ABSTRACT PREVIEW: RECOVERY HOMES: A PRIMER, A PILOT, AND A CANDID DISCUSSION

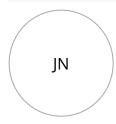
Recovery Homes: A primer, a pilot, and a candid discussion

Abstract ID: 1383175

Submission Types: Focus Session
Submission Category: Introductory

Abstract Status: Active

Author/Presenter(s)



Juleigh Nowinski Konchak, MD MPH (she/her/hers)

Position:

Physician Advisor, SUD Program and Program Director, Preventive Medicine Residency

Organization:

Cook County Health

Office Phone:

(312) 864-0637

Email:

jkonchak@cookcountyhhs.org

Role:

Presenter

Have you presented at other ASAM Conferences?

Yes

If yes, where?

2020 virtual

Are you a member of ASAM?

Yes

Disclosure Status: Complete **Disclosure:** Nothing to Disclose

Signed: Juleigh Nowinski Konchak (11/01/2022, 1:47 PM)

Abstract Title: Recovery Homes: A primer, a pilot, and a candid discussion

Committee?

Yes

Are you currently enrolled in a residency, fellowship, or graduate degree program? No



Vauna Hernandez, NCRS, CPRS (she/her/hers)

Position:

Executive Director

Department:

N/A

Organization:

Phoenix Recovery Support Services

Office Phone:

(773) 417-7088

Email:

vaunah@phxrecovery.com

Role:

Presenter

Date of Birth:

05/26/1969

Gender Identity:

Woman

Ethnicity:

Black or African-American

Have you presented at other ASAM Conferences?

No

Are you a member of ASAM?

No

Disclosure Status: Complete **Disclosure:** Nothing to Disclose

Signed: Vauna Hernandez (10/28/2022, 9:10 PM)

Have you read the submission requirements and letter from the ASAM CME

Committee?

Yes

Are you currently enrolled in a residency, fellowship, or graduate degree program?

No

Abstract Title: Recovery a die: Mori Deway, a Rh Dr (she / her) Position: JD Research Scientist **Department:** Lighthouse Institute Organization: Lighhouse Office Phone: (312) 274-5320 Email: jmdewey@chestnut.org Role: Presenter Date of Birth: 07/17/1973 **Gender Identity:** Woman **Ethnicity:** White Have you presented at other ASAM Conferences? Are you a member of ASAM? No Disclosure Status: Complete Disclosure: Nothing to Disclose Signed: Jodie M. Dewey (10/26/2022, 4:31 PM) Have you read the submission requirements and letter from the ASAM CME Committee? Yes Are you currently enrolled in a residency, fellowship, or graduate degree program? No

DW

Daniel E. Walsh, MBA, NCRS (he/him/his)

Position:

CEO

Organization:

LifeHouse Group

Abstract Title: Recovery Homes: A primer, a pilot, and a candid discussion (708) 897-8581

Email:

dwalsh@Lifehouse-group.com

Role:

Presenter

Date of Birth:

02/08/1977

Gender Identity:

Man

Ethnicity:

White

Have you presented at other ASAM Conferences?

No

Are you a member of ASAM?

No

Disclosure Status: Complete **Disclosure:** Nothing to Disclose

Signed: Daniel E. Walsh (10/27/2022, 4:58 AM)

Have you read the submission requirements and letter from the ASAM CME

Committee?

Yes

Are you currently enrolled in a residency, fellowship, or graduate degree program?

No

KS

Kimberly Sriner, LCPC, CRSS (she/her/hers)

Position:

Statewide Coordinator of Residential Recovery Services

Department:

Substance Use Prevention & Recovery

Organization:

Illinois Department of Human Services

Office Phone:

(217) 670-9300

Email:

kimberly.sriner@illinois.gov

Role:

Non-Presenting Author

Abstract Title: Recovery Homes: A primer, a pilot, and a candid discussion Woman **Ethnicity:** White Have you presented at other ASAM Conferences? No Are you a member of ASAM? No Disclosure Status: Complete Disclosure: Nothing to Disclose Signed: Kimberly Sriner (10/26/2022, 11:41 AM) Have you read the submission requirements and letter from the ASAM CME Committee? Yes Are you currently enrolled in a residency, fellowship, or graduate degree program? No Daniel Riggins, MD (he/him/his) Position: DR Preventive Medicine Fellow Organization: Cook County Health Office Phone: (317) 249-7327 Email: daniel.riggins@cookcountyhealth.org Role: Non-Presenting Author Date of Birth: 09/26/1989 **Gender Identity:**

Man

No

Ethnicity: White

Have you presented at other ASAM Conferences?

Are you a member of ASAM?

Abstract Title: Recovery Homes: A primer, a pilot, and a candid discussion

Disclosure: Nothing to Disclose

Signed: Daniel Patrick Riggins (10/26/2022, 11:22 AM)

Have you read the submission requirements and letter from the ASAM CME Committee?

Yes

Are you currently enrolled in a residency, fellowship, or graduate degree program?

Yes- Fellowship Program



Keiki Hinami, MD MS (he/him/his)

Position:

Director of Applied Research

Department:

Center for Health Equity

Organization:

Cook County Health

Office Phone:

(312) 864-3647

Email:

khinami@cookcountyhhs.org

Role:

Non-Presenting Author

Date of Birth:

04/05/1975

Gender Identity:

Man

Ethnicity:

Asian

Have you presented at other ASAM Conferences?

No

Are you a member of ASAM?

No

Disclosure Status: Complete **Disclosure:** Nothing to Disclose

Signed: Keiki Hinami (11/01/2022, 3:11 PM)

Have you read the submission requirements and letter from the ASAM CME

Committee?

Yes



Markita O. P Mitchell, MA (she/her/hers)

Position:

Program Manager

Organization:

Family Guidance Centers

Office Phone:

3129436545x1321

Email:

mmitchell@fgcinc.org

Role:

Non-Presenting Author

Date of Birth:

06/18/1993

Gender Identity:

Woman

Ethnicity:

Black or African-American

Have you presented at other ASAM Conferences?

No

Are you a member of ASAM?

No

Disclosure Status: Complete **Disclosure:** Nothing to Disclose

Signed: Markita Mitchell (11/03/2022, 12:28 PM)

Have you read the submission requirements and letter from the ASAM CME

Committee?

Yes

Are you currently enrolled in a residency, fellowship, or graduate degree program?

No

Keywords

- 1. Wrap-Around Care
- 2. Care coordination
- 3. Systems Integration

Abstract Title: Recovery Homes: A primer a pilot, and a gandid discussion

- 5. Unhoused Patient Populations
- 6. Harm Reduction
- 7. Other

Abstract & Details

Accreditation Council for Graduate Medical Education (ACGME) Competencies

- Practice-based Learning and Improvement
- Systems-based Practice

Institute of Medicine (IOM) Competencies

- Work in interdisciplinary teams
- Utilize informatics

Teaching Methods

- Didactic Lecture
- Panel Discussion
- Audience Question & Answer

Background & Purpose

Recovery homes serve an important role in the recovery journey for many individuals with substance use disorder (SUD). Recovery homes can provide an ongoing, supportive environment that fosters the expansion and maintenance of recovery capital, such as positive relationships, employment, and housing. Many addiction medicine and SUD treatment providers do not have a comprehensive understanding of recovery homes and the role they can play in the recovery continuum. Improving training around recovery homes may help treatment providers more effectively connect patients to these resources.

Relatedly, significant variation remains across recovery residences. For example, on-site programming, payment requirements, and acceptance of individuals with co-occurring mental illness and/or involvement with the criminal legal systems vary. Additionally, while maintaining an alcohol and drug-free environment is in the code of ethics of the National Association of Recovery Homes , there is variation regarding abstinent time required for entry and handling of temporary returns to substance use. Information about this variation is often not systematically and transparently available to potential clients or referring agencies, with client placements often based on availability alone.

To begin to address this challenge locally, a network of regional partners implemented a recovery home navigator and information system (IS) pilot program ("CapMan") to improve linkages to recovery homes and improve transparency of program variations. Our aim was efficient and mutually improved placements between the client and the recovery home. We explicitly identified recovery home partners that supported the use of agonist medications as treatment. Stakeholders meet monthly to share findings, trouble shoot challenges, and identify improvement opportunities. This venue creates opportunity to discuss strategies for harm reduction and lowering entry barriers. Our pilot received 68 referrals over a 9-month period, with 25% successful placement in a recovery home and another 13% linked with other services and care settings. Initial findings from qualitative interviews with clients show that utilizing navigators may improve client experiences, decrease challenges navigating the placement process, and improve placement success by

Linking clients with recovery homes best suited to meet their needs. Qualitative interviews with homes identified challenges interfacing with the CapMan IS platform.

Session Plan & Teaching Methods

At the start of the session, recovery home partners will provide an overview of recovery homes, including their history, role in recovery and housing continuums, and national quality standards. This will be followed by an overview of the CapMan pilot, including the reasons for pursuing this project, the implementation process and engagement of a network of partners, and outcomes from the first 9 months of the pilot, including quantitative and qualitative initial findings. (note: we will be able to share first year outcomes as of Feb 2023.) We will close with a panel discussion and a question and answer period with the audience. Throughout the session, we will use quiz/polls to engage the audience around understanding of recovery homes, experiences with homes, and perceptions of priorities and challenges within recovery-oriented housing.

Our session goals are to:

- Describe recovery homes, their history, quality standards, and their role in the recovery and housing continuums.
- Discuss a case study of implementing an information system and recovery home navigator pilot to improve regional placement processes, including providing outcomes data for the first 9 months of the pilot.
- Discuss strengths and challenges related to recovery home navigation from different perspectives, including recovery home operators, state regulators, opioid treatment programs, housing services, and addiction medicine providers.

References

Polcin D. L. (2018). Role of recovery residences in criminal justice reform. The International journal on drug policy, 53, 32–36. https://doi.org/10.1016/j.drugpo.2017.10.009

Society for Community Research and Action—Community Psychology, Division 27 of the American Psychological Association (2013). The role of recovery residences in promoting long-term addiction recovery. American journal of community psychology, 52(3-4), 406–411. https://doi.org/10.1007/s10464-013-9602-6

Polcin, D. L., Mahoney, E., Witbrodt, J., & Mericle, A. A. (2020). Recovery Home Environment Characteristics Associated with Recovery Capital. Journal of drug issues, 51(2), 253–267. https://doi.org/10.1177/0022042620978393

Jason, L. A., Light, J. M., Stevens, E. B., & Beers, K. (2014). Dynamic social networks in recovery homes. American journal of community psychology, 53(3-4), 324–334. https://doi.org/10.1007/s10464-013-9610-6

Jason, L. A., Olson, B. D., & Harvey, R. (2015). Evaluating Alternative Aftercare Models for Ex-Offenders. Journal of drug issues, 45(1), 53–68. https://doi.org/10.1177/0022042614552019

Document references in background and purpose section:

https://narronline.org/wp-content/uploads/2018/11/NARR_Standard_V.3.0_release_11-2018.pdf https://narronline.org/wp-content/uploads/2017/10/NARR_ethics_code_amended_10-2017.pdf

Health Equity

The current recovery home landscape varies regarding quality and access, with some populations (ieindividuals with co-occurring psychiatric conditions, with complex medical care needs) experiencing

inequitable access. We will discuss how our pilot aims to better understand these barriers to inform policy and a cardin discussion and system solutions.

Within this proposed session there will be a candid discussion around person-centered approaches to SUD treatment and care, including approaches to care when a patient is requesting recovery home placement but is assessed to be more appropriate for other care environments by the recovery homes. These hard discussions around aligning patient-centered care and structures of care will help us collectively better address inequities in care and inequitable outcomes within SUD treatment.

Learning Objectives

- 1. Upon completion, participants will be able to define a recovery home and the role it can play in the recovery continuum.
- 2. Upon completion, participants will be able to describe a pilot intervention underway to improve the navigation of recovery home placement.
- 3. Upon completion, participants will be able to list programmatic elements that vary across recovery homes.