

**Recovery Housing in Kentucky**  
**Assessing the Landscape of Recovery Housing in Kentucky:**  
**Findings from the Exploratory Project**

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## Executive Summary

The purpose of this exploratory project was to assess the current landscape of recovery housing in Kentucky. Findings from the exploratory project will help inform stakeholders of the current recovery housing landscape and the needs for recovery housing resources within Kentucky.

Major findings from the recovery housing exploratory project:

- Medication for opioid use disorder (MOUD) is widely accepted but with significant limitations on what type of specific medications are allowed;
- More than half of the recovery houses (61%) reported that their recovery houses was not handicapped accessible;
- Eastern and western regions of Kentucky have a scarcity of recovery housing options;
- Majority of recovery housing owners/operators reported funding and long-term sustainability as a challenge. Operators identified funding as a major challenge due to the cost of providing quality care to residents and the challenge of having incoming residents who cannot pay;
- Recovery housing options for individuals and families with children is scarce; only 2% house men with children, 10% house women with children, and only 2% house families.

These findings from the exploratory project suggest that the current landscape of recovery housing in Kentucky may not meet current needs of individuals in recovery due to lack of available support services resources and house funding.

There are limitations to the exploratory study that need to be acknowledged. The recovery housing survey was limited in that it was voluntary and did not capture all policies for individual houses. Future studies are needed to examine specific policies and how they impact the recovery of residents, and are needed to examine recovery housing options for populations with higher rates of substance use disorders (SUD), such as LBGTQ+ and military veterans.

Recovery houses identified in this exploratory project will be vital to the creation of the FindRecoveryHousingNowKY.org website, with the goal of increasing access to available recovery housing for Kentuckians within the recovery continuum of care. The recovery housing

website will be a near real-time publicly available locator tool for those seeking recovery housing. Furthermore, identified recovery houses will be available for the Kentucky Recovery Housing Network (KRHN) for shepherding recovery houses through the National Alliance for Recovery Residences (NARR) certification process.

## Literature Review

Recovery housing provides a safe, healthy, and supportive environment for individuals in recovery from a substance use disorder (SUD), commonly referred to as addiction. Recovery housing is often referred to as sober living homes, recovery houses, transitional homes, and recovery residences and allows individuals in recovery to have a substance misuse-free, homelike structure with house rules and peer support while they transition to independent living. Recovery housing is most often used by individuals who have recently completed inpatient or residential SUD treatment, but it can be utilized by individuals who are at any point on their path of recovery.

Recovery houses often have medication use policies, admission requirements, house rules, and return-to-use (i.e., interruption of recovery) policies and are most often financially sustained by fees paid by residents. These fees cover an array of expenses such as utilities, Wi-Fi, in-house resources, and groceries. The decision for a recovery housing resident to transition into living on their own is often left up to the resident and is determined by when they feel comfortable in their recovery. Furthermore, recovery housing can serve specific vulnerable populations such as pregnant women, military veterans, and members of the LBGTQ+ community. Recovery houses can also be gender specific or mixed and can allow children.

The philosophy of recovery housing is built on the foundation of peer support, a process in which people who share common experiences and challenges provide support to one another. The social model that recovery houses effectively utilize for residents focuses on learning about SUD through personal recovery (Polcin, Henderson, Trocki, Evans, & Wittman, 2012). Studies have shown that peer support in recovery housing is a vital component of for the success of many people who have SUD. These studies found that a peer-supportive environment increases the chances of residents sustaining their recovery and long-term abstinence from substances and opioids (Reif et al., 2014)

Mutual aid participation among residents is the primary pathway utilized in recovery housing. Mutual aid groups are peer support programs that foster accountability and recovery through 12-step programs, meetings, and sponsors. Recovery houses may hold these meetings in-house or residents can attend meetings in community centers or churches. Residents transition

from a culture of addiction to a culture of recovery through peer support. A 2011 study found that active participants in an SUD 12-step program had increased levels of self-efficacy (Majer, Jason, Ferrari, & Miller, 2011). Multiple studies have investigated the effect of mutual aid group participation on the long-term abstinence of individuals in recovery. A longitudinal study of mutual aid groups found that there were increased rates of abstinence from substances and opioids with active participation (Majer et al., 2011), and a 2014 study found that recovery housing promotes interdependence through mutual support for recovery (Jason, Light, Stevens, & Beers, 2014). In summary, research has shown that a peer supportive environment and active participation in mutual aid groups has a positive impact on individuals in recovery.

In addition to providing a peer supportive environment, recovery housing provides a spectrum of ancillary and support services that aid in the recovery of an individual from SUD. Available services most often include but are not limited to: case management, life skill development, employment services, mutual aid meetings, and help obtaining essential identification documents. Life skills development includes classes on nutrition, managing finances, providing self-care, and building healthy relationships. Services can be provided in-house, or residents can be referred to community-provided services.

The services that are offered in recovery housing are vital components to building the necessary recovery capital that individuals in recovery need. Recovery capital is defined as resources that an individual can use to support their recovery journey (Cano, Best, Edwards, & Lehman, 2017). According to Cloud and Granfield (2008), the four components of recovery capital are social, physical, human, and cultural. Social capital is defined as the resources that individuals accumulate through meaningful social connections that can be used to improve life and aid in recovery. For individuals with SUD, it is essential to draw on a social support system to aid in long-term recovery. Social capital can accumulate through social group interactions such as peer support meetings and house meetings. Expectations and accountability to others are also components of social capital.

The resources and options that social capital accumulates for individuals in recovery is essential in times of crisis (Cloud & Granfield, 2008). Recovery houses can help residents accumulate recovery capital by their location, operation, and the populations they serve (Mericle, Mahoney, Korcha, Delucchi, & Polcin, 2019).

Physical capital is associated with financial capital. Financial capital is the financial state of an individual in recovery. Financial capital supports an individual in recovery by allowing them to tap into the options that better allow them to seek help for SUD. Employment increases a resident's physical capital. Some individuals may be able to take time off work while they work on their recovery, while others may lose their employment. Employability may help remove individuals from a toxic environment that does not support their recovery. Given the benefits of employment to recovery, many recovery houses assist residents in obtaining employment.

Physical capital also includes health insurance. Health insurance may cover treatment expenses such as inpatient and outpatient SUD treatment programs. Outpatient programs also can include behavioral counseling and regular checkups with a physician.

Human capital consists of a range of individual behaviors that help individuals function in society and improve their quality of life. Human capital relates to a person's abilities, skills, and knowledge, like problem-solving, education, self-esteem, the ability to achieve goals, interpersonal skills, and a sense of meaning and purpose in life. Human capital aids in recovery by allowing individuals to use the capital that they have developed to maintain their recovery.

Cultural capital is how an individual conforms to societal norms. Individuals with SUDs must construct new norms that support their recovery. The shift from a culture of addiction to a culture of recovery allows individuals to enhance their quality of life (White, Kelly, & Roth, 2012).

Overall, recovery housing focuses on the principles of peer support and on building recovery capital for residents to help them improve their lives and maintain their recovery. The services and peer-supportive environment that recovery housing provides to residents in recovery promotes positive outcomes such as maintaining recovery, achieving higher rates of employment, and reducing involvement in the legal system (Mericle, Polcin, Hemberg, & Miles, 2017). The evolution of recovery housing has increased the justification and need for supportive housing for individuals in recovery and aims to end stigma associated with SUD.

### *Oxford Houses*

A reputable and extensively studied recovery home network is Oxford House. Oxford House was founded in 1975 and was the first to take a community-based approach for residents



to remain in recovery from substance misuse (Jason, Olson, Ferrari, & Lo Sasso, 2006). The model in which Oxford Houses are built on is that all houses are operated democratically and are self-run. Residents must abstain from substance misuse and pay their part of living expenses, and residents can vote in or vote out residents. Oxford Houses tend to be single-family detached physical structures in residential neighborhoods.

Each Oxford House is financially self-sustained by the residents in the house. There are no time restrictions on how long a resident can live at an Oxford House. Good neighbor policies, in which residents agree to be respectful and friendly to the neighbors to build a positive relationship, are implemented in every Oxford House. This policy includes a system in which neighbors can address their complaints to the recovery house staff or residents.

In addition, the good neighbor policies aid in the recovery of the residents. The stigma of substance misuse can be a challenge for recovery houses. One study found that residents of Oxford Houses are perceived positively as neighbors when they develop relationships with neighbors (Jason & Ferrari, 2010).

The recovery model of Oxford Houses is intended to promote mutual help and support of peers (Doogan, Light, Stevens, & Jason, 2019). Individuals in recovery who live in this type of supportive environment develop meaningful connections with other residents who have the same recovery goals (Jason & Ferrari, 2010). Oxford houses have expanded into a nationwide network of 2,862 houses (Appendix A). Currently, there are 76 in the state of Kentucky, with a capacity to house 570 individuals in recovery from SUD.

### *Other Recovery Houses*

There are recovery houses available to individuals in recovery that are not affiliated with the Oxford House network, and each is different in regards to how they serve residents in recovery. Similar to Oxford House, the majority of recovery houses are based around peer support. The relationships between the residents is a vital component to creating a positive support system within the house. In summary, recovery housing can offer an array of services and have policies different from other houses, but little is known about recovery housing that is not part of the Oxford House network.

### *National Alliance for Recovery Residences*

The number of recovery houses has significantly increased in the last 30 years, yet there are no required nationwide standards. The National Alliance for Recovery Residences (NARR) was established in 2011 to address the need for accountability and for national standards in recovery housing with the following goal:

“to provide a safe and healthy living environment to initiate and sustain recovery—defined as abstinence from alcohol and other nonprescribed drug use and improvement in one’s physical, mental, spiritual, and social well-being” (“A Primer on Recovery Residences: FAQs from the National Association of Recovery Residences,” 2012, p. 5)

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes NARR standards as a best practice for recovery housing. States can become a NARR affiliate by meeting specific criteria. Perhaps most importantly, a state organization that applies to be an affiliate must have a defined organizational structure and administrative policies that include a membership process and records management. The affiliate must have a defined leadership structure and conduct leadership meetings on a regular basis, and the affiliate must comply with the NARR standards and effectively process applications for NARR certification. In addition, an affiliate must be actively participating in NARR activities and research efforts. The organization must be a non-profit or unincorporated association to apply for NARR affiliate status. Lastly, an affiliate is required to pay an affiliate fee and submit two letters of support from organizations with which they have a relationship. Renewal applications are required every two years to sustain affiliate status with written accomplishments, and plans, and contain a membership census of providers and residents.

Recovery houses can most commonly be certified by NARR if the state in which the recovery house resides is a NARR affiliate. The process to be certified consists of an application, an annual application fee, a fee per bed based on NARR level, a house policy review, and a comprehensive review and site visit by the NARR affiliate to assure that the house is safe for residents. An individual with the certified NARR affiliate performs the house policy review, performs site visits with the operator or staff, and reviews the dwelling.

Recovery houses that are NARR certified meet standards that address administrative, operations, good neighbor, services, and property policies. NARR standards branch into four

levels by the type of care and support services they offer to residents. Recovery houses provide a range of services from peer support to medical, counseling, and legal assistance. The NARR standards outline services that are provided at each NARR level, with additional services that may be offered inside or outside the home. Furthermore, NARR standards use destigmatizing language to help reduce the stigma associated with substance and opioid misuse.

### *NARR Levels (Appendix B)*

Level I recovery houses are democratically peer run. Oxford Houses are the most well-known of this level of recovery houses. Level I recovery houses commonly have the physical structure of single-family homes. There are no professional paid staff members that live in the recovery home or external supervision.

Level II monitored recovery houses have at least one paid staff member that oversees the residents. Level II recovery houses can be single-family homes and other physical dwelling structures such as apartments and duplexes.

Level III supervised recovery houses offer high levels of support to residents. Level III recovery houses provide services in house by a certified facility manager, staff, and case managers.

Level IV service provider recovery houses are the most structured of the NARR levels. Level IV recovery houses are overseen by an organizational hierarchy that provides clinical and administrative supervision. These type of recovery houses have credentialed staff that provide residents with medical and clinical services that are similar to Alcohol and Other Drug Treatment Entity (AODE) and Behavioral Health Service Organizations (BHSO) certified facilities.

The KRHN established a network to organize recovery housing in Kentucky. KRHN is housed within the Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). In 2018, DBHDID began a relationship with NARR who provided technical assistance on standards, levels, certification, and oversight and connected DBHDID with Ohio Recovery Housing, which had created an effective process to train reviewers and certify recovery houses. DBHDID contracted with Ohio Recovery Housing to provide KRHN with a process to certify recovery houses using the NARR standards and to train reviewers. KRHN became Kentucky's NARR affiliate in 2020. The mission statement of the KRHN is to

support those in recovery and to improve access to recovery housing by establishing best practices and implementing standards. Recovery houses have begun the process of becoming certified.

### *Medication for Opioid Use Disorder*

Medication for opioid use disorder (MOUD) is a treatment for opioid use disorder (OUD) that can improve someone's quality life and decrease the chance of opioid overdose. MOUD relieves the physiological cravings and prevents individuals from going into opioid withdrawal. Medications that are used and approved by the FDA to treat opioid use disorder include buprenorphine, methadone, and naltrexone (Connery, 2015). Buprenorphine and naltrexone can only be prescribed to individuals in recovery through waived practitioners as a result of the 2000 Drug Addiction Treatment Act (DATA). By law, only a SAMHSA-certified opioid treatment program can dispense methadone for the treatment of SUD. After a period of stability (based on progress and proven, consistent compliance with the medication dosage), patients may be allowed to take methadone at home between program visits.

The outcomes of MOUD have been researched extensively. A study of Missouri's Medication First program, launched to expand MOUD treatment, found that the expansion of MOUD in Missouri had a positive outcome for participants and decreased the number of opioid overdoses (Winograd et al., 2020). Another study found that MOUD is an option to consider when treating individuals with opioid use disorder, due to the known positive outcomes for individuals in recovery when used in addition to mutual aid groups and treatment counseling (Connery, 2015).

Pregnant women are a special population in which MOUD may be necessary for the health of mother and baby. A 2015 cohort study found that of 87 pregnant women of the original 113 women treated with buprenorphine and methadone at an obstetric and addiction recovery clinic in Boston had an overall rate of 90.8% of the pregnancies resulted in live births while 9.2% resulted in three abortions, four miscarriages, and one stillbirth; the other 26 women (23%) who discontinued care in the clinic could not be followed up (Brogly, Saia, Werler, Regan, & Hernández-Díaz, 2018). There are no known studies that examine the outcomes for recovery housing residents who are being treated for OUD with MOUD.

Individuals in recovery who are being treated with MOUD are protected under the Americans with Disabilities Act (ADA) and the Fair Housing Act but often are not aware of these protections (Karon, 2019). Many recovery housing operators do not know that they are required to make accommodations for individuals in recovery who are being treated with MOUD if they receive government funds (Karon, 2019). Recovery houses that are accredited by NARR are required to have ADA policies that accommodate residents if they use MOUD.

MOUD comes with a stigma in recovery housing. Many recovery houses have abstinence-based recovery policies, and thus do not allow residents to participate in this type of treatment. Currently there are no studies that examine the relationship between MOUD and recovery housing. MOUD can be a challenging treatment pathway for individuals in recovery who are seeking to reside in a recovery house. Recovery houses will have to adapt to the expansion of MOUD as the landscape evolves.

### **Purpose of Exploratory Project Related to Assessing Recovery Housing in the State of Kentucky**

The purpose of this recovery housing exploratory project was to assess the current landscape of recovery housing in the state of Kentucky, as little is currently known about the landscape of recovery housing in Kentucky, with the exception of Oxford Houses. The Oxford House network is not included in this assessment of the current landscape of recovery housing since Oxford Houses have established best practices and there is a directory of every house in the Oxford network. The exploratory project identified recovery houses in Kentucky, including services offered, and geographical locations.

### **Methodology**

#### *Objective of Exploratory Project*

This exploratory project sought to establish the current geographical locations of recovery housing, identify the services that are offered, identify the challenges that recovery housing

operators face, and identify the gaps in recovery housing services in Kentucky. The exploratory project aimed to fulfill two objectives: 1) create an inventory of recovery housing in Kentucky, and 2) establish a group of local and regional stakeholders to evaluate the findings and inform the development of standards of quality, accountability, and safety in recovery housing in Kentucky. The identified recovery houses will be used by the KRHN to recruit houses to participate in the FindRecoveryHousingNowKY.org website during the NARR certification process and develop potential technical assistance opportunities for owners/operators.

### *Identification of Kentucky Recovery Houses*

The identification of recovery houses in Kentucky occurred via two primary methods. First, the KRHN provided a list of previously identified recovery houses. Additionally, recovery houses in Kentucky were identified through google searches, social media platforms, and key contacts at probation and parole offices. Facebook, a social media platform, was the most useful in identifying recovery houses. Facebook allows recovery houses to advertise their house for free by making it a public page. Key words such as “recovery home”, “recovery”, and “sober living” were used to search for recovery housing. Most recovery houses keep their pages updated and were responsive to messages.

In addition, probation and parole offices provided a list of recovery houses with contact information that they use to connect clients to recovery services. In total, 173 recovery houses were identified (Appendix C). This number excludes the 76 Oxford Houses within the state of Kentucky, and houses that closed after survey results were received.

### *Survey Development*

To identify recovery houses, a Qualtrics survey was developed. The recovery housing survey was developed by the Kentucky Injury Prevention and Research Center (KIPRC), with feedback from subject matter experts at C4 Innovations. C4 Innovations is a technical assistance consulting company that collaborates with organizations to assist in developing research-based practices for recovery support. The survey was sent to KRHN for input and feedback. The survey was pilot tested with KIPRC staff for errors and then disseminated to recovery housing operators in Kentucky. Closed-ended questions concerned items provided to residents, drug testing fees, staffing description, house policies, and clinical services offered. Open-ended questions asked

the respondent about resident fees by month, resident deposit costs, resident eligibility requirements, why they started a recovery house, challenges to operating a recovery house, and community response to the recovery house. (Appendix D).

### *Survey Dissemination Methods*

The recovery housing survey was administered to active recovery housing operators and owners in Kentucky through email from May 2019 to September 2020 using a confidential Qualtrics link. An email to each recovery housing operator contained a brief description of the survey, and requested participation. Houses that agreed to participate were sent an email with a Qualtrics survey link and a handout explaining the who, what, when, and why of the recovery housing survey. The handout explained that the information collected in the recovery housing survey would assist in the development of a publicly available recovery housing portal and that no resident information would be asked (Appendix D). In total, the recovery housing survey was sent out to 112 active houses out of the 173 recovery houses identified throughout the state of Kentucky while the other 61 identified recovery houses did not respond or did not have updated contact information available.

### *Analysis*

The survey data was cleaned and coded into SPSS. Descriptive statistics (quantitative) and thematic analysis (qualitative) methods were utilized. The closed-ended questions were coded and analyzed according to the corresponding response options that were displayed in the survey questions. To differentiate between urban and rural recovery housing, zip codes were cross-checked with the U.S. Health Resources and Services Administration's database of rural zip codes. The open-ended responses were coded using thematic analysis to identify common themes of the survey responses.

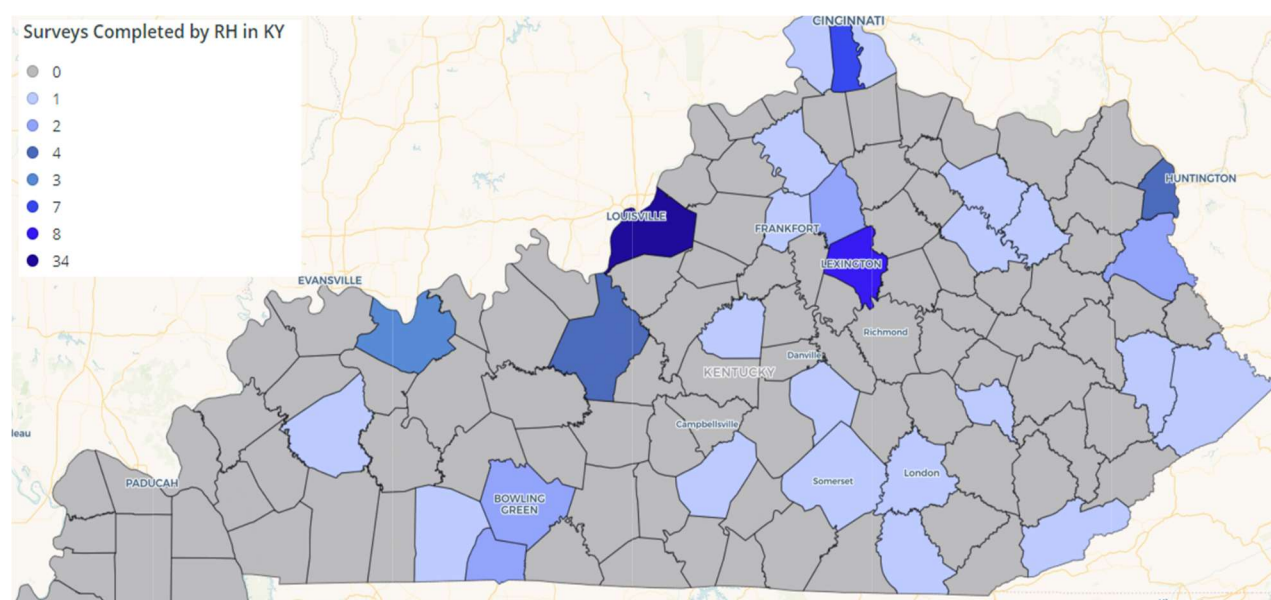
## **Results**

In total, 86 of 112 recovery housing completed the entire survey, for an overall completion rate of 77%.

### *Where is recovery housing located?*

Recovery houses in 28 counties completed the recovery housing survey; Figure 1 illustrates where recovery houses were located by county. Based on the survey data, 70% of the 86 responses were completed by recovery houses in urban areas, with 30 of the survey responses coming from Jefferson county, nine from Fayette county, and seven from Kenton County. The other 30% were located in rural areas such as Lincoln, Rowan, Franklin, and Scott counties. The map below illustrates the geographical gap in recovery housing options available to individuals in recovery in western and eastern regions of Kentucky. Based on the survey data, 92 counties appear to have no recovery housing options available.

**Figure 1. Location of Recovery Houses in Kentucky by County Based on Survey Responses, September 2020**



Note: This map excludes the 76 Oxford Houses located in Kentucky.

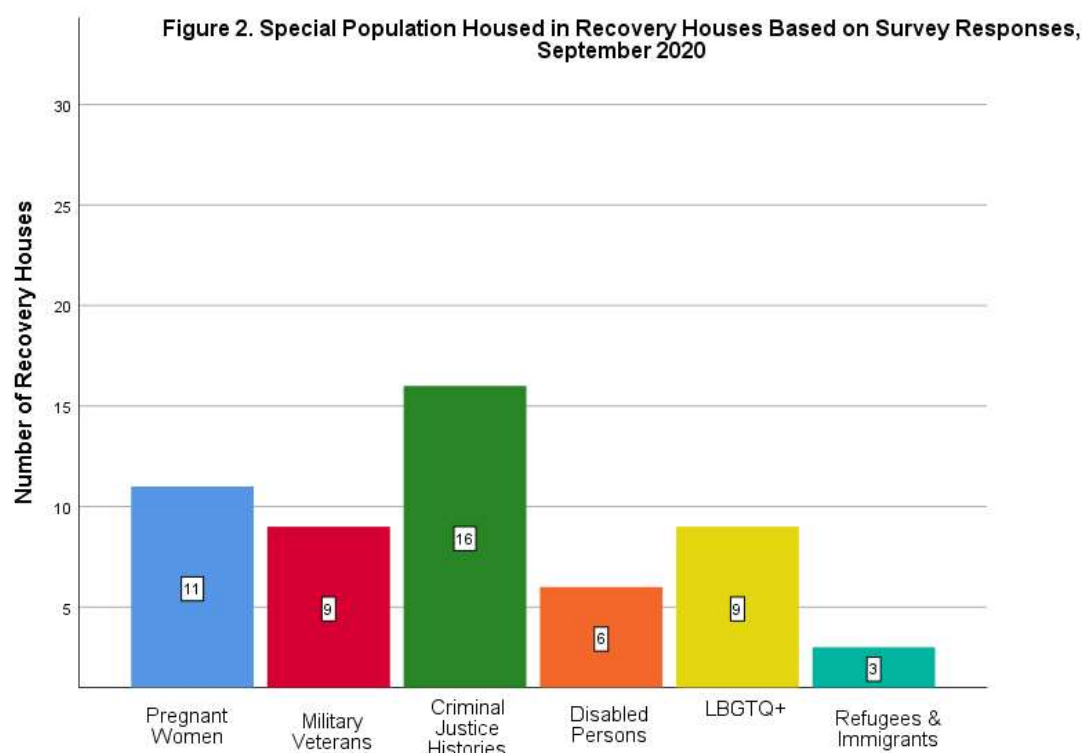
### *Recovery Housing Residents*

The majority of survey respondents restrict their housing availability to men; 58% of the recovery houses who completed the survey indicated that they house only men, while only 41% house only women. Only 11% of the recovery houses indicated that they house women with children, 2% house men with children, 5% house women and men, 2% house families, and 7% house individuals who are exiting jail or prison.



### *Special Populations*

The survey respondents were asked to identify special populations such as pregnant women, military veterans, individuals with criminal justice histories, disabled persons, LGBTQ+, and refugees/immigrants that they serve in their recovery house. Figure 2 details the percentages of recovery houses that serve special populations; this data should be interpreted with caution special population was only included in surveys sent out January 23, 2020, and after.



This data should be interpreted with caution, special population was only included in surveys sent out January 23, 2020, and after.

### *Physical Structures*

The physical structures of recovery housing can vary from single-family detached houses to dorm-style units. The Kentucky recovery housing survey asked each respondent what type of physical structure their recovery house is. Based on the survey data, 73% of recovery houses are single-family detached, 7% were apartment buildings and one or more units, 11% were a duplex, triplex, or quadplex, and 9% were other. One owner/operator who identified their recovery house

structure as other stated, “a house with multiple dorm-type rooms”. Another described the physical structure of their recovery house as “former medical office with apartments upstairs”. Single-family detached houses were the most common type of recovery home in Kentucky. The physical structure of a recovery house may dictate resident capacity. Resident capacity ranged from two residents to 120 residents, depending on the type of physical structure. Of note, 61% of recovery houses reported that their structure was not handicapped accessible.

### *Resident Costs for Recovery Housing*

Individuals in recovery often leave a SUD treatment facility with the need for affordable and safe recovery housing. Thus, cost can be a deciding factor for many individuals seeking recovery housing. The costs for residents to reside in recovery housing ranged from \$280 to \$5,000 per month according to survey respondents. This cost varied due to the level of care and professional staffing and types of services offered. The median resident cost per month was \$400. The median resident deposit was \$175. Drug testing fees is another cost; 79% of survey respondents did not have drug testing fees, while 20% of survey respondents did have drug testing fees. 49% of survey respondents were charged for items such as cleaning products, toiletries, and grocery items that were included in the monthly resident fees; 50% did not provide those items as part of the monthly resident fees.

### *Recovery Housing Policies*

Many recovery houses have basic policies regarding admissions, house rules, and MOUD. Twenty-eight percent of recovery house respondents required residents to complete an intensive inpatient or outpatient program, while 13% required residents to have a specific number of recovery days and completion of an inpatient treatment program. 9% of recovery houses identified their resident eligibility as willing to actively participate in a 12-step program. Table 1 breaks down resident eligibility requirements based on the survey data results.

**Table 1. Kentucky Recovery Housing Resident Eligibility Requirements, September 2020**

Resident Eligibility Requirement	Percentage of Recovery Houses (n=86)
----------------------------------	--------------------------------------

Complete inpatient and outpatient intensive program	28% (n=24)
Complete outpatient at a specified facility	14% (n=12)
Specific number of days clean, completed inpatient program	13% (n=11)
Willing to actively work 12-step program	9% (n=8)
No convictions for arson or sexual offender	9% (n=8)
Other	9% (n=8)
Substance use disorder	6% (n=5)
Pass drug test	5% (n=4)
No major mental illness such as schizoaffective disorders	4% (n=3)
No response	3% (n=3)

Eighty-eight percent of the recovery house respondents indicated that they have a MOUD policy, while 12% of recovery houses do not have a MOUD policy in place and 2% of recovery houses did not respond. As shown in Table 2, 22% do not accept MOUD due to being an abstinence-based recovery house. Vivitrol was the most common accepted form of MOUD in 6% of the recovery houses due to it being an injection that must be administered by a healthcare professional. Nine percent of respondents have other MOUD policies such as 1) no methadone and suboxone, 2) residents must taper off from MOUD, and 3) specific areas for residents on MOUD. However, this data does not capture MOUD-specific policies in detail, as respondents provided limited details on their MOUD policies in their open-ended responses related to the specifics of their MOUD policy.

**Table 2. Kentucky Recovery Housing Resident Medication for Opioid Use Disorder (MOUD) Policies, September 2020**

<b>MOUD Policy*</b>	<b>Percentage of Recovery Houses (n=86)</b>
MOUD Allowed	63% (n=54)

	MOUD allowed but policy details not provided	3% (n=3)
	MOUD medications are kept up and dispensed by staff	44% (n=38)
	Other constraints on MOUD	9% (n=8)
	Vivitrol (i.e., naltrexone) only	6% (n=5)
MOUD Not Allowed		22% (n=19)
No Policy		2% (n=2)
No Response		13% (n=11)

\*Note: Responses related to MOUD policy were open-ended, analyzed, and collated into key categories; thus, specific details related to type of MOUD (e.g., buprenorphine/suboxone, vivitrol) allowed in recovery houses was not captured unless provided by survey respondent.

“Interruption of recovery” policies are implemented regarding return to misusing substances; 57% of recovery houses have an intervention approach, meaning that if a resident has an interruption in their recovery while residing in the recovery house, he or she is not forced to leave but must complete specific steps to be able to return or keep their place in the house. Thirty-four percent of respondents have a zero-tolerance approach to a resident’s interruption of recovery and require residents to leave; 8% of recovery houses have other return-to-use policies, such as case-by-case determination and prevention plans that are created based on the resident’s needs. Table 3 outlines basic recovery housing policies.

**Table 3. Kentucky Recovery Housing non- Medication for Opioid Use Disorder Policies, September 2020**

Policy	Percentage of Recovery Houses (n=86)
Written intake policy	100% (n=86)
Written or posted house rules	100% (n=86)
Mandatory house meetings	97% (n=83)
Residents are required to work, attend school, or engage in volunteer work	86% (n=74)

Recovery housing provides a range of recovery supports to residents, from mutual aid groups to accountability standards and life skills. Ninety-seven percent of recovery houses expected residents to be accountable to other residents, and 94% of recovery houses fostered support among the residents. The survey did not capture specific data related to accountability standards, but instead, asked for basic information with closed-ended yes or no questions. This is a potential topic for future studies regarding recovery housing. Almost all (99%) of recovery houses required residents to attend weekly recovery or mutual aid group meetings. However, only 43% of recovery houses held mutual aid meetings within the house.

Survey responses showed that 100% of the surveyed recovery houses have communal spaces such as living rooms or family rooms where resident meetings can be held and residents can spend time together. Mutual aid meetings are held in these communal spaces if they are offered in-house.

### *Recovery Pathways*

Recovery pathways are defined as the recovery process for an individual in recovery. Recovery pathways are unique to individuals in recovery since one type of pathway does not work for every individual. Similarly, recovery pathways vary among recovery housing in general. The survey asked respondents to identify their houses' pathways as faith-based, mutual aid groups, 12 steps (nonfaith-based), or holistic. Holistic recovery pathways incorporate art, yoga, and animal therapy into the recovery process for residents. Of the survey responses, 12% of recovery houses have a faith-based recovery pathway, 7% have a mutual aid group recovery pathway, 24% have a 12-step (nonfaith based) recovery pathway, and 5% have a holistic recovery pathway. These data results should be interpreted with caution, however, as the information only began to be captured in the recovery housing survey data on January 23, 2020

### *Recovery Plans*

Recovery planning is important in the recovery process because it allows an individual to establish goals that support his or her recovery in the long term and prevent return to use. As shown in Table 4, the majority of the recovery houses (84%) indicated that they implemented recovery plans that were person-driven, meaning that residents participate in the development of

their own plan and that their recovery plans promote life skills development by assessing residents' strengths and needs (71%).

**Table 4. Kentucky Recovery Housing Planning, September 2020**

<b>Recovery Plan</b>	<b>Percentage of Recovery Houses (n=86)</b>
Person-driven, meaning residents participate in the development of their own plan	84% (n=72)
Promote life skills development by assessing resident's strengths or needs	71% (n=61)
Residents create plans with peer recovery specialists who are affiliated with the house	65% (n=56)
Include an explicit plan meaning residents identify how they will support and strengthen their recovery plan if and when they move out or are required to leave recovery housing services	40% (n=34)
Residents create plans with peer recovery specialists independent of the house	11% (n=9)
Other	4% (n=3)
Not applicable	1% (n=1)

### *Recovery Services and Staffing Provided by Recovery Housing*

The types of recovery services that are offered can vary by the size of the house and the housing staff available. Based on the survey responses, 65% of recovery houses do not require clinical services such as counseling, although those services are available offsite to residents if requested. 26% of recovery houses require clinical services but do not provide them onsite, and 9% of recovery houses have clinical services that are provided in-house by a licensed professional. Additional services such as life skills groups, nutrition groups, and employment services are offered at 86% of recovery houses.

### *Staffing*

Staffing in recovery housing can range from professional paid staff who provide a mix of nonclinical and clinical services to residents who are compensated through waived or reduced

resident fees. The recovery housing survey respondents were asked to describe their staffing description. Most commonly, recovery housing in Kentucky has a mixture of staffing that includes clinical and nonclinical services with some paid staff. Table 5 breaks down the staffing descriptions based on the survey data.

**Table 5. Kentucky Recovery Housing Staffing Descriptions, September 2020**

<b>Staffing Description</b>	<b>Percent of Recovery Houses (n=86)</b>
Residence offers a mix of clinical and nonclinical services, where clinical services may include one or more of the following: individual and group counseling, clinical assessments, case management, or psychotherapy. Residents are required to participate in at least some of these service offerings. These services are delivered at least in part by paid staff, which could be employees or contractors.	62% (n=53)
Formal life skills and/or clinical services are not offered or are not required parts of the residence service package. The residence is managed by one or more individuals selected by the provider. Those individuals may work without compensation, are compensated monetarily or through in-kind compensation such as waived or reduced residence fees.	13% (n=11)
Residence offers nonclinical services such as life skills workshops, assistance with recovery planning, job readiness, health and wellness, etc. Residents are required to participate in at least some of these service offerings. These services are delivered at least in part by paid staff, which could be employees or contractors.	12% (n=10)
None of these describe my residence.	10% (n=9)
Formal life skills and/or clinical services are not offered or are not required parts of the residence service package. Residence is completely resident-operated through a democratic decision-making process, including selecting leadership, setting house rules, and making decisions about applicants for residence.	3% (n=3)

Ten percent of survey respondents who identified their staffing description as “none” explained their staffing situation as having house managers, no paid staff, clinical services available through recommendations, or nonclinical services provided by nonpaid staff.

#### *Reasons Owner/Operator Started a Recovery House and Challenges and Community Response to Recovery Housing*

There are several reasons why a community member will open a recovery house in their community. The two prominent themes identified in the survey responses were: to provide resources and a continuum of care for residents, and to fill a need for recovery housing in an area.

One owner/operator stated, “resources for our clients, addition to continuum of care” in regards to why they started a recovery house. Another owner/operator stated that, “Our region had identified the lack of recovery housing as a primary need for those seeking to re-integrate back into the community after SUD treatment”. Another owner/operator stated, “The area is lacking in safe and sober living environments that support sobriety”.

Other themes that were identified based on the survey data were that the owner/operator was in recovery themselves and wanted to help others and that the owner/operator was personally affected by SUD. In regards to the owner/operator being personally affected by SUD, one survey respondent stated, “Daughter and granddaughter were on drugs for many years and now are drug-free. Now I want to show women who use any form of substance how they can be free”. Another owner/operator stated, “I started a recovery home because I saw the need and felt it is important to give back to my community, the way it was given to me”.

The three prominent themes of challenges identified by survey respondents were lack of resources and adequate housing, quality of care, and sustainability. In regards to the quality of care, one owner/operator stated, “In general, it’s a difficult job with ups and downs, but the biggest challenge is being able to know each and every resident to make sure we are being of maximum service. Everyone is different and requires different levels of care. But it’s a challenge that is well worth it because getting to know each person and truly who they are is a blessing”. In regards to the theme of sustainability, one owner/operator stated, “funding to maintain desired care to residents”. Another stated, “It is often hard to make ends meet”. Also identified in the responses were residents returning to use and stigma. In regards to residents returning to use, one owner/operator stated, “watching someone walk out the door who I know will probably be high on drugs by the time they reach their next destination”. Another stated in regards to stigma, “Still have to combat stigma and misunderstanding about our program from time to time. Our residents also face a number of challenges when it comes to obtaining benefits, seeking employment, and obtaining independent housing”.

Due to the stigma surrounding SUD, community response is an issue that recovery houses must deal with. The survey asked respondents how their community reacted to their recovery house. There was an overall positive community response to recovery housing according to survey respondents. One owner/operator stated, “the community is very supportive



of our program. It's been proven to change lives". Another stated, "The community is very supportive".

Good neighbor policies and the not-in-my-backyard phenomenon also were mentioned by multiple respondents. One owner/operator stated, "We have a good neighbor policy for the residents, by managing loitering, noise, appearance. Do not advertise nor draw attention to the fact. The community is comfortable with residence. Law enforcement is supportive". In regards to the not-in-my-backyard phenomenon, one owner/operator stated, "We initially encountered a not-in-my-backyard challenge to the opening of our facility. We have now been open about 1.5 years and have had no issues with the community. Our residents planted a garden last summer and actually shared harvest with neighbors. Our residents are participating in the community, attending church, working in the community, and participating in the community life". The not-in-my-backyard phenomenon is directly tied to the ongoing challenge of combatting stigma around recovery (Jason & Ferrari, 2010).

## **Conclusions**

### **1. Medication for opioid use disorder (MOUD) is widely accepted but with significant limitations in recovery housing.**

A majority (63%) of the recovery houses surveyed accept MOUD but with limitations on what type of medications are allowed (6%) while 44% require that MOUD be kept up and dispensed by staff. Under the ADA, individuals in recovery who are on MOUD are a protected class and the law requires accommodations to be made. Of importance, SUD is a recognized disability by the ADA. However, MOUD is accepted in a less than a quarter of recovery houses (22%) due to them being abstinence-only houses. MOUD can be an effective treatment for individuals in recovery by decreasing substance misuse and helping individuals maintain their recovery.

### **2. Access to handicapped accessible recovery housing is limited in Kentucky.**

Handicapped accessibility is a required accommodation that is protected and required under the ADA, but the majority of recovery housing in Kentucky is not handicap accessible; 61% of recovery houses are not handicap accessible. The lack of housing options for physically

disabled individuals seeking recovery housing creates a barrier to recovery for the physically disabled population.

### **3. A service gap in recovery housing options exists in the eastern and western regions of Kentucky.**

There is a service gap in recovery housing in the communities of eastern and western Kentucky. The lack of recovery housing options has an effect on individuals in recovery who live in these communities. For those who do not have the resources to move to recovery housing away from home, this service gap is a barrier to their recovery. Urban areas such as Jefferson, Fayette, and Warren counties have a sufficient number of recovery housing options for individuals. Rural areas in Eastern and Western Kentucky such as Adair, Rowan, and Pike counties do not have a sufficient number of recovery housing options for individuals seeking housing.

### **4. Kentucky recovery housing operators struggle with funding and achieving long-term sustainability.**

Based on the survey results, funding and long-term sustainability were major challenges reported by recovery housing operators. Funding and long-term sustainability are directly intertwined. A lack of funding can hinder long-term sustainability for recovery housing operators. One component of long-term sustainability is lack of payment for recovery housing services rendered. Operators have to balance the costs of providing quality care to residents with their desire to not turn away an individual in recovery who needs help. Public funding resources are limited, and recovery housing operators may not know of these funding opportunities.

### **5. Recovery housing options for single parents and families with children is sparse in Kentucky.**

Recovery housing options for single parents and families with children are limited in Kentucky. Providing recovery housing that serves single parents and families is a challenge in itself for operators, in part because of the cost that goes with providing housing to multiple people. In addition, the majority of recovery housing have specific policies regarding age of children allowed in the house and how many children can be in one bedroom that limit single

parents and families. For individuals who have custody of their children after treatment, finding a supportive home environment for themselves and their children can be a barrier in their recovery.

## **Limitations**

The recovery housing survey had a number of limitations. The biggest limitation of the survey was due to self-selection that creates bias. The survey was disseminated to 112 of the 173 identified recovery houses, and only 86 recovery houses completed the survey due to voluntary participation. Furthermore, the survey did not capture specific and detailed recovery housing policies; only broad policies were included in the survey. The survey did not capture specific recovery house MOUD policies and other house policies. Prescribed medication policies for other comorbid conditions such as depression and anxiety were not captured. Exploring recovery housing policies in greater detail is a potential topic for future studies.

## **Recommendations**

- 1. Medication for opioid use disorder is not widely accepted in Kentucky recovery housing due to abstinence-only requirements.**
  - 1.1. Provide and expand education regarding the benefits of MOUD for recovery housing operators in Kentucky.
  - 1.2. Develop best practices for MOUD that address challenges of MOUD for recovery housing operators.
  - 1.3. Develop and host training on informative resources for recovery housing operators regarding the Americans with Disabilities Act and the required legal accommodations for individuals seeking recovery housing.
  - 1.4. Develop and host training for recovery housing operators that focuses on expanding education and resources on MOUD in Kentucky recovery housing.
  - 1.5. Provide technical assistance opportunities to recovery housing operators to establish ADA-appropriate MOUD policies that accommodate individuals seeking recovery housing in Kentucky.
- 2. Access to handicap accessible recovery housing is limited in Kentucky.**
  - 2.1. Establish best practices that help recovery housing operators make their houses handicap accessible.

- 2.2. Develop and host ADA-compliant training on recovery housing related to physically disabled individuals in recovery.
- 2.3. Provide technical assistance opportunities to recovery housing operators who are not ADA-compliant.
- 2.4. Inform recovery housing operators of funding opportunities that could assist them with the cost of making their recovery house ADA-compliant.
- 3. A service gap in recovery housing options exists in eastern and western Kentucky communities.**
  - 3.1. Assess the current landscape of recovery housing and the barriers to providing recovery housing in Eastern and Western Kentucky specifically to determine the specific recovery needs in these communities.
  - 3.2. Provide technical assistance opportunities to recovery housing in Eastern and Western Kentucky to expand and improve recovery support services.
  - 3.3. Provide technical assistance opportunities to individuals who are wanting to open and operate recovery housing in their community.
  - 3.4. Connect and encourage recovery housing operators in Eastern and Western Kentucky to establish relationships with recovery support services such as nonprofits, legal services, and employment services.
  - 3.5. Survey communities in Eastern and Western Kentucky to better understand the unmet needs of the community regarding SUD and recovery housing.
  - 3.6. Identify treatment facilities, local governments, and other entities in Eastern and Western Kentucky who may be interested to establish of recovery housing options in underserved areas.
- 4. Kentucky recovery housing struggles with funding and long-term sustainability.**
  - 4.1. Identify funding resources for recovery housing operators.
  - 4.2. Develop and host trainings for recovery housing operators in regards to applying for 501(c) status, funding models, financial planning, and long-term sustainability.
  - 4.3. Collaborate with employment service agencies to connect recovery housing operators to employment services for residents.

4.4. Host webinars or public meetings and disseminate informational resources to notify recovery housing operators of funding opportunities such as grant opportunities from the state or outside organizations.

Foster and encourage partnerships between community-based service organizations and recovery housing. Utilizing free direct services provided by community organizations such as nonprofits can help alleviate costs to an owner/operator.

**5. Recovery housing options for individuals and families with children is sparse in Kentucky.**

5.1. Identify the specific recovery needs of individuals and families with children who are currently in or seeking recovery housing.

5.2. Foster partnerships between recovery housing operators and local Cabinet for Health and Family Services.

5.3. Cultivate relationships between recovery housing programs and Kentucky Drug Courts to establish recovery support services for individuals and families who are participants in drug court who have children.

5.4. Provide technical assistance that increases resources and provides funding models to support recovery housing operators that serve individuals and families with children.

5.5. Promote the importance of keeping families together in the community, treatment facilities and recovery housing programs while a parent or parents are in recovery (when appropriate).

5.6. Establish best practices that support recovery houses that provide housing to individuals and families with children. Best practices would include recovery support that is targeted to individuals with children and comprehensive recovery planning for those with children.

5.7. Expand funding opportunities for recovery housing that houses individuals and families with children.

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## Appendix A: Directory of Oxford Houses by State, September 2020

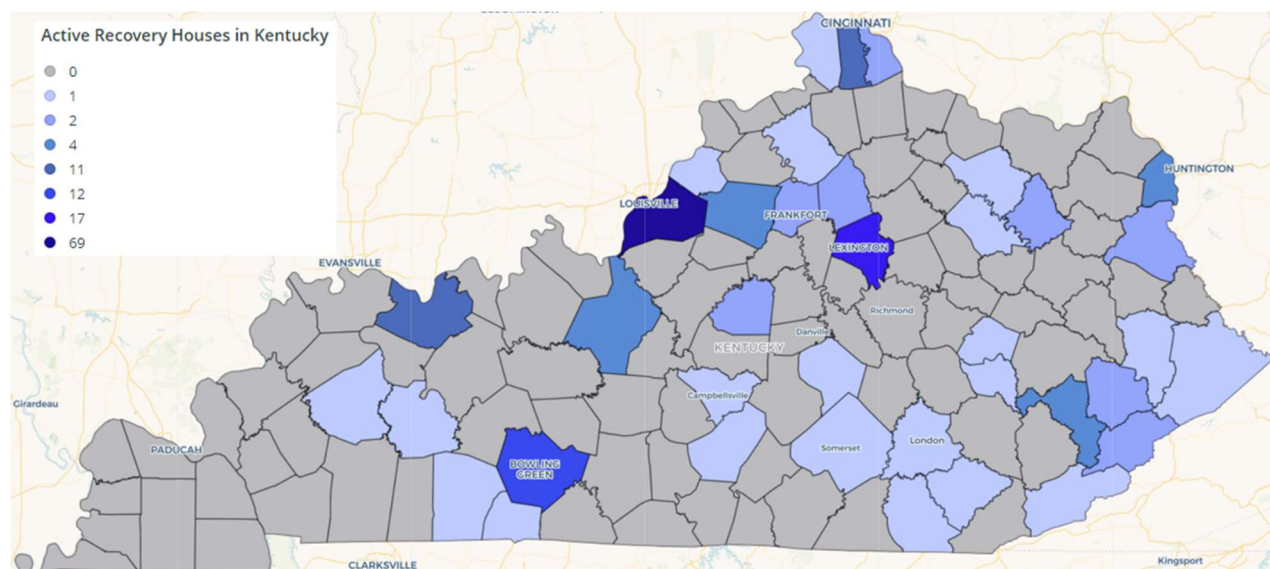
State	# of Oxford Houses
Alabama	19
Alaska	5
Arizona	26
Arkansas	4
California	10
Colorado	84
Connecticut	8
Delaware	71
District of Columbia	33
Florida	41
Georgia	1
Hawaii	30
Idaho	3
Illinois	48
Indiana	40
Iowa	7
Kansas	126
Kentucky	76
Louisiana	140
Maine	8
Maryland	55
Massachusetts	7
Michigan	2
Minnesota	1

State	# of Oxford Houses
Mississippi	17
Missouri	40
Montana	1
Nebraska	50
Nevada	2
New Hampshire	1
New Jersey	147
New Mexico	20
New York	30
North Carolina	286
North Dakota	0
Ohio	5
Oklahoma	122
Oregon	211
Pennsylvania	28
Rhode Island	1
South Carolina	90
South Dakota	4
Tennessee	110
Texas	288
Utah	1
Vermont	2
Virginia	151
Washington	342
West Virginia	35
Wisconsin	31
Wyoming	2

## Appendix B: National Association of Recovery Residences Standards Criteria, 2011.

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> <li>• Democratically run</li> <li>• Manual or P&amp;P</li> </ul>	<ul style="list-style-type: none"> <li>• House manager or senior resident</li> <li>• Policy and Procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational hierarchy</li> <li>• Administrative oversight for service providers</li> <li>• Policy and Procedures</li> <li>• Licensing varies from state to state</li> </ul>	<ul style="list-style-type: none"> <li>• Overseen organizational hierarchy</li> <li>• Clinical and administrative supervision</li> <li>• Policy and Procedures</li> <li>• Licensing varies from state to state</li> </ul>
	SERVICES	<ul style="list-style-type: none"> <li>• Drug Screening</li> <li>• House meetings</li> <li>• Self help meetings encouraged</li> </ul>	<ul style="list-style-type: none"> <li>• House rules provide structure</li> <li>• Peer run groups</li> <li>• Drug Screening</li> <li>• House meetings</li> <li>• Involvement in self help and/or treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• Life skill development emphasis</li> <li>• Clinical services utilized in outside community</li> <li>• Service hours provided in house</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical services and programming are provided in house</li> <li>• Life skill development</li> </ul>
	RESIDENCE	<ul style="list-style-type: none"> <li>• Generally single family residences</li> </ul>	<ul style="list-style-type: none"> <li>• Primarily single family residences</li> <li>• Possibly apartments or other dwelling types</li> </ul>	<ul style="list-style-type: none"> <li>• Varies – all types of residential settings</li> </ul>	<ul style="list-style-type: none"> <li>• All types – often a step down phase within care continuum of a treatment center</li> <li>• May be a more institutional in environment</li> </ul>
	STAFF	<ul style="list-style-type: none"> <li>• No paid positions within the residence</li> <li>• Perhaps an overseeing officer</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 compensated position</li> </ul>	<ul style="list-style-type: none"> <li>• Facility manager</li> <li>• Certified staff or case managers</li> </ul>	<ul style="list-style-type: none"> <li>• Credentialed staff</li> </ul>

### Appendix C: Map of Active Recovery Houses in Kentucky, September 2020.



## Appendix D: Qualtrics Recovery Housing Survey

Researchers at the University of Kentucky are inviting you to take part in an online survey that focuses on understanding recovery homes, also known as recovery housing, sober living, or recovery residences. This survey is designed to learn more about recovery housing options available in Kentucky and the array of services they offer. Additionally, the survey will assist in the development of a Kentucky recovery housing portal that will house a recovery housing directory and a recovery housing resource inventory. The survey will take about 15–20 minutes to complete. Open and honest answers are encouraged.

There are no known risks to participating in this study. We will ask you for information about yourself, such as your name and contact information, but your personal information will not appear or be used on research documents or be used in presentations or publications. This information is being collected in case we need to follow up with you to ask any questions about your recovery home.

The information collected through the survey will be shared with program staff working on Kentucky's Overdose Data to Action (OD2A) grant, funded by the Centers for Disease Control and Prevention, and the Rural Center of Excellence on Recovery Housing (RCOE-RH) grant, funded by the Health Resources and Services Administration (HRSA). In the future, program staff working on the OD2A and RCOE-RH grants might contact you to ask for your participation in the recovery housing directory. However, if you do not feel comfortable sharing your name or contact information, you do not have to.

We hope to receive completed surveys from at least 50-75 recovery homes, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey, but if you do participate, you are free to skip any questions or discontinue at any time. Participation in the recovery housing directory is voluntary and not required if you are contacted by the program staff of OD2A and RCOE-RH grant.

Please be aware, while we make every effort to safeguard your data once received from the online survey company. Given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey

company's servers or while en route to either them or us. It is also possible the raw data collected for research purposes will be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company's Terms of Service and Privacy policies.

If you have questions about the study, please feel free to ask; our contact information is below. If you have complaints, suggestions, or questions about your rights as a participant, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

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Q1 In the following section, we will ask you basic information about your recovery home, such as a physical address and a mailing address.

-----

Q2 Recovery Home Name/Residence Name:

\_\_\_\_\_

-----

Q3 I am (check all that apply):

- ☐ Owner
- ☐ Manager
- ☐ Senior Resident
- ☐ Professional staff
- ☐ Resident in democratic house
- ☐ Other

-----

Q4 If other, please explain:

---

Q77 Contact name:

---

Q5 Contact email:

---

Q6 Contact phone number:

---

Q7 Physical Address (where recovery home is located):

---

Q8 City:

---

Q9 State:

---

-----

Q10 Zip:

\_\_\_\_\_

-----

Q11 Is your mailing address different than your physical address:

☐ Yes

☐ No

-----

Q12 Mailing address:

\_\_\_\_\_

-----

Q13 City:

\_\_\_\_\_

-----

Q14 State:

\_\_\_\_\_

-----



Q15 Zip:

---

Q16 Do you have another recovery home?

☐ Yes

☐ No

Q17 If yes, please list.

---

Q79 If yes, would you be willing to fill out a survey for the listed recovery home(s)?

☐ Yes

☐ No

Q18 In the following section, we will ask you information about the structure and services offered at your recovery home.

Q19 Populations served (check all that apply):

- ☐ Men
- ☐ Women
- ☐ Women with children
- ☐ Men with children
- ☐ Co-ed (e.g. male and female)
- ☐ Family
- ☐ Other (e.g., re-entry)

Q83 Special populations serviced (check all that apply):

- ☐ Pregnant Women
- ☐ Military Veterans
- ☐ Individuals with criminal justice histories
- ☐ Disabled individuals (e.g. deaf, hard at hearing, blind, etc.)
- ☐ LBGTQ+
- ☐ Refugees/Immigrants

-----

Q20 If other, please explain:

---

---

Q21 Please indicate the physical structure of the residence:

- ☐ Single-family detached house
  - ☐ Apartment building
  - ☐ One or more apartment units
  - ☐ Condominium unit(s)
  - ☐ Duplex, triplex, or quadplex
  - ☐ Other
- 

Q22 If other, please explain:

---

---

Q23 Total square feet (if unknown, please estimate):

---

---

Q24 Number of bedrooms:

---

Q25 Total residence capacity (e.g., maximum number of house members):

---

Q26 Resident fees: basic monthly:

---

Q27 Resident fees: deposit:

---

Q29 Do you provide any food or grocery items, cleaning items, etc. as part of monthly fees?

☐ Yes

☐ No

Q30 If yes, please explain:

---

Q31 What are the resident eligibility requirements?

---

Q28 Are there drug test fees for house residents (house members)?

☐ Yes

☐ No

---

Q32 Is the recovery home handicap accessible?

☐ Yes

☐ No

---

Q33 Are there communal spaces for the residents?

☐ Yes

☐ No

---

Q34 Are residents expected to adhere to expectations of accountability to other residents?

☐ Yes

☐ No

---

Q80 If residents do not adhere to expectations of accountability to other residents, how do you handle this situation?

---

Q35 Does the house foster support among the residents?

☐ Yes

☐ No

Q39 If yes, please explain in what ways the house fosters support among the residents.

---

Q36 Are residents expected to demonstrate improved stability, independence, and community integration?

☐ Yes

☐ No

Q37 If yes, please explain further:

---

Q38 In the following section, we will ask you for information about residence staffing.

---

Q40 Select a staffing description that BEST describes your residence (e.g., recovery home)

- ☐ Residence offers a mix of clinical and nonclinical services, where clinical services may include one or more of: individual and group counseling, clinical assessments, case management, or psychotherapy. Residents are required to participate in at least some of these service offerings. These services are delivered at least in part by paid staff, which could be employees or contractors.
- ☐ Residence offers nonclinical services such as life skills workshops, assistance with recovery planning, job readiness, health & wellness, etc. Residents are required to participate in at least some of these service offerings. These services are delivered at least in part by paid staff, which could be employees or contractors.
- ☐ Formal life skills and/or clinical services are not offered or are not required parts of the residence service package. The residence is managed by one or more individuals selected by the provider. Those individuals may work without compensation, are compensated monetarily or through in-kind compensation such as waived or reduced residence fees.
- ☐ Formal life skills and/or clinical services are not offered or are not required parts of the residence service package. Residence is completely resident-operated through a democratic decision-making process, including selecting leadership, setting house rules, and making decisions about applicants for residence.
- ☐ None of these describe my residence.
- 

Q81 Please explain the residence staffing situation in your recovery home.

\_\_\_\_\_

Q41 In the following section, we will ask you questions about policies and procedures in the recovery home.

---

Q42 Is there a clear, written intake process?

☐ Yes

☐ No

---

Q43 Are there written or posted house rules?

☐ Yes

☐ No

---

Q44 Do you offer any additional services such as life skills groups, nutrition groups, or helping with obtaining identification or employment?

☐ Yes

☐ No

---

Q45 If yes, please explain further:

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Q47 Please indicate whether clinical services such as counseling, outpatient, and group therapy are:

- ☐ Provided in the house by licensed professional
  - ☐ Required by the house but provided offsite
  - ☐ Not required but available with several options to the residents upon request for recommendation
- 

Q48 Are residents required to work, attend school, or engage in volunteer work?

- ☐ Yes
  - ☐ No
- 

Q49 If yes:

- ☐ All residents have the same requirement
  - ☐ School/volunteer work requirement may decrease with time in residence
- 

Q50 Are residents required to attend weekly recovery meetings or mutual aid self-help groups such as AA, NA, all recovery, or SMART?

- ☐ Yes
- ☐ No

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Q51 If yes:

☐

All residents have the same requirement

☐

Meeting attendance requirement may decrease with specific time in residence

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Q52 Are mutual aid groups such as AA, NA, all recovery, or SMART held within the residence?

☐

Yes

☐

No

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Q53 If yes, how often?

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Q54 If yes, is attendance mandatory?

☐

Yes

☐

No

Q82 What is the primary recovery pathway within the residence (check all that apply)?

- ☐ Faith-based
  - ☐ Mutual aid groups
  - ☐ 12 step programs (nonfaith based)
  - ☐ Holistic-based (e.g., yoga, art therapy, meditation, etc.)
- 

Q55 Do you have mandatory recurring house meetings?

- ☐ Yes
  - ☐ No
- 

Q56 Does your recovery home have a policy pertaining to medication assisted treatment (MAT)?

- ☐ Yes
  - ☐ No
- 

Q57 If yes, please explain:

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Q58 Does your recovery home have a policy that pertains to return to use of substances?

- ☐ Zero tolerance approach (documented usage of predefined substance(s) results in the resident moving out of the recovery house, no exceptions)
  - ☐ Intervention approach (documented usage of predefined substance(s) results in an intervention response which most often includes requiring the resident to move out of the recovery home)
  - ☐ Other
- 

Q59 If other, please explain:

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Q60 Check all that apply pertaining to recovery plans:

- ☐ Person-driven, meaning residents participate in the development of their own plan
- ☐ Promote life skills development by assessing resident's strengths or needs
- ☐ Include an explicit plan, meaning residents identify how they will support and strengthen their recovery plan if and when they move out or are required to leave recovery housing services
- ☐ Not applicable
- ☐ Residents create plans with peer recovery specialists independent of the house
- ☐ Residents create plans with peer recovery specialists who are affiliated with the house
- ☐ Other

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Q61 If other, please explain:

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Q65 In this final section, we will ask you questions about your interests in starting a recovery home and challenges you may face running a recovery home. Lastly, we will ask you for contact information for secondary contact person.

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Q68 Why did you start a recovery home?

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Q71 What are your biggest challenges when it comes to running your recovery home?

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Q73 How has your community responded to your recovery home?

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Q74 Please identify a secondary contact person for this recovery home:

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Q75 Position/title:

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Q76 Contact phone:

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Q77 Contact email:

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## Appendix E: Handout of the Who, What, Why, and When of the Exploratory Project

Dear recovery housing operator/owner:

Researchers at the University of Kentucky are inviting you to take part in an online survey that focuses on understanding recovery homes, also known as recovery housing, sober living, or recovery residencies. This survey is designed to learn more about recovery housing options available in Kentucky and the array of services they offer. In addition, the information that is collected through the survey will be shared program staff at the Kentucky Injury Prevention and Research Center to assist in the development of a recovery housing portal. Specifically, the information collected through the survey will be shared with program staff working on Kentucky's Overdose Data to Action (OD2A) grant, funded by the Centers for Disease Control and Prevention, and the Rural Center of Excellence on Recovery Housing (RCOE-RH) grant, funded by the Health Resources and Services Administration (HRSA). Both of these grants are working jointly on the development of a recovery housing portal. In the future, program staff from these grants may reach out to you about participating in the recovery housing portal, specifically a recovery housing directory.

The survey will not ask for any resident information. Below is more information outlining the survey and why it is being disseminated.

**Who:** In order to better understand recovery housing in our state, the University of Kentucky is conducting a survey of current recovery housing providers. In addition, the information collected through survey responses will assist in the development of a Kentucky recovery housing portal that will feature 1) a recovery housing directory and 2) a recovery housing resource inventory.

**What:** Sober living, recovery housing, and housing for recovering people in general has often been overlooked, despite the need it serves in the community. We value your expertise, respect your traditions, and want to provide recovery housing operators with an opportunity to share their experiences.

**Why:** We are evaluating opportunities for National Alliance of Recovery Residence (NARR)-certified recovery housing in Kentucky, which may create an opportunity for houses, if certified, to be eligible for state funding. We need your input and would also like to determine your interest in certification. Please note that certification is not the same as state regulation. It is

voluntary, conducted by an independent NARR Affiliate, protects residents, and is beneficial for dealing with barriers such as “Not in my backyard” (NIMBY). In addition, the survey information that is shared with the program staff will assist in the development of a recovery housing portal that will serve as a recovery housing directory and a resource inventory that will be available to the public.

**When:** In a few days, you’ll be receiving a short survey that asks about your house culture, services provided, populations served, capacity, cost, and contact information. If completing the survey electronically is not possible, we’d be happy to schedule a visit with one of our recovery representatives to get your input.

If you have questions about the study, please feel free to ask; our contact information is below. If you have complaints, suggestions, or questions about your rights as a participant, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Sincerely,

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