Recovery Housing in Illinois:
Brief Report from An Environmental Scan

Meeting Recovery Needs in a Changing Context

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Sincerely

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Brief Report

Environmental Scan Questions:

Question 1: What is the current state of Recovery Housing across Illinois, particularly in relation to needs and assets identified in Illinois, quality standards established by NARR and best practice literature?

Question 2: What are challenges and facilitators to running high quality and effective Recovery Housing for that in need?

Question 3: What changes in practice and policy can be recommended to best serve those in need of Recovery Housing in Illinois (e.g. quality of care, capacity of system to meet need)?

Program Background

Recovery housing is one of several important steps in the treatment and recovery journey for many people addressing substance use disorders, some of whom may also be experiencing housing instability.

Recovery housing can encompass a variety of housing types and names, including Oxford Houses, sober living environments, halfway houses, and in Illinois, licensed recovery homes. For the purposes of this report we will use the following definitions:

Recovery Homes: facilities licensed by the Illinois Department of Human Services-Division of Substance Use Prevention and Recovery (SUPR) and possess an alcohol and drug-free housing component whose rules, peer-led groups, staff activities and/or structured operations are directed toward maintenance of sobriety for persons in early recovery from substance abuse, or those individuals who recently have completed substance abuse treatment at another licensed facility.[i]

Oxford House: A community-based approach to addiction treatment, which provides an independent, supportive, and sober living environment and can be started by any individual in recovery.[ii]

Sober Living Homes: Alcohol and drug free living environment for individuals attempting to maintain abstinence from alcohol and drugs.[iii]

Halfway House: Residential transitional living opportunities for clients in need of additional services addressing substance use disorders, usually following residential treatment or rehabilitation.[iv]

Recovery Housing: Housing in an abstinence-focused and peer-supported community for people recovering from substance use issues. Typically, residents choose to actively participate together in community activities focused on supporting recovery (as defined by HUD).[v]

For the purposes of this report, recovery homes will refer specifically to Illinois licensed recovery homes. The terms recovery housing or recovery house(s), will be used as umbrella terms that encompass all abstinence-focused, peer-supported living environments and recovery housing providers will refer to

those who provide this type of housing and access to related supports. The terms residents or clients will be used to refer to the people living in and receiving services in recovery housing.

This environmental scan seeks to document the current state of Recovery Housing in Illinois and the extent to which it is supporting the long term recovery needs of former substance using individuals who are also experiencing unstable housing/homelessness. As part of this effort we will assess existing strengths and challenges recovery houses experience, coordination of systems of care that impact recovery housing, such as healthcare and housing, as well as opportunities for recovery housing to better meet Illinoisans' needs. We are interested in learning what works and the factors that influence positive recovery outcomes.

This effort marks a first step toward assessing quality and practices across Recovery Housing sites in Illinois, as well as barriers and facilitators to achieving outcomes. Findings from this environmental scan will be used to promote the implementation of best practices within recovery housing, maximize recovery resources to achieve best outcomes and leverage finite resources to do so. Findings will also be used to inform policy and practice in Illinois aimed at enhancing the capacity and quality of recovery housing and better meeting existing and potential clients' needs.

Major Findings and Recommendations

Findings for this scan are derived from interviews, focus groups, a review of research and practice literature as well as epidemiological data, and peer reviews of a sample of Illinois recovery homes. Below are findings and recommendations organized by major themes that speak to recovery housing in Illinois:

Need for Recovery Housing

Given estimates on the number of people in Illinois struggling with substance use disorders (SUDs), including the opioid epidemic, findings indicate insufficient capacity of recovery homes to meet the need of Illinoisans. Monitoring data estimates (2015) that nearly 45,000 people in Illinois (ages 12 and over) are engaged in substance use disorder (SUDs) treatment on a given day, while estimates of licensed recovery homes and halfway house beds (SFY 2017) in Illinois are 1,493 beds (approximately 3% of those in treatment during the 2015 single day count).[vi] [vii] Barriers to establishing new licensed recovery homes amplify this problem including prohibitively expensive zoning laws and community resistance to recovery homes (i.e., "Not in my backyard"). Participants noted that Medicaid expansion has increased the demand for recovery housing. Estimates indicate that the number of Illinoisans enrolled in Medicaid has increased by over 600,000 individuals. As a significantly greater number of people qualify for Medicaid-covered behavioral health services, such as substance use treatment, a greater number of these people are also seeking recovery housing and support services subsequent to treatment.

Recommendations:

1. ***Invest in the expansion of licensed recovery homes and high quality recovery housing***. One strategy identified by participants would be to provide startup funding, such as grants or loans, that would allow unlicensed houses to invest in the infrastructure developments necessary to become licensed. This investment could yield long term gains for clients.

2. ***Promote community awareness about the benefits of licensed recovery homes/high quality recovery housing*** as a strategy to overcome resistance. Consider also incentives to support the development of recovery homes/high quality recovery housing in a broader range of communities.

Recovery Housing: Impact of Housing Policy

Many people enter and exit recovery housing from homelessness or fragile housing situations, according to interviewees. As such it will be important to coordinate with HUD's housing continua of care and coordinated entry system to meet these individual's housing needs.

Recommendations:

1. ***Address the needs of unstably housed and homeless individuals who have entered recovery housing:*** Continue to address ways that recovery housing residents who were homeless and/or lack a stable housing option following their stay can be linked with the HUD coordinated entry system. Coordinating data systems between recovery housing and HUD's coordinated entry system, as well as addressing HUD's definition of homelessness are potential points of intervention. For individuals who came from and are returning to unstable housing environments, not automatically designating them as stably housed due to their stay in recovery housing may support them in accessing housing.

Recovery Housing: Impact of Health Policy

Many Recovery Housing Providers are Receiving More Intensive Clients and Taking on Greater Treatment Roles. As managed care organizations have dictated shorter treatment stays, recovery housing providers receive clients in more acute states. While licensed recovery homes may apply to become licensed as level 1 or 2 outpatient facilities and bill for these services, other types of recovery housing may not have access to this funding mechanism to address more vulnerable clients' needs.[viii]

Recommendations:

1. ***Invest in Recovery Housing:*** **Explore ways to make recovery housing an authentic component of the prevention, treatment and recovery continuum of care that allows for both recovery housing and support services to be reimbursed**. While SUPR and some other state agencies, such as the Illinois Department of Corrections (IDOC) or Department of Children and Family Services (DCFS), pay for recovery housing, several interviewees noted that the current funding level for recovery housing is not sufficient to meet the demand.

    a. One way to meet this demand would be for the State to make a larger investment in recovery housing, as suggested by participants, through general revenue, block grants or other funding sources.
    b. Another way to make licensed recovery housing more cost-effective as well as tailored to client needs are to allow for service tiers based on their needs, with more acute residents receiving more expanded services and funding, while less acute clients get more limited services for a lesser reimbursement rate.

2. ***Support Recovery Housing Providers in Becoming Managed Care Organization Vendors/Medicaid Certified****:* Recovery housing currently is not funded by Medicaid or managed care organizations, but this doesn't mean a successful case could not be made to Medicaid/managed care organizations

(MCOs) about the human benefit and cost effectiveness of recovery housing. Doing so would mark a significant change in the service delivery model as well as an additional funding stream to meet Illinoisans' SUDs and housing needs. Stakeholders well versed in MCOs and managed care could offer technical assistance to recovery housing providers and encourage collaborative partnerships across providers to best make this case. Consulting other states' strategies in advocating for the Medicaid certification and reimbursement of recovery housing may also be warranted.

Lack of Data Infrastructure

Coordinated Recovery Housing Data System

One of the most significant challenges facing both individuals in need of recovery housing and providers with open slots is a lack of a coordinated recovery housing data system. **There is not a publicly available comprehensive central repository of recovery housing that lists the number or location of available slots, types of services offered or specialized populations served (e.g. licensed vs. unlicensed, women-specific). There is also not a central data system to track residents over time.** While partial or siloed databases exist, for example, through the Illinois Association of Extended Care's (IAEC) database of member recovery housing and the Division of Substance Use Prevention and Recovery's (SUPR's) data on licensed recovery homes and halfway houses, these datasets are neither comprehensive nor coordinated. They do not adequately speak to the number or location of recovery housing and available slots. Nor do they provide complete information on the types of recovery housing and services offered.

Implementation and Outcomes Data System

Anecdotally, providers speak to the robust benefits of recovery housing for residents. To make this case requires data to tell the story. However, many providers lack the resources to develop a data collection and monitoring system that would demonstrate this impact. In the absence of evidence to demonstrate which recovery practices are best practices or the outcomes that recovery housing achieves for its clients, it is extremely difficult to make the case that recovery housing should be invested in and expanded.

Without such data available, it will be incredibly challenging to:

a. Understand the true scope of need for recovery housing in Illinois and plan for this demand
b. Match clients to services that best meet their needs
c. Further our understanding of best practices in recovery housing
d. Advocate for future funding to sustain recovery housing.

Recommendations:

1. ***Invest in Recovery Housing Data Infrastructure:*** It is strongly recommended that a comprehensive data collection and monitoring system be put in place with the capabilities to track recovery housing services and programs and demonstrate the impact they have on health and cost outcomes. Key features to the success of this data system will be:
    a. The extent to which it allows different service systems, such as housing, substance use, law enforcement, corrections, mental health, and child welfare to "talk to each" other and coordinate services.

b. Inclusion and description of the full range of recovery housing providers in Illinois, for example by location, types of services provided, sub-populations accepted, and licensure status.
c. Capacity to link programs, services and activities to outcomes.

2. ***Many clients within recovery housing have needs that straddle the housing system and the substance use treatment and recovery system***. Finding ways to coordinate these two systems of care and the information they house would be of great benefit to meeting clients' dual SUDs and housing needs, particularly at key junctures such as exiting recovery housing or entering the U.S. Department of Housing and Urban Development (HUD) coordinated entry system.
   a. Further **HUD definitions of homelessness** that preclude people in recovery housing from maintaining their homeless status should be re-considered. Similar to when a homeless individual enters a hospital for care, individuals entering recovery housing without another stable housing option could be given the mechanism to retain their homeless status.
   b. **Bring together key stakeholders who "own" parts of the housing and substance use treatment and prevention data systems, such as SUPR, IAEC and HUD.** The purpose of such meetings would include discussing which components of the recovery housing landscape are documented through these partial databases, such as HUD's coordinated entry system, SUPR's dataset of licensed recovery homes, and IAEC's directory of licensed and unlicensed recovery houses, which are not, and how to best achieve a comprehensive data system. Further, such meetings could be utilized to better coordinate the substance use treatment and recovery data systems with HUD's coordinated entry system to better understand how they could "talk to each other" and appropriately share data.

Challenges to Long Term Self-Sufficiency

Individuals in recovery continue to face several barriers to employment and affordable housing that limit their capacity to transition to long term self-sufficiency. Despite housing and employment non-discrimination laws, interviewees noted that residents in recovery still face very real barriers including background checks that prohibit employment and access to housing, competition for jobs and homes with people who do not have documented substance use and/or criminal backgrounds, poor or non-existent credit history, as well as logistical barriers, such as inadequate duration of parole to both commute and work or lack of transportation coupled with prohibitive distance to viable employment.

Recommendations:

1. ***Background Checks Block People in Recovery from Accessing Housing and Employment:*** Communities as a whole benefit from breaking down barriers for people in recovery accessing employment and housing. Advocate for policy change regarding the use of criminal records in background checks as a means to increasing access to work and housing, for example, limiting the time a charge remains on a person's record or type of charge that goes on record. Provide the opportunity to expunge an individuals' criminal history from their record based on clients' behavior and recovery process.
2. ***Expand employer incentives,*** such as tax credits or grant funding, to hire more people in recovery.
3. Continue ***employment related training and education*** opportunities for recovery residents as a means to achieving long term self-sufficiency. Several participants noted that support services

currently addressed "habilitative" vs. "rehabilitative" needs of people in recovery, reflecting a lack of base employment readiness and life skills that need to be addressed.

3. ***Consider regional differences in access to supportive services, employment and housing:*** It is important to realize that while all people in recovery face barriers to re-integrating into society and achieving self-sufficiency, these barriers play out differently based on state region and associated population density. Regions in Illinois that were more rural and population-sparse reported increased challenges with accessing support services as well as basic needs such as grocery stores, medical care and employment. Lack of transportation infrastructure and distance among different needed resources were the primary driver of this inaccessibility.

Medication Assisted Treatment and Other Specialized Populations

Stakeholders in the recovery field have strong and differing views on medication assisted treatment (MAT) as part of recovery. While research has demonstrated that MAT coupled with behavioral therapy and supportive services are the most effective strategies at treating opioid use disorders, people have mixed feelings about how this line of treatment will impact individuals in recovery abstaining from substance use. More research needs to be done to assess the extent to which medication assisted treatment disrupts the recovery and well-being of those recovering through an abstinence based model.

There is also a lack of specialized recovery housing to serve the needs of specific populations. In addition to MAT, participants spoke to a range of sub-populations with specialized treatment needs and barriers to accessing recovery, as well as the unique challenges they face including:

Specialized Population	Challenges Faced
Parents in Recovery with Children:	Co-housing parents in recovery and their children
Adolescents/Youth in Care:	Identifying willing placements for adolescents/youth in care post-recovery housing
***People Experiencing Co-Occurring Mental Health Disorders*:**	Recovery housing staff training to address co-occurring mental health disorders. Screening that appropriately refers clients experiencing co-occurring disorders to recovery housing
***LGBT Persons, Persons Living with HIV/AIDS and Ex-Offenders*:**	Recovery housing services tailored to population-specific experiences such as LGBT related stigma, the intersection of physical and mental health needs related to recovery and HIV status, employment and housing barriers ex-offenders face

Recommendations:

1. ***Provide education for recovery housing providers to address stigma associated with MAT as well as how to accommodate MAT in a recovery house*** (e.g. storing, securing, dispensing medication; addressing the needs of abstinent clients co-housed with MAT clients)
2. ***Address barriers to MAT implementation in more population-sparse areas*** such as lack of available prescribers and prohibitive distance between prescribing doctors and recovery housing.

3. ***Consider the feasibility and utility of separate MAT-specific recovery housing*** to address concerns that people in recovery on MAT will jeopardize people recovering through an abstinence based model. Given the lack of data on the impact of MAT recovery residents on abstinence recovery residents, this may be a solution that meets the needs of both proponents of MAT and proponents of abstinence. Should this solution go into effect, care should be taken to ensure that MAT recovery housing is distributed equitably across the state.
4. There are shortages of most types of recovery housing for specialized populations. Each group (e.g. parents with children, LGBT clients, ex-offenders) faces unique challenges to recovery. It is recommended that the State ***plan strategically to best allocate resources to maximize treatment outcomes for specialized populations*** as well as plan for the study of best practices and outcomes for specialized populations to enhance services moving forward.

Licensing & Quality Standards

While SUPR cannot be aware of and responsible for every unlicensed recovery house in the state; when they are aware of unlicensed houses, the question remains as to what their responsibility is to promote minimum quality standards when they *are* aware of unlicensed recovery houses? This brings up a larger issue to resolve related to where one government entity's jurisdiction ends and another begins, such as with zoning and licensure of recovery homes. It also relates to the limited supply of licensed recovery homes for institutions that must refer to licensed facilities such as DCFS and IDOC. Resolving this concern will require creative problem solving and clear communication on the part of involved stakeholders such as SUPR, IAEC, Building and Zoning Departments, Oxford Houses, sober living homes, and recovery homes that meet 1) safety and service needs, 2) demand for recovery housing and 3) also accounts for the reality that some housing providers choose to become licensed or certified while others choose not to.

Recommendations: *Possible solutions include:*

1. ***Consider a tiered licensure/certification program:*** While Illinois requires mandatory licensure of recovery homes to ensure minimum quality standards are met, some states allow for voluntary certification that documents a home has met predetermined quality standards. This may be an attractive option for recovery houses that wish to remain unlicensed yet document their quality.
2. ***Startup funding to become licensed:*** Grants or loans, would allow unlicensed recovery housing to invest in the infrastructure developments necessary to become licensed. Many stakeholders indicated the cost of updating their buildings to meet licensing standards was a significant barrier to attaining licensure. Ideally, the short term investment made to transition unlicensed recovery houses to licensed status would yield long term benefits in recovery housing and services
3. ***Institute a grace period by which unlicensed recovery housing is to become licensed*** *(or certified, if this tiered method is implemented).* Meeting zoning and other licensing requirements can take significant effort and time. Instituting a grace period would make it feasible for more providers to come into licensure status under State-determined guidelines.
4. ***Define not only minimum quality standards to achieve licensure but best practices to aspire to*:** Recovery housing is slowly entering the SUDs treatment continuum of care yet more work needs to be done to ensure that it is an authentic part of this continuum; better defining quality standards for recovery housing beyond licensing would assist this process. National Alliance for Recovery

Residences (NARR) standards could serve as a place to start. Some human service fields institute tiered standards that serve as a reward or recognition for high quality service, rather than merely a requirement. The bronze, silver and gold circles of quality for licensed childcare facilities serve as one example, starting with a baseline standard of quality and demonstrate increasing levels of competence and quality until they reach levels of excellence with the gold standard. Attaching increasing levels of quality to incentives such as higher reimbursement rates could motivate providers to join licensing standards.

What Works

While gaps in recovery housing research persist, particularly around variability in the types of recovery housing and services provided, as well as the duration and intensity of these services across sites, stakeholders and a small research body speak to promising practices in recovery. **Outcomes in recovery research thus far, confirmed by interviewees, point to several promising practices** including:

a. Recovery environments that promote physical and psychological safety
b. Opportunity to actively practice skills needed in recovery
c. Length of stay as a facilitator of recovery
d. Peer support and mutual accountability
e. Skilled staff with the capacity to access comprehensive support services

Recommendations:

1. ***Continue to promote identified promising recovery practices*** while also continuing to ***advocate for more systematic and intensive research on recovery housing and services***.
2. ***Continue to promote coordinated efforts across recovery housing providers and supportive service providers*** to offer comprehensive care for residents.
3. It should also be noted that by and large, participants felt that ***recovery housing providers have a genuine passion and commitment*** for the work that they do and this should not be underestimated as a facilitator of positive recovery outcomes.

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