Housing & Employment
Pillars of a Recovery Oriented System of Care

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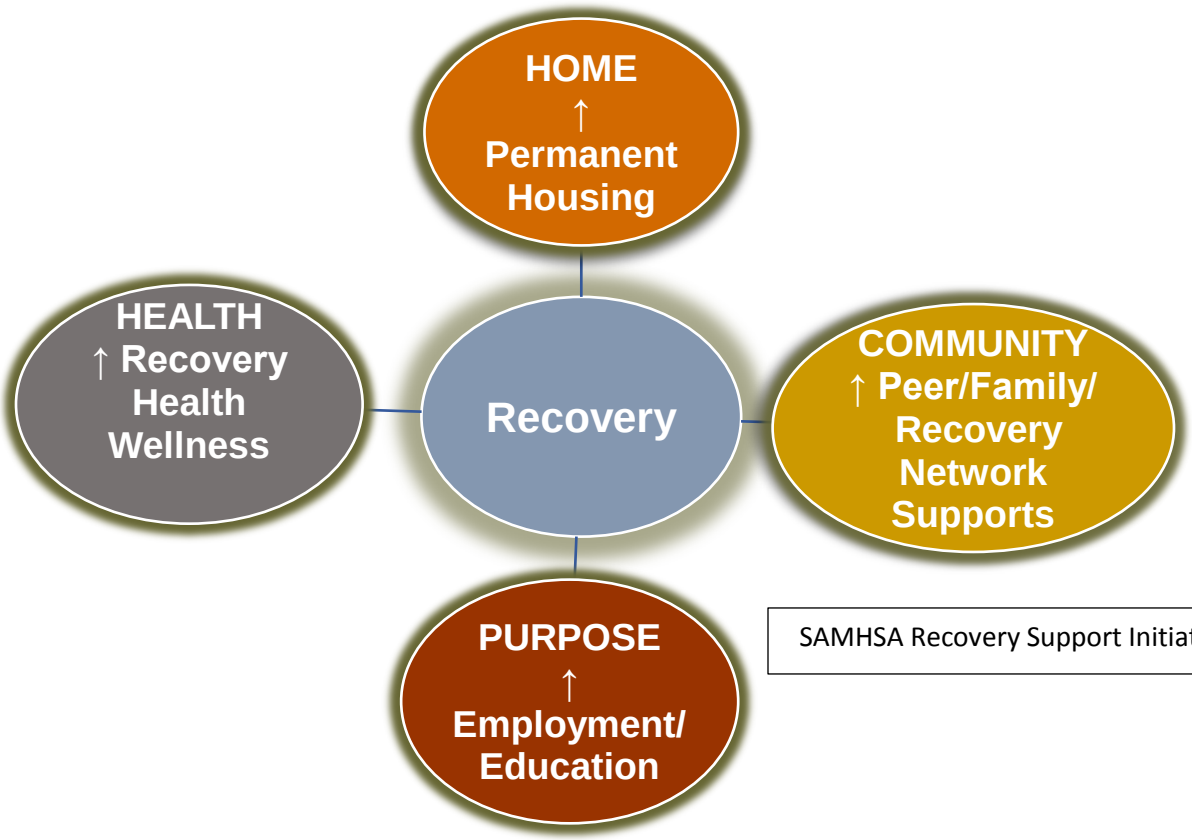
Recovery Support Services: Housing and Employment

Introduction

A qualitative needs assessment was conducted in 2015 to determine the strengths and limitations of the adult residential substance use disorder (SUD) treatment system in the North Sound Region to help inform the transitioning of *Pioneer Center North* treatment services into community-based treatment settings. One of the major themes emerging from interviews with key stakeholders, focus groups with consumers, and a review of the current literature is the need to shift from an acute model of care which focuses on stabilization to a recovery-management model emphasizing sustained recovery supports. Providers, consumers, and family members participating in community meetings reinforced the "urgent" need to strengthen recovery support services to provide a smoother transition for individuals exiting residential SUD treatment services.

The Substance Abuse and Mental Health Administration (SAMHSA) defines recovery from mental and substance use disorders as: "A process of change through which individuals improve their health and wellness through a self-directed life and strive to reach their full potential." SAMHSA has delineated four major dimensions that support a life in recovery – a stable home, health, community, and a sense of purpose (SAMHSA, 2011). The focus of this report is assessing needs and resources for the dimensions of home and purpose.



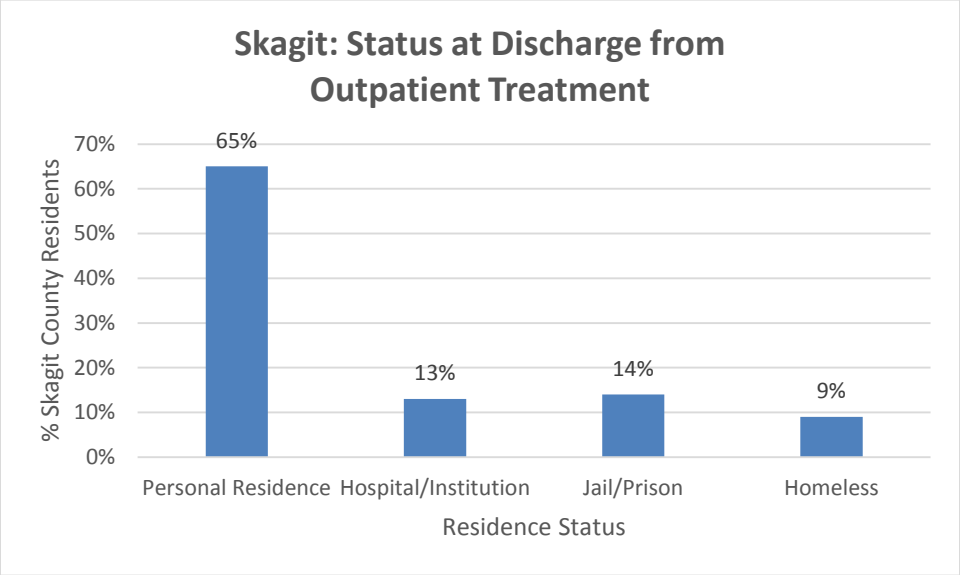
SAMHSA Recovery Support Initiative, 2011

Safe and affordable housing and employment opportunities were identified by community stakeholders and individuals in early recovery, as a high priority recovery support need in the North Sound region (NSBHO & Skagit County, 2016). The purpose of this document is to augment the qualitative data gathered in the earlier report *Transitioning Behavioral Health Services into the Community: Strengths, Needs, Community Recommendations and Models for Consideration* with quantitative data regarding housing, employment, and educational needs of Skagit County Residents leaving SUD treatment. Current resources available to meet these needs were also assessed and are described in this document.

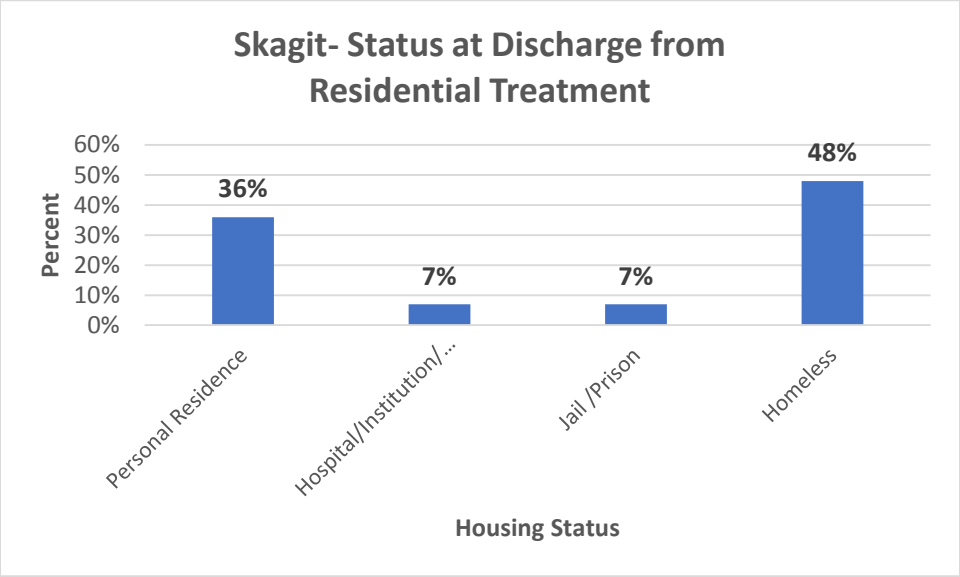
One important shift in moving from an acute care based system to a recovery-oriented system of care is assessing both the severity of the SUD and what has been referred to as "recovery capital" to determine how to best serve individuals struggling with addiction. Recovery capital is the sum of strengths and supports – both internal and external – that are available to a person to initiate and sustain long-term recovery from addiction (White, 2006). Individuals struggling with high-severity, chronic substance use disorder often have minimal recovery capital in the areas of housing and employment due to limited education, low or no income, minimal or inconsistent work history, criminal background, bad credit, and poor rental history. This report presents a picture of the education level, employment, and housing status of Skagit County residents receiving SUD treatment. Resources to meet these needs are also examined.

Data on Housing, Employment and Education Status

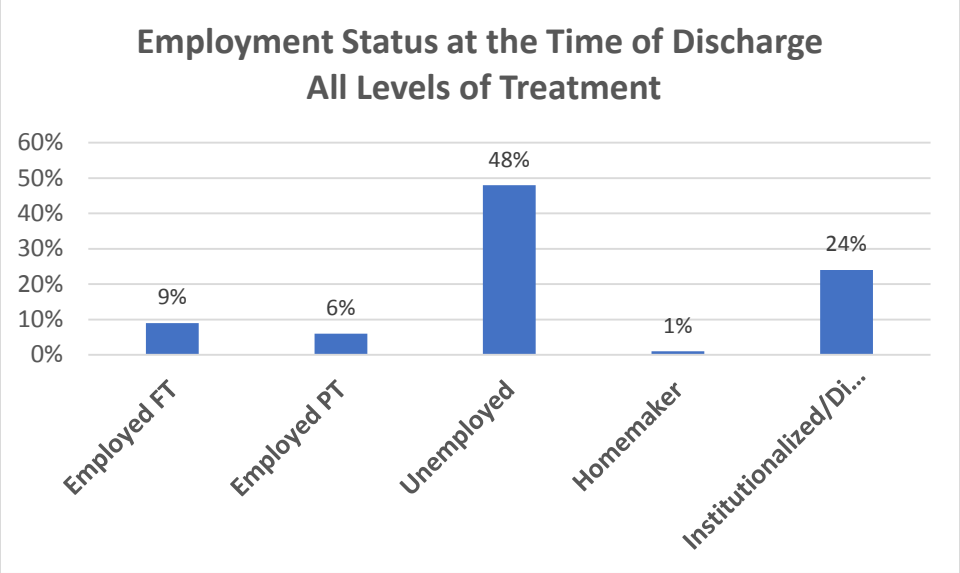
The primary source for the housing, employment, and education status data presented in this report is the State of Washington's Division of Behavioral Health and Recovery Substance Abuse Treatment Analyzer. Data was compiled for Skagit County residents receiving substance use disorder treatment (residential and outpatient) during the timeframe of April 2015 through March 2016. The percentage of individual's leaving outpatient treatment reporting homelessness is 9% (85 individuals).



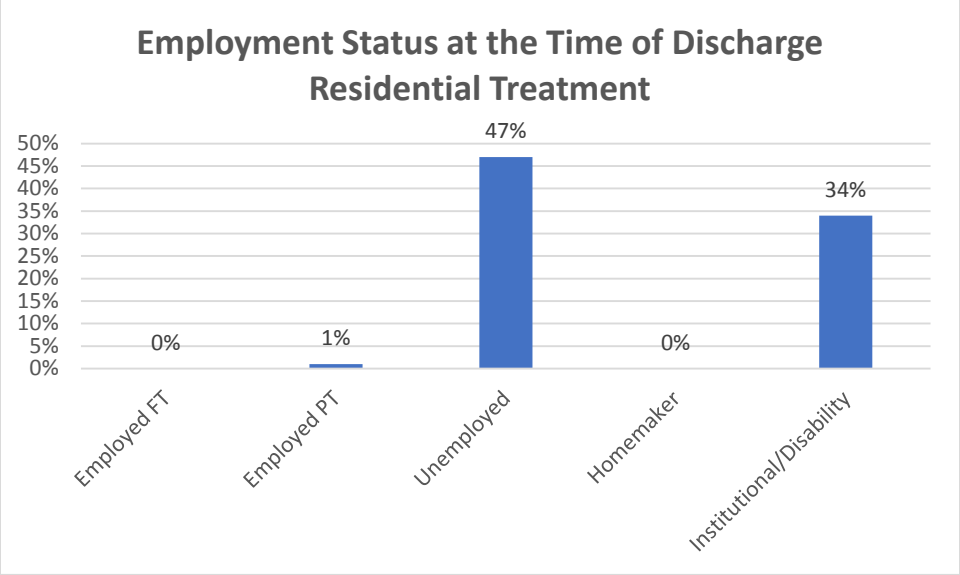
From, April 2015 through March 2016, **260** Skagit County residents were discharged from Intensive Inpatient (ASAM Level III.1) and Long-Term Residential (ASAM Level III.2) Treatment. As shown in the chart below 48% (125) of these individuals' report experiencing homelessness at the time of discharge.



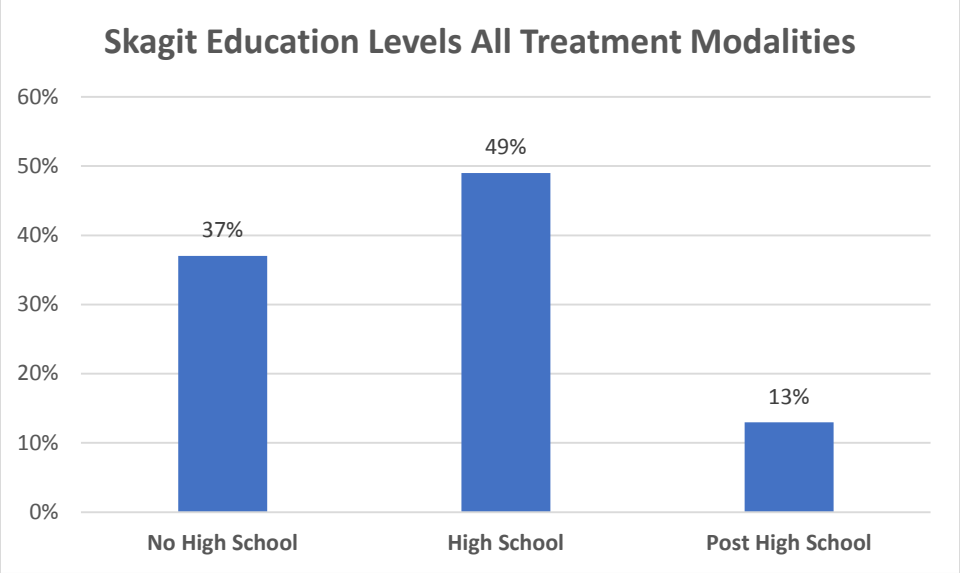
Lack of employment opportunities is another area identified as a significant barrier to recovery for individuals exiting treatment. The following table reports on Skagit County Residents status of employment at the time of discharge from all levels of SUD treatment April 2015 through March 2016. Most individuals leaving both residential and outpatient treatment are unemployed, on some type of disability, or being transferred to another institution.



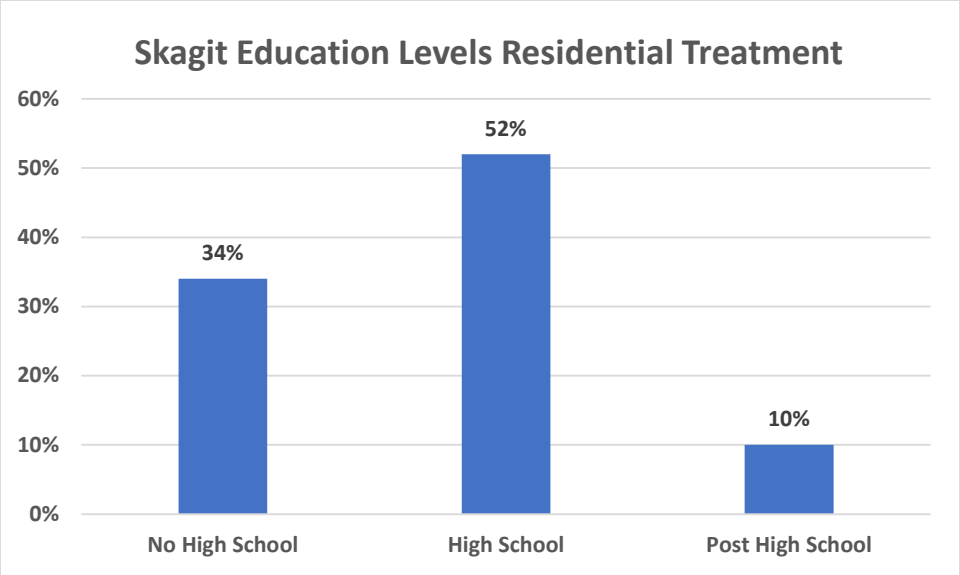
The data varies slightly for Skagit County residents being discharged from long-term residential and intensive inpatient treatment for the same time-frame. These individuals are either unemployed (47%) or receiving some type of disability, or were discharged to an institution (34%). Only one percent had part-time employment upon discharge.



Next, we looked at education levels. The following table provides information on the education level of all Skagit County residents receiving any level of SUD treatment from April 2015 through March 2016. Roughly half report having a high school degree, thirty-seven percent report no high school degree, and twelve percent report post high school education.



The education status of individuals discharged from residential treatment is only slightly different from all levels of treatment. Fifty-two percent reports having a high school degree, thirty-four percent report no high school degree, and ten percent report post high school education.



Criminal justice involvement is an additional factor impacting people's ability to secure housing and employment. Sixty-five percent of the treatment populations in the data set were court-ordered to treatment suggesting over half of this population have been involved, or are currently involved, in the criminal justice system. This data leads us to the question of what resources are available and needed to assist individuals transitioning from residential treatment in the areas of housing, employment, and education. The next section explores evidence-based housing and employment recovery support services and reviews the current resources available in Skagit County.

Housing – Evidence-Based Models/Resources/Needs

Safe and stable housing is a basic need for recovering individuals to support their change efforts and establish a life in the community. However, as mentioned previously many individuals with substance use disorders face significant barriers to secure housing. These barriers often include estrangement from family members, previous evictions, poor credit history, low or no-income, and criminal backgrounds.

Recovery housing is an evidence-based practice for individuals with SUD who need housing and/or a safe and stable environment to support recovery (Jason et al., 2007, Rief et al., 2014). Before discussing the various models of recovery housing, it is important to define what the term means. Several names are commonly used interchangeably when referring to recovery housing (recovery housing, transitional housing, supportive housing, halfway house, supervised housing).

The confusion around language and clear standards for recovery housing is a common theme in the literature, as well as in conversations around this topic.

The National Alliance on Recovery Residencies (NARR), formed by recovery house operators to develop definitions of levels of care and quality standards, defines a recovery residence as "a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems" (NARR, 2012, pg. 5). This is the most commonly used definition found in the literature reviewed for this report. NARR defines four levels of recovery residences:

Level I: Peer-run recovery residences are democratically run by residents. The most common example of Level I recovery housing is **Oxford Housing**. Residents share a living space such as a single-family home and share responsibility for the household responsibilities. The cost of the household expenses and rent are covered through residents self-pay. There are no paid staff positions and each house makes determinations around house-specific living conditions such as whether children are allowed; if there is a focus on a specific culture or primary language spoken; and whether medication assisted treatment is allowed. There is a strong focus on peer support and involvement in mutual-help support groups. Drug and alcohol screening is required. Individuals may remain in this type of housing indefinitely; the average length of stay in Oxford Housing is one-year; although many individuals stay for up to three years (NARR, 2012, Jason, 2006).

Level II: Monitored recovery residences such as **Sober Living Houses** have at least one compensated staff member who serves as a house manager and screens potential residents. The staff member may be a senior resident who manages the house and is compensated through rent-free living. This level of recovery residence also strongly encourages (and in some models, requires) involvement in 12-step mutual-help groups. Typically, no clinical services are offered at this level; however, residents may be involved in treatment and/or receiving recovery support services in the community. Drug and alcohol screening is required. The most common form of funding for level II is resident self-pay. Start-up costs for obtaining the property and/or bringing it up to code are often obtained through fund-raising and community donations (NARR, 2012). These residences are primarily single family dwellings, but they may also be in apartment buildings. Length of stay typically ranges from 6-18 months.

Level III: Supervised residences offer a higher level of support and have administrative hierarchy offering oversight of service providers. Licensure may be required for this level of recovery residence in some states. Clinical services are not typically offered at this level; however, recovery support services such as life skill development, employment support services, and recovery coaching are common. Staffing typically consists of a facility manager and case managers or certified peer recovery staff. This level of recovery residence may be considered "residential treatment" in some states and offer some clinical services.

Level IV: Service Provider residences are more institutional settings and fall under the umbrella of "residential treatment" centers. There is an organizational hierarchy and a service provider is offering both clinical and administrative supervision. Clinical services are provided in-house along with recovery support services such as supportive employment, life skills development, and recovery coaching. The most common recovery residence in this level of care use service modalities; "Therapeutic Communities" and the "Minnesota Model" of residential care. These institutional settings are funded through state, county, and federal dollars and/or private insurance. Length of stay typically range from 14-days to 30-60 days. This level is not what we typically think of when we refer to "recovery housing;" however, NARR has included this level because it is an important step in the process for many individuals who may need a high level of structure and support to obtain initial sobriety (NARR, 2012).

In the literature, recovery housing is differentiated from permanent supportive housing and housing first models primarily by the emphasis on abstinence and the use of social peer recovery models (SAMHSA, 2014). Over the last decade, there has been significant research looking at supportive housing and limited research on recovery housing (CSH, National Council for Behavioral Health, 2014). There appears to be somewhat of a divide between these two housing models. A Substance Use and Housing National Leadership Forum was convened in 2014 to address this issue. One of the outcomes of this meeting was a recommendation to bridge the divide between recovery housing and housing first models. "Abstinence-based and harm reduction models do not represent opposing strategies, but rather models for engaging different populations and engaging those individuals at different stages of readiness for change" (CSH & National Council, 2014 pg. 9). Recovery Housing should be one option on the continuum of affordable and supportive housing in the community.

Recovery housing provides safe, sober living environments for individuals transitioning into the community from residential treatment settings and/or who are attending outpatient treatment services and need a sober living environment. Typically, the term recovery housing refers to Levels I through III as described by NARR. Level III recovery residences vary between being highly structured recovery housing and being considered residential treatment. Level IV typically refers to residential treatment models such as Therapeutic Communities. Recovery housing at Levels I and II is not treatment; rather, it provides a supportive living arrangement for individuals during outpatient treatment, or following residential treatment, as they establish long-term recovery supports. Recovery housing at Levels I and II are not typically covered by any type of insurance or Medicaid. They may be eligible for other types of low-income housing funds although they often do not qualify for these funds because they do not adhere to a "housing first" model, based on the requirement of abstinence.

The Washington Administrative Code (WAC) defines a recovery house as "substance use disorder residential treatment services that provide a program of care and treatment with social, vocational, and recreational activities to aid in individual adjustment to abstinence and aid in job training, employment, or participating in other types of community services."

An agency providing recovery house services must:

(1) Provide an individual a minimum of five hours of treatment each week consisting of individual or group counseling and education regarding drug-free and sober living and general reentry living skills.
(2) Document progress notes in a timely manner and before any subsequent scheduled appointments of the same type and service session or group type occur.
(3) Conduct and document an individual service plan review at least monthly (WAC 388-877B-0260).

Washington's definition of recovery housing aligns with NARR's definition of a Level III or IV recovery residence. The advantage of this level of recovery housing is that it is eligible for Medicaid funds to support the service and is a licensed service. The downside is, historically, there were limits placed on the length of stay (2-3 months) as it is considered a treatment service. DBHR staff report very few adult recovery houses operating in the State of Washington due to funding limitations.

Skagit County Recovery House Inventory

A resource inventory was conducted in Skagit County, using the NAAR definition of Recovery Housing, to determine the current level of recovery house resources. The table below outlines the recovery housing available in Skagit County, as of January, 2017.

Recovery Housing in Skagit County			
Housing Model	Level of Recovery Residence	Average Length Of Stay and Costs	Number of Beds & Vacancies
Oxford Houses (5) Men Houses (1) Women & Children	Level I Peer-run housing	1-year Self-pay by residents Start-up costs $4,000	49 men beds 9 women & children beds No current vacancies
New Earth Recovery Faith-based recovery housing	Level 3 Supportive housing	1-year Resident self-pay $15-$400 $250,000 annual operating budget	7 women beds 7 men beds No current vacancies
Pioneer Human Services Transition House	Level 3 Supportive housing	90-days $335,000 Residents pay 30% of income	8 beds soon to be 10 beds Co-ed No current vacancies
Phoenix House Apartment Housing for Drug Court Clients	Level 1 Supportive housing	6-months	14 beds (men-only)
Swinomish Tribe	Level 3 Recovery Housing	6-12 months	6 beds for women 6 beds for men 4 family units (16 beds)
Total Numbers			**122 beds total**

As outlined in the table above, there are **122 total beds** of recovery housing in Skagit County. Eight of the beds are co-ed, 22 of the beds are for women (the Oxford House women's unit accepts woman and children, if space permits), 16 beds are for families, and the remaining 76 beds are for men. Interviews with treatment and recovery house operators indicate" recovery housing is scarce, especially if you are a woman, a parent with children, a family, or receiving medication-assisted treatment." New Earth Recovery indicated they receive several calls a month for housing and they currently have no vacancies. The Oxford House website reported no vacancies at the time of this resource assessment.

What is the gap between recovery house needs and resources?

There is no data available to clearly define the number of individuals who need recovery housing and are unable to access it. However, if we look at homelessness alone as criteria for the number of individuals who might benefit from recovery housing in Skagit County, there were 125 individuals being discharged from residential treatment within a year timeframe (April 2015 – March 2016) who reported experiencing homelessness and 85 individuals in outpatient treatment reporting homelessness for a total of 210 people in need. When you compare that number with 122 beds of recovery housing there is a significant gap between demand and available recovery house resources. Also, homelessness is just

one of the many reasons recovery housing is beneficial to individuals leaving SUD treatment. Recovery housing is an important source of support for any individual in recovery who desires to live in a safe and structured living environment with others who share the goal of sobriety. Recovery housing provides an important level of transition for many individuals with minimal recovery capital who need a strong social support network with structure and accountability to maintain sobriety in the community. Recovery housing can also be utilized in conjunction with intensive outpatient treatment as an alternative to residential treatment services. The last full year of data (2015-2016) available for Skagit County residents being discharged from SUD treatment indicate **1,435** individuals attended either outpatient or residential treatment. Treatment outcomes for many of these individuals could be improved with recovery housing.

Example of a Recovery Housing Model

Central City Concern (CCC) in Portland, Oregon has been identified as a model program for combining housing with a recovery-oriented approach to comprehensive services for individuals with mental health and substance use disorders. CCC's mission is "to provide comprehensive solutions to ending homelessness and creating self-sufficiency." CCC provides an array of services including: primary and mental healthcare, inpatient and outpatient addiction treatment, mentored recovery support, affordable housing (1,560 units of supportive housing, 62% of which are drug- and alcohol- free), intensive case management and employment services (Romm et al., 2012).

CCC provides a continuum of housing options for individuals, including several different types of transitional and permanent supportive housing. CCC's recovery housing is referred to as Alcohol and Drug Free Community (ADFC) housing. ADFC was originally developed as an interim living environment for individuals leaving the Hooper Detox facility who were waiting for admission to inpatient addiction treatment services. Over time, many individuals found that when space was finally available for inpatient treatment, they had achieved a substantial period of sobriety and no longer needed residential treatment. CCC's most intensive ADFC model is in downtown Portland in the newly constructed Richard Harris building, with 95 units of single-room occupancy (SRO) supportive housing. The CCC AFDC model combines supportive housing (alcohol- and drug-free housing with 24-hour onsite monitoring) with intensive outpatient addiction services, primary care and mental health treatment, and recovery mentor/intensive case management. Treatment services are kept separate from the housing recovery supports, although they are provided by the same agency. Treatment services are provided on the first floor of the Richard Harris building and across the street at the Mark O. Hatfield building. Average tenancy is a little over 18 months and 70% of participants move on to permanent housing, are employed and remain sober. This AFDC housing is supported through HUD funds, Emergency Solution Grant, City of Portland general funds, Multnomah County treatment funds, and resident contributions. The annual operating budget for the 95 units at the Richard Harris building is $500,000 (Romm et al, 2012, Communication with Susan Fitzgerald, CCC Housing Director).

What are the benefits of recovery housing?

The Ohio Council of Behavioral Health and Family Services commissioned a comprehensive environmental scan and a review of the literature on recovery house resources, and concluded, "the longer a person remains in an alcohol and drug free living environment with support for recovery the greater the chance of long-term sobriety; increased financial well-being and overall stability" (Paquette et al, 2013).

The Substance Abuse and Mental Health Administration commissioned a meta-analysis of studies conducted on recovery housing from 1995 through 2012. The research studies reviewed consistently showed positive outcomes in regards to reduced drug and alcohol use, higher levels of employment, and reduced psychiatric issues (Reif, et al., 2014).

Jason (2007) and colleagues conducted a study assessing the effectiveness of Oxford Housing. Clients leaving inpatient treatment were randomly assigned to either an Oxford Recovery House or usual aftercare (AC) (which included placement in a relative's home, a partner's or spouse's home or apartment, their own home or apartment, a homeless shelter a SUD treatment program or a friend's home. Abstinence rates for individuals in Recovery Housing were twice as good compared to AC as usual. For individuals remaining in Oxford Housing for longer than six months' abstinence rates were 85%. Oxford House residents (or alumni) had low incarceration rates (3% versus 9%) and a higher monthly income $989 versus $440.

The outcome studies examining recovery housing have identified several key factors that appear to increase recovery outcomes for individuals in these residences:

- social support for abstinence
- increased abstinence self-efficacy
- length of stay (> than 6 months appears to be the tipping point) (Jason et al, 2007)
- level of 12-step involvement
- social network characteristics (Polcin et al, 2010)

Cost Benefits of Recovery Housing

The cost benefit of recovery housing has been explored in a few studies. La Sasso and colleagues (2012) conducted a study showing a net benefit of $29,000 for Oxford House residents versus individuals in aftercare "as-usual." As cited in the Oxford House outcomes above, residents in peer run recovery housing versus returning to their "usual" living conditions earned $550 more, on average, per month; likely due to having additional social connections which translated into greater employment opportunities. This same study found that decreased incarceration rates for individuals living in recovery housing resulted in an overall cost savings of $119,000 for the group in Oxford Housing versus the AC as usual group. The cost savings for one year, based on fewer numbers of incarceration and increased wages earned totaled $494,000 for the entire Oxford House group (75 individuals) in comparison to the costs of the "aftercare as usual" group.

Central City Concern reports similar cost benefits related to reductions in criminal activity and incarceration (Romm et al, 2012) Central City Concern reports providing six months of recovery housing and outpatient treatment at a total cost of $9,894 per individual; this includes rent, peer mentors, outpatient treatment, supportive employment, supervision and monitoring of the housing, and indirect costs. The total cost per month per participant is $1,649 (Blackburn, 2016).

Long-term residential treatment in Washington costs approximately, $4,340 per month and the average length of stay is for 2 months, resulting in an average cost of $8,680 for one treatment episode. The "estimated cost" of providing recovery housing (based on current service rates/costs) plus intensive outpatient treatment in Skagit County is $1,512. The cost of six months of IOP treatment plus housing

($9,027) is slightly more than the cost two months of residential treatment ($8,680) and has potentially better health outcomes.

Many clients with substance use disorders are admitted to Emergency Rooms and Psychiatric Wards or commit substance related crimes that get them involved in the criminal justice system which costs significant amounts of money as evidenced by these daily rates below. Recovery housing could ameliorate many of these problems at a fraction of the cost and help people move toward recovery.

- Inpatient hospital/psychiatric ward $970 (Strange et al., 2011)
- Prison - $142 (Vera Institute, 2012)
- Jail - $143 (Vera Institute, 2015)
- Homeless shelter - $63-$68 (Schott-Bresler, 2017)
- Recovery Housing - $16-$50 (Polcin, et al., 2010)

Funding Sources and Opportunities

There is very limited funding available for recovery housing. Most Level I and Level II recovery homes are funded through resident self-pay. Level I and II recovery home operators/residents typically rent residential homes to avoid capital costs. The cost of capital improvements and fully furnishing a household to accommodate an average ten residents is the largest of the start-up cost. Marketing, maintenance, and utilities are the largest operational expense (NARR, 2012). Funding is also needed to provide rental assistance for residents as they secure employment and/or complete intensive phases of outpatient treatment. Identifying resources for start-up costs of Level I, II, and III recovery housing is needed to expand the continuum of recovery housing in the North Sound region. Rental assistance for residents is also needed to make recovery housing a viable option for many individuals.

Local housing coordinators identified two federal housing programs that “potentially” could be a source of support for capital funding for recovery housing: HUD’s HOME Program and the Community Development Block Grant. Currently, there are limited options for rent subsidies and capital funding for recovery housing because many of the HUD funding sources prioritize funding for “housing first” models. Recovery housing requires abstinence from alcohol and drug use, thus reducing its eligibility and/or priority for HUD funding. Levels I and II recovery residences are not considered treatment, thus limiting access to treatment dollars.

Employment/Education

The data cited in the previous section of this report indicate there is significant need for recovery support services in the areas of education and employment. Many individuals leaving treatment need help securing their GEDs, as well as vocational guidance around career planning. They also often have the immediate need of securing employment.

Current resources in Skagit County for assisting individuals in recovery from SUD with employment and vocational rehabilitation needs are limited.

Skagit Reach Center in Mt. Vernon is a peer-run center with employment support services including: a computer lab, classes for building resumes and cover letters, on-line assessments, computer classes and other skill building classes related to wellness/recovery and obtaining employment**.**

Skagit WorkSource offers job search tools, workshops and employment skills training, free internet and resume writing software, access to computers, skill enhancement tutorials, and workforce preparation services (resume writing, interview techniques, cover letters, and labor market information).

Washington Division of Vocational Rehabilitation - Individuals with SUDs may be eligible for Vocational Rehabilitation services if the SUD has resulted in substantial barriers to employment. Interviews with local vocational rehabilitation administers indicate while individuals with SUD may be eligible for services; the number of individuals with SUD, as the primary disability, receiving services is low due to the nature of eligibility criteria.

Evidence-based Employment Support Services

Employment and vocational rehabilitation services have historically received limited attention in treatment programs for individuals with SUD (West, 2008). However, having a sense of purpose and means to support oneself is an important component of recovery and has been shown to improve outcomes for individuals with SUD (SAMHSA, 2010). Supportive employment and social enterprise models are two evidence-based/innovative business practices designed to provide employment support to individuals in early recovery.

Supportive Employment is a well-defined approach to help people with disabilities (mental health, developmental disabilities, co-occurring disorders) participate as much as possible in the competitive labor market working in jobs they prefer with the level of professional support they need. The critical components of this approach include: 1) the agency providing supportive employment being committed to competitive employment as an attainable goal for the client; 2) using a rapid job search to help clients obtain jobs directly rather than providing lengthy pre-employment assessment or training; 3) finding individualized job placements per client preferences, strengths, and work experience; 4) follow-up supports are maintained indefinitely, if needed; and 5) supported employment is closely integrated with the behavioral health treatment team (SAMHSA, 2009). Supportive employment interventions have been shown to increase employment outcomes by 12% to 64.5% (Band et al, 2001). Supportive employment services are available for individuals with developmental disabilities in Skagit County through Washington Vocational Services, Services Alternatives, Inc., and Chinook Enterprises. Sunrise Services provides supportive employment services for individuals with mental health and co-occurring disorders. However, currently this evidence-based practice is not readily available for individual with a primary diagnosis of SUD due to the criteria set to be deemed eligible for this service through Washington Division of Vocational Rehabilitation.

The Social Enterprise Model is an emerging social/business practice designed to increase employment and vocational training for disadvantaged populations. Employee-focused social enterprises (often referred to as affirmative businesses) address social needs through the creation of jobs (with competitive wages) and vocational training for individuals who have a mental, physical, educational, or economic condition that has resulted in barriers to employment. Several affirmative businesses (i.e. Pioneer Human Services, Triangle Residential Options for Substance Abusers, Delancy Street Foundation) designed for individuals in SUD recovery have experienced significant success both

economically as a provider of treatment services and in terms of helping individuals secure employment and build careers. Many of these social enterprises started small and have grown to multi-million dollar companies with multiple social enterprise businesses. (Boschee, 2009) Pioneer Human Services is a local example (Seattle, WA) of an organization that has experienced significant success through a hybrid social enterprise model that provides services to disadvantaged populations (former prisoners, individuals with SUD, and MH issues) and has created several affirmative businesses (Pioneer Distribution Services, Mezza Café, Central Food Services, Pioneer Industries, and Pioneer Construction Services) which employ a large percentage of its current and former customers (Cowen, J., 2009). Chinook Enterprises in Skagit County is another example of a successful social enterprise focusing on providing employment and job training for individuals with developmental disabilities. A recent Ohio recovery housing report (Paquette et al., 2013) identified a similar model being used to support several recovery houses in Ohio state.

Conclusion

In summary, data cited in this report indicate 48% of Skagit County individuals leaving residential treatment are experiencing homelessness, only 1% report are employed, 38 % do not have a high school diploma, and only 10% have report post high school education. Not only are they leaving treatment with limited "recovery capital' they are also returning to a community with limited recovery support services to help them secure housing and employment.

Don Coyhis, a recovery advocate and leader of the Native American Wellbriety movement, uses the metaphor of a "healing forest" to discuss the importance of community in recovery. He tells the story of meeting with the tribal elders early in the Wellbriety movement work and they talked about the need to create a "healing forest" for people seeking recovery. The elders said if you take a sick tree out of a forest of infected trees, and you do not treat and heal the forest, you only treat the sick tree, when the tree returns to the forest it will likely become infected again (White, 2007). This analogy has been used to think about the experience of a person receiving SUD treatment that includes therapeutic care, nurturing and support for wellness, only to return to a community where there are limited resources to support continued health and wellness. As mentioned in the beginning of the document, individuals often need intensive treatment services to establish initial sobriety, however stable housing, a supportive community, and a sense of purpose is essential to maintaining long-term recovery. The evidence-based and promising practices outlined in this document represent important resources and strategies to enhance community support for recovery.

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