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Utilization by and impact of recovery housing on adults attending an intensive outpatient program for co-occurring mental health and substance use disorders

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Significance

- 46.3 million people aged 12 or older met the applicable DSM-5 criteria for having a substance use disorder (1). Approximately 9.2 million adults in the United States live with a co-occurring mental health and substance use disorder (1).
- The understanding of recovery from substances has expanded to encompass measurable areas beyond abstinence, to include increased quality of life, decreased psychiatric symptoms, increased coping ability, employment, and positive relationships with friends and family (2).
- Recovery housing has been shown to have benefits for people recovering from co-occurring disorders (3, 4), but systematic research on this housing intervention has been limited.

Evaluation Questions

- 1. Are there disparities in who lives in a recovery residence while receiving intensive outpatient (IOP) treatment?
- 2. What is the impact of living in a recovery residence during IOP treatment on client outcomes?

Setting

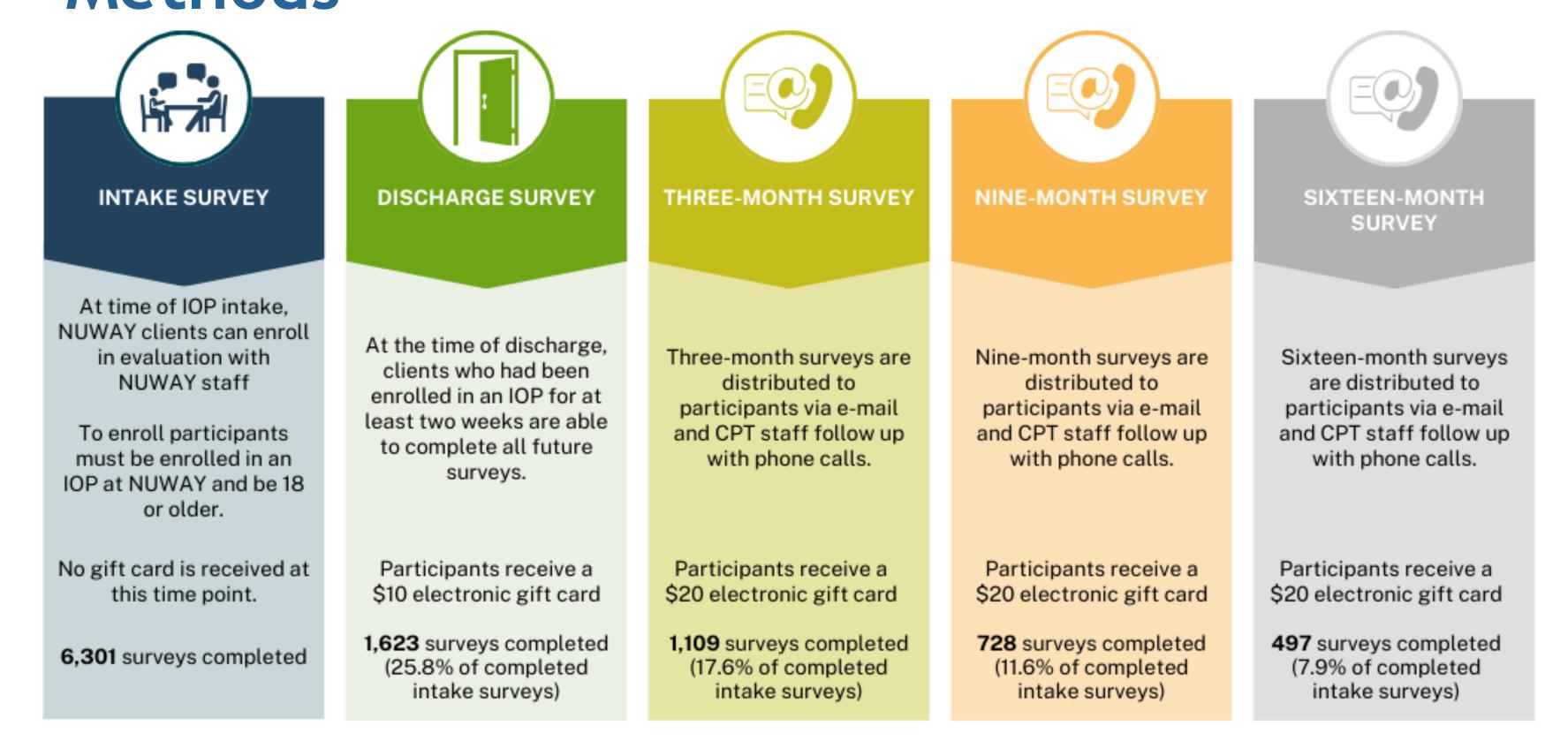
- NUWAY House, Inc. (NUWAY®), a Minnesota-based nonprofit treatment organization offering intensive outpatient services (IOP) for adults (18+) living co-occurring disorders.
- The agency provided up to \$700/month toward recovery residence fees to those in need of a safe/sober living environment while in IOP.
- Recovery residences included ~100 independently-operated homes
- Expectations: in-house meetings, outside meeting attendance,
 "productive time" (e.g., school, work, volunteer, treatment), house chores, mentor/sponsor, abstinence from substances.
- Range of characteristics/philosophies: 12-step, faith-based, suboxone/methadone-supportive, gender-identity-based

References

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Methods



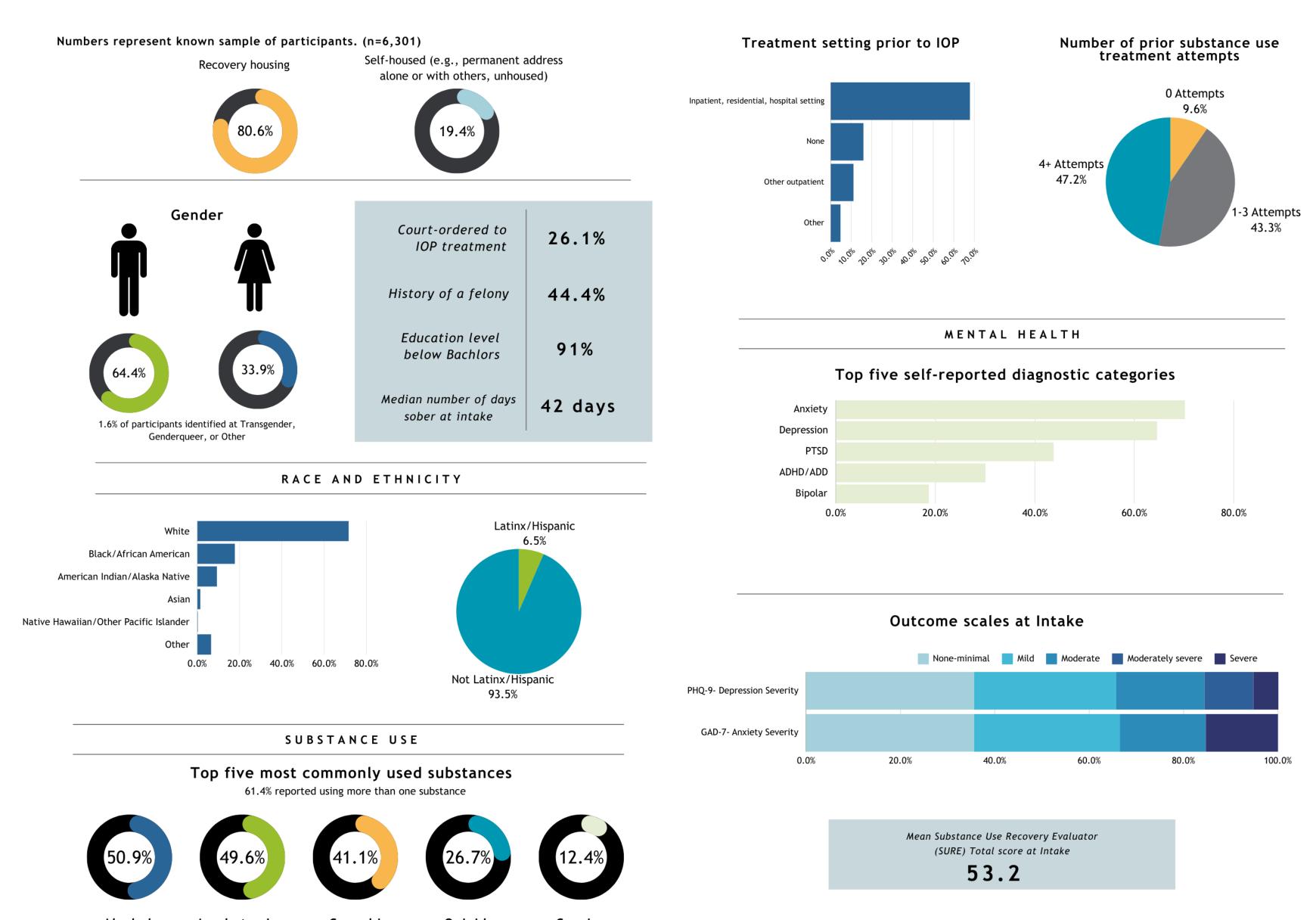
Outcome scales (SURE, PHQ-9, and GAD-7) and last date of use collected at every time point. IOP treatment engagement length collected at all time points after Intake.

Analysis:

- Q1: Logistic regression, adjusting for confounders (odds ratios, 95% CI)
- Q2: Linear growth curve models, generalized linear models; propensity-based weighting

Sample

WHO WAS IN THE EVALUATION?



Results

WERE THERE DISPARITIES IN RECOVERY HOUSING PARTICIPATION?

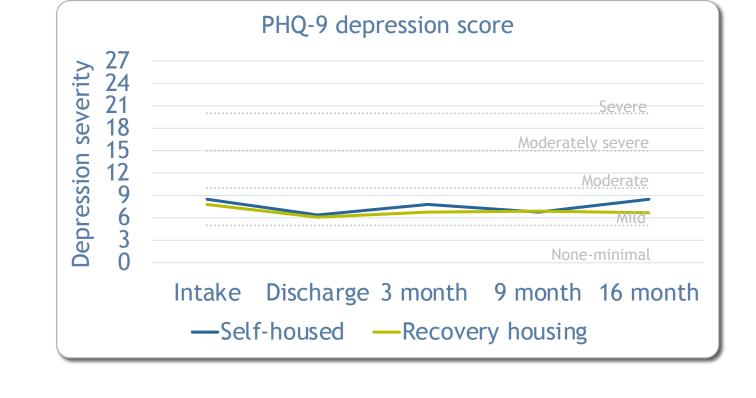
Key Characteristic	compared to	More or less likely to enroll in recovery housing
Females	Males	Less likely to enroll
Black only and multiracial	White only	Less likely to enroll
Felony history	No felony history	Less likely to enroll
H.S diploma/G.E.D., Some college	Some high school	More likely to enroll
Prior treatment in inpatient/hospital setting/ detox setting, or Outpatient	No prior IOP treatment admission	More likely to enroll
Unhoused in the last six months	Housed for the last six months	More likely to enroll
Four or more prior treatment episodes for substance use	No prior treatment episodes for substance use	More likely to enroll
Reports 15 or more days sober* at time of intake	Reports 0-14 days sober	More likely to enroll
* Defined as days elapsed since last use of a substance		

WHAT WAS THE IMPACT OF RECOVERY HOUSING?

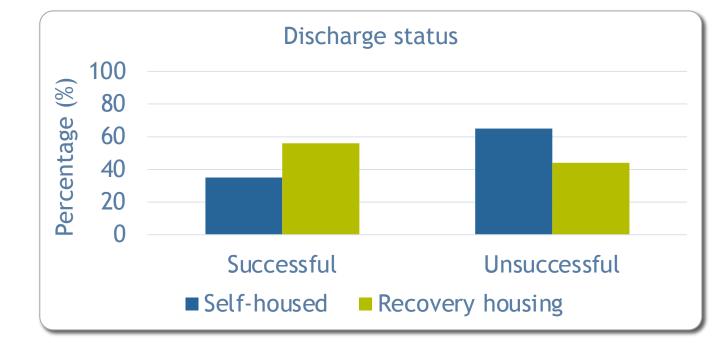


Compared to the self-housed, those who lived in a recovery residence increased an average of 19 more days of sobriety from intake to 16 months post discharge.

Those who lived in a recovery residence were 3.8 times more likely to have an increase in days sober from intake to discharge.



Those who lived in a recovery residence were 1.3 times more likely to have an improved PHQ-9 depression score from intake to discharge.



Those who lived in a recovery residence were 1.3 times more likely to have a successful discharge.

Successful: with staff approval
Unsuccessful: against staff approval, death, transfer elsewhere, incarceration

Conclusions

- Even when financial support was available for recovery housing, people who were female, black, multiracial, had a felony history, and had less education utilized it less.
- Recovery housing beneficially impacts sober days, depression, and discharge status.