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Presenters:

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Topic: ***Built to Last: Financial Sustainability for Recovery Homes with Insights on Rural Recovery Experiences***

[00:00:00] **Moderator:** We are pleased to welcome today's presenters, whose combined expertise spans research, community partnership, program leadership, and data-driven evaluation in support of stronger recovery systems.

[00:00:14] Dr. Fiona Conway and Julie McElrath of the University of Texas at Austin School of Social Work bring deep experience in recovery support research, community engagement, and translating evidence into meaningful action. While Lee Davies and Justin York of Cause Change Collaborative contribute extensive expertise in program development, stakeholder collaboration, evaluation, and strengthening recovery housing systems.

[00:00:45] Together, they will draw on findings from the Recovery Housing Sustainability Research Project to explore the financial and operational realities facing recovery residences and share practical strategies for building sustainable recovery homes across diverse communities, including rural settings. Dr.

[00:01:06] Conway, Julie, Lee, and Justin, the floor is yours.

[00:01:18] **Presenter:** Good afternoon, everyone, and thank you to the Fletcher Group for having us today. What we want to do this afternoon is to tell you a story about recovery housing sustainability, where some of this work began for us, what we learned through research, and how we've started translating those lessons into practice.

[00:01:43] We'll begin with Cause Change Collaborative's legacy rental assistance program and some new analysis of that data, with particular focus on people coming from rural communities and where they ultimately found recovery housing. From there, we'll share findings from our two-year recovery housing sustainability research project, which looked more deeply at the financial and operational factors that influence whether recovery residents can remain viable over time.

[00:02:18] And then finally, we'll show you how those two streams of work helped inform the Recovery Housing Accelerator or RHA. That's our effort to take what we've learned and put it into the hands of recovery housing operators. Next slide, please. Where do rural stipend

recipients land for recovery housing? I want to start with just a little background on our legacy rental assistance program.

[00:02:51] Cause Change Collaborative operated this program for several years, with the program ending in December of twenty twenty-four. For the analysis we're sharing today, we're drawing from data captured in REDCap between September twenty twenty-two and December of twenty twenty-four. During that period, we were able to provide rental assistance to just over two thousand individuals entering or newly residing in recovery housing.

[00:03:22] We're incredibly proud of that reach, but the program also gave us a first-hand look at just how significant the unmet need for recovery housing really is, and the financial support necessary to access it. For this webinar, we went back to that dataset with a new question: What did access look like for people who identified themselves as living in rural communities, and where did they ultimately have to go to find recovery housing?

[00:03:58] The next several slides walk us through what we found. Next slide, please. Thank you, Julie. During the years of the Clean Cause Foundation and then Cause Change Collaborative's recovery housing rental assistance stipend program that Julie just described And as she mentioned, we received over 25,000 applications for rental assistance during that time.

[00:04:23] We wanted to give you a little bit more context about what that program looked like. So there were folks applying for rental assistance stipends from throughout the United States. The applicants are typically people early in recovery who were either moving into or had recently moved into recovery housing.

[00:04:41] And while the rental assistance program was able to help about 2,000 people closer... Uh, a little more than 2,000 people with rental support, and as Julie said, we really are very proud of that. We were also keenly aware at the same time that we were not able to meet the requests for more than 92% of applicants.

[00:05:00] That's because there was a limited supply of funds for those folks, not that there was anything missing in their applications or their interest in, in moving into r- rental recovery housing. So it was clear to us, as I'd imagine it is to many of you on this call today, that the need for recovery housing is so widespread, and that people who want to utilize the key recovery support of recovery housing might be facing financial barriers to access that service.

[00:05:27] I think anecdotally, if I could see you all, I bet I'd see you nodding along 'cause that's certainly anecdotally true, what we've heard, um, from people for years and years. So today we're gonna in- including all of that really rich information from the rental assistance program, we wanna share some data specifically on the rurality of the folks who applied for that rental assistance while the program was running.

[00:05:50] So over that, uh, of that total group of over 25,000 people who applied, over 1,000 of them, which is just under 4%, identified themselves as living in rural communities. This is compared to about 43% of applicants from this gr- the larger group who self-reported being from large cities. Importantly, the states in the United States who are identified as the most rural are also the states where we had limited applications from.

[00:06:19] Next slide, please.

[00:06:24] So here you're looking at the six United states that did not receive any of the Cause Change Collaborative rental assistance stipends during the program's run. Those states are Montana, North Dakota, Wyoming, Alaska, Idaho, and Nevada. And you'll see on the right side that s- from some of those states we received no applications while others we've received just a handful.

[00:06:47] So for Wyom- Wyoming as an example, we never in that multiple year program received any applications from anyone looking for support with their rental housing costs. Not rental, excuse me, recovery housing costs. The other five states listed here only submitted a handful each. Um, and you guys might notice that several of these states are among the most rural in the country, so the need reflected here may understate national rural need beyond these six states mentioned.

[00:07:15] The first five on the chart all have low overall population density, and they feature very low numbers of residents per square mile, with Alaska and Wyoming both ranking among the lowest population densities in the entire country. They also each have vast amounts of rural land, so over 99% of the land area in Montana, North Dakota, Wyoming, and Idaho, and 100% of Alaska is classified as rural.

[00:07:44] So of these six states, another kind of layer to think about as you're thinking about the recovery housing infrastructure is that only Montana of all of these six states has a state affiliate of the National Alliance for Recovery Residences, or NARR. Um, and that state affiliate in Montana has been around for f- about four years.

[00:08:03] Next slide, please

[00:08:08] So, uh, I'm gonna begin... I'm gonna start by walking us through where the numbers that we're about to take a look at come from so we know sort of exactly what we're looking at. Uh, this is our own data generated through our legacy program. Uh, we use the data for evaluation and to better understand, uh, who was applying, uh, and who was being funded, as well as where they ultimately ended up, uh, using their rental stipend.

[00:08:38] As Leah mentioned, uh, we received over $25,000... uh, 25,000 applications, uh, during this period, and funded just over 2,000 of those. Of those 2,000 84 told us that they lived in a rural area at the time of ap- time of application, or just a little over 4%. One thing worth knowing about that number as we move through the data is that it was self-reported.

[00:09:08] Uh, there was a question on the application with five options regarding the area, uh, where the applicant currently lived, and 84 people chose rural. We were not able to, uh, verify that against an address because our thought was at the time of creating the application, that asking f- uh, applicants for an address might serve as a barrier to them applying since we knew many of them might be coming from an unstable, uh, housing condition.

[00:09:40] Uh, which leads right into our next slide

[00:09:45] This is where those eighty-four people were before they applied for a rental stipend. I'll make a quick note that they could choose more than one response. The one I wanna point to first is what you see there on the right. The large majority of rural recipients came from at least one crisis setting: homelessness, incarceration, or behavioral health hospital, while some came from residential treatment.

[00:10:13] In the non-rural group, about three percent reported not coming from any of those settings compared to the hundred percent we see in the rural group. Treatment was the biggest category for both groups, uh, sixty-nine percent for rural and seventy-four percent for everyone else, so basically the same. Now this is where they split 45% of rural recipients were experiencing homelessness before entering recovery housing.

[00:10:41] For everyone else, it was 37%. So an eight-point gap. Uh, one thing we want to acknowledge is with a group this size, an eight-point gap we think is worth watching, but we're not calling it a real difference, um, because it's the kinda gap that could show up just from having a small group. So certainly higher in our data and something we have watched, but not proven higher.

[00:11:08] What we're confident about is the crisis setting number and that no one in this group appeared to be coming from a particularly stable situation. Moving to the next slide, we will talk about the recovery capital indicated on their applications. So these are the assessment of recovery capital or ARC scores for recipients measured at the time of application.

[00:11:35] As a reminder higher scores on the ARC indicate higher recovery capital. Overall, the two groups look very similar. Uh, composite scores were 40.8 out of 50 for rural recipients and 40.2 for everyone else. And that did hold up after we accounted for age and gender, uh, because I w- I need to mention that rural group skewed very younger and very female.

[00:12:02] But there are a couple of interesting things under the surface of those composite scores. The two groups moved in different directions across a couple of specific areas. Rural recipients scored higher on psychological health and meaningful activities. They scored lower on housing and safety specifically questions about their physical home, like pride in it, feeling safe there.

[00:12:30] That tracks with something we saw in the previous slide, uh, in 45% of rural recipients experiencing homelessness right before they applied. Um, I think the high-level

takeaway from this slide is that rural recipients in this group weren't lacking psy- psychological strength or motivation. Uh, where they were struggling was housing stability, which is exactly why we know quality recovery housing matters so much when they do get access to it As we move to the next slide, we'll look at where these 84 stipend recipients ended up living in recovery housing.

[00:13:15] So we know these 84 people identified themselves as living in rural areas. The quest- question we were really interested in is where they actually ended up moving into recovery housing. So we took the zip code of the recovery home each person moved into and classified it using the USDA and HRSA use.

[00:13:39] 26% went to a recovery home in a rural zip code, 61% ended up in an urban zip code. The remaining 13% that's in between, uh, ended up in small towns that sit in a metro county, which for us was genuinely hard to call, so we broke them out rather than forcing them into rural or urban. But if we put the urban and that in-between category together, 74% of our rural recipients ended up in recovery housing outside of a rural area so that's 62 of the 84.

[00:14:20] The other 22 were able or did stay in, uh, rural areas for recovery housing. So we cannot glean from this why they ended up where they did. We don't know if they wanted to move or if they had to move outside of their area to access recovery housing. Our read is that it looks more like a supply problem than a preference, sort of when combined with some of the recovery housing accelerator data that we'll look at later that kind of points us in the same direction.

[00:14:53] But that's our read and not something that these numbers prove. I will mention the ones who stayed in rural areas stayed in genuinely-- found recovery housing in genuinely rural areas. I'm gonna hand it over to Julie McElrath now, who's going to pivot to the Recovery Housing Sustainability Project.

[00:15:15] Thank you, Justin As Justin shared, the rental assistance data gives us one view of sustainability. It is the experience of individuals trying to access recovery housing. But there's another side of that equation, the sustainability of the recovery residences themselves. That was the focus of our Recovery Housing Sustainability, or RHS, research project.

[00:15:44] We wanted to better understand the financial and operational challenges that recovery housing providers face, and importantly, what helps organizations remain viable over time while still providing safe, quality recovery housing So this work moves us from looking primarily at access on the individual level to asking a broader systems-level question.

[00:16:15] What does it actually take to build and sustain a healthy recovery housing organization? And that became the foundation for the research Dr. Conway is going to share with you in just a moment. Next slide, please. I wanna give you an overview of the project. At the center of this project, um, there was a very, a fairly sta- straightforward problem.

[00:16:44] The housing costs associated with recovery residences are not presently covered by either private or public health insurance. This creates pressure on both sides, again, of the equation. It can create a significant barrier for people who need recovery housing, and it also affects the ability of providers to generate the stable revenue necessary to operate quality programs over time.

[00:17:14] So we approached this research project with two goals. First, to explore innovative funding and business models that could help address that financial gap. And second, to begin building an empirical research base that could ultimately inform policy conversations around recovery housing funding and insurance eligibility.

[00:17:41] And when we use the term financial sustainability, we mean more than simply keeping the doors open. We mean having the financial sustainability to operate consistently, maintain properties, support the staff, preserve quality, and invest in improvements without being solely dependent on short-term or unpredictable sources of funding.

[00:18:12] And now I'll pass it over to Dr. Conway. Thank you very much. Just double-checking we're on the slide with the number of participants for each of the data we collected. Yes. So, um, to achieve the aims of the project, we collected quantitative and qualitative data for approximately one year, from December 2023 to August 2024.

[00:18:42] 56 providers responded to our online survey, and 70 individuals participated in interviews or group model building session. So I'll share a few highlights of our preliminary findings. Next slide, please

[00:19:02] All right. Our online survey contained 69 questions designed to gather information about the providers and their homes, such as their demographic characteristics, business management practices, and the financial profiles of their recovery homes. One example question asks, "What is your experience managing finances for a business?"

[00:19:27] Another asks, "What are your sources of revenue, including donations, loans, grants, and money from private investors?" Some of the highlights are that eighty-four point two percent of the operators are people in recovery, demonstrating that the recovery housing industry is definitely driven by people who have lived experience.

[00:19:53] Sixty-eight point five percent of the providers have documented business plans, and for-profit providers were five point two five times more likely to cover their operating expenses. Next slide, please. Results from interviews with recovery housing stakeholders were particularly insightful. Our key informants were individuals with insights and information on substance use or recovery housing landscape.

[00:20:28] They included providers, residents, advocates for people in recovery, treatment center employees who sometimes refer individuals to recovery homes, and representatives from recovery home networks such as Oxford House and the National Association for Recovery Residences, also known as NARR. Our interviews focused on the perspectives of the participants regarding barriers, facilitators, as well as solutions for improving

sustainability for recovery housing Next slide, please Our thematic analysis of transcripts from over 2,600 minutes of interviews unveiled a pattern of answers that are consistent with an ecological model which has four levels of factors that report re-- I'm sorry, that promote recovery housing sustainability.

[00:21:33] The first level pertains to the functioning of the institution, and for our project, the institution is the individual recovery home. The main themes at this level is the need for clear mission-driven goals and multiple streams of funding. Goals and planning allow for assessment and measurement of success and help identify areas of risk, improvement, and growth.

[00:22:05] Having multiple streams of funding, such as individual donations, foundation grants, or government funding, provides a measure of protection when one source of funding, such as resident fees, becomes unstable. A quote from one of our participants seen on this slide was a clear articulation of this perspective.

[00:22:32] They stated, "There's a lot of people coming in with no money, and the cost to operate a house requires that people that live there pay a portion of the bills in the home. If you get even half of the people that can't pay for a month or six weeks, you have to have some sort of money put in reserve or some sort of supportive funding, third-party funding, to keep the lights on, to keep the water flowing, to keep the landlord happy."

[00:23:06] Next slide, please. The second level of the ecological model pertains to the community of recovery housing providers and networks. The main themes at this level is the establishment of quality standards, training, and continuing education for owners, house managers, and house officers. On the topic of quality standards, participants shared that most recovery homes are maintained at a level that is conducive to the health and wellness of residents.

[00:23:44] However, they also reported instances of homes with substandard living conditions, with a general atmosphere of uncleanliness, unaddressed maintenance issues such as broken floors or issues with bedbugs. A quote on this slide from one of the interview participants speaks to the importance of quality standards.

[00:24:10] They noted, "There's so much damage done by homes operating outside of those standards. They're the ones that are making recovery look like addiction in neighborhoods. People in the general public don't get that. They don't know the difference. To have a standard for everyone to follow would remove this barrier."

[00:24:33] Other factors within the responsibility of recovery housing community as a whole are training and continuing education for owners, house managers, and house officers. Participants suggested several topics for trainings, such as non-violent conflict resolution, ethics trainings, and business skills training.

[00:25:00] Next slide, please The third level of the ecological model involves public policies and legislation. The main themes at this level are government funding and health insurance

eligibility. The most frequently discussed topic was government funding. Participants stressed that public funding is essential to bridge the gap in financial resources that may be caused by unpaid resident fees and fluctuating levels of private donations.

[00:25:36] The concern about federal funding insecurity was expressed by one of the participants with the quote on this slide. The participant was aware of a Texas legislation that outlined a clear definition for recovery house and stipulated that only accredited homes are eligible for state funding. Reflecting on the bill, the participant stated that one of the things the legislation did not pass in the session was the budget writer attached to the bill to support recovery housing.

[00:26:13] There are no funds right now from the state. We're working on that. The other main theme was health insurance eligibility. As with government funding, participants shared that being able to accept payments from health insurance companies would enhance financial sustainability. As some of you are aware, some recovery homes offer on-site clinical services, such as counseling with a licensed professional.

[00:26:44] These services can be billed to insurance companies, but housing costs for residents are not billable. A participant noted that other types of residential care, such as nursing homes or inpatient care at addiction treatment centers, are covered by insurance, and that the same should be true for recovery housing Next slide, please The final level of the model addresses societal factors that impact recovery housing sustainability.

[00:27:21] At this level, the main theme concerned the stigma associated with having a history of a substance use disorder. The individuals we interviewed made clear connections between the overall stigma faced by people in recovery and the difficulties that providers face in establishing and maintaining recovery homes.

[00:27:47] As noted on this slide, one participant stated, "There's just lots of local ordinances and city ordinances that are mainly fueled by NIMBY politics. People don't want recovery homes in their backyard or even in their city or town. They assume that a bunch of drug addicts are moving into a home together, and they're going to be stealing and still continuing actively in that behavior and substance use.

[00:28:18] We've got to shift that paradigm a little bit." Stigma affects a community's willingness to welcome recovery homes to their neighborhoods, but it also impacts much needed government funding and public policy. Lawmakers who may view individuals with a history of substance use as weak-willed, immoral, and dangerous are less likely to pass legislation that provides funding or insurance reimbursement.

[00:28:51] As such, advocating for a culture of acceptance for people in recovery is essential for recovery housing sustainability. So overall, our stakeholder interviews generated results that distributed responsibility for recovery housing sustainability across multiple levels. Individual homes are responsible for operating under the guidance of clear mission-driven goals and for cultivating multiple funding streams.

[00:29:25] The community of recovery home providers and networks should establish and monitor quality standards and also ensure that training and continuing education is available to owners, staff, and house officers. At the public policy level, government funding and insurance eligibility is essential. And at the societal level, a culture of acceptance for people in recovery will open minds and hearts in a way that facilitates the establishment of homes in more communities and generate government funding and supportive leg- leg- legislation.

[00:30:08] Thank you. Next slide. Thank you, Dr. Conway. The Recovery Housing Accelerator program. After conducting the research and reviewing the findings, the obvious question becomes: Now what do we do with what we've learned? From the beginning, we didn't want the Recovery Housing Sustainability Project to end with research findings or a publication.

[00:30:38] Not that those things aren't necessary and worthy and help support systems change. And we wanted the work to have practical value for the people who are actually operating recovery residences every day. That is where the Recovery Housing Accelerator, or RHA, comes in. The RHA was designed as a way to translate the sustainability research into structured, practical support for recovery housing operators.

[00:31:13] And this is really where the full arc of our work begins to come together. Our Legacy Data program gave us first hand insight into the challenges of people experiencing access barriers to recovery housing. The Recovery Housing Sustainability Project, or RHS project, helped us understand the provider and system side of sustainability.

[00:31:43] And the RHA gives us an opportunity to begin putting those lessons into practice. Next slide, please

[00:31:58] As we think about research to practice, the RHS research or the Recovery Housing Sustainability Research information data ultimately gave us several very practical building blocks for the RHA, the Recovery Housing Accelerator program. The first was the business model canvas. We adapted and refined this familiar business planning tool specifically for recovery housing, giving operators a structured way to step back and look at how the different parts of their organization fit together.

[00:32:38] From that work came the Financial Sustainability Toolkit, developed by Cause Change Collaborative and centered around the Recovery Housing Business Model Canvas. The goal was to give operators practical guidance and tools they could use to strengthen the long-term sustainability of their organizations And the third piece was training and curriculum to accompany those resources.

[00:33:07] Because we knew that simply handing someone a toolkit would not be enough. Operators needed an opportunity to work through the concepts, apply them to their own organizations, and receive structured support along the way. And I think one of the, the strengths of the RHA program was really the cohort of, uh, operators that came together from across the country in our live training sessions, and the community that was built within that community

[00:33:45] Those three pieces, the business model canvas, the toolkit, and the training, became core components of the Recovery Housing Accelerator. So in many ways, the RHA is where the legacy experience, the research evidence, and the real-world implementation come together. And I will pass it over to Justin Thank you, Julie.

[00:34:15] Uh, so I'm going to take us back to the data for a second. Earlier we looked at where rural identified people ended up moving into recovery housing. Uh, now we're going to take a look at the supply side, sort of as it relates to Cause Change Collaborative's programming. So the 50 box, boxes you see on this slide represent organizations that applied to the accelerator program.

[00:34:44] We took every house ZIP code from all 50 applications and ran them through the same classification we used for our recipient data. Six of the 50, or 12% operate at least one house in a rural ZIP code, while the other 44, 88%, are all urban or suburban. The rural ones are in small places, uh, spread out across the Midwest and the South.

[00:35:14] Two things to keep in mind. These 50 organizations aren't necessarily the same ones, uh, that housed our 84 recipients. Uh, different applicant pools, so we would really treat this as context and not any proof. And it's not a representative picture. It's just 50 organizations that chose to apply to our program.

[00:35:37] That said rural housing was scarce here too. It sort of echoes what we saw in our legacy data. Taken together, both sides point sort of in the same direction. Rural representation was low, uh, whether we looked at people or providers. We think that's a pattern worth paying attention to, and it's just the kind of gap that reminds us why the work done, uh, by groups like The Fletcher Group is so valuable.

[00:36:08] I'm gonna hand it over to Leah now, who's going to talk about our cohort participants.

[00:36:17] Thank you, Justin. We are really pleased and excited to have thirty-nine participants from twenty-nine different recovery housing organizations involved in the RHA program currently. That group of twenty-nine recovery housing organizations represent a hundred and thirty-two recovery homes across ten states in the current cohort.

[00:36:40] Those states are Massachusetts, Pennsylvania, South Carolina, Minnesota, Iowa, Colorado, Kansas, Oklahoma, California, and Texas. And I see that we have at least one of our RHA cohort members in today's webinar with us, which is lovely to see. You all might notice that within this image here of the United States, there are some figures within the dark green states.

[00:37:05] I'm not sure how easy it is to read them, so I'm gonna just talk, speak into the, what you're seeing there in case you're curious. Overall, nineteen of the thirty-nine individual participants have the opportunity to seek reimbursement funding for costs that are related either to becoming certified by their state NARR affiliate, and also costs related to sustainability measures.

[00:37:29] So for us, we defined that sustainability measures to include things really Fiona, or Dr. Conway referenced some of these in her description of the ecological model, and Julie referenced them earlier, kind of painting the picture of, of the evolution of the programming, but I wanna mention some of them now, that specifically those costs can include things like training for staff of a recovery home.

[00:37:50] Um, they can include things like modifications to a recovery home in order to make it more accessible and affirming for persons utilizing medication as part of their recovery. There are layers that are tied between becoming NARR certified, which again is kind of a, a, a gold standard, so to speak, in the recovery housing community and sustainability.

[00:38:11] There are so many parallels there. And so, um, there are things that would be helpful to a recovery home to move towards sustainability that would also support their NARR certification within that bucket of what we're considering reasonable expenses for sustainability reimbursable costs. Um, in this project, another layer that I think is important to point out is that we did receive some funding from an entity that distributes the opioid settlement dollars in Texas, and in Texas, that group is called the Texas Opioid Abatement Fund Council, and that funding is tied to six counties in Central Texas, hence the reason that there are a large portion of funded participants in Texas, more so than in other states you might see by the numbers here.

[00:38:55] Let's move on to the next slide, please Okay, so the, talking about the RHA program as a whole, I wanted to give you all, we thought it would be important for you guys to have some context about what that includes. And as Julie mentioned, it really evolved from this original place of us gathering data by way of rental assistance support seekers across the country, and then it became part of our recovery housing sustainability research project led by Dr.

[00:39:24] Conway and Julie, and now here it is kind of being implemented in the RHA program. So this RHA program really centers itself around providing targeted support for recovery home operators to build their homes businesses, and also their MOUD, or medication for opioid use disorder capacity through a peer learning network model.

[00:39:47] As a part of this, two toolkits have been developed. You'll see them at the top of your screen in the kind of purplish color. And one of those toolkits is called the Recovery Housing Sustainability Toolkit, which was a deliverable of the Recovery Housing Sustainability Research Project that Dr.

[00:40:01] Conway talked about, and the other is called the Medications for Opioid Use Disorder and Recovery Housing Toolkit. Both of those toolkits include operational advice as well as templates. So in addition to the provision of the toolkits to the RHA cohort, we centered our training support around four live cohort learning sessions, which were offered virtually so that people across the country could participate.

[00:40:27] We offered them once a month, as you might see by the dates on that right-hand column, and they were about ninety minutes each from April through July of this year. Each

one of those sessions was facilitated and also included group discussion, breakout conversations, and a check-in with a national recovery housing leader to answer any questions that may be coming up for operators Furthermore, RHA also provided the participants with six one-hour self-paced modules based on the toolkits.

[00:40:59] So three of those six modules are focused on business sustainability, and the other three are focused on MOUD and recovery housing. And each of those six modules included the voice intentionally and perspectives of people with relevant lived and/or professional experience. Um, an interesting note is that we were able to include some feedback and perspective from Dr.

[00:41:22] Madison Ashworth, who is part of the Fletcher Group in one of those modules. At this point, we're still gathering data from the participants about their experiences with the program, as well as around their recovery capital, their knowledge and comfort with MOUD, and also in regards to their perceptions of their own recovery housing organization's financial sustainability.

[00:41:46] These participants continue to have access to both the set of six modules as well as recordings of the four live sessions, and in addition to that, the toolkits and templates continue to be available to them. We think it's important before we move towards questions and ask- and, um, getting some feedback and perspective from you all to note that this RHA cohort was a pilot.

[00:42:09] So we can't immediately predict what the next steps might look like, as our current focus right now is to really finish out this cohort and take a look at the data that's coming in as a result of that. Before we move into questions, I wanna say thank you again to the Fletcher Group for having us and to each of you for making the time to be here, here with us today.

[00:42:27] We are pleased to open up, um, to questions that may exist, and there is a slide for that, or I'm not sure, Fletcher Group team, how you guys wanna handle the questioning portion.

[00:42:42] **Moderator:** All right. Yeah, thank you very much. Well, first of all, thank you for this information. It's, it's actually, it's just been very fascinating and very interesting to listen to. Uh, I... If anyone has a question, feel free to just drop those in the chat, or there's a Q&A as well that you can drop those into.

[00:42:57] A couple of things that kinda came up for me as we were going through the presentation, I heard you just say that, 'cause I have a feeling that we have a lot of people thinking how could we get involved with this and how could we, uh, be a part of that. So, uh, it sounds like you guys are finishing up your current cohort, but how would someone know if they could be a part of something in the future or the next cohort or anything like that?

[00:43:20] **Presenter:** Yeah. Our, our current co- cohort will run un- through January as far as data collection and reporting and all of those things go, and we'll be able to make some

more decisions as we get further down the line. But I would encourage people to follow us on social media. We also produce a monthly newsletter on LinkedIn that we would...

[00:43:38] There will be news in those places too about next steps regarding programming and organizations. Okay. Um- That's a good question, and we welcome, we welcome people to reach out to us directly if they're curious to learn more or take a look at some of those materials.

[00:43:52] **Moderator:** Perfect. And I've dropped some of

[00:43:53] **Presenter:** the things that

[00:43:54] **Moderator:** you've been talking about, the links, in the chat there as well, so.

[00:43:57] **Presenter:** Oh, yeah. Great. I do see some questions. I, I saw one question come in in the Q&A, if it's okay, Amy, to just leap over there- Sure. Is it the- ... um, regarding setting up Medicaid billing for peer support services. Yes. And it's a very important question. We actually just ha- interestingly hosted a webinar about Medicaid as a source of supports for SUD-related services across the country.

[00:44:21] We were not the speakers in that webinar, but I just think it's, it's really interesting. Um, and the short answer to that question is that Medicaid covers peer support services in some states, but each state has their own rules about what is covered and what is not. So it would depend very much on that individual person who asked the question where they are and what their state covers in regards to peer supports.

[00:44:46] **Moderator:** Okay. Great. Um, another question that came up in the chat while you guys were talking is, um, I know you had mentioned, uh, IOP services or OP services or maybe counseling on site, and someone had a question around, um, they said, "I thought clinical services such as couns- counseling could not be performed in a recovery residence."

[00:45:03] Do you guys know anything about that or have any information on that?

[00:45:08] **Presenter:** I'll speak into that, and I welcome, um, Julie or Justin or Fiona to add their perspective, but you guys are probably familiar that there are four levels of NARR support, and I'm actually just putting a link into the chat right now about that.

[00:45:23] If y- if anyone is interested in looking, NARR has a level one, level two, level three, and level four, and level four is c- also called Type C, and that level of recovery housing, in fact, does include clinical services. I, I would guess that question was in relationship to Dr. Conway's presentation regarding kind of assets that could be in place in a recovery home.

[00:45:48] But yeah, in fact, there are recovery homes that can offer clinical supports. It is not all recovery homes, and, uh, most recovery homes do not offer clinical support. Julie or Fiona or Justin, would you like to add anything? Yes. I, yeah, um, in a, in, in sort of tagging

onto what Leah said, those clinic- those level four homes or level C homes are most often attached directly to a treatment center, a licensed treatment center.

[00:46:15] And so, um, I have seen where the re- the recovery housing environment is a step down of that treatment center. And so that is, that is why that is those cl- how, m- m, uh, um, s- that's how I've seen those clinical services provided in that setting. Level one through three are peer-supported homes, and residents go offsite for their intensive outpatient services, you know, and other clinical services.

[00:46:45] **Moderator:** Yeah. And with the last, um, update of ASAM, so ASAM actually included this model in the new update that came out- Yes ... a year ago. So it would be titled Level 3.1, is what it's titled in ASAM. So yeah, so before that, it was definitely considered you were not able to do that. Mm-hmm. And now with ASAM endorsing a Level 3.1, which is basically a recovery house supporting a treatment center and working back and forth together, um, then that's, that is, you can actually do that now.

[00:47:14] Mm-hmm. So. Um, Ken from the Hozo Center said, uh, "We are a peer-run center and setting up Medicaid billing for the Hozo Center recovery home and want to bill for peer support services. Do you have any information about peer support services under Medicaid?"

[00:47:33] **Presenter:** Yeah, that was the question I attempted to answer earlier, that really Medicaid peer support s- services, which ones are covered varies from state to state. So there are many states in which some peer support services are covered, um, but I'm not especially familiar with where Josó Center is or what might apply there.

[00:47:50] **Moderator:** They're in New Mexico. Um,

[00:47:51] **Presenter:** it would be something certainly to look out, l- look into in regards to your own state's application of Medicaid billing opportunities.

[00:47:58] **Moderator:** Yeah. They're located in New Mexico. I know, I'm from Idaho and operated- Mm-hmm ... uh, and practiced in Idaho, and Idaho does reimburse for both peer support services, and then Idaho, we always like to make things challenging, so if you work in the recovery sector, you have to be called a recovery coach versus a peer support, and but they do reimburse for both of those services,

[00:48:17] **Presenter:** Okay. That's an important point, Amy. Yeah.

[00:48:20] **Moderator:** Yeah. That's it. Um, another question that came up here is, uh, what was the average length of... It says, "Great presentation, great research, thank you. What was the average length of stay for the sample of RR participants, and what was the percentage that left voluntarily absent versus what percentage left due to a recurrence of use?

[00:48:39] Was there a statistically significance different, difference in either between rural and non-rural?" That's from Paul.

[00:48:49] **Presenter:** Yeah. Yeah. Th- that's a good question, Paul. Our response, uh, rate to follow-up surveys has historically been really low, so we haven't done that level of analysis especially with regard to rurality.

[00:49:03] We did just, however, publish a paper with a postdoctoral fellow at the University of Texas, uh, re- qualitative analysis of reasons for departure. But also, that didn't examine rurality, but that'd be a great thing to look at

[00:49:19] **Moderator:** Yeah. Very, very true. Kind of popping back to Ken for just a second from the Joszo Center, which is located in New Mexico.

[00:49:26] He said, "We, um, have certified peer support workers, CPSWs, providing services who are being supervised by a licensed clinical social worker." So it sounds like there is a, a model or something that works there in New Mexico as well. I'm not sure about the billing piece, but if you were going to try, having be- been the person that advocated very strongly in Idaho for the reimbursement of peer supports to the legislature as well as the Department of Health and Welfare and Medicaid Services that is a great way to present that argument, and especially if you can get other providers to, to come together with you, um, is to say, "Hey, look, these folks are being supervised."

[00:50:05] I know one of the things that we faced the most when we were trying to get reimbursement for those folks was "Well, they're not clinically licensed. You know, they're not..." And so when we were able to prevent- when we were able to present a supervision model that really showed that they would have the support that they needed then the legislature finally signed off on that, and Medicaid agreed to be able to do that.

[00:50:25] So that's a great thing to do. And, uh, Paul is also asking, "Is the publication available, the publication that you guys went through today?"

[00:50:36] **Presenter:** It is. I just put it in, linked it in the chat for folks if they wanna check it out.

[00:50:42] **Moderator:** Okay. Perfect. Perfect. Let me just see if we have any other questions that came up in the chat. And I, uh, I know one of the questions that came up for me working with the Fletcher Group, and we work nationwide as well is oftentimes we provide technical assistance.

[00:50:58] So if someone is interested in opening a recovery home, expanding their recovery home, anything to that effect, what we try to do, if you're located in a rural area, then our technical assistance is free under the HRSA grant. And, um, one of the things that we often do is help them write a business plan, and that's something that I ha- heard you guys touch on.

[00:51:16] Can you guys talk a little bit more about that? Because I know one of the things that we struggle with when we're working with folks, I think when people hear the word business plan, they just, you know, it's kinda like when my mom used to mention the word

algebra, like, my eyes would roll back in my head and I would just tune out everything else that came out of her mouth.

[00:51:32] So can you guys talk a little bit about that? Because I know that's something we stress is the importance of, but a lot of times folks don't even know where to start or how to put that together. Can you guys talk a little bit about that?

[00:51:44] **Presenter:** Sure. I welcome Julie or Fiona to jump in here. And I would say that right away that my first thought is, yes, agree with you completely, Amy, that the, that lots of times people come into this work, as Fiona mentioned, many, many people who own recovery homes are themselves persons in recovery and/or often have loved ones also who are in recovery.

[00:52:03] And we, while that is an undeniable asset and an incredible strength, there's also the, the financial sust- sustainability piece of recovery housing that matters so much, and that's important to address. And so one of the pieces of the recovery housing sustainability toolkit, and also part of the, the entire RHA program was a includes the asset of building a business model and a specific business plan, as you described, to get your home really shored up, um, and ready to be open.

[00:52:34] I do think it's important to note also that that is an a- asset that I know the Fletcher Group can help with. I would encourage any of you who are on this call and aren't familiar with Fletcher beyond having signed up for a webinar, really look into that extraordinary TA that Fletcher Group offers.

[00:52:48] Um, there are just overt parallels between the work we were doing with recovery housing sustainability and the work that Fletcher Group does every day.

[00:52:57] **Moderator:** Yeah. Yeah, I appreciate that. And we just launched our brand-new, uh, learning resource center, uh, which we're really excited about. I've dropped that chat in the link.

[00:53:04] Um, and part of that is we've added Fletch as our assistant in there, and we've been able to cross-reference the different types of resources that we have. And, uh, if you're, again, we can certainly help you create and write a business plan and kind of lay all that out and walk you through the process, and there's also resources in there that will help you do that.

[00:53:22] Um, the other big issue that we run into, and I suppose, I suspect that, um, the other folks here on, on the webinar run into all the time is, especially this last few years, is sustainable funding. So as you guys were ... I know you talked about having multiple streams of funding. Was there anything in your research that sort of we could, you could offer to folks on pointing them towards reliable, sustainable funding?

[00:53:47] I know that's, that's sort of a tongue in cheek question right now, and I smile as I say it. But, um, uh, uh, you know, what, what are some tips or things that you would

recommend for, uh, recovery houses that are really trying to be sustainable and finding those multiple resources?

[00:54:03] **Presenter:** Amy, if I could, uh, jump in very quickly.

[00:54:05] I w- I want to tag onto the conversation that just wrapped up related to business plans. The other thing that we include in our toolkit is a series of, uh, re- a long resource list of which you all are uh, on there as well. And then also approximately 15 templates that are referenced in the toolkit itself, and then knowing that, you know, referencing a particular document might be great l- but having a, a template to give you an idea of where to build off of, you know, um, is sort of that extra step if someone says, "Gosh, that's great referencing that.

[00:54:48] Now, where do, now where do I find that budget template," right? Mm-hmm. And so, in both the MOUD and the financial sustainability toolkit, it, it, we have included I, I think approximately 15 different templates that complement and support that. So now going back to braided funding. Uh, the other thing I'd like to say too is we wrote that toolkit intentionally to be very user-friendly.

[00:55:18] That's our hope. We've gotten positive feedback in that area. And to break it down so that it's in manageable pieces, right? Like, it... You know, if you've got a lot of things that are feeling overwhelming, it's like when I go to clean out my closet, you know? It's like, if I could just do the, my shoes, that would be good, and then I feel better about that, and they're shored up, right?

[00:55:40] Uh, and so it's bite-sized pieces that we encourage, you know, have encouraged our cohort participants to take a tiny, tiny bite out of, right? And so, so now funding, and I know we've got two minutes. Funding is an interesting topic, uh, these days. And you know, we know funding can ki- and, and there's different models if you're a for-profit r- recovery residence or a nonprofit recovery residence, right?

[00:56:07] And so that may be a foundation that you have, We have one operator that we've worked with that owns multiple homes, and he set up a foundation for fundraising around scholarships for his residents. And so, then there is income from their, what, what we would call their program fees that, that residents pay.

[00:56:29] And then we have another recovery residence in the project that they set up. This was r- I thought this was very innovative, and I don't know how easy it would be for, you know, everybody to do, but they actually set up sort of a community retail center where they have got an area that's that's providing them a source of revenue based on, i'm trying to remember, you guys. Was it crafts or different y- I'm trying to remember how the community center, how they operated the specifics around that revenue, and I think they may have rented it out also. You know, so they had some additional outside revenue. I'm watching Justin want to say something.

[00:57:10] I believe it was a thrift store was part of it, but- It was the thrift store. That's right. That's exactly right. So g- getting creative around how you think about... And and that was a way to also engage them in the community. So again, being very active in your community was something else that our participants said was, you know, really, uh, whether it was in-kind support or, you know, additional funding, those, that in-kind support helped offset what they would otherwise have to purchase, right?

[00:57:45] **Moderator:** Mm-hmm. Mm-hmm.

[00:57:46] **Presenter:** And these are, these are ideas outside of y- you know, uh, applying for grants or, you know, state level funding if you have it or don't have it, or y- you know, these are some... it's tricky. Yeah. It is

[00:58:00] **Moderator:** very tricky.

[00:58:01] **Presenter:** Mm-hmm. And I, I know we're almost at the end, but one thing I would say about that also is to just be in community with other recovery home providers because they come up with very creative ideas, so you don't have to reinvent the wheel.

[00:58:18] Um- That is- So community among providers is essential

[00:58:24] **Moderator:** Yeah. I agree with that. Uh, as I mentioned, in Idaho the only reason that we were able to get Medicaid to cover the peer supports and recovery coaches is because we all banned together and went and presented it together as a united group, and that's, that really helped.

[00:58:38] Well, we so appreciate it. This has been just fantastic. Excellent information. Incredible work that you guys are doing, so appreciate everything that you're doing. Again, if you wanna get in touch with these guys, we've dropped some their website here is on the slide, and we've dropped it into the, uh, chat as well.

[00:58:53] But I would definitely recommend reaching out, getting on their newsletter. And if you're interested in being in one of their future cohorts or something like that, uh, staying in touch with them and letting them know, uh, that would be, I think that would be great for everyone. Any parting things before we go that you guys wanted to add?

[00:59:09] No?

[00:59:09] **Presenter:** Just a, a, a moment of gratitude and thanks for having us here today, and for the relationship and partnership that we have with Fletcher Group.

[00:59:18] **Moderator:** Yeah. Thank you. All right. Thanks, everyone, for joining us today. Uh, the presentation and the slides will be up in two to four weeks on our, in our new Learning Resource Center.

[00:59:28] So, uh, we look forward to being able to, for you to be able to get those and a copy of the transcript and everything. So everyone, thank you, and have a great day.

[00:59:36] **Presenter:** Bye-bye. Thank you, everyone. Bye. It was a pleasure.

[00:59:37] Thank you.