



## *Peer Recovery Housing*

**Announcer:**

Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid Abuse Program (or “COAP”) podcast series. COAP provides financial and technical assistance to states and units of local and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. Since 2017, BJA has supported innovative work on these COAP sites across the nation.

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**Elizabeth Burden:**

You’re listening to the Power of Peers, a podcast produced by the Peer Recovery Support Services Technical Assistance Center, a project funded by the Bureau of Justice Assistance Comprehensive Opioid Abuse Program. The center is staffed by Altarum, a nonprofit organization that creates solutions to advance health among vulnerable and publicly insured populations.

I’m your host, Elizabeth Burden. Welcome to this podcast series that focuses on peer recovery supports.

In 2018, the U.S. House of Representatives passed the Ensuring Access to Quality Sober Living Act, marking Congress’s recognition of the importance of recovery housing. In this episode, two guests joining me to discuss recovery housing, what it is, how it can be an important part of efforts to address the opioid epidemic, and how municipalities and states can foster with quality recovery residences. I’ll be speaking with Jason Howell, Executive Director of Recovery People in Austin, Texas, and George Braucht, a licensed professional counselor and clinical supervisor and co-founder of the Certified Addiction Recovery Empowerment Specialist Academy—known as the CARES Academy—a peer recovery support training. Both Jason and George are persons in long-term recovery—have

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experienced working with and in the criminal justice system and have served as board members for the National Alliance of Recovery Residences.

What is recovery housing or what are recovery residencies?

**Jason Howell:**

Well, recovery residences is a term that the National Alliance for Recovery Residences uses to describe a continuum of recovery housing. They can go by lots of different names, anywhere from Oxford House, sober living, sober recovery home, recovery home, therapeutic community, extended aftercare—there is lots of different names. The core of the foundation of all of them is that they're sober, safe, and true supportive living environments that promote recovery from substance use disorder abuse.

**George Braucht:**

There was such confusion that existed in the world about what this was. Some refer to them as halfway houses, sober housing, etc. So it really is about providing a family-like environment for people to learn how to live in community—while learning the skills necessary to make progressive improvements in their life—or what we would generically call recovery.

**Elizabeth:**

In June of 2018—in the U.S. House of Representatives passed a bill, 4684, which defined a recovery residences as a shared-living environment, free from alcohol and illicit drug use and centered on peer support and connection to services, including medication-assisted treatment services that promote sustained recovery from substance use disorders.

What are your thoughts on that definition?

**Jason:**

The definition that you read gets to the importance of—these are alcohol and drug-free living environments. So supporting individuals in recovery from substance use, and the foundation is this peer support, as well as getting people connected to services. I think that the interesting thing for folks when they read this definition may be the inclusion of medication-assisted treatment because historically recovery housing has not always accepted individuals—opioid antagonists like methadone or suboxone—and there is lots of reasons for that.

I think that as—as we start moving into an era where we're seeing more and more persons on medication-assisted treatment, we're looking to see how can recovery housing play a role in supporting

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them. I'm not saying that everyone on medication-assisted treatment is an automatic fit for recovery housing, and not every recovery home is capable of supporting an individual on MAT, but we need to develop a way of advancing the recovery housing field in order to support those on medication-assisted treatment that are pursuing recovery.

**George:** MAT is probably the quintessential best practice. It's been around longer than anything else. However, it's figuring out the match between what that individual's goals are and the tools or the pathways that will work for that individually at this point in time that's really the challenge.

**Jason:** As individuals on MAT start gaining traction in recovery, then they can become leaders within the recovery housing movement and be supportive of that next generation of individuals on MAT moving into the various housing.

**Elizabeth:** Why housing? This notion of social or peer—I've heard immersion in an environment that helps one recover—why else is housing needed? Why do recovery residences exist?

**Jason:** The environment that we live in can really either support or undermine our well-being. A couple of things, I mean—SAMHSA identified four supportive dimensions of recovery: health, home, purpose and community. So our home is one of the four legs of the stool, if you will. Recovery housing, we can look back to the mid-1800s when they first formed—so there has always been this need of individuals going and living in a recovery, supportive living environment.

Substance use disorder, it's a chronic illness. Too often our system treats it as an acute illness. Somebody goes to detox—or maybe they get to go to a 30-day residential program, if then—after that they often are returning to living environments that enabled their addiction. Maybe that's them returning to homelessness, maybe they even have a home and a family to go back to you, but the family doesn't know how to support them. So recovery housing, recovery residences are a place where people go to learn to live recovery. They get to find their tribe, if you will. What does it mean to be a man in recovery, a woman in recovery?

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**George:** It's really about how you take people into a recovery process and actually helped them feel safe and feel like they belong. Then once there is that sense of trust, the middle phase sort of is, what are you doing that is contributing to the quality of our community? Then on the back end, towards the end, how are you preparing yourself to leave and sustain your progress once you leave?

**Jason:** Recovery residences are generally considered permanent, supportive housing in that a person gets to stay there as long as they think that they need to and as long as they're furthering the support of the community.

**Elizabeth:** You mentioned that there are a lot of names that housing goes by. I think a lot of folks in the community, and perhaps in criminal justice, are more familiar with the term "halfway house." Is there a difference in your view between a halfway house and recovery residence and, if so, what is it?

**George:** Well, probably, yes there is a difference—and therapeutic communities, another term that is often used within the context of criminal justice. The challenge I have with halfway houses is—well, so it's ambiguous. Does that mean halfway in or halfway out? I kind of like to talk about things in terms of their goal and halfway is just not really the goal, it's a step in a process. So halfway houses tend to be more oriented around individuals learning how to step either from complete freedom into a more structured environment that correct whatever challenges they were facing, so that hopefully they wind up going back into the community. Whether that's on the front end of the criminal justice system's process or on the back end, it does matter because if a person's been institutionalized, then obviously that transition from that culture into a freedom-based culture can really be challenging. So a recovery residence can serve either of those purposes, depending on the nature of the culture that exists within the recovery.

In other words, it's kind of "birds of a feather flock together" sort of thing. If you're living with people who are willing to understand your current situation and the challenge which you face, and they're supportive of where you want to go, I don't think whatever name you call it is all that relevant. But that to me is what distinguishes a halfway house—which is more about go to work, pay your bills, meet the conditions of supervision. If you earn the right, you made the transition hopefully back into community, as opposed to a recovery residence that really puts a premium on your

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personal development and building on strengths, abilities, talents, and passions in a way that contributes to the life of the people that you're living with in the residence itself, as well as with a view towards what you're going to do as you transition out of the recovery residence.

**Elizabeth:** The processes you described to me also mentioned family—like—I'm wondering how do those processes or the philosophies and values that underlie them square with the general aims of the criminal justice system?

**George:** The criminal justice slant in the United States focuses on the glass being half-full or here are the deficits, here are the risk factors that we've got to address in order to reduce the likelihood of new crime being committed by this individual. Whereas on the other side, the glass is half-full—so what strengths, skills, abilities, talents, and passions does the person walk in the door with that if we support, will actually lead to the same outcomes that are desired on the other side?

Looking at it from a deficit approach, to really bolster the person's sense of agency as they make the transformation from being someone who was an addict to someone who is a person in long-term recovery. That is a parallel process to the transformation that occurs from being a citizen to being what we call the—pejoratively, an offender—to being, again, a citizen. It's that that assistance process and the recovery process that are parallels in terms of the person's self-identity.

Focusing on that process, I think, is where we're able to blend the two so that it's not either/or, but we have to address the concerns of both the criminal justice system, as well as the safety and health of the community, from the individual's perspective.

**Elizabeth:** How do you think recovery residences help to blend those two views, if you will, or philosophies?

**George:** This is a challenge. I won't like this is easy to do, but it's the authoritative approach and the criminal justice system being worked with—not against, but being worked with. So that what we're teaching people is how to manage their own transitions and that peer support, that mutual support, model has to take into consideration the context of the person's life. So yes, you were

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convicted of a crime—there are expectations on you to do certain things, to repair the damage from that crime.

Then there is other collateral consequences that probably don't have anything to do with your rehabilitation, but that can be really important to your sense of value and worth to the community that you're trying to get back into. So the recovery residence is a perfect place to address all of those needs. You've got the individual level needs for development, and you've also got the community's need for reparation. It's that dynamic mix of focusing—yes, on your development as a person, but also your development as someone who has to be accountable and responsible, (a), for the damage that you caused and (b), for the behaviors that will allow your community to really feel like they can trust you and invest in you. To the point where you all the negative categories in the stigma of discrimination by showing that you're able to persist in prosocial behavior.

**Elizabeth:** What does a quality recovery residence look like, or feel like, or operate like?

**George:** We talk about what it looks like and we have in NARR standards that lays out the specific certification criteria—everything from having a standardized set of policies and procedures that address everything from the safety of the environment to the types of services that are provided. NARR has defined four levels of recovery residence, from level one being totally peer run, where the best example of that is Oxford House. There is no outside authority per se that manages the house. It's done by the peers themselves. They pay their bills, they may manage both conflicts and celebrate successes. It's all done by the residents themselves. All the way up to a level four, which is more of a clinically-managed program, where typically you have clinical staff who are licensed or certified who operate the program.

So it's the variations between one and four inform what you look for in terms of "Is this a safe and sober place for people to live?" The NARR standard lays that out according to those four levels.

**Jason:** The standards were pulled from regional organizations that, again, been certifying recovery residencies for several years. So once the national standards—or best practice standards—were formed, then state organizations, state affiliates associated with National Alliance

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for Recovery Residences could go to provide a *Good Housekeeping* seal on particular homes.

I think that empowers communities to know whether the recovery residence in their neighborhood is providing good quality. It empowers consumers and families and referral agents to know, who do we refer to? Who do we support? It helps providers with, what are our best practices? It provides them with a road map. So if someone is not meeting a particular standard, it gives them an opportunity to kind of step up their game. It's like, all right, I've never thought about—we need to provide a good-neighbor policy. What are good-neighbor policies? How can we improve how we interact with our local community?

**George:**

The levels just differentiate among programs. A level one is no better or worse than a level four. It's not about everybody trying to become a level four. There are really good recovery residences at each of those levels. It's just a matter of what's the vision, mission, and values of that recovery residence that determines which level they operate at? So again, it's not about one being a lower level—every level two and four the best. It's based upon a person's recovery capital, as well as the symptom severity that they're experiencing and what's available in the community determines what's the appropriate match at any point in time between an individual and the recovery residence.

**Elizabeth:**

There is also—I would think, in the community—this notion that there has to be someone with a medical background in charge for a site to really be of quality. How would you respond to that?

**Jason:**

No. This is—and nothing against—I think that clinical services need to be available, that definitely is a resource within our community.

When you look at how people recover and what supports them in the long run—I mean, this is a life's journey for individuals. The evidence points to peer support and the nonclinical recovery support services, they're more cost effective. It's something that can be provided over an extended period of time.

Whereas the clinical services, that is best served when somebody is—their symptoms have exacerbated or they're in crisis. Well then, absolutely, we get them connected with those more intensive services—they happen to be more expensive services and so individuals receive those for the duration they need, but then

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afterwards they need to get connected with this ubiquitous lifelong peer support, which is really what supports long-term recovery.

**Elizabeth:**

Why aren't there more of them, do you think, to address the housing needs of persons in recovery across the country?

**Jason:**

Well, I think the two biggest barriers are one, funding and two, stigma. Historically, recovery housing has been self-funded, and so one of the reasons why we see so many level ones and level twos is because those are typically priced at a point where individuals can be working at a Home Depot or Starbucks or a grocery store and that salary will generate enough income for them to pay their way. That's not to say the individuals don't need a higher level of support sometimes—like level threes and fours—but there is not any funding strains that supplement. I shouldn't say not any—there are very few funding strains that have supplemented that in order to get people connected to the level of support that they want.

The other big thing is the stigma piece—we call them NIMBYs, “not in my backyard.” I spend a significant amount of my time helping educate individuals that, as a person in recovery from substance use, I need the civil rights definition of “disabled,” which is a protected class along with race, color, religion, gender, family status, and national origin. So a local and state government trying to regulate my housing choice solely based on my disability, which happens to be recovery from substance use, is no different than if the local state government went in and was trying to regulate my housing choice based on the color of my skin or what church I go to.

So because of the stigma, we see a lot of this NIMBYism trying to drive recovery housing out of neighborhoods. I always find it ironic that neighbors may be upset that a recovery home is moving into their neighborhoods. You can guarantee that that home is actually not using illicit substances, when statistically you know that there are other households in that neighborhood—that people are struggling in the addiction and are using substances illicitly. Or they're embrasive of a fraternity house moving next door but not a recovery home.

I'm not trying to beat up on fraternity houses too much. I actually lived in a fraternity house during college and I know, and I also have lived in recovery homes. As a property owner now, I could tell you I would much rather be living next to the recovery home.

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**Elizabeth:** What steps can recovery residence owners/operators take to better serve the criminal justice system, if you will, and individuals involved in the criminal justice system?

**George:** Number one, spend time learning about processes and the variables that matter to the criminal justice world. So I think it's important to be able to speak both behavioral health language, as well as criminal justice language. I'll give you an example: all criminal justice systems in the United States, they operate on a risk, need, and responsivity approach, meaning, we assess people's risk for reoffending, we assess the needs that are causing the criminal behavior, and then we respond to those needs in a way that hopefully promotes crime desistance—although that term is not used in the United States.

**Jason:** Resources are very scarce. Recovery residences typically don't make a lot of money, so the owner/operator doesn't have a lot of bandwidth through to network and invest the time it takes to collaborate with, whether it be judges or parole or probation or any of the various jurisdictions that you mentioned.

Then in level ones and twos, there is not a lot of additional staff that would be filling those roles. So I think that there is an opportunity for us to look at, "How do we increase the capacity of recovery residence to even reach out and be seen as a viable partner from their perspective?"

**Elizabeth:** Jurisdictions, law enforcement, probation, parole, courts—how can those kinds of entities support or collaborate recovery residences? What is the history of that, in your view, and what are opportunities for the future?

**Jason:** Well, I think there are huge opportunities. We live in a world that is so fragmented. I'm a huge fan of the more collaboration, the better. And there are some good examples of recovery residences that have been working with diversion courts judges, or parole and probation. We just need to see so much more of it.

A lot of times in the criminal justice system, when they think of housing, they're thinking of halfway housing. I've seen even them win a contract with the recovery residence and buy you know, x number of beds. So I want to buy, you know, two of your beds and we'll refer an individual to your house and they can stay there for three months and then after that, they need to be moved out,

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because we really want to make room for another person discharging from the criminal justice system to go into that recovery residence. That can really undermine the whole social model.

I mean, there is a point of individuals moving in recovery residence is to get them to stay. They should stay there as long as they want. There is evidence to show that if they stay for at least six months, that that's the tipping point for them—it really increases their self-efficacy, which is linked to long term recovery outcomes. Then if they stay even longer, they become that next generation of leader within the home. So when the next person is moving in, you have some kind of seasoned leadership to assimilate them into this life of recovery.

Some other barriers—I think there have become sensitivity around background checks, and you can't have peer staff that have a particular criminal justice record. Or there is this 10-year or, even worse, 20-year look-back that doesn't understand recovery residences. I mean, you know, if the individual—I mean, the irony is somebody with a particular criminal record might be the very peer leader would want operating a recovery residence that would be hopefully congruent to the reentry population.

Also, this moving past the concept of placement into recovery residence. We need to find a way of being able to assess an individual, whether it be their interest in living in a recovery home or that they're fit. Heavily support choice, rather than a judge saying, "You have to move to this recovery residence" or your probation or parole officer saying, "You have to move into this particular recovery residence." So the individual is doing it not by choice, or because that is supportive of their recovery goals, but just to kind of check the boxes and move on. That can undermine the social model and so kind of looking at that, I think the criminal justice system has a lot of leverage and helps open the windows of recovery, if you will. But there needs to be this balance of—if an individual really doesn't want to move in a recovery home, then a recovery home is not the right fit for them.

**Elizabeth:**

So you are the high elected official of some jurisdiction for the day, and you have the power to enact three things that would make a difference for criminal justice-involved individuals in recovery residences. What are the three things that you need to focus on?

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**George:**

Interesting question. I think the first thing I would do is look at the environments in which we're living and address those factors that are contributing to the toll of criminal behavior. That gets to changes in living conditions, the quality of living conditions—it gets the access to education and employment. It gets to the human services that will help people avoid coming in contact with the criminal justice system. So, in community psychology, you talk about primary prevention—so that would be the first focus. Then secondly, really help to figure out who are the champions in our communities for which the crime assistance process has occurred. Go and ask those people that helped you and do more of that. Then thirdly, I would align funding, as well as service priorities, according to that—what works that you learned about from the community itself.

**Jason:**

We've kind of talked about the three generally that—just to name them, we need to figure out the funding mechanisms, because if we don't find the funding that's going to support the capacity expansion—the infrastructure development around recovery residences that are reentry capable—then that capacity is likely not going to be there. So it's infrastructure development, which can include training, technical assistance, as well as housing vouchers for individuals—at least initially until we get them employed and starting to pay their way.

We need to look at how do we address the NIMBYism? “Not in my backyard”—the stigma. I would say that if that's even more intense for housing that supports or that accepts individuals with a criminal record, especially some types of criminal records. I know when I advocate, that's the first thing that people start talking about. There is really looking at—“we don't want individuals with those criminal records in our neighborhoods.” There has got to be some stuff invested around changing that mind-set and really protecting the rights of integrating people back into community. Those are the two.

I think part of the solution also needs to be—“How do we support the collaboration between the recovery residence community and the criminal justice system so there can be better collaboration, better understanding of one another and really create this recovery-oriented relationship between the two systems?” Because there is opportunity there.

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Recovery housing, recovery residences, can be a big part of reducing recidivism. With the criminal justice—when somebody engages into the criminal justice system, it becomes an opportunity to get them help. I think that the system also oftentimes gets frustrated because they don't know, where do we get them connected with the help? Because they see them, individuals, cycling in over and over again. So if we can develop a better collaboration between the criminal justice system and recovery residence, we can slow, if not stop, that recidivism cycle that that happened and really get people to happier, healthier lives and so they can support their family and support the community.

**Elizabeth:**

That completes this episode. Thanks to our two guests, Jason Howell and George Braucht, and thank you for listening.

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