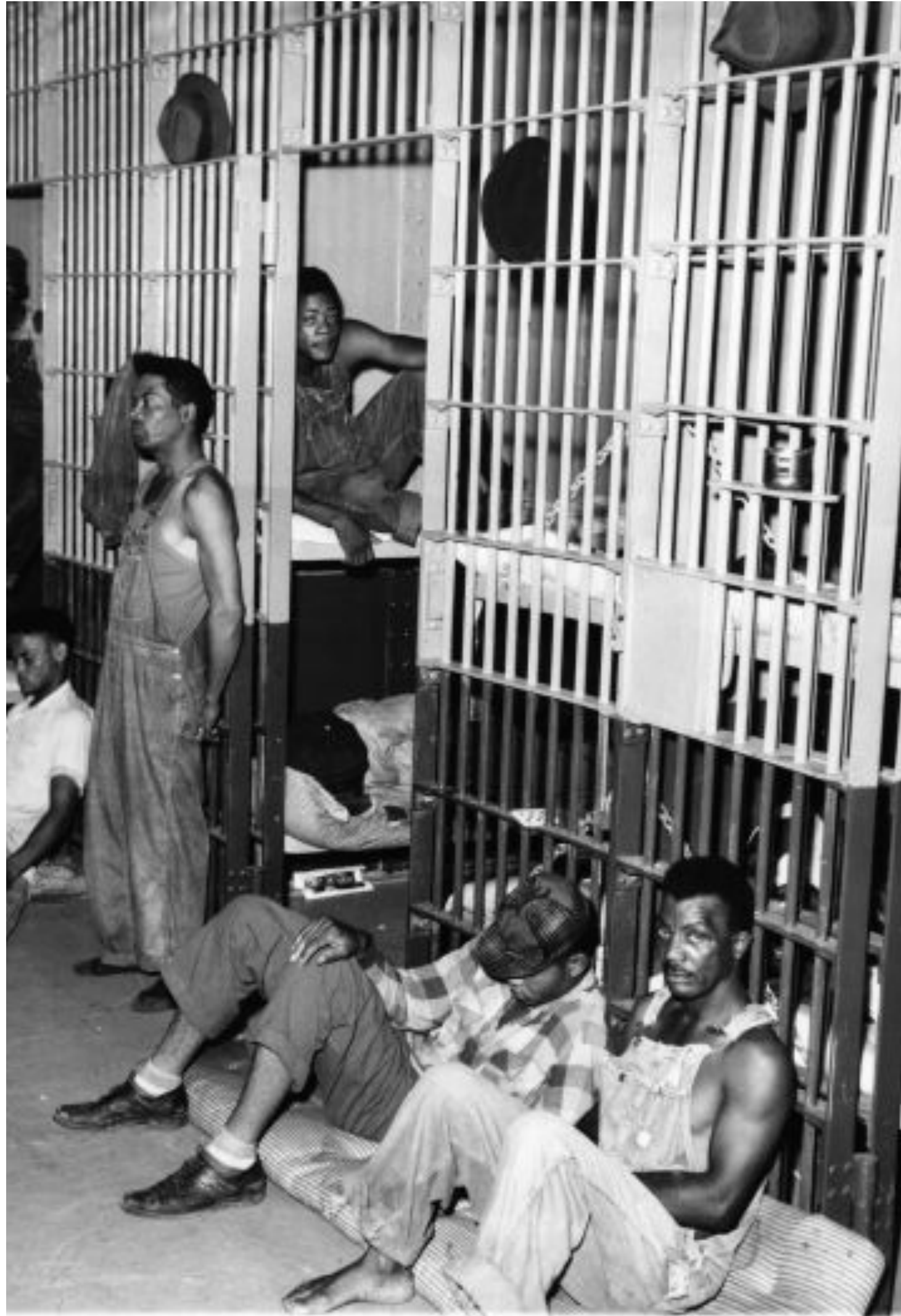
Type of Study Design	Number of Studies (N)	Sample size Mean N	Recruited from	Age Mean	% Female Mean	Race / Percent Non-White (African American) Mean	Follow-Up Months Mean	Primary Drug of Focus						
								% Alcohol	% Mixed	% Opioids	% Stimulants	% Cannabis	% Other	
Randomized Controlled Trial	3	221	Re-Entry, Detoxification, or Residential Treatment	39	35	78	18		2	1				
Comparative Trial (non-randomized)	2	335	Post criminal justice or post criminal justice after treatment	40	95	74	24		2					



## Quote from Top Nixon Aid (Ehrlichman), 1994

*“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”*

# Anti-Drug Abuse Act 1986



- Created a disparity between federal penalties for crack cocaine and powder cocaine: same penalties for the possession of crack cocaine as for 100 times the same amount of powder cocaine.
- No knock warrants
- Enacted minimum mandatory sentencing for drug possession and distribution. 5 years to life.

**RESULT: Black and Latinx make up about 77% of those incarcerated in federal prisons for drug crimes and 57% in state prisons.**



# Model: Recovery Housing for Opioid Use Disorder

STUDY	COMPARISON GROUP	Abstinence Rates at 6 Months	Employment
Tuten 2012	<ol style="list-style-type: none"><li>1) Usual care (participant decided after detox)</li><li>2) Recovery housing, abstinent contingent (rent paid for negative drug screens)</li><li>3) Recovery housing abstinent contingent with reinforcement based treatment for 12 weeks</li></ol>	<p>13% usual care referrals</p> <p>37% housing alone</p> <p>50% housing + treatment</p>	

# Model of Recovery Housing: Oxford House

STUDY	COMPARISON GROUP	SUBSTANCE USE IMPROVED	RECOVERY IMPROVED				
			Social Network	Mortality	Employment or Income	Criminality	Cost Benefit
Jason 2006	Participant decided continuing care	✓ 31% 65%	✓		✓ \$440 \$989	✓ 9% 3%	✓ \$29t
Jason 2015	Therapeutic community or participant decided	✓ 40% 66% (no change other drug use 85%)	✓		✓ 6, 11 days		✓ \$13t
Jason 2016	Participant decided continuing care (incarcerated women)			✓ 4,0			
Majer 2016	Participant decided or therapeutic community	✓ 14, 12,-10, change # days					



# RECOVERY HOUSING *Main Findings*

- EVIDENCE FOR THE EFFECTIVENESS
  - Alcohol use Employment (income, days employed)
  - Criminality (rearrests, incarceration, convictions)
  - Cost-effective up to \$30,000 mainly from criminal reductions.

# RECOVERY HOUSING *Main Findings*

Implications for future research...

- Continue to understand the effectiveness of housing on different primary substances (alcohol vs. opioids vs. stimulants)
- Continue to find better way to effect women with carceral exposure using recovery housing models.
- Continue to understand how housing can better effect criminal justice populations.



# Take Homes



Recovery vital signs dip around year 1.5 – 2. Opioid and stimulant use disorders start lower on recovery vital signs than alcohol and cannabis. Heterosexual minorities, mixed race and Native Americans are lower on recovery vital signs.



Recovery support services offer a menu of pathways to recovery that extend and diversify the continuum of care to long-term recovery (more options will engage more people). They are distinct from treatment in their goals, time-frame, location, and providers.



Recovery Housing is effective for opioid use disorder, alcohol use disorder, employment, wages and reduced criminal justice involvement.

Racial Health Equity: Recovery housing is a **protective** mechanism for people disproportionately exposed to the war on drugs.



RECOVERY  
RESEARCH  
INSTITUTE



RECOVERYANSWERS.ORG







# Recovery Housing Solutions

Virginia Association of Recovery Residences (VARR)

Presented by:

Anthony Grimes, *VARR Executive Director*



# Virginia Association of Recovery Residences

As the Virginia state affiliate of the National Alliance for Recovery Residences (NARR), VARR monitors, evaluates, and improves standards to build the highest level of quality for recovery residences; so all Virginian's have timely access to effective recovery support services.

Our mission is to set high levels of standards for quality recovery residences in Virginia and accredit residences that meet such rigorous criteria in order to support persons in recovery with information and access to recovery residences bound together by the core principles of standards, ethics, and unity.



# Virginia Association of Recovery Residences

# What is Recovery Capital?

Granfield and Cloud (2008) define recovery capital as

***“The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems.”***

• White and Cloud (2008):

***“Stable recovery best predicted on the basis of recovery assets not pathologies.”***





# Advanced Recovery Management System (ARMS)

VARR recovery residences are provided the ARMS REC-CAP platform to utilize within their community. Developed by David Best, Ph.D., REC-CAP is a strengths-based evaluation instrument measuring seven (7) distinct domains of positive and negative recovery capital.

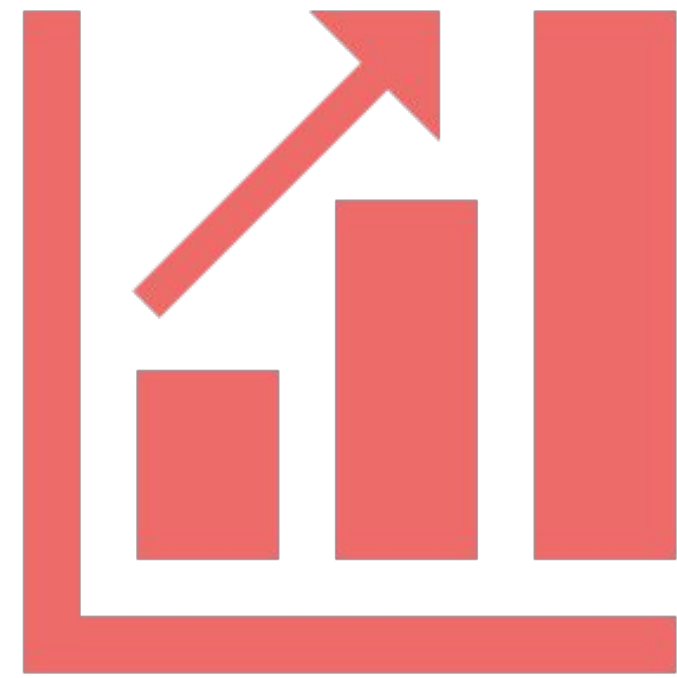
Scored results inform the construction of personalized recovery plans unique to each individual. Recovery plans are comprised of goals focused on **a)** resolving barriers and unmet service needs (negative recovery capital), and **b)** growing recovery strengths (positive recovery capital).

Individuals meet with Recovery Navigators at scheduled intervals to review plan progress, complete follow-up evaluations and amend their recovery plans. Navigators prepare clients to assume self-management of this model as they transition to independent living.

[www.recoveryoutcomes.com](http://www.recoveryoutcomes.com)

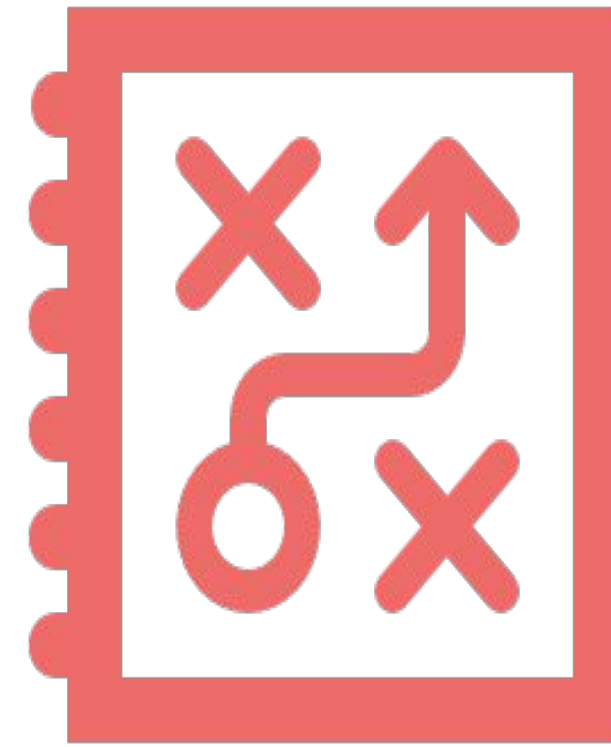


# Measure, Plan & Engage (MPE)



## REC-CAP EVALUATION

Measures seven (7) domains of Recovery Capital at 90-day intervals, reporting longitudinal growth over time



## RECOVERY PLANNING

Utilizes REC-CAP Results to suggest a Recovery Plan focused on resolving Barriers & Unmet Service Needs and building Recovery Strengths



## NAVIGATIONAL SUPPORT

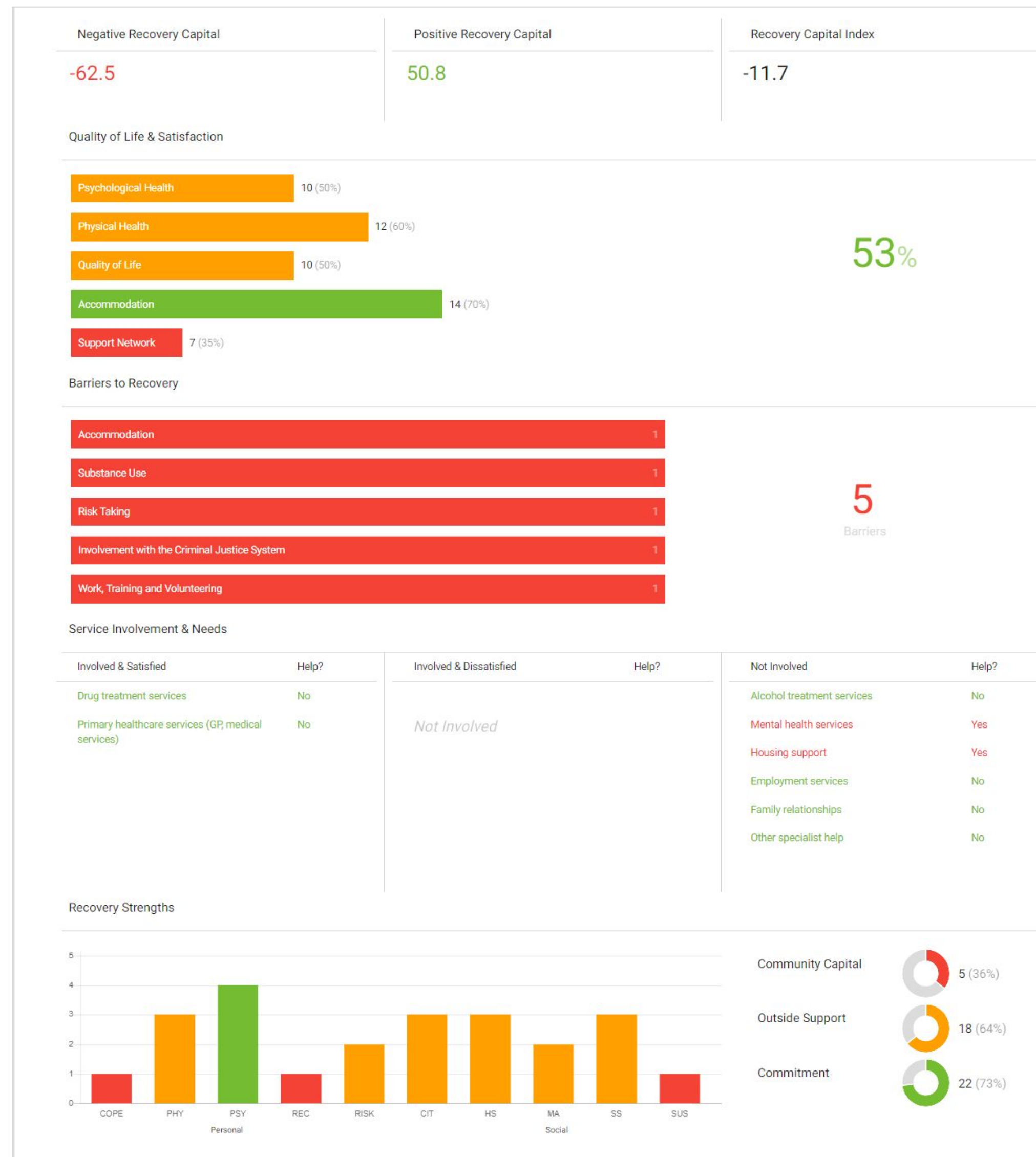
Delivers a structured RSS where-in a Navigator mentors, monitors & measures Client's engagement in their Recovery Plan





# REC-CAP Scales

1. Quality of Life & Satisfaction
2. Barriers to Recovery
3. Service Involvement & Needs
4. Personal Recovery Readiness
5. Social Recovery Capital
6. Recovery Group Participation
7. Other Support
8. Commitment to Recovery





# Recovery Planning

## INTERNAL RESOURCES

### Personal Capital

- Coping & Life Functioning
- Physical Health
- Psychological Health
- Recovery Experience
- Risk Taking

### Social Capital

- Citizenship
- Housing & Safety
- Meaningful Activities
- Social Support
- Substance Use & Sobriety

### Community Capital

- Participation
- Connected
- Service
- Day

### Commitment

- Importance
- Committed
- Willing
- Adverse
- Finished

### Quality of Life

## GOALS

GOAL NAME	DOMAIN	GOAL CATEGORY	PROGRESS TO DATE
Recovery Plan Engagement	Barrier	Substance Use	100%
Ongoing Involvement with Criminal Justice	Barrier	Criminal Justice Involvement	100%
Specialty Treatment	Service Need	Alcohol & Drug Treatment	100%
Mental Healthcare	Service Need	Mental Healthcare	100%
RCO & Recovery Group Engagement	Community Capital	Recovery Group Participation	100%
Gradually work towards mending trust issues	Social Capital	Social Support	83%
Service to recovery group	Community Capital	Service	100%

## EVENTS

NAME	REC-CAP DOMAIN	PLANNED	HELD	ATTENDED	ABSENT	NOTE
Stepping into The Light	Community Capital	7	0	0	0	

## RESOURCES

RESOURCE	TYPE	STATUS	RATING	COMMENT
Henrico County Mental Health East Clinic	Organization	Not Rated	★★★★★	
Henrico County Mental Health East Clinic	Organization	Not Rated	★★★★★	

## EXTERNAL RESOURCES

### Barrier

- MPE Client Orientation

### Service Need

- Henrico County Mental Health East Clinic
- Henrico County Mental Health East Clinic

### Personal Capital

### Social Capital

- Adult Children of Alcoholics & Dysfunctional Families

### Community Capital

- The Group -Narcotics Anonymous
- Imagine the Freedom
- Stepping into The Light

### Commitment

### Quality of Life





# Client Engagement

**Chris Farley**  
Username:  
connerm1777@gmail.com  
Provider: MC\_sandbox  
Account Owner

- Dashboard
- Recovery Planning
- Events
- Documents
- Settings
- Profile
- Get Help

## Summary

**Programs**  
VARR Recovery

**Location**  
VARR House - 1 - 1 - 1

**Recovery Milestone Days** : 143

**Days Enrolled** : 142

**Employer**  
Employed

## Alerts




 Documents **4**

Next Evaluation Due Date  
**05/30/2023**

## Goals

- Budgeting & Money Management**  
Start: Due: Completion with: 43%
- Recovery Plan Engagement**  
Start: 2022-11-16 Due: 2022-12-16 Completion with: 43%
- Mental Healthcare**  
Start: 2023-03-23 Due: 2023-04-22 Completion with: 0%

## Timeline

- Today**  
Mar 23  
10:50 AM  

- Thursday**  
Mar 23  
09:00 AM  
  
**Morning Meditation**  
None  
[Check In](#)
- On Our Way**
- Thursday**  
Mar 23  
06:00 PM  






# Provider Dashboards





# SOR & Data-driven Decision Making

Peter's Place RVA Recovery : LGBTQIA+ recovery housing



REAL LIFE Recovery : Re-entry recovery housing

**REAL LIFE**





# Henrico Co.,(VA) Recovery Roundtable

The comprehensive strategy should include the following new or expanded efforts (beyond the current services offered in Henrico County):

- Additional investments in evidenced-based prevention programs;
- Expansion of risk-based community outreach programs;
- The provision of a more comprehensive outpatient substance use treatment program with improved access to wrap-around services such as housing, childcare, and employment supports;
- The possible creation of a short-term residential facility for adults to safely detoxify from the effects of drugs and/or alcohol, in partnership with a health care provider partner;
- Establishment of contractual agreements with approved sober-living recovery residences and financial support for individuals seeking admission to those approved homes;



Full report: <https://bouncebackhc.com/resources/Recovery-Roundtable-Report.pdf>



# Research article outlining REC-CAP in VARR Recovery Residences

Research Article

## Using Recovery Capital to Predict Retention and Change in Recovery Residences in Virginia, USA

David Best  , PhD, Arun Sondhi , PhD, Jessica Best, John Lehman, Anthony Grimes, Matthew Conner & Robert DeTriquet [...show less](#)

Pages 250-262 | Published online: 27 Feb 2023

 Check for updates

Using Recovery Capital to Predict Retention and Change in Recovery Residences in Virginia, USA, Alcoholism Treatment Quarterly, 41:2, 250-262, DOI: [10.1080/07347324.2023.2182246](https://doi.org/10.1080/07347324.2023.2182246)  
David Best, Arun Sondhi, Jessica Best, John Lehman, Anthony Grimes, Matthew Conner & Robert DeTriquet (2023)





# Breaking down financial barriers to recovery

VARR provides oversight to, and facilitates multiple funding streams to help individuals with financial barriers who are seeking recovery support services.

- Notably, June 30, 2023, marked the close of the Year 2 ARPA Funding stream.
- The funding stream is \$10 million over three years, where two-thirds of the funding directly supports individuals with SUD for whom housing and funding is a barrier, intensive recovery programs for those with significant barriers to recovery, and addiction services management to help individuals overcome barriers to recovery.
- The remaining third of ARPA funding is designated to expand recovery support services across the Commonwealth, focusing on areas with limited housing and recovery supports.





# Indigent Bed Funding Model

**Indigent Bed Nights** – Provide individuals with financial barriers access to safe, alcohol and illicit drug free, recovery housing

**30-Day Intensive Program Services** – Are designed for individuals who have a low recovery capital index (RCI) score, present significant barriers to recovery and need a higher support level of care. *30-Day Program Services* provides individuals..

- 30-days in a recovery residence with a structured schedule that is curriculum-driven, and other defined support services and life skills development, and recovery supports services
- Development of a recovery care plan with a navigator through the use of the REC-CAP
- Assertive linkage to mutual aid support groups, day programming, activities and events
- Residents are also provided transportation to recovery related activities, criminal justice appointments, medical appointments and more.
- Provided groceries weekly, to include food and essentials.



# Funding Impact on Diversity

- Preceding funding disbursements, minority populations receiving services in VARR-certified recovery residences was at 19.3%
- Since access to funding began, minority populations receiving services in VARR-certified recovery residences has increased to as a high as 44.6%
- As of October 2023, the current demographics reflect that minority populations receiving services is 35.2%
- Priority populations being served. (co-occurring, MAT/MOUD, persons with a felony, etc..)





# Diversity

VARR Network of operators have successfully expanded and sustained admissions of Non-Caucasian Ethnicities since indigent bed funding has provided

Admissions by Ethnicity for VARR Network Providers		
<u>2020</u>	<u>% Caucasian</u>	<u>% Non-Caucasian</u>
Qtr 1	80.70%	19.30%
Qtr 3	66.10%	33.90%
<u>2021</u>	<u>% Caucasian</u>	<u>% Non-Caucasian</u>
Qtr 1	64.00%	36.00%
Qtr 3	62.90%	37.10%
<u>2022</u>	<u>% Caucasian</u>	<u>% Non-Caucasian</u>
Qtr 1	55.40%	44.60%
Qtr 3	64%	36%
<u>2023</u>	<u>% Caucasian</u>	<u>% Non-Caucasian</u>
Qtr 1	66%	34%
Qtr 3	64.80%	35.20%



## ARPA Year 1 & Year 2 Funding Supported:

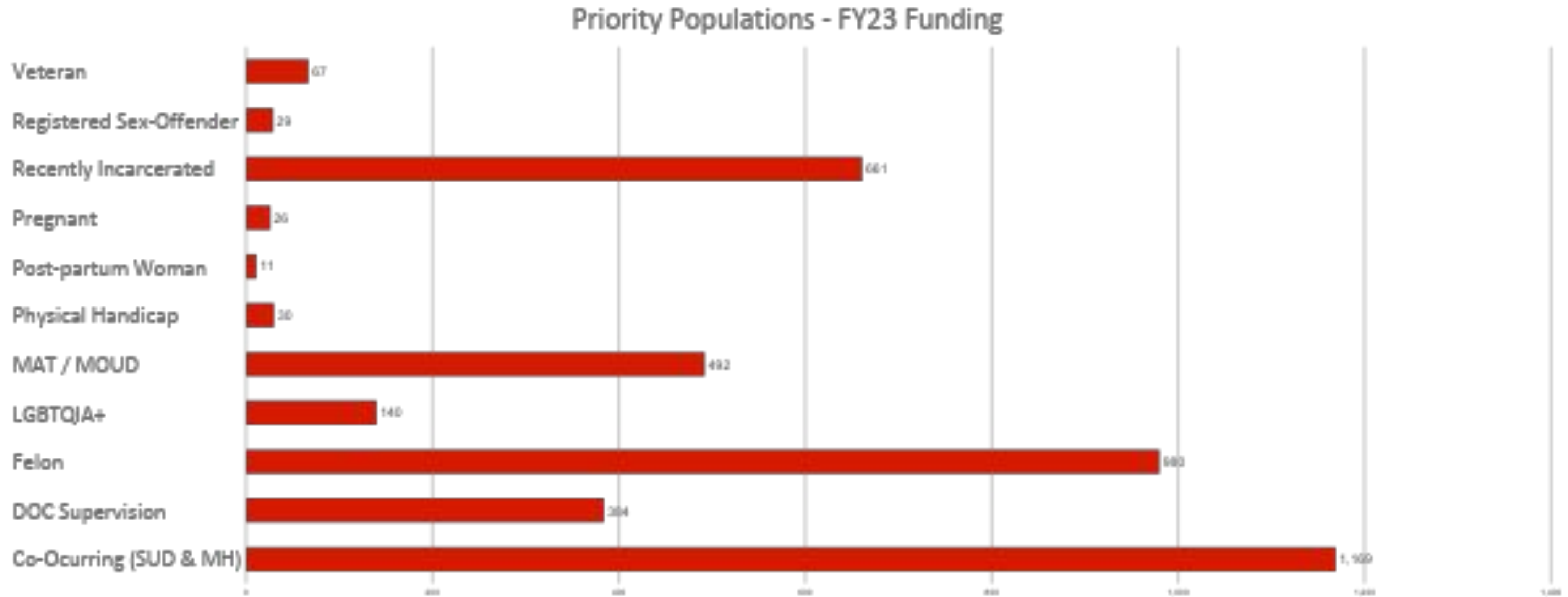
- 60,000+ indigent bed nights
- 350+ thirty-day intensive program services
- 200+ addiction management and recovery services (linkage to clinical services)
- Expanded minority owned recovery residences
- Expanded recovery residences in rural and underserved areas of Virginia

To further help individuals with financial barriers, the 2022 Virginia General Assembly allocated \$1,700,000 per year for two years to VARR in the state budget. Through the ARPA Funding, General Assembly Funding, and other funding streams VARR is excited to be able to continue to limit financial barriers for individuals seeking recovery supports.





# Priority Populations – FY23 Funding



# Priority Populations – FY23 Funding

1. Co-Occurring or persons with SUD and mental health disorder diagnoses
2. **Persons with a felony**
3. **Recently incarcerated individuals**
4. Persons on Medication Assisted Treatment (MAT and/or MOUD).

“85% of the prison population has an active substance use disorder or were incarcerated for a crime involving drugs or drug use, and treatment during and after incarceration is effective and should include comprehensive care (including **medication**, behavioral therapy, job and **housing opportunities**, etc.)” Furthermore, NIDA also stated that, “effective treatment of substance use disorders for incarcerated people requires a comprehensive approach including the following... Wrap-around services after release from the criminal justice system, including employment and **housing assistance** (NIDA, June 2020).





# Addiction Management & Recovery Requests

Reimbursable units created to support residents with financial barriers to access addiction specialists, mental health providers and other clinical needs associated with an individual's recovery process.

A resident's REC-CAP evaluation should reflect the person's recovery capital score, barriers, and unmet service needs. These requests are a necessary resource for individuals with no insurance, or need for service not covered by their insurance.

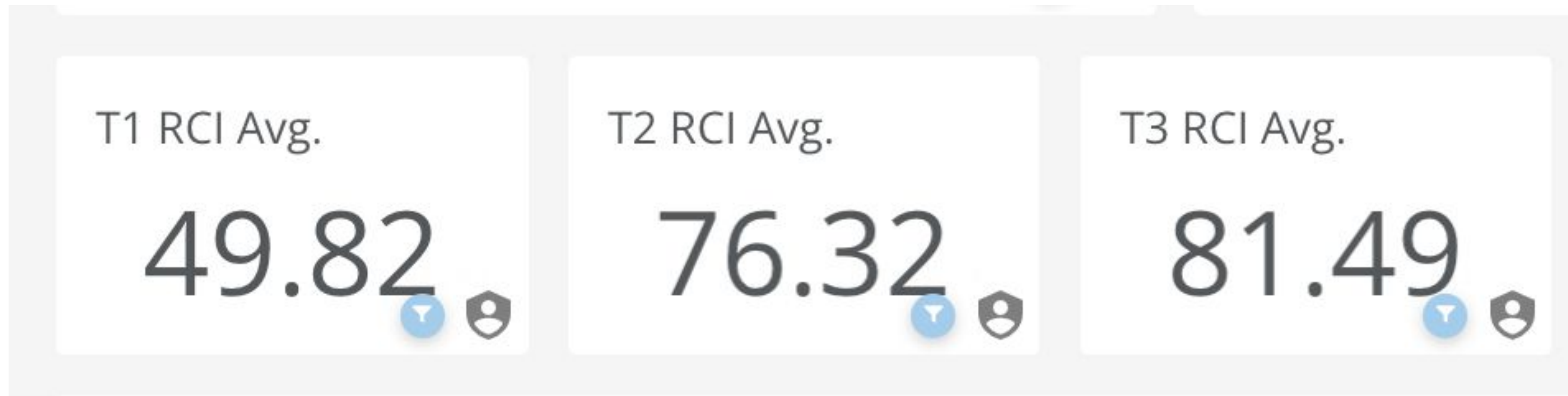
Allows organizations to mitigate financial barriers and help residents overcome immediate barriers to their early recovery process.



# Addiction Management & Recovery Requests

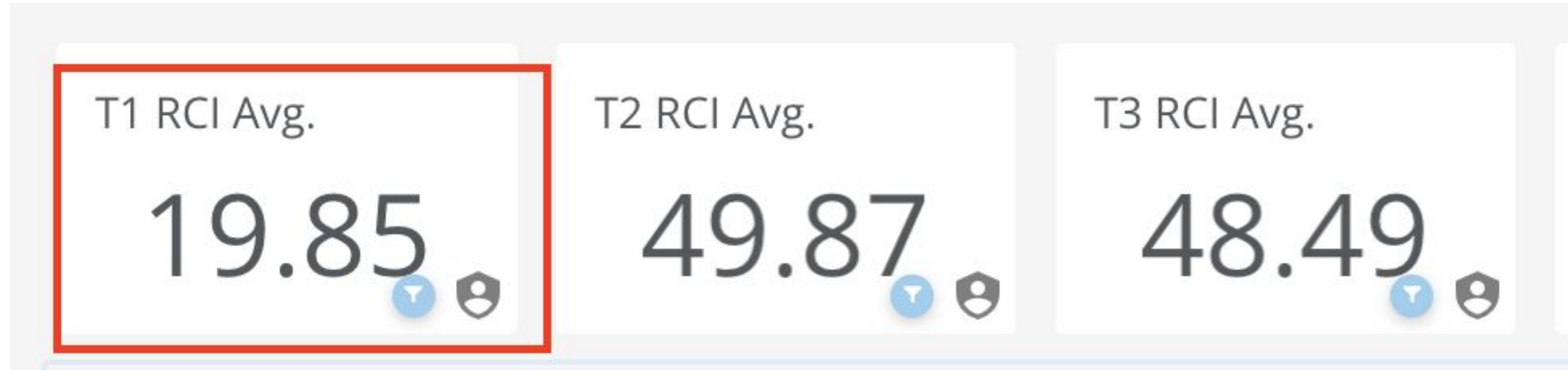
WHY?!?! - Look at the Recovery Capital Index(RCI) Scores

Network RCI Average - Active Residents on Oct 2, 2023

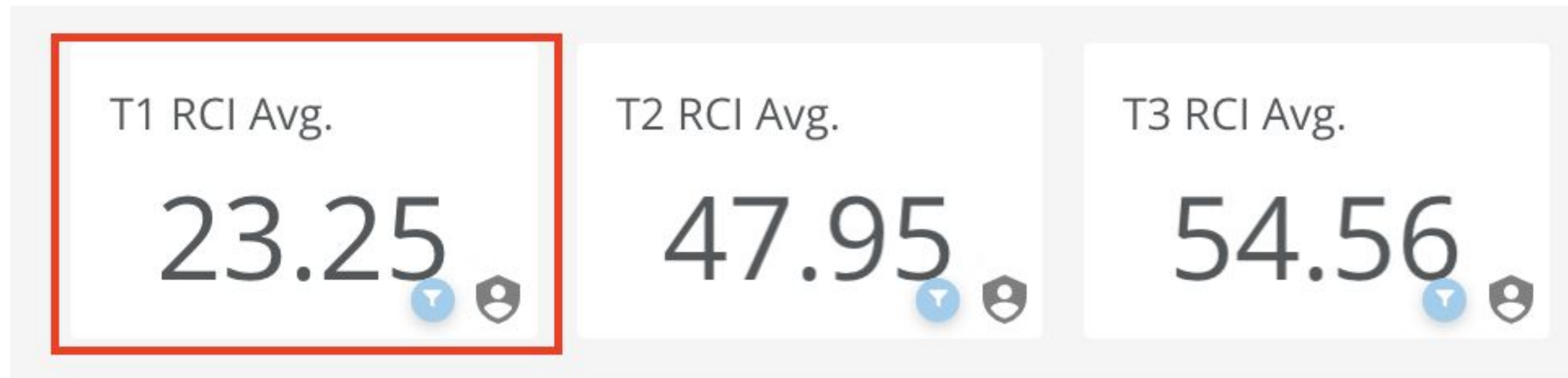




## Identified *Drug Treatment Service Need* - Active Residents on Oct 2, 2023



## Identified *Mental Health Service Need* - Active Residents on Oct 2, 2023





# VARR REC-CAP Navigators

**REC-CAP Navigators:** Primary role is to implement effective MPE Model with residents and facilitate linkage to needed services and resources.

## 2022 – 2023

- Employed 26 REC-CAP Navigators at 16 organizations

## 2023 – 2024

- Currently, there are 35 navigators at 18 organizations

Active Recovery Plans 🏠

\*At least 1 goal must have been added to the recovery plan.

**89%** Percent of Active Recovery Plans w/ Goals





# Outside the Data – What we've learned

## Observations we've made during the implementation of REC-CAP Navigators and the MPE Model across the VARR Network

- Mitigation of recovery residence peer supporters unintentional / unconscious biases in the service delivery model that may cause them to focus on some residents more than others  
Evaluation and recovery care planning sessions are driven by a schedule while maintaining the residents autonomy for a person driven recovery plan
- Helps to not neglect the "long-term" resident  
Scheduled evaluations and recovery care planning ensures "long-term" residents are still receiving support  
Opportunity to "check-in" with the long-term residents and "keep a finger on the pulse..."



# Thank you!



## Questions & Answers

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# Why do Racial Health Inequities

## Exist?

Disproportionate exposure  
to risk and protective factors

(e.g., unhoused, wealth, environmental toxins,  
discrimination, access to care, healthy food,  
uneven criminal justice enforcement, medical  
mistrust)