Best Practices for Recovery Housing

SAMHSA
Substance Abuse and Mental Health Services Administration

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I. BACKGROUND

On December 29, 2022, President Joe Biden signed the Consolidated Appropriations Act, 2023 (Public Law 117-328). Section 1232, Developing Guidelines for States to Promote the Availability of High-Quality Recovery Housing, requires best practices be made publicly available and published on the Substance Abuse and Mental Health Services Administration's (SAMHSA) website. The provision also directs that the guidelines must exclude best practices with respect to substance use disorder treatment services.

This document updates a prior Recovery Housing Guideline and outlines best practices for the implementation and operation of recovery housing. The best practices are intended to serve as a tool for states, governing bodies, providers, recovery house operators, and other interested stakeholders to improve the health of their citizens, reduce incidence of overdose, and promote long-term recovery from substance use and co-occurring disorders.

In its *Working Definition of Recovery*, SAMHSA delineates that housing or having a home—a stable and safe place to live—is one of the major dimensions that support a life in recovery.

II. OVERVIEW

Recovery housing can be a critical asset in supporting an individual on their journey of recovery. Research has demonstrated that recovery housing is associated with a variety of positive outcomes for residents including decreased substance use, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships (Jason et al., 2006; Jason & Ferrari, 2010; Polcin et al., 2010).

Recovery housing is a recovery support service that was designed by persons in recovery specifically for those initiating and sustaining recovery from substance use issues. Founded on social model recovery principles, the recovery housing setting is the service. Recovery homes mindfully cultivate prosocial bonds, a sense of community, and a milieu that is recovery supportive unto itself. Recovery homes that focus on populations with higher needs often add peer recovery support services and other types of supports or actively link residents to recovery or clinical services in the community.

In 2020, there were an estimated 17,943 recovery homes across the nation (Jason et al., 2020). Tracing its origins to the mid-1800s, recovery housing has evolved into various models to meet the diverse and evolving needs of persons with substance use issues. Recovery housing continues to adapt to meet the needs of today, including the overdose epidemic that has ravaged the nation. For example, dollars from SAMHSA's State Opioid Response grant program are being used to support persons living in recovery housing who are taking medications for opioid use disorders (MOUD).

National Alliance for Recovery Residences' (NARR) four levels of housing range from those that are peer run to those that are clinically focused. Recovery housing meets nationally recognized standards (e.g., Oxford House, Inc. and NARR). The table on page 2 summarizes NARR's levels of support.

Table 1. Summary of National Alliance for Recovery Residences' Levels of Support

NAAR Level	Typical Residency	On-site Staffing	Governance	On-site Supports
Level 1 **(e.g., Oxford Houses)**	Self-identifies as in recovery, some long-term, with peer-community accountability	No on-site paid staff, peer to peer support	Democratically run	On-site peer support and off-site mutual support groups and, as needed, outside clinical services
Level 2 **(e.g, sober living homes)**	Stable recovery but wish to have a more structured, peer-accountable and supportive living environment	Resident house manager(s) often compensated by free or reduced fees	Residents participate in governance in concert with staff/recovery residence operator	Community/ house meetings, peer recovery supports including "buddy systems," outside mutual support groups and clinical services are available and encouraged
Level 3	Those who wish to have a moderately structured daily schedule and life skills supports	Paid house manager, administrative support, certified peer recovery support service provider	Resident participation varies; senior residents participate in residence management decisions; depending on the state, may be licensed; peer recovery support staff are supervised	Community/ house meetings, peer recovery supports including "buddy systems." Linked with mutual support groups and clinical services in the community, peer or professional life skills training on-site, peer recovery support services
Level 4 **(e.g., therapeutic community)**	Require clinical oversight or monitoring, stays in these settings are typically briefer than in other levels	Paid, licensed/ credentialed staff and administrative support	Resident participation varies, organization authority hierarchy, clinical supervision	On-site clinical services, on-site mutual support group meetings, life skills training, peer recovery support services

Research on the levels of support are examined below.

- **Level I**–Oxford Houses are an example of a Level I recovery residence. A 2-year follow up of individuals discharging from residential treatment into an Oxford House versus those who discharged to standard continuing care revealed that Oxford House residents had significantly lower substance use rates (31.3% vs. 64.8%), significantly higher monthly income ($989.40 vs. $440.00), and significantly lower incarceration rates (3% vs. 9%) (Jason et al., 2006). Accounting for the costs of health care, criminal activity, incarceration, alcohol or other drug use, and employment during this 2-year span, the economic benefit of living in an Oxford House is $29,000 per resident (Lo Sasso et al., 2012).

- **Level II**–California Sober Living is an example of a Level II recovery residence. An 18-month follow up of individuals who lived in sober living recovery homes showed an improvement in abstinence and improvement in mental health and a decrease in criminal justice involvement, regardless of referral sources (Polcin et al., 2010). Sober living houses are an excellent example of an underutilized modality that could help provide clean and sober living environments to individuals completing residential treatment, engaging in outpatient programs, leaving incarceration, or seeking alternatives to formal treatment (Polcin & Henderson, 2008).

- **Level III**–Like Level I and II, Level III recovery residences emphasize resident leadership, governance, and mutual aid. In addition, Level IIIs offer other nonclinical support services, which are often delivered by certified peer specialists or recovery coaches in the recovery houses. Peer support specialists, peer coaches, or peer workers provide essential components to support recovery and are fully endorsed by SAMHSA as integral components of recovery housing. Recovery housing and other types of Peer Recovery Support Services (PRSS) have emerged as an efficacious intervention utilizing lived experience to assist others in achieving and maintaining recovery (Smelson et al., 2013; Tracey et al., 2011).

- **Level IVs**–Therapeutic Communities (TCs) that combine social model recovery and clinical services are examples of Level IVs. Decades of research consistently confirm that TCs are an effective and cost-effective treatment for certain subgroups with substance use disorders (De Leon, 2010).

Historically, there have been concerns among policymakers and funders about the variability in quality among residences and about their operations. However, there are best practices to assist state and federal policymakers in understanding and defining what comprises safe, effective, and legal recovery housing.

III. BEST PRACTICES

National organizations have contributed significant and valuable work in developing policies, practices, and guidance to improve recovery housing as an integral part of an individual's recovery. This SAMHSA report describes 11 best practices that provide an overarching framework that improves upon and extends the foundational policy and practice work that has guided the development of recovery housing to date. SAMHSA recommends that recovery house operators, stakeholders, and states and jurisdictions use these best practices as a guide when enacting policies and designing programs to provide the greatest support for recovery, safety, and quality of life for individuals living in recovery housing.

Table 2. Recovery Housing Best Practices

Best Practice 1	Be Recovery-Centered
Best Practice 2	Promote Person-Centered, Individualized and Strengths-Based Approaches
Best Practice 3	Incorporate the Principles of the Social Model Approach
Best Practice 4	Promote Equity and Ensure Cultural Competence
Best Practice 5	Ensure Quality, Integrity, Resident Safety and Reject Patient Brokering
Best Practice 6	Integrate Co-Occurring and Trauma-Informed Approaches
Best Practice 7	Establish a Clear Operational Definition
Best Practice 8	Establish and Share Written Policies, Procedures and Resident Expectations
Best Practice 9	Importance of Certification
Best Practice 10	Promote the Use of Evidence-Based Practices
Best Practice 11	Evaluate Program Effectiveness

Best Practice 1: Be Recovery-Centered

Recovery housing should be recovery-centered. For recovery housing to be recovery-centered, the housing should embrace all aspects of SAMHSA's definition of recovery. SAMHSA has defined recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This includes addressing an individual's medical, mental health, occupational, family, legal, and social needs, including safe and stable housing.

SAMHSA recommends recovery housing promote the four major dimensions that support a life in recovery:

- **Health**–Recovery housing is where people learn to create a life in recovery, overcoming or managing their substance use—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications—and making informed, healthy choices that support physical and emotional wellbeing. Jason and Ferrari (2010) examined abstinence specific social support and successful abstention from substance use across more than 900 Oxford House residents and found that 81.5% of participants reported no substance use the following year.

- **Home**–Recovery housing provides residents a stable and safe place to live. Persons with substance use issues often return from treatment and institutions to living environments that enable addictive lifestyles. Secure housing is an important component of recovery and has proven to promote successful recovery outcomes (Lo Sasso et al., 2012).

- **Purpose**–Recovery homes promote meaningful daily activities, typically requiring residents to work, go to school, and/or volunteer. Longitudinal research reveals that persons who live in recovery housing have higher monthly income and employment rates (Reif et al., 2014). Moreover, recovery housing creates a functionally equivalent family within the household where residents share mutual aid, reciprocal responsibilities, chores, and leadership and/or governance roles.

- **Community**–Using the Social Model of Recovery principles, recovery housing cultivates family-like relationships and social networks that provide support, friendship, and hope. The support of the community is a critical aspect in achieving and sustaining recovery. A support network of friends and family, peers with lived experience, trained recovery housing staff, and access to community resources is essential to helping people achieve sustained recovery. Community, camaraderie, empathy, and guidance are necessary ingredients in helping someone remain on track as they navigate a healthy lifestyle. The support and guidance provided by this community can help a person in recovery to cultivate healthy coping skills and self-efficacy, which further sustains recovery (Jason et al., 2006).

Recovery residences can be particularly helpful for individuals recently released from a residential inpatient treatment program or criminal justice custody, and those seeking a safe, substance-free living environment conducive to recovery. Recovery residences are uniquely qualified and person-centered to assist individuals in all phases of recovery, especially those in early recovery, by building on social capital and recovery supports. Further, recovery residences can help focus on the wholistic care needs of an individual including employment, social supports, and housing.

Best Practice 2: Promote Person-Centered, Individualized and Strengths-Based Approaches

Recovery housing should promote person-centered, individualized and strength-based approaches. Thus, the house should ensure that the individual's strengths, needs, preferences, and goals are at the center of decision-making.

Placement

Individuals who want to move into a recovery home apply and go through an interview process where both parties can determine whether moving in is the right choice or fit. Individuals should have the choice to live in a recovery house or room that aligns with their gender identity.

SAMHSA recommends that all decisions be predicated upon the individual's need and level of support for housing while balancing individual choice and person-centered recovery goals as the driving factor. Recovery housing should adopt formal person-centered planning approaches to accurately gauge each prospective resident according to their unique needs, strengths, preferences, challenges, and current internal and external resources to sustain recovery. Resident placement should be predicated upon individual needs, goals, and choice.

Clear Expectations

To empower choice, SAMHSA recommends that recovery residences clearly define their expectations in their policies and procedures as to how they will address a resident's return to use. All policies should be provided in writing to the resident, who should sign to acknowledge understanding. (See Best Practice Eight for further guidance.)

Referral Process

Individuals are often referred to a recovery home. Whether the referent is a licensed clinician, concerned family member, criminal justice professional, or other community partner, it is important to know and consider the potential resident's unique situation before making impactful decisions regarding the recovery housing program.

State governing agencies, including law enforcement, and providers are often important referral sources to recovery housing programs. It is necessary for these entities to be well versed about each prospective program prior to referring an individual. Relevant information to be considered along with the individual in determining the most appropriate settings include:

- **Certified to National Standards**–Does the recovery home operate in accordance with national standards as evidenced by a current certification or charter?
- **House Culture**–To what degree does the house promote healthy behaviors, requirement of a recovery maintenance program, and a living environment that supports recovery?
- **Level of Support**–For residents with higher needs, does the residence offer ancillary recovery support (e.g., Peer Specialist services), life skills development, and/or referral to clinical services?
- **Geographic Area**–Is the neighborhood or external surrounding environment of the recovery house safe and is there public transportation easily accessible?
- **Living Environment**–What are the physical characteristics of the recovery housing program, such as health and safety, number of occupants, accessibility to people with disabilities, etc.?
- **Current Residents**–Are they welcoming? Committed to recovery? Employment status? Is there a clear overall community structure including delegation of responsibilities?
- **Medication(s)**–Does the operator and house leadership or staff support the use of medications for mental health conditions or substance use disorder? Are adequate diversion risk management policies and procedures in place? Is medication assisted recovery embraced and elevated in the recovery house's culture and leadership? Does mutual aid support in the household, alumni, or surrounding community embrace the use of medication(s)?
- **Staff Training and Professionalism**–For higher levels of support, what is the level of training and professionalism of direct support staff (e.g., co-occurring disorders, trauma-informed crisis interventions, etc.)? NOTE: Level I recovery housing programs, including Oxford Houses, are entirely peer-run and many Level II recovery housing programs are monitored by a senior resident. Level I recovery housing programs do not have professionally trained staff on site by design.
- **Ethics**–Has the business been cited for unethical business practices, including fraud and/or abuse of residents?
- **Rights Protection**–Are the residents informed of their rights? Is there a clear policy for addressing complaints and grievances including local or state ombudsman services?
- **Cost**–Are resident costs and fees reasonable?
- **Recurrence of Use Policy**–Are there adequate and clear policies surrounding instances when residents experience a recurrence of use?
- **FDA-Approved Overdose Reversal Medication**–Is there the availability of opioid-overdose reversal drugs such as naloxone?

Best Practice 3: Incorporate the Principles of the Social Model Approach

Recovery housing should incorporate the principles of the Social Model Approach. The Social Model of Recovery (Borkman et al., 1998) advances a culture of recovery that:

- Emphasizes social and interpersonal aspects of recovery by teaching and practice of accountability, grace, and responsibility.
- Values experiential knowledge.
- Promotes peer-to-peer connections and mutual aid.
- Creates an atmosphere in which residents are encouraged to participate in their chosen pathway to recovery.
- Provides a sober, supportive environment.
- Has recovery as the common bond.
- Promotes peer-to-peer rather than practitioner-client relationships and replaces the concept of a treatment plan with recovery plans.

SAMHSA recommends that recovery residences incorporate the principles of the Social Model of Recovery to build a culture of recovery. Ideally, the focus should be on the experience of community that is grounded in kindness, guidance, nurturing, unconditional positive regard, structure, safety, empathy, role modeling, trust, and belonging (Witbrodt et al., 2015).

Best Practice 4: Promote Equity and Ensure Cultural Competence

Recovery housing should promote equity and ensure operators have competence in serving individuals from all relevant underserved populations. Substance use disorder does not discriminate along racial, cultural, sexual orientation, gender (including gender identity), disability, age, or socioeconomic lines. Recovery housing operators support diverse populations and should be responsive and respectful of health beliefs and practices, and cultural and linguistic needs of each resident. Recovery houses are predicated on peer-to-peer relationships which support the restoration of healthy relationships. Recovery housing is grounded on the Social Model of Recovery which emphasizes a strong sense of community, which requires recovery housing staff and operators to ensure a culturally competent living environment.

SAMHSA recommends that staff and residents receive education on cultural competence and cultural humility to support each resident's unique background and situation. SAMHSA offers Treatment Improvement Protocol (TIP) 59: Improving Cultural Competence, which can assist operators and staff to understand the role of culture. The U.S. Department of Health and Human Services' Office of Minority Health offers a guide, the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, to support the implementation of strategies to improve the provision of services and to promote behavioral health equity.

Best Practice 5: Ensure Quality, Integrity, Resident Safety and Reject Patient Brokering

Recovery housing should ensure quality, integrity, and resident safety and not engage in any patient brokering. SAMHSA recommends that all recovery residences adhere to ethical principles that place resident safety as the chief priority. Unethical recovery housing practices place both the residents and communities at risk and prioritize financial gain over resident safety and recovery.

Patient brokering is one of the more significant, life-threatening forms of healthcare/treatment fraud occurring across both recovery housing and clinical treatment programs. It is an illegal practice used by some programs to pay a third party to procure patients and/or residents for them.

A broker often refers a person with substance use disorder to an unethical treatment center or recovery house for a financial fee or some other valuable kickback. For example, the patient/resident, who is already in recovery after completing treatment or in a recovery housing program, is enticed through financial inducements and/or free drugs to resume use by the brokering agent, who then refers this person back to treatment and then the recovery housing facility for a kickback. Patient brokering has several consequences that are detrimental to both the resident and community. These include:

- Decrease in quality of care
- Higher overdose rates
- Incentives to keep residents in active use
- Hesitance by family to send loved ones to treatment
- "Not in My Backyard" (NIMBY) attitudes
- Monetary consequences for ethical providers (e.g., 'losing' residents to unethical providers due to inducements)
- Increase in rates for many insurance plans and private insurance plans pulling out of certain state marketplaces

In 2022, the United States Department of Justice successfully prosecuted a doctor for a $110 million addiction treatment fraud scheme that arose from the Department's Sober Homes Initiative. This initiative was announced in 2020 as the National Health Care Fraud Takedown to prosecute those who exploit vulnerable patients seeking treatment for substance use disorders.

SAMHSA recommends that recovery housing operators: (1) be aware of the existence of these types of practices; (2) report these practices to law enforcement or other governing and accrediting entities; and (3) avoid working or partnering with programs that do not keep resident safety and wellness as their priority.

Best Practice 6: Integrate Co-Occurring and Trauma-Informed Approaches

SAMHSA's 2021 National Survey on Drug Use and Health (NSDUH) determined that 24.5 million people aged 12 and older experienced a co-occurring mental health and illicit drug or alcohol use disorder.

SAMHSA recommends that all recovery housing programs have policies, procedures, and leadership or staffing plans that reflect the prevalence of co-occurring mental health conditions and trauma amongst persons with substance use issues.

Further, SAMHSA recommends that recovery residences incorporate trauma-informed approaches and practices that avoid retraumatizing those seeking help (See Practical Guide for Implementing a Trauma-Informed Approach, 2023).

Best Practice 7: Establish a Clear Operational Definition

Recovery housing is defined as:

> *Recovery houses are safe, healthy, family-like substance free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support connection to services that promote long-term recovery.*

All recovery housing approaches are characterized by alcohol- and drug-free living environments that are grounded in the Social Model of Recovery, but they can differ in their governance or staffing models as well as whether they offer additional supports and services. As such, recovery housing can range along a continuum of four levels described by the NARR: peer-run houses (Level I), homes (Level II), supervised housing (Level III), and residential treatment housing (Level IV) (see Table 1).

Best Practice 8: Establish and Share Written Policies, Procedures and Resident Expectations

Recovery residences should have clearly written and easy to read policies, procedures and resident expectations. To avoid ambiguity, SAMHSA recommends that standards or guidelines are clearly explained and provided in writing to each new resident by a house staff member or designated senior peer at the time of orientation. It is also advisable for recovery homes to establish a resident handbook to help ease transition and ensure understanding of the recovery house rules and for residents to be informed of their rights. Resident rights should include the following:

- Freedom from abuse and neglect
- Freedom from forced or coerced labor
- Privacy of physical health and behavioral health records
- Freedom to manage their own finances
- Freedom to have family supports
- Freedom from unethical patient brokers
- A process to submit and resolve grievances

Each resident should sign the documents to verify understanding. The recovery housing operators should ensure proper and safe storage of these signed documents, and residents should be given a copy for future reference. An orientation process should accompany the communication of these procedures.

Best Practice 9: Importance of Certification

SAMHSA recommends recovery housing entities be certified. Certification is one noted remedy to address unethical and illegal practices in recovery housing. NARR has developed the most widely referenced national standards to ensure well-operated, ethical, and supportive recovery housing. There are 30 state affiliate organizations that have adopted the NARR standards and as of 2023, nine states are in development. NARR and these organizations collectively support over 25,000 people in addiction recovery who are living in over 2,500 certified recovery residences throughout the United States. Oxford House has its own certification/chartering process that has been in effect for over 48 years.

Certification of recovery houses ensures the home meets organizational, fiscal, operational, property, and recovery support standards. Culture is also important to consider when determining recovery housing. SAMHSA recommends the home be conducive to sustaining recovery with supports such as:

- **Physical Environment**–Does the home's structure reflect community living?
- **Recovery Orientation**–To what degree is it recovery oriented?
- **Staff Role**–Are staff respected peers?
- **Community Orientation**–Is the community viewed as a resource?
- **Governance**–Does accountability involve the peers (residents)?
- **Practices**–Are there actions and/or practices that have shared social meaning and transmitted through customs and traditions, i.e., house rituals?

Best Practice 10: Promote the Use of Evidence-Based Practices

There are several evidence-based practices that complement the effectiveness of recovery housing, including outpatient treatment, medications prescribed to treat mental health and substance use disorders, and urinalysis.

Recovery housing that meets nationally recognized standards (e.g., Oxford House, Inc. and NARR) are evidence-based practices as summarized earlier.

Outpatient Treatment

Many residents stay in recovery housing during and/or after outpatient treatment, with self-determined residency lasting for several months to years. SAMHSA recommends that recovery housing providers offer resources to help residents access and remain in outpatient treatment. Polcin (2009) found significant improvements in abstinence and employment rates, as well as a reduction in the number of arrest rates for those residents who also participated in outpatient treatment for substance use disorders. Additionally, 76% of the residents that participated in this study remained domiciled in a recovery house for at least five months. For many, the combination of recovery housing with evidenced-based outpatient treatment is an efficacious model of care.

Supportive Services

SAMHSA recommends that recovery housing providers offer resource sharing to help residents access health care, employment, social services, and other support services in the community.

Medication Policies

SAMHSA recommends that recovery housing operators not have any barriers or restrictions for residents to use prescribed medications for behavioral or physical health conditions. Medications for substance use and mental health disorders can be lifesaving. This includes the use of the FDA-approved medications for alcohol use and/or opioid use disorders—including buprenorphine, methadone, and naltrexone. Medication therapy in conjunction with counseling, behavioral therapies, and community recovery support services provide a whole-individual approach to the treatment of substance use disorders. The National Academies of Sciences, Engineering, and Medicine (NASEM, 2019) notes that medications for opioid use disorders save lives and cite the use of these medications as an integral strategy in addressing opioid misuse and overdose.

The misuse of any medication in a recovery housing program can have detrimental effects on both the individual and the other residents. Since most recovery homes do not have direct support staff, diversion risk management can look different across different recovery homes and levels of support. The following strategies are recommended when appropriate:

- Utilizing medication lock boxes
- Ensuring that residents and staff are properly trained on the medication policy and procedure
- Conducting medication counts with residents and staff present
- Exercising use of 42 CFR Part 2 and HIPAA-approved communication between recovery house staff and clinical team
- Providing proper documentation regarding medication
- Facilitating open discussion of medication use (e.g., groups, triggers, etc.)
- Being knowledgeable of daily dosing at licensed facilities when applicable

Drug Screenings

To maintain alcohol- and illicit drug-free environments, SAMHSA recommends urinalysis testing if someone in the home may be suspected of using alcohol and/or drugs and the environment becomes unsafe to other residents. This may also be necessary for individuals involved in the criminal justice system or other institutions. However, nonclinical recovery housing are not programs that can bill third-party payors for these services.

Best Practice 11: Evaluate Program Effectiveness

SAMHSA recommends that recovery housing operators properly assess how each program is performing in the delivery of quality recovery housing.

SAMHSA recognizes that program evaluation may occur at varying levels depending on the size and scope of the recovery housing program and recommend collecting data on measures such as sustained recovery, employment, criminal justice involvement, transition to permanent housing, and social connectedness. This data would greatly assist the home in gauging the effectiveness of services provided and would also enable these entities to utilize data to support requests for state and federal funding. In addition, SAMHSA recommends resident satisfaction surveys, which can be a valuable indicator as to the overall performance of the recovery housing facility and thus lead to program modification as necessary.

IV. CONCLUSION

SAMHSA strongly supports the use of recovery housing as a key recovery support strategy to assist individuals living with substance use and/or co-occurring mental health disorder in achieving and sustaining recovery. Providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime in recovery. It is critical that recovery housing programs function with sound, ethical, and effective standards and guidelines which center on a safe, healthy living environment where individuals gain access to community supports and recovery support services to advance their recovery.

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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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