

# Missouri's evaluation of recovery residences: Findings and recommendations for the future



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# Presentation Outline:

- Brief background
- Evaluation projects and preliminary findings
  - Recovery Housing Survey
  - Community Based System Dynamics workshops
- Conclusions and future directions for recovery housing in Missouri

# Why do research on/evaluate recovery homes?

- Research on recovery homes is underdeveloped relative to other fields
  - **“Recovery Residence Research: Updates and Upcoming Projects” by Amy Mericle and Jenn Miles at 1:45pm today**
  - NIDA grant calls for recovery-related research
- Research and evaluation activities are important because they can:
  - Identify what is and isn't working
  - Assess adherence to established standards
  - Identify groups/populations with distinct needs
  - Increase awareness about the necessity of recovery support services
  - Allow population being served to have a voice

# Recovery housing in Missouri

## Department of Mental Health

- Received SAMHSA STR funds
- More people with OUD begin to receive MAT in treatment

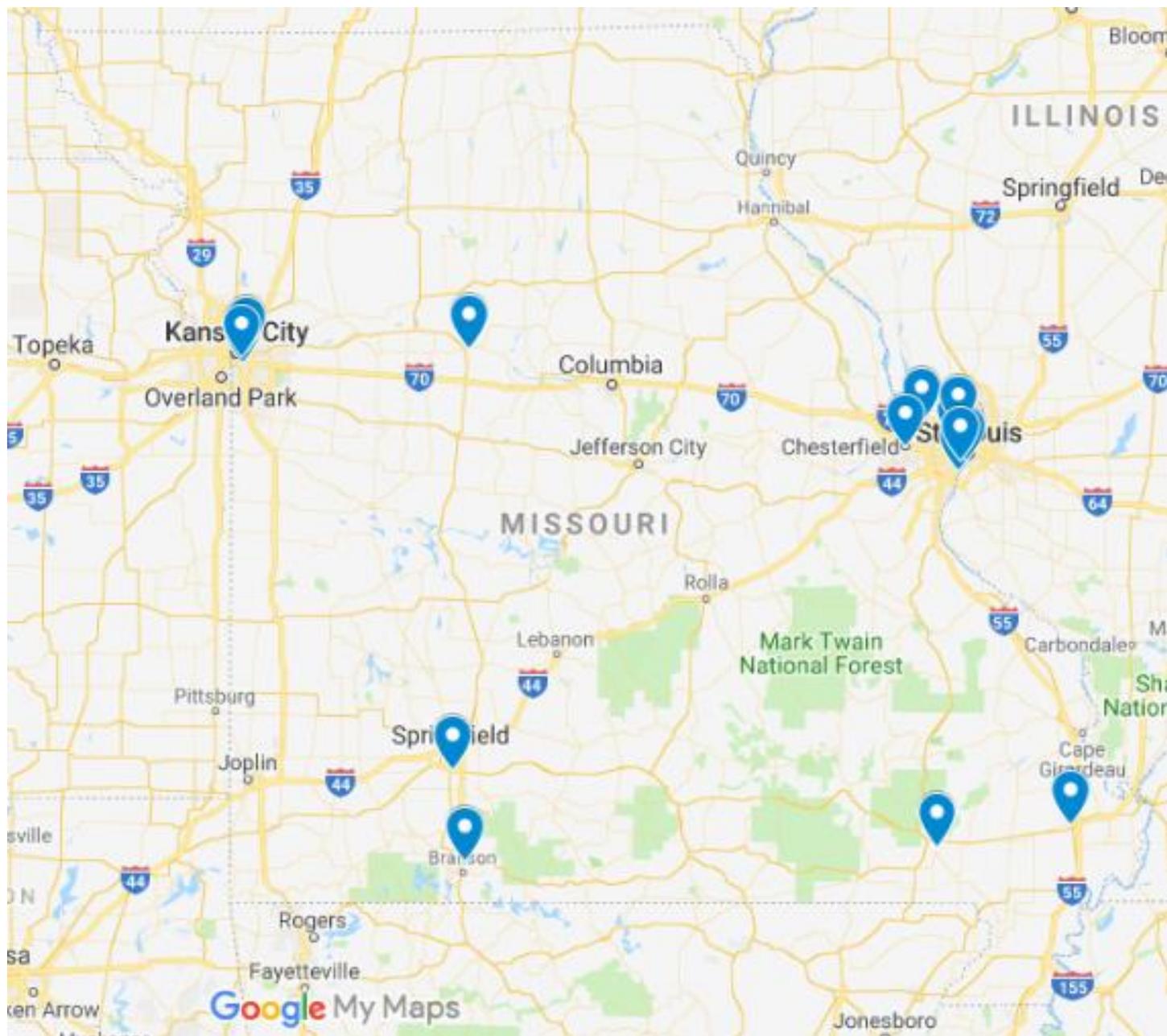
## MCRSP

- Statewide recovery support providers begin NARR-accreditation

## Recovery Houses

- STR funds provide opportunity to expand housing support
- A need to expand capacity of MAT-friendly houses

# NARR-Accredited, SOR-funded Recovery Residences in Missouri



**NARR-accredited and SOR-funded recovery homes are primarily concentrated in larger cities in Missouri**

# Recovery Housing Survey



# Why assess house characteristics?

## **House characteristics matter for resident outcomes**

Therefore, we wanted to:

1. Compare on-the-ground practices with NARR-accreditation standards
2. Identify variation across houses (e.g., internal/external characteristics, policies and procedures)
3. Specifically, assess the acceptance of OUD treatment medications in recovery residences

# Methodology and Data Collection Procedures

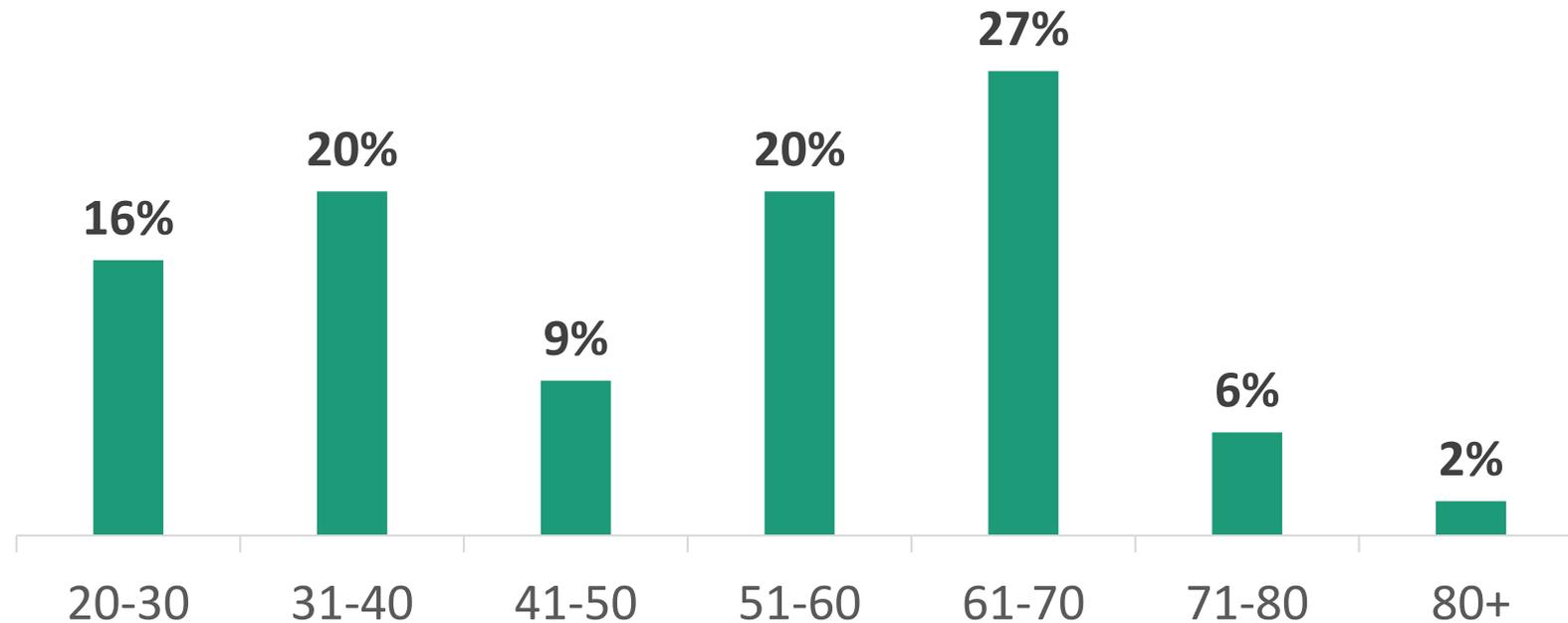
- March 2019 – August 2019
- Electronic survey distributed through Qualtrics
- Participants: Housing Managers (N = 64)
  - Out of 66 eligible and contacted houses (97% response rate)
- **Recruitment Challenges**
  - Diversity of housing hierarchy
  - Difficulty identifying and encouraging participation
    - In-person visits
    - Follow-ups
    - Coordinating with executive directors
    - Sending paper copies
    - Turnover among staff

# House Managers/Survey Taker Characteristics (N=64)

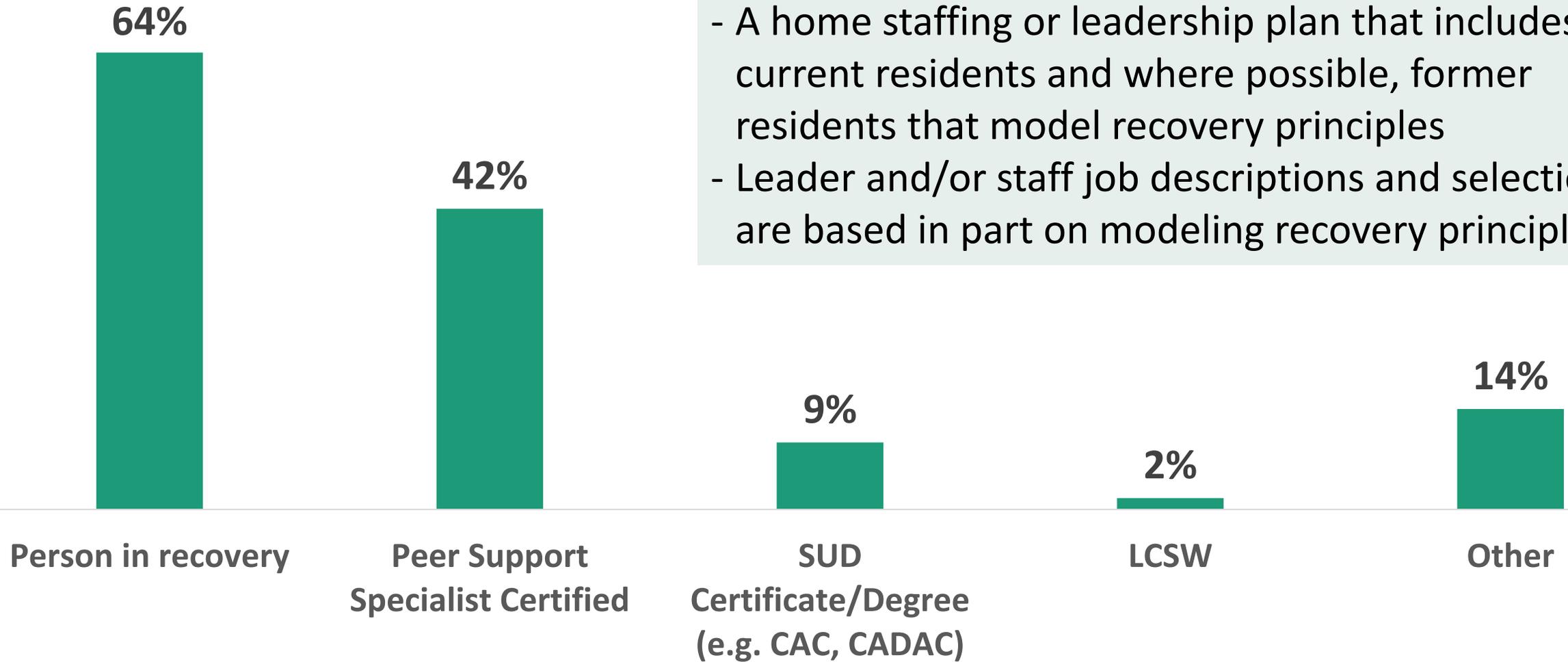
| Gender          | Percent |
|-----------------|---------|
| Men             | 58%     |
| Women           | 41%     |
| Transgender Man | 1%      |

| Race         | Percent |
|--------------|---------|
| Black        | 17%     |
| White        | 80%     |
| Multi-racial | 3%      |

Age of Housing Managers



# House Managers/Survey Taker Characteristics (N=64)



## MCRSP Standard 14: Maintain resident and staff leadership based on recovery principles

- A home staffing or leadership plan that includes current residents and where possible, former residents that model recovery principles
- Leader and/or staff job descriptions and selections are based in part on modeling recovery principles

# Preliminary Findings

# House Characteristics

| Max Number of Residents | Percent |
|-------------------------|---------|
| 1-10                    | 59%     |
| 11-20                   | 34%     |
| 21-40                   | 5%      |
| > 40                    | 2%      |

|                  | Percent |
|------------------|---------|
| Men only house   | 59%     |
| Women only house | 38%     |
| Co-ed house      | 3%      |

|                           | Percent |
|---------------------------|---------|
| Transgender men allowed   | 34%     |
| Transgender women allowed | 27%     |

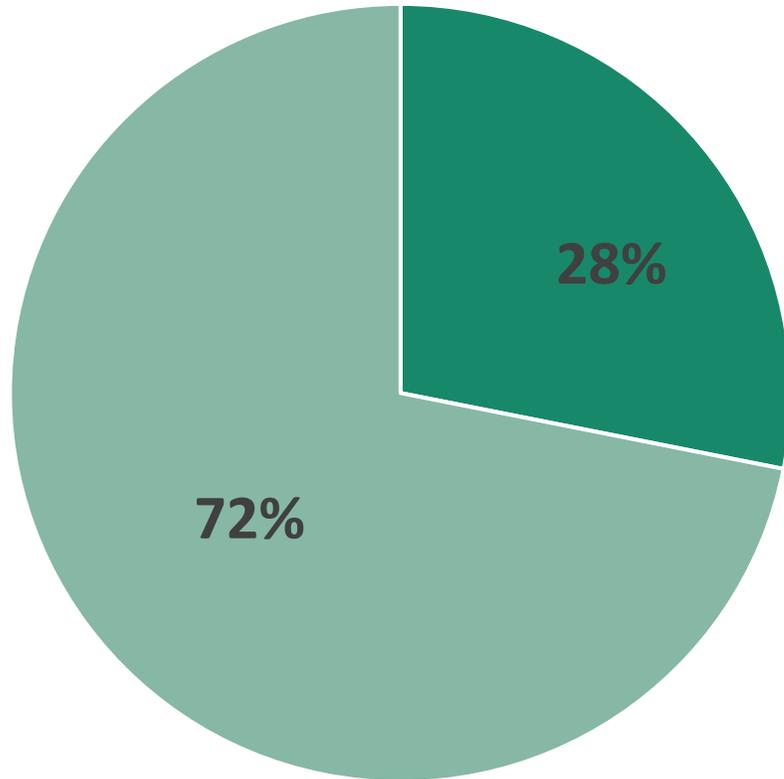
# NARR Accreditation Level

There was a large discrepancy between what housing managers perceived their NARR accreditation level to be versus its actual accreditation

|                             | Perceived | Actual         |
|-----------------------------|-----------|----------------|
| Level 1-Peer-run            | 20%       | 8% (level 1.5) |
| Level 2- Monitored          | 44%       | 88%            |
| Level 3- Supervised         | 25%       | 5%             |
| Level 4- Treatment Provider | 5%        | 0%             |
| Other                       | 6%        | -              |

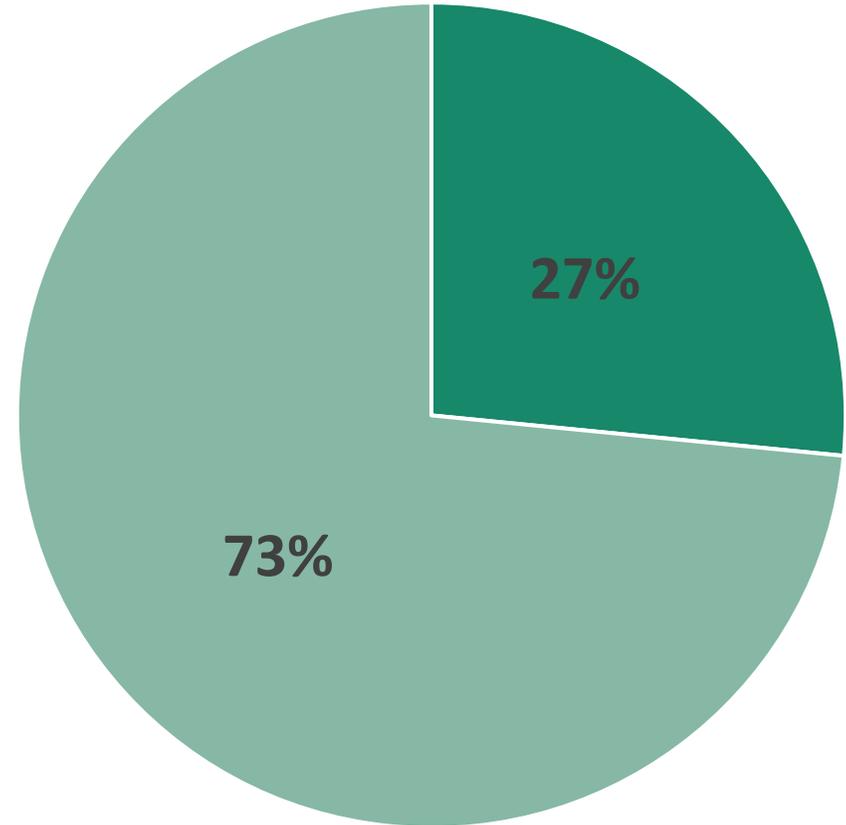
# Policies and Procedures

Is there a limit on the length of stay for residents?



■ Yes ■ No

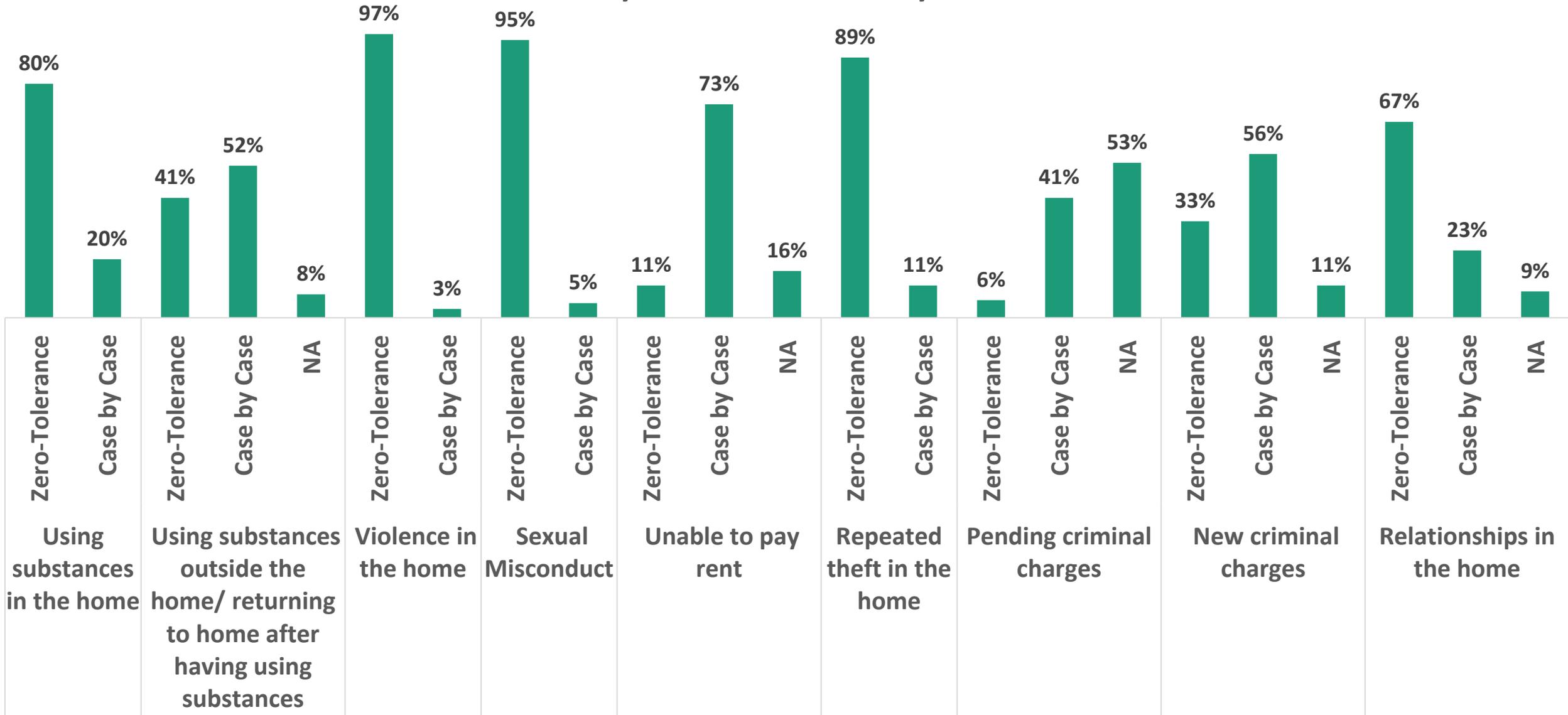
Do you have a minimum sobriety length prior to stay?



■ Yes ■ No

# Policies and Procedures: Discharge Policies

For each of the following grounds for involuntary discharge, is there a zero tolerance policy or are they handled on a case by case basis?



# Social Model Philosophy

- “social model” terminology originated in the 1970’s
- Offshoot from AA and 12-step groups
- Emphasized social, interpersonal, and peer-to-peer approaches
- Research in this area is underdeveloped

## Social Model Philosophy Scale (SMPS)

|  |  |
|--|--|
| <b>Physical Environment</b>                          | House offers a homelike environment  |
| <b>Staff Role</b>                                    | Staff are seen as recovering peers   |
| <b>Authority Base</b>                                | Experiential knowledge about recovery is valued  |
| <b>View of Dealing with Alcohol or Drug Problems</b> | Residents view substance use disorders as a disease and are involved in 12-step groups |
| <b>Governance</b>                                    | House empowers residents in decision-making  |
| <b>Community Orientation</b>                         | House interactions with the surrounding community in a mutually beneficial manner      |

# Social Model Philosophy and NARR-Accreditation Standards

| Social Model Philosophy Domain                       |  | NARR/MCRSP Standard   |
|--|--|---|
| <b>Physical Environment</b>                          | House offers a homelike environment  | 29. Create a home-like environment  |
| <b>Staff Role</b>                                    | Staff are seen as recovering peers   | 13. Use peer staff and leaders in meaningful ways   |
| <b>Authority Base</b>                                | Experiential knowledge about recovery is valued  | 14. Maintain resident and staff leadership based on recovery principles                     |
| <b>View of Dealing with Alcohol or Drug Problems</b> | Residents view substance use disorders as a disease and are involved in 12-step groups | 23. Promote meaning daily (e.g., encourage participation in work, school, mutual aid, etc.) |
| <b>Governance</b>                                    | House empowers residents in decision-making  | 12. Involve peers in governance in meaningful ways  |
| <b>Community Orientation</b>                         | House interactions with the surrounding community in a mutually beneficial manner      | 26. Connect residents to the local (greater) recovery community.                            |

# Social Model Orientation among Recovery Houses in MO

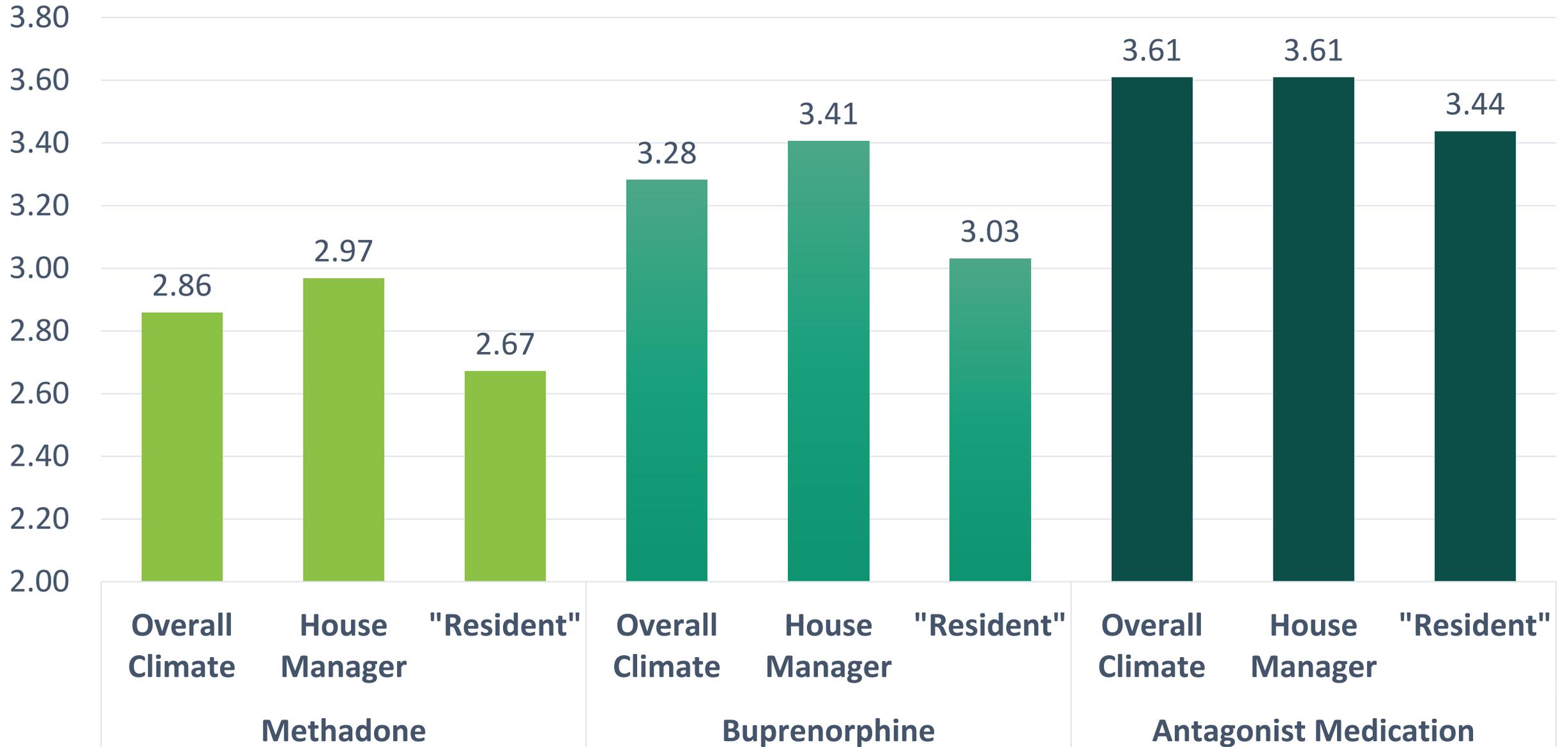
| Social Model Domains                          | Endorsement of social model orientation in MO |
|---|---|
| Physical Environment                          | High  |
| Staff Role                                    | Mixed   |
| Authority Base                                | Mixed   |
| View of Dealing with Alcohol or Drug Problems | High  |
| Governance                                    | Low   |
| Community Orientation                         | Mixed (mostly high)                           |

# **Social Model Philosophy Scale: Measurement Issues**

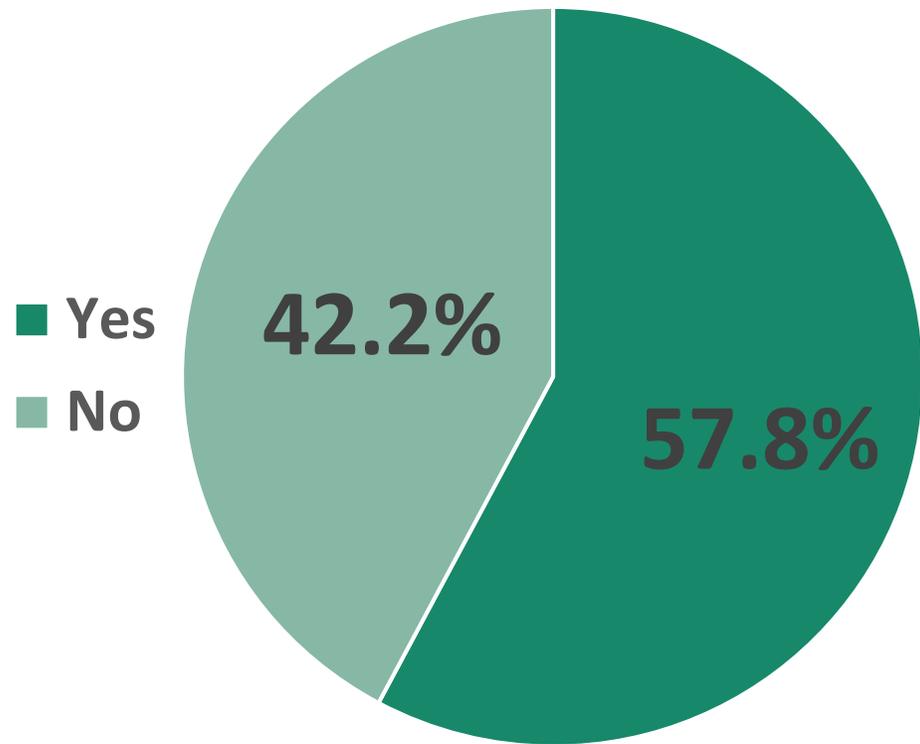
- 1. Question wording**
- 2. Dichotomous response formats (Yes/No answers)**
- 3. Lack of measurement testing**
- 4. Keeping up with evolving definitions of recovery and recovery language**

**To improve our research on the impact of the social model on client outcomes, we need better measures**

# Acceptance of Medications for Addiction Treatment (MAT) in Recovery Housing



# Does this recovery house encourage tapering off OUD medications?



**Missouri Department of Behavioral Health Policy:** All Opioid STR program housing must accept people no matter their medication status and place no requirements for step-down dosing or medication tapering.

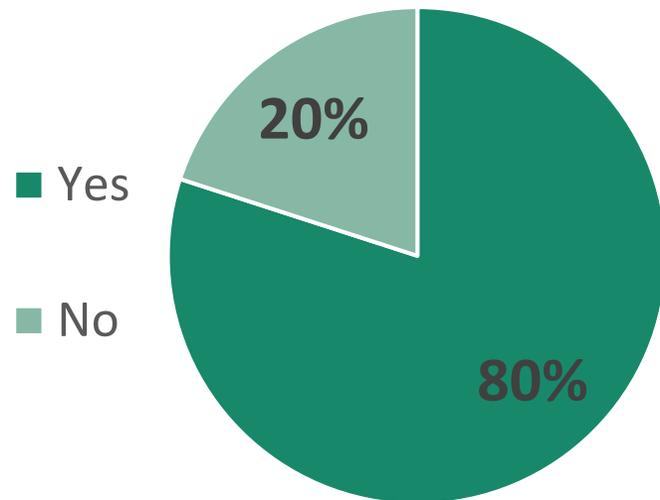
**NARR Standard:** No specific standard about tapering.

# Overdose Prevention Education and Naloxone Distribution

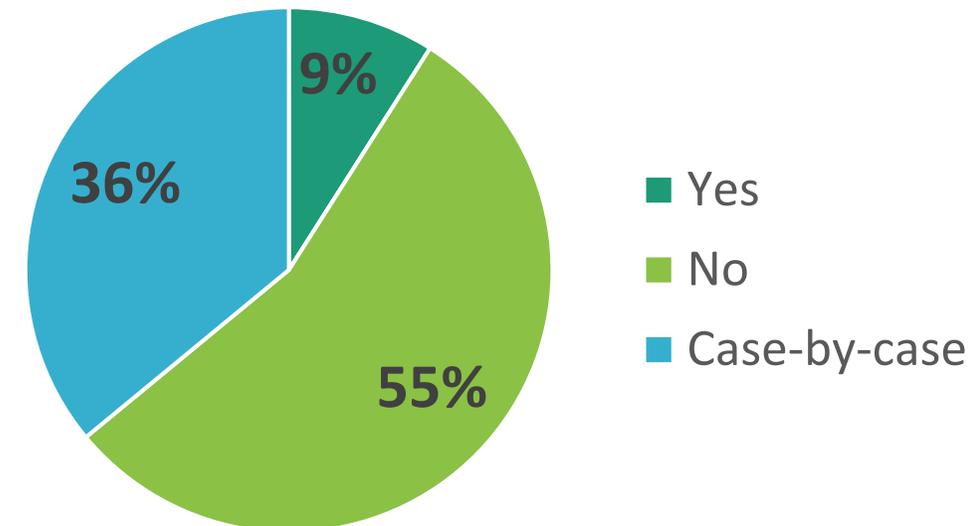
MCRSP Standard: “Naloxone is available and accessible; evidence that staff and residents are trained in its use”

**89%** of houses keep naloxone-on site

Does this residence offer on-site naloxone administration trainings?



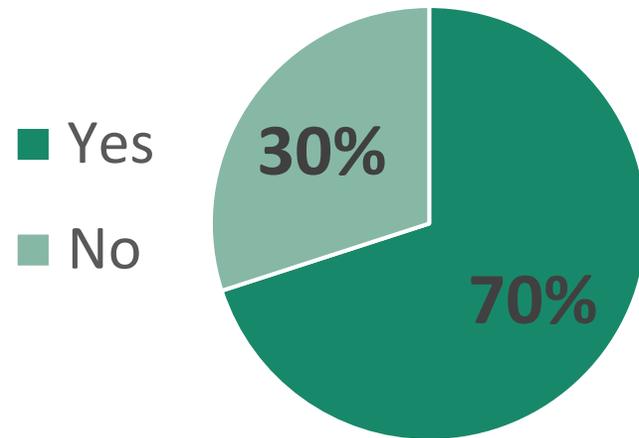
Are residents provided with naloxone upon discharge?



# Data Collection and Quality Improvement (QI)

MCRSP Standard: “Collect data for continuous quality improvement”

Do you actively collect data on the residents in this recovery residence?



Examples of data collected:

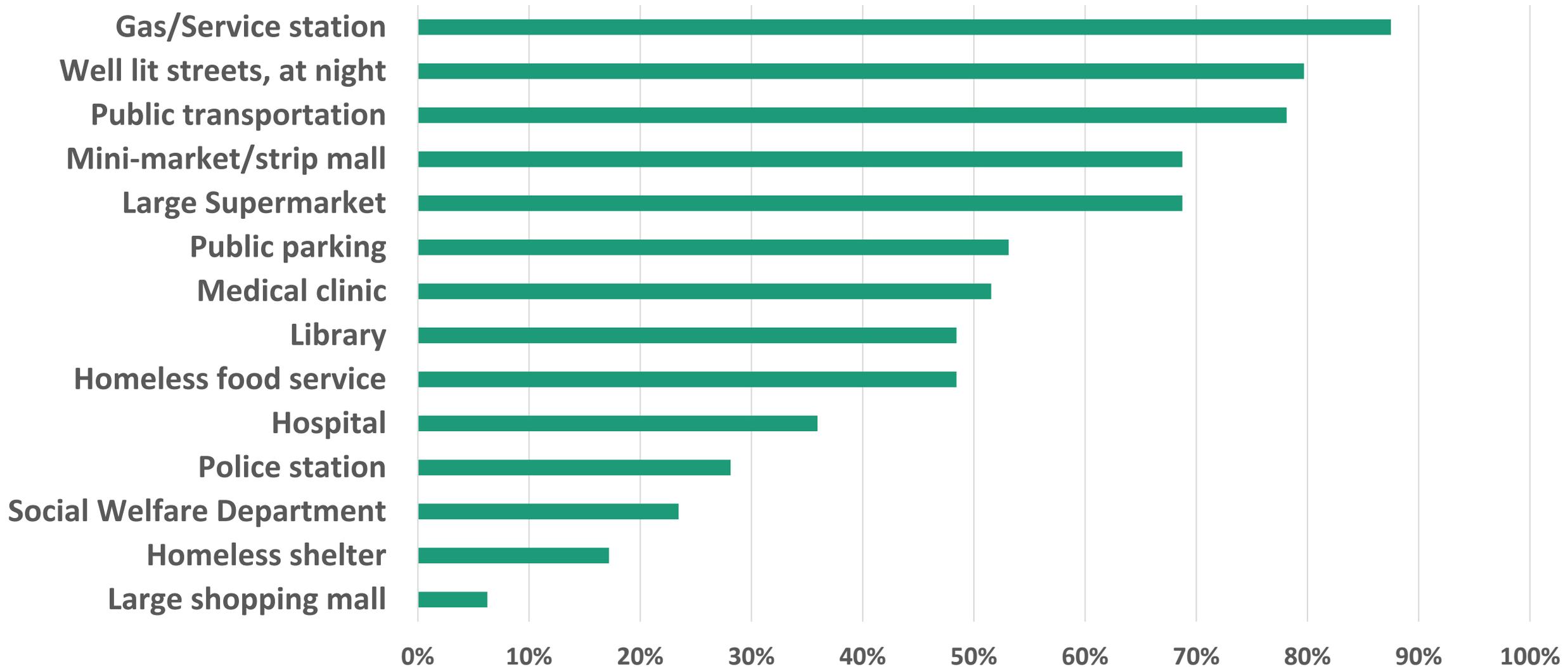
- Sign-in/sign-out sheets
- Intake process surveys (basic demographics)
- Recovery plans
- Weekly activity sheets
- Community meeting involvement
- Cleaning time
- Medication counts/UDS

**100%**

of houses that collect resident data, use it for QI

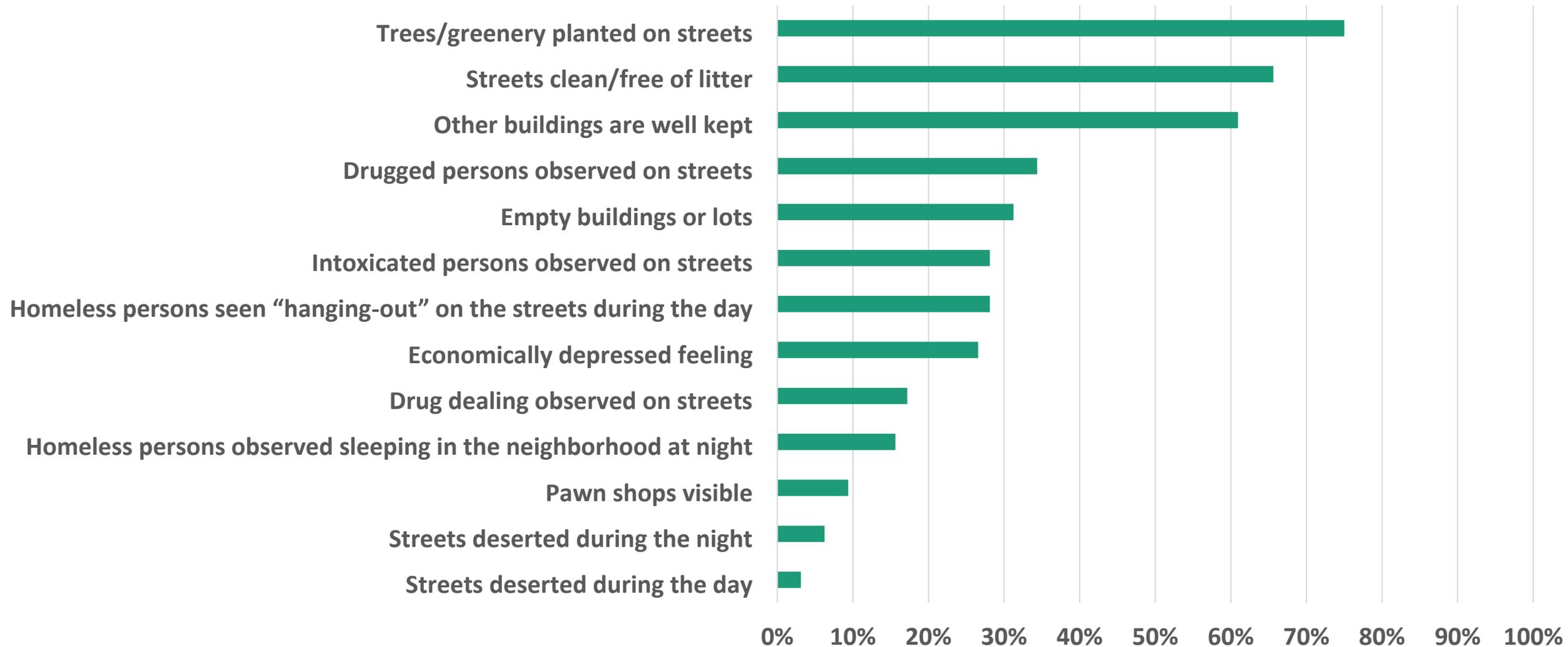
# Neighborhood Characteristics

Which of the following community resources are within walking distance (about 1 mile) from the home?



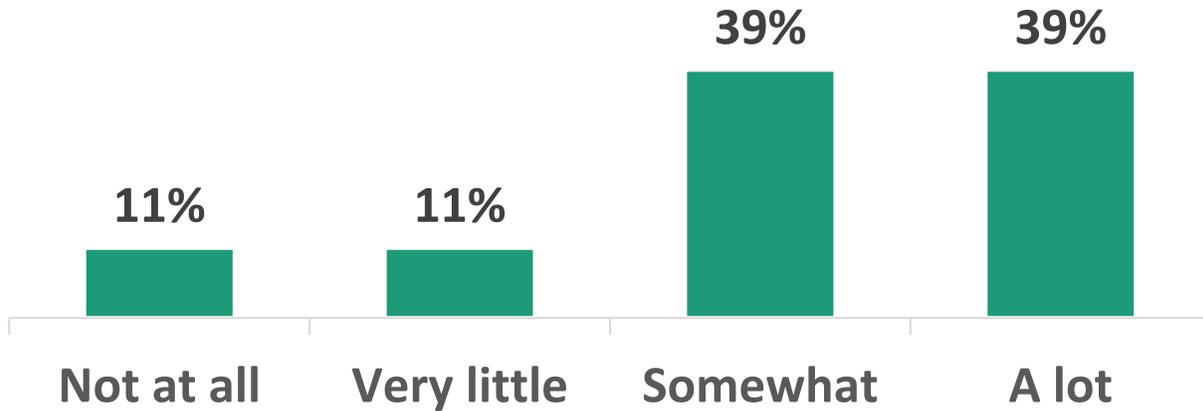
# Neighborhood Characteristics

Do any of the following characteristics apply to the neighborhood in which your residence is located?

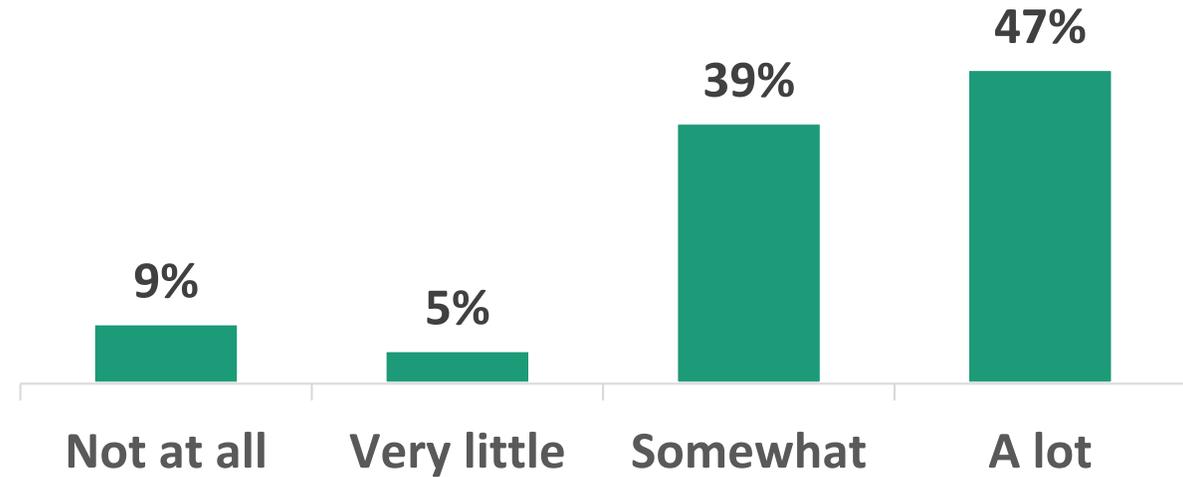


# To what extent have the Good Neighbor policies

...promoted positive change in the neighborhood?



...promoted positive relationships between recovery housing residents community members or neighbors?



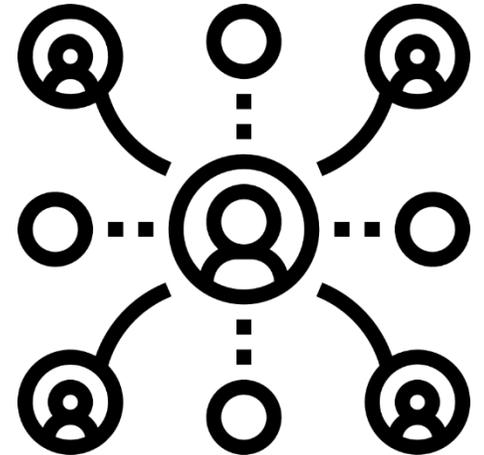
**NARR Standard: "Residents are compatible with the neighborhood, responsive to neighbor complaints, and have courtesy rules"**

# Recovery Housing Workshops



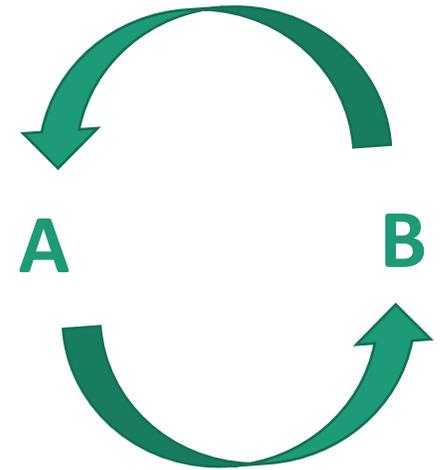
# Recovery Homes as a System

- Each recovery home is a system made up of its residents, their daily interactions, and their relationships
- How do recovery homes function as a system of interconnected people?
- How do house managers and residents work together to keep a home functioning?
- Where might there be room for improvement?
- Hear from residents and housing managers themselves

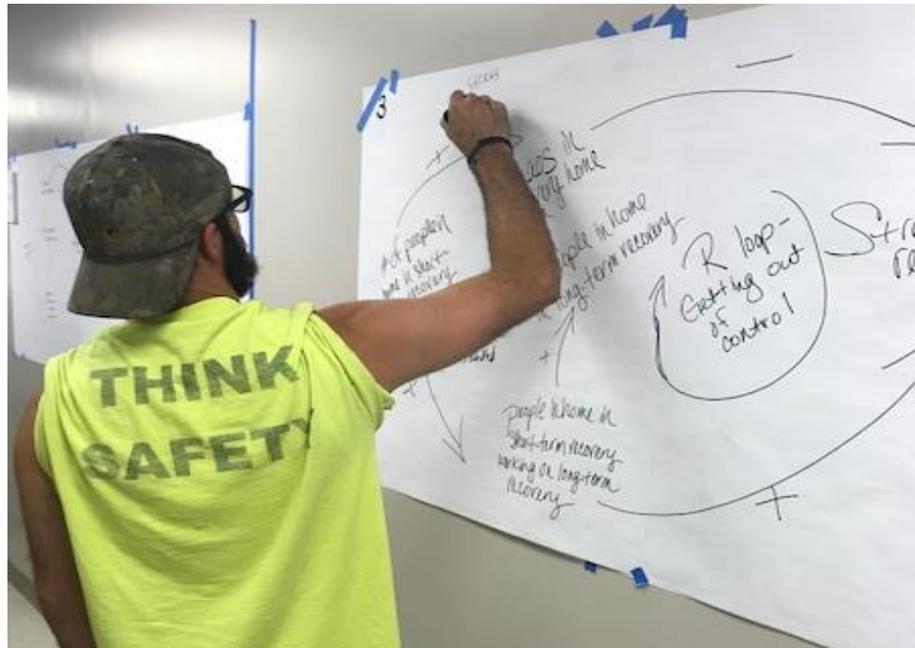


# Community-Based System Dynamics (CBSD)

- System dynamics: A way to understand systems through causal maps
- Maps show key feedback loops, which occur when a change in one factor leads to a sequence of changes throughout the system, which 'feeds back' to affect the initial factor
- Maps are made by asking people within a system to describe how their system works
- In CBSD, these 'system experts' develop the maps as well, and benefit from the opportunity to all be in a room together



# CBSD Workshops



# Methods

## **5 workshops total with NARR- accredited and SOR-funded homes**

- **3 with live-in housing managers (N= 36)**
  - St. Louis
  - Kansas City
  - Springfield
- **2 with housing residents (N=10)**
  - St. Louis
  - Springfield
- **2 key stakeholder interviews with  
system leaders**

# Boundaries of the system

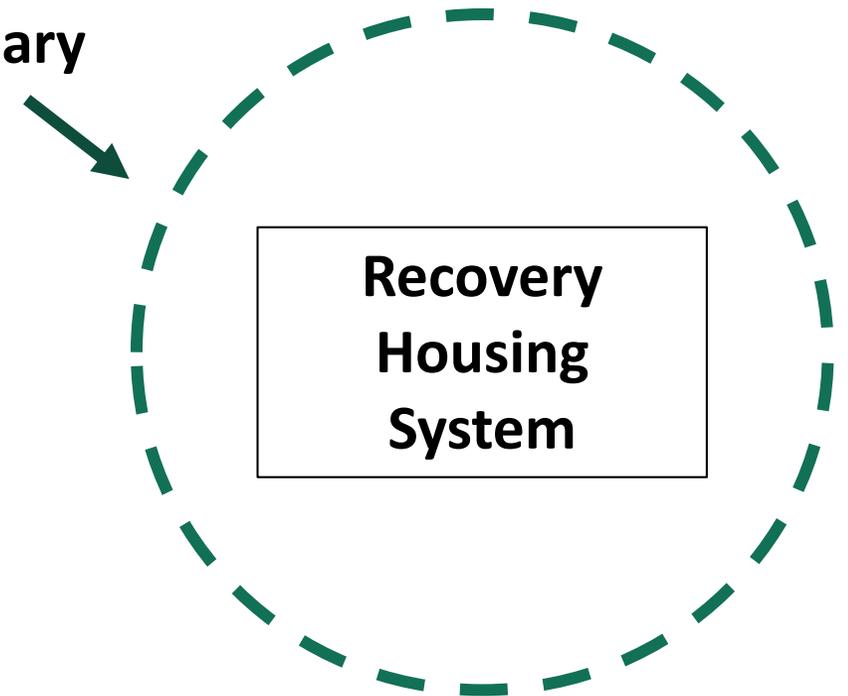
## What is included?

- People living in and managing recovery homes
- People waiting for recovery housing

## What isn't included?

- Functioning of other systems (e.g. treatment program, criminal justice)

Boundary



## Main Types of Residents

New  
residents  
not yet  
stabilized

Recently  
stabilized  
residents

Integrated  
long-term  
residents

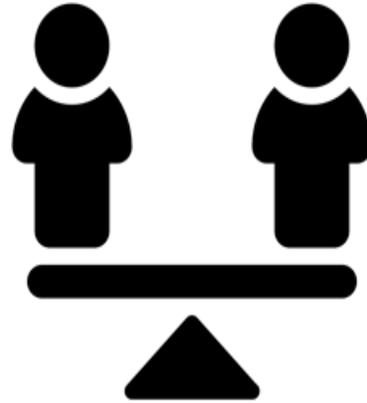
Live-in  
housing  
managers



# Competing Goals of the System

## **Idealized goal:**

Help people achieve strong recovery in the home so they remain in recovery once leaving the home

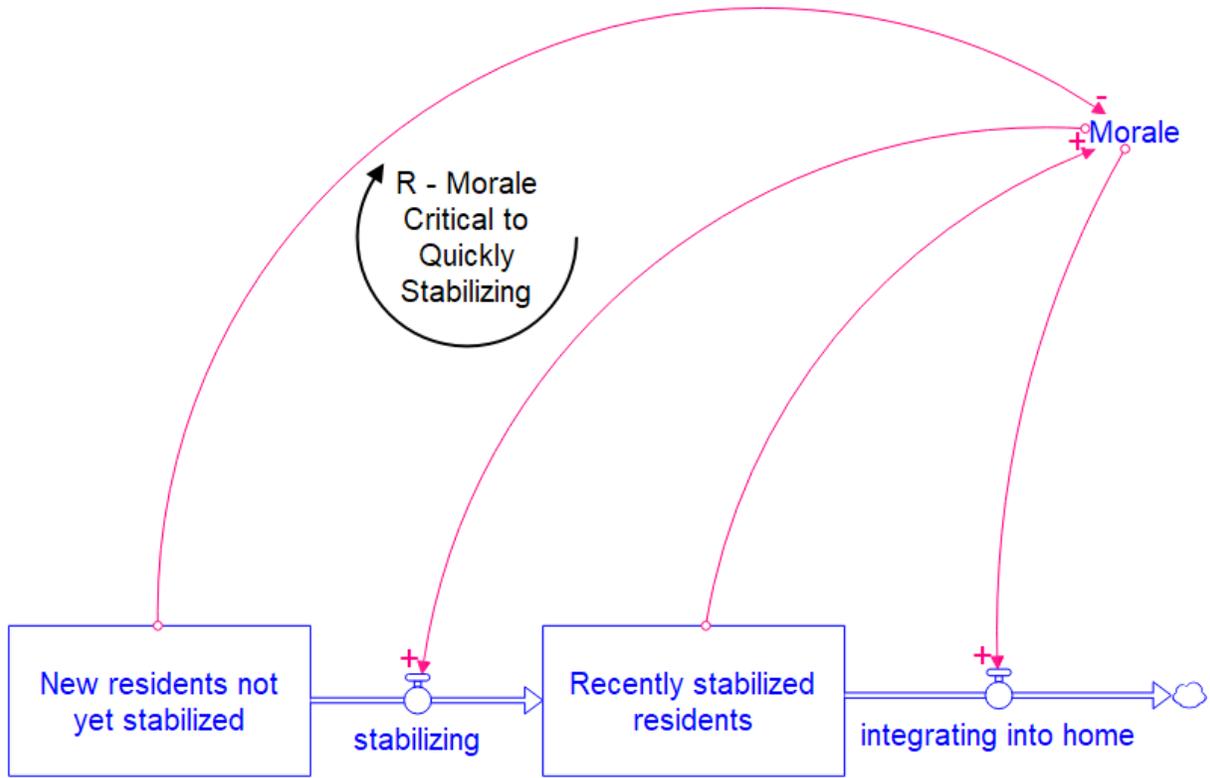


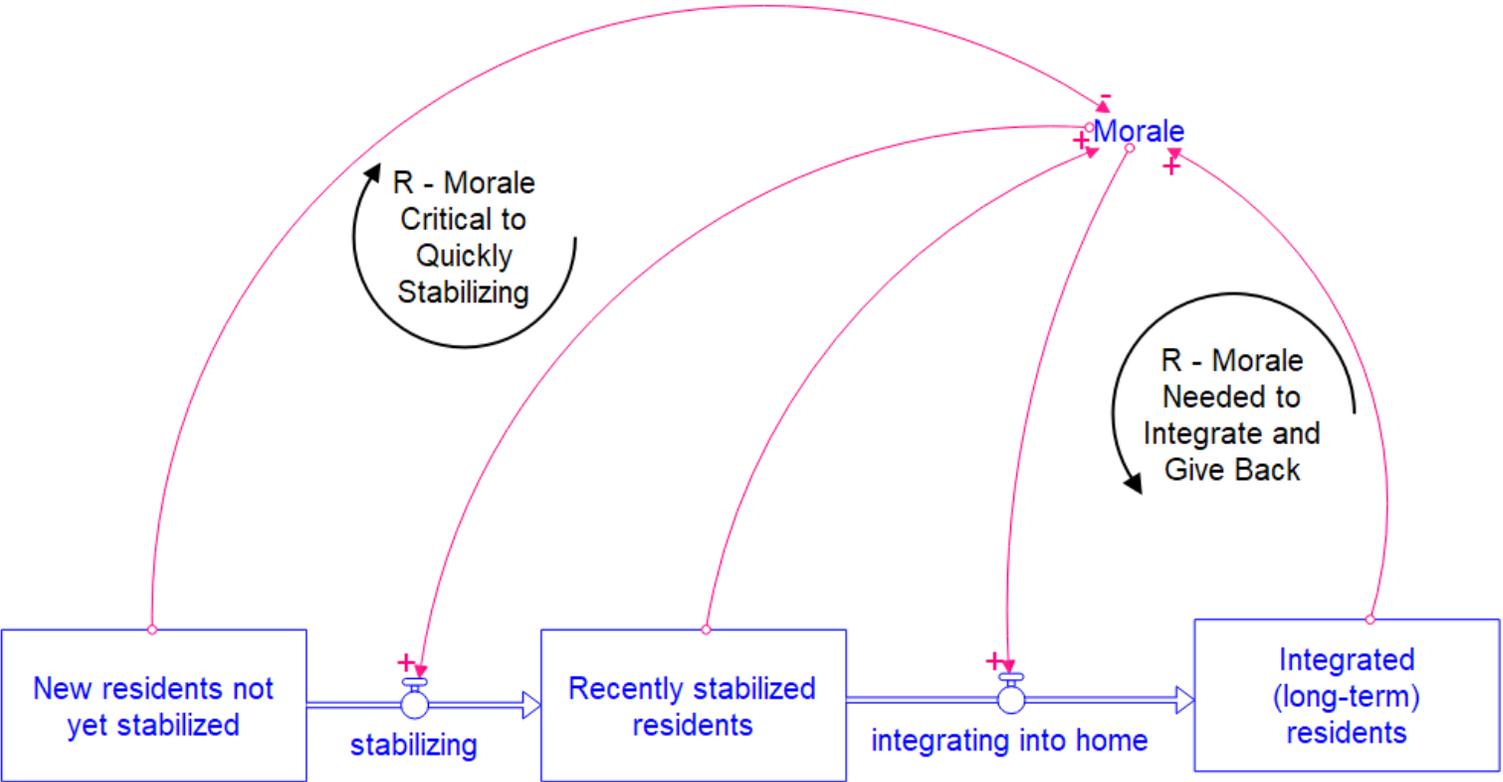
## **Nuanced goal:**

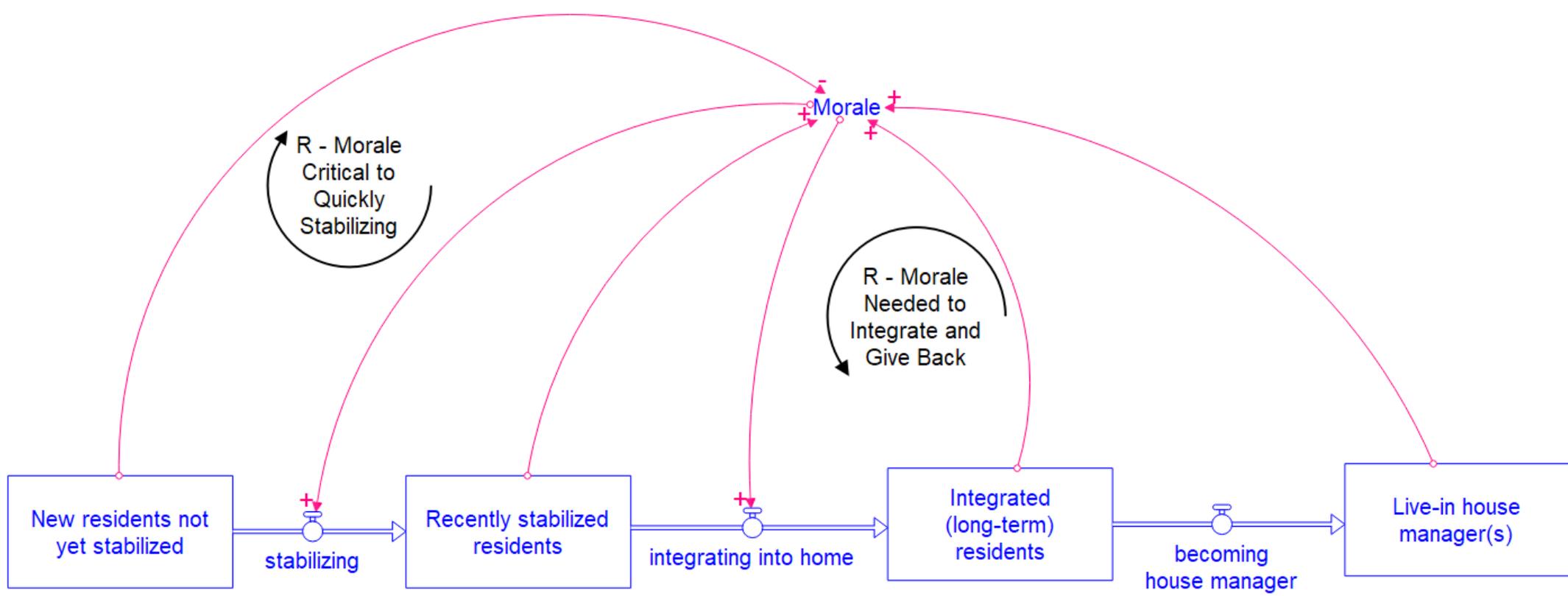
Maintain the recovery home environment for those already living within it

# Key Finding: Morale Affects Everything





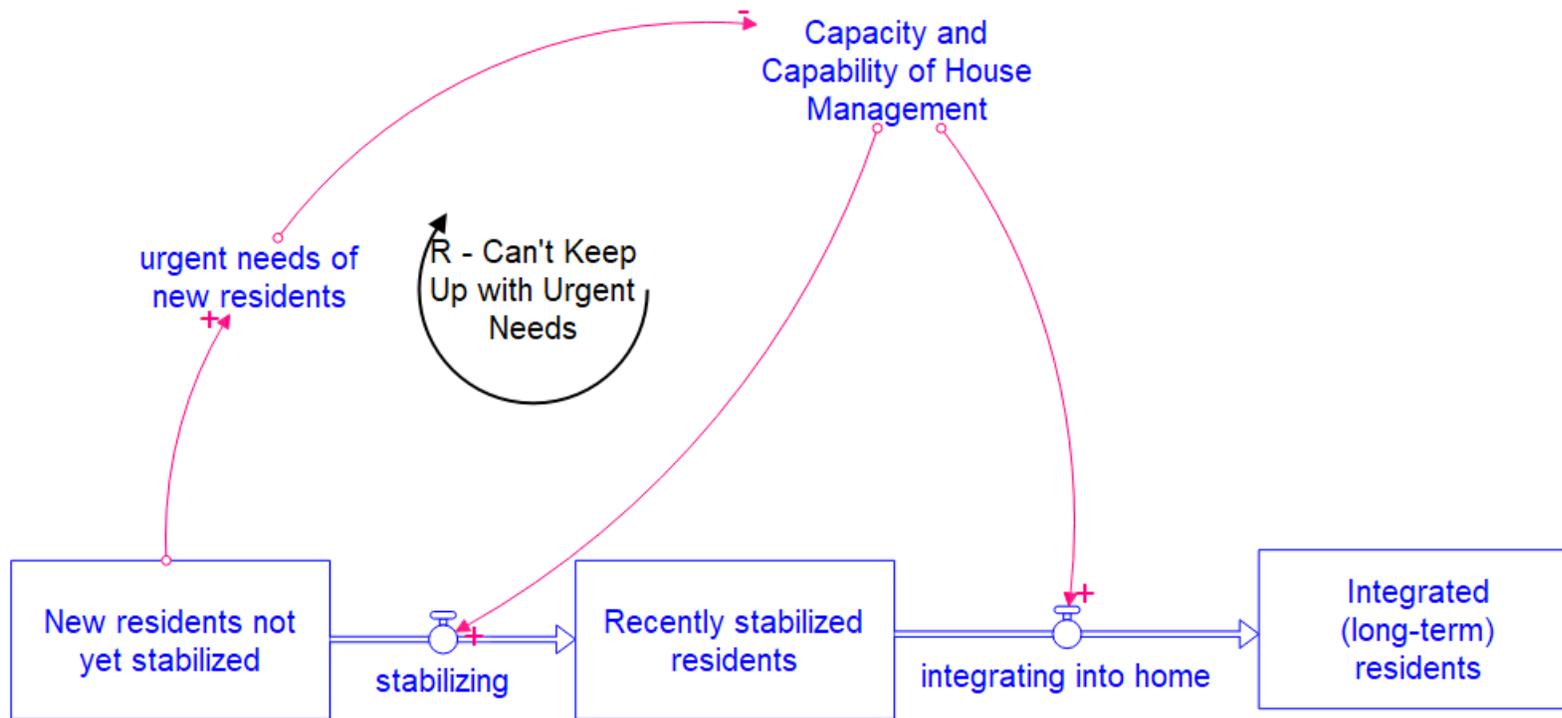


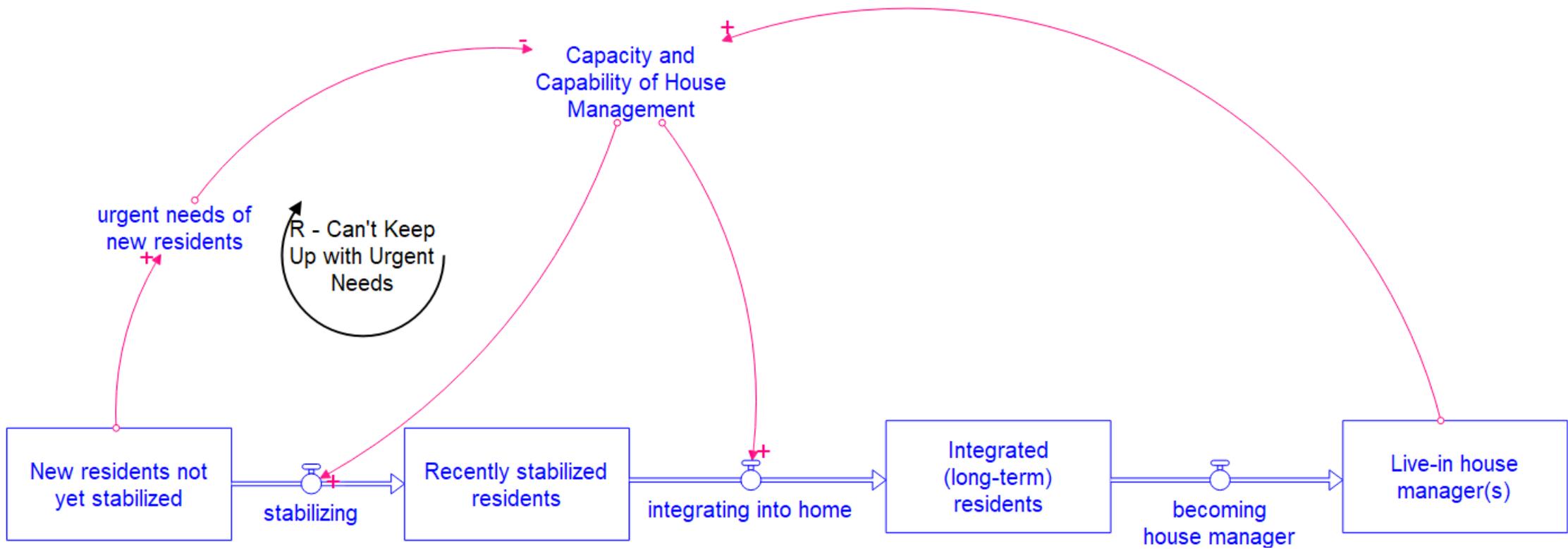


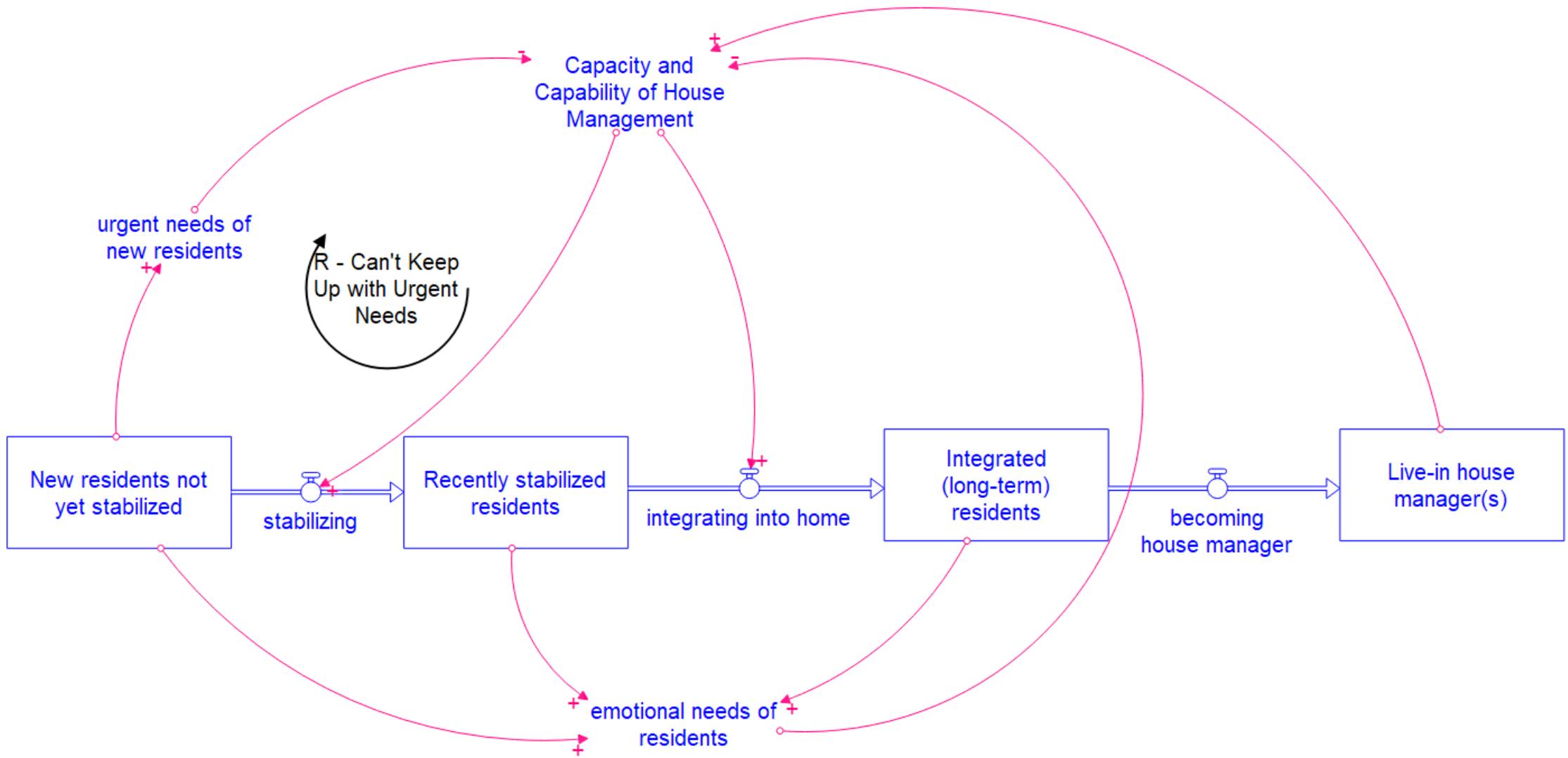


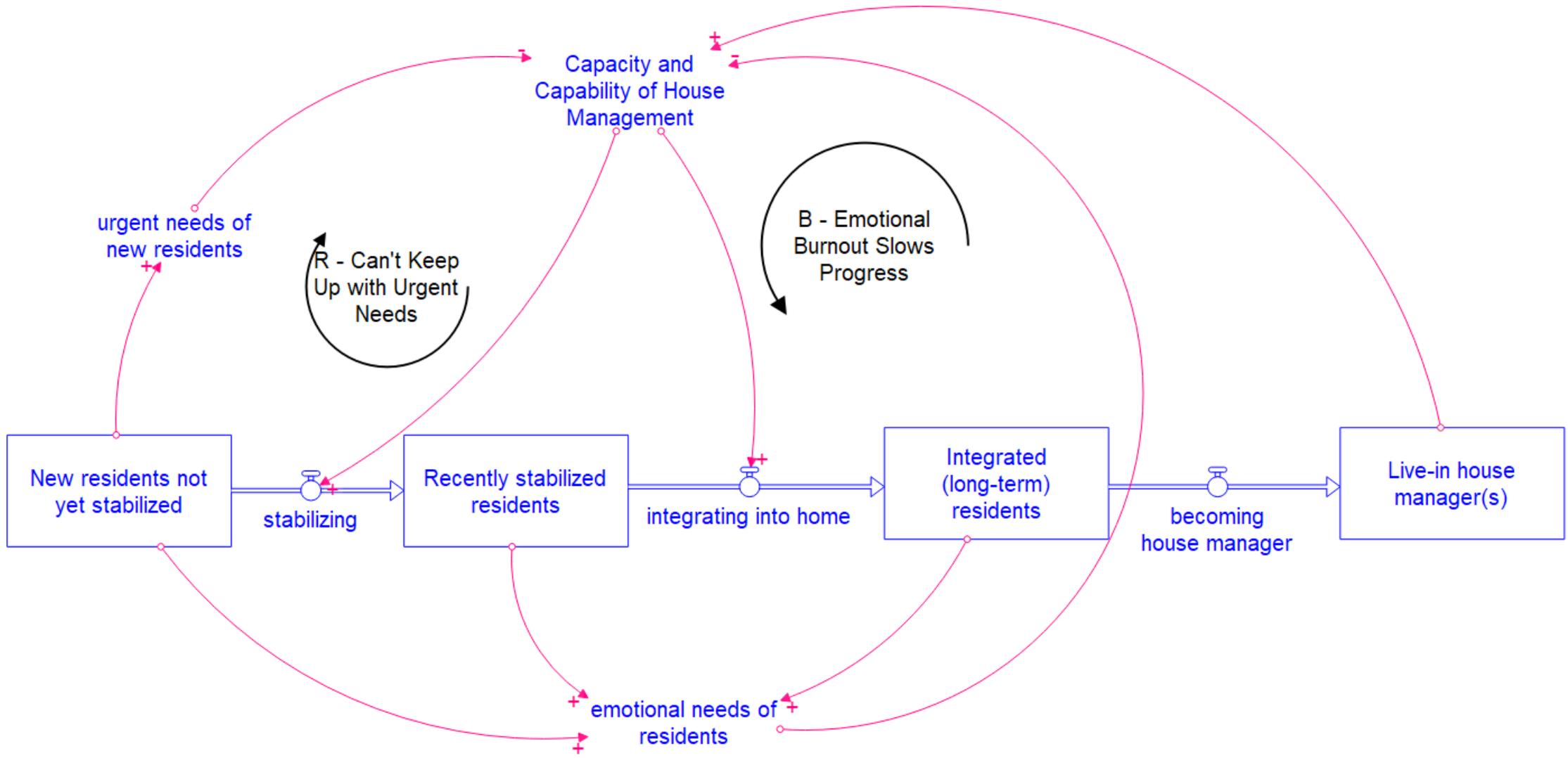
# Expectations of Housing Managers and the Impact on Morale

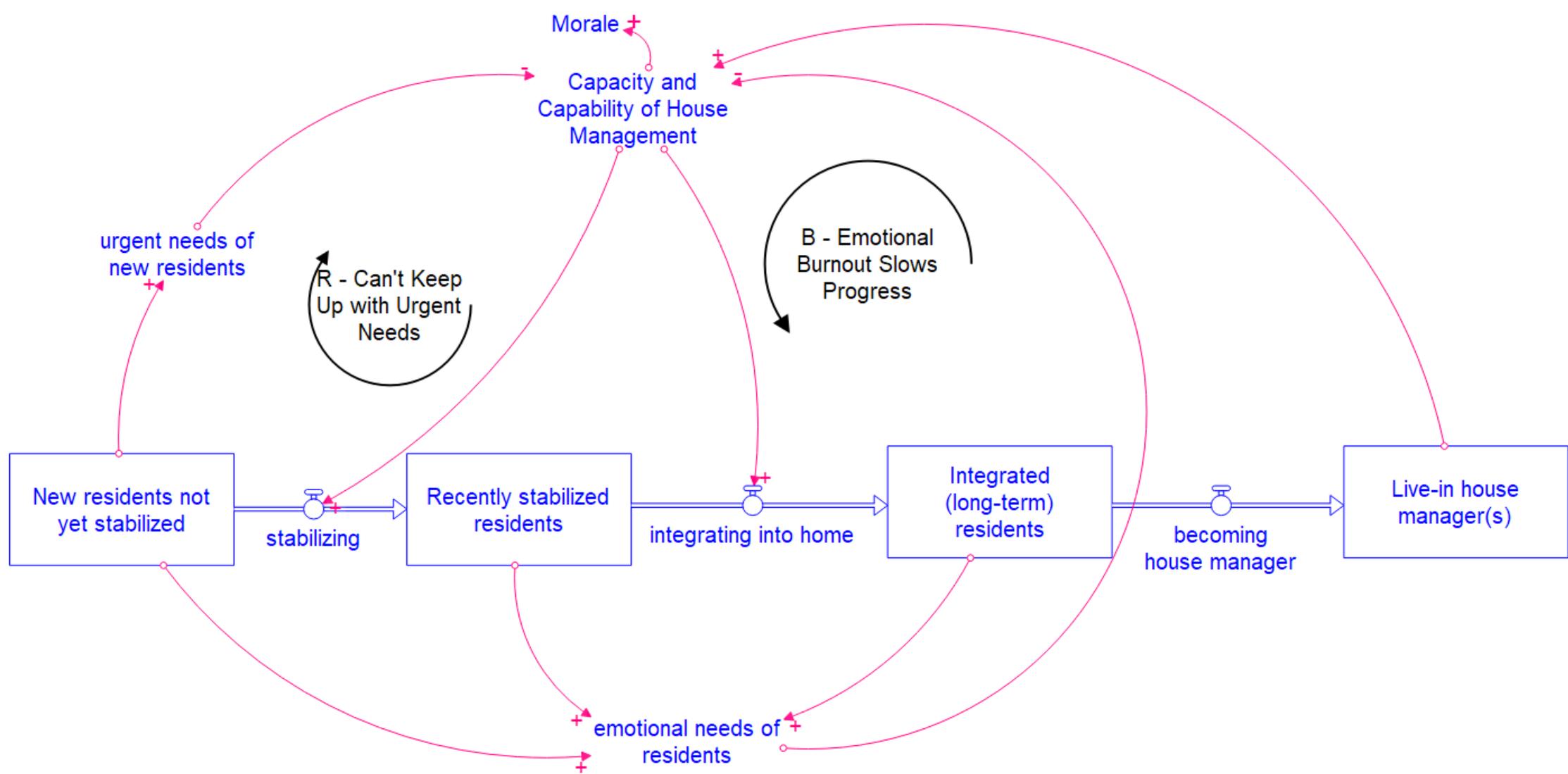






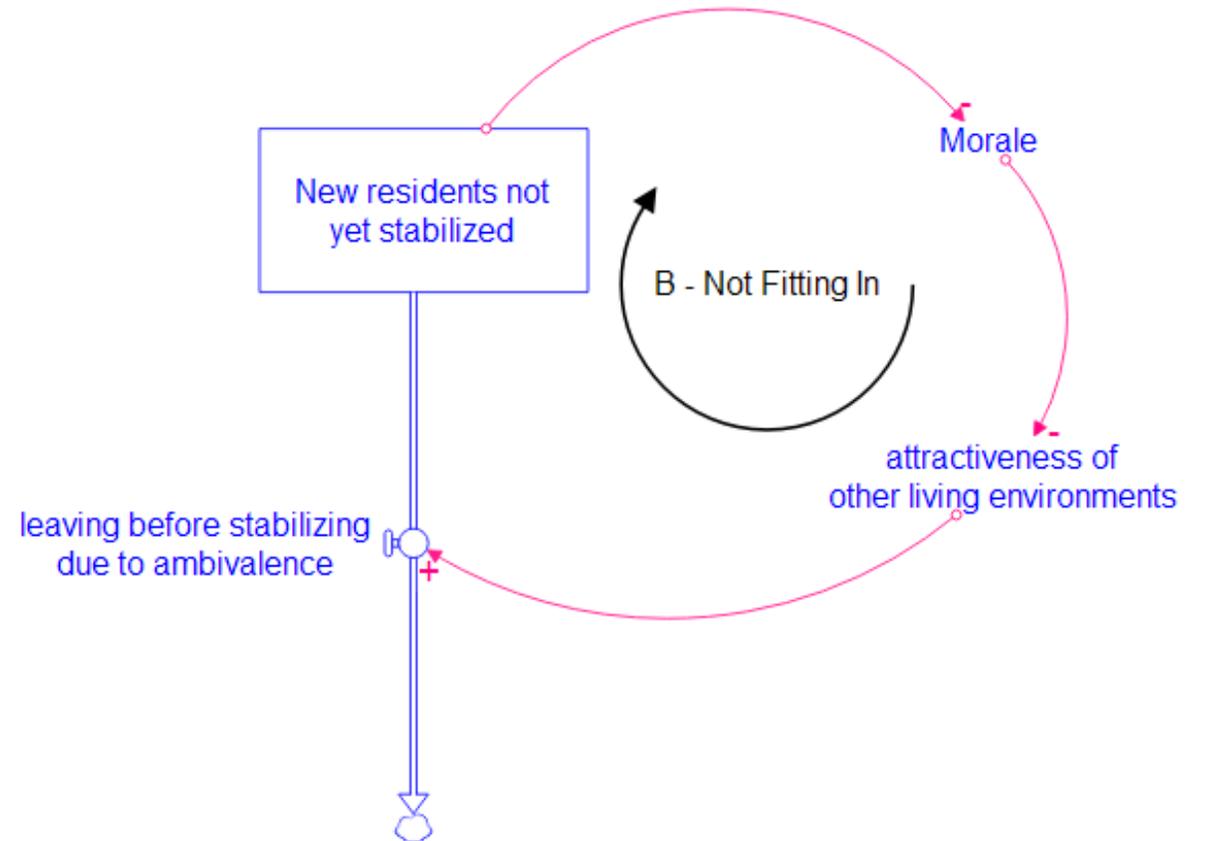
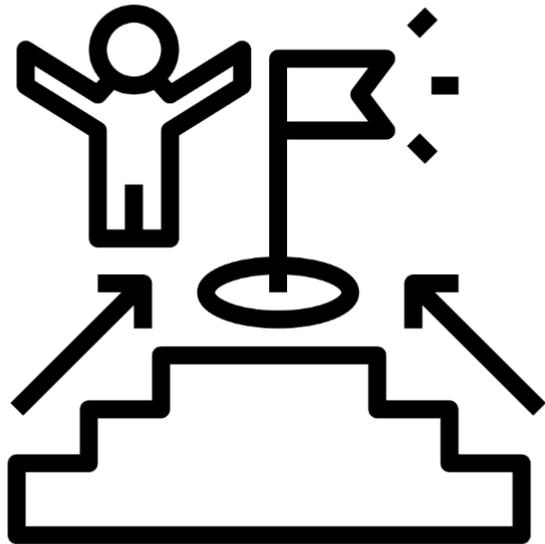






# Mismatch in Recovery Pathways

New residents' low morale can result from mismatch in acceptable pathways to recovery



# Medications for Addiction Treatment (MAT)

- KEY to stabilization according to residents
  - Quick stabilization keeps people from leaving prematurely
  - Stabilization promotes morale
- Lack of discussion about MAT during housing manager workshops
- Moreover, sometimes seen as a recovery pathway mismatch



## Easy to do, high impact

- Have MAT covered in housing fee – STABILIZATION
- More community service – INTEGRATION
- Transportation – INTEGRATION
- HM Time off – MORALE
- Communication with staff – STABILIZATION
- First-aid training, overdose education training – STABILIZATION
- Housing BEFORE treatment evaluation – STABILIZATION
- Job Support/GED classes – INTEGRATION

## Hard to do, high impact

- Don't dwell on the petty stuff – MORALE
- Open more treatment centers and make them easier and quicker to get into to provide a jumpstart to recovery – STABILIZATION AND INTEGRATION
- Funding for full-time house managers – MORALE
- Change perceptions of how “difficult” the house is – MORALE
- More support staff – STABILIZATION AND INTEGRATION

## Easy to do, low impact

## Hard to do, low impact

# Action Ideas

## **Potential Action Ideas to Explore:**

- Referral process – better matching where possible BUT ALSO open dialogue about accepted recovery paths
- Residents with strong potential should be recruited into house management – training cannot overcome low baseline capability
- Standardized training once strong recruits identified, which means defining standardized requirements
- Pay & time off for house managers to prevent burnout, which reduces morale of whole house

# Remaining Questions

## Remaining Questions:

- How do people know when it's time to leave after they have become long-term residents?
- How can they stay engaged and contribute to peer modeling after they leave?

# Process Insights

## Process Insights:

- Incentives (cash and food)
- Power dynamics in the room
- Flexibility
- Coordination of house managers

# Future

1. Limited housing options outside of urban areas
2. Training opportunities (MAT, overdose prevention, and general management/leadership and recovery support) for recovery houses should be prioritized
  - Houses should adopt a policy to conduct overdose prevention trainings for each resident at intake
3. Naloxone should be kept on-site at 100% of houses and regularly provided to residents upon discharge
4. Houses that had paid staff/house managers reported less struggles with managing their households (burnout)
5. Continued monitoring and evaluation of recovery housing environments and resident outcomes

# Key Collaborators and Funders



# *SAMHSA*

Substance Abuse and Mental Health  
Services Administration



Thank to all participants  
Additional helpers

Vinith Ilavarasan

Rithvik Kondai

**Thank You**



**Questions?**