RESEARCH BRIEF

Evaluating the Impact of Recovery Housing: Looking Back, Looking Forward

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Abstract

The present brief wraps up a five-year program evaluation on the impact of recovery housing on adults attending an intensive outpatient program (IOP) for co-occurring mental health and substance use disorders. We reflect on findings, collaboration, and future directions for research on recovery housing.

In October of 2024, the Center for Practice Transformation wrapped up a program evaluation that started in 2019 examining the impact of recovery housing participation on people receiving care in an IOP targeting co-occurring mental health and substance use disorders. We were hired as independent program evaluators to study a recovery housing program paired with IOP services at a large Midwestern treatment provider. The program evaluation had two aims from the beginning. First, we sought to understand the characteristics of people who chose to live in a recovery residence while receiving IOP treatment compared to those who did not live in a recovery residence. Second, we wanted to understand the impact of living in a recovery residence on recovery, depression severity, anxiety severity, days abstinent from a substance, discharge status, and length of admission. Over 7000 participants later, we are reflecting on some of our main findings, areas for continued exploration, and the partnership that was created.

Looking Back

Disparities exist in who chooses to live in recovery residences (Table 1)

Our data suggests that when people come to an IOP for treatment, some are more or less likely than others to decide to live in a recovery residence. In spite of the fact that studies have identified benefits of recovery residences, such as abstinence from substances, increased employment, and more likely satisfactory discharge from and lengths of stay in treatment (Mericle et al., 2022; Mericle, et al., 2019; Polcin et al., 2010), they may not be accessed by everyone, especially people with intersecting marginalized identities (Lê Cook & Alegría, 2011; Kattari et al., 2017; Shannon et al., 2018; Pinedo et al., 2020; Batchelder et al., 2021; Lam et al., 2022; Husain et al., 2023; Schiff et al., 2024; Bradley et al., 2024).

In our sample, we found several demographics that were less likely to live in a recovery residence during IOP treatment (Table 1). Females (compared to males), people who identified as Black or multiracial only (compared to those identifying as White only), and those with less education were less likely. Moreover, those with two or more historically marginalized demographic identities were less likely than those with one marginalized identity to live in a recovery residence.

We also found some substance use related characteristics that were associated with recovery residence participation. Those with more treatment attempts to manage a substance use disorder were more likely to live in a recovery residence during IOP treatment and those who reported that alcohol was a top three substance of choice in the last year were more likely than those who did not report alcohol use. Compared to those who were not in a treatment setting prior to their IOP intake, those who were in an inpatient, hospital, or detox setting or another outpatient setting were more likely to live in a recovery residence. Finally, those with more days abstinent from a substance upon intake to the IOP were more likely than those who had fewer days to live in a recovery residence.

Lastly, we found associations between housing and legal characteristics and recovery residence participation. Those who reported being unhoused in the past six months prior to intake were more likely to live in a recovery residence. Furthermore, those who had been court ordered to IOP treatment were less likely to live in a recovery residence than those who had not been court ordered.

Table 1. Disparities in recovery residence participation

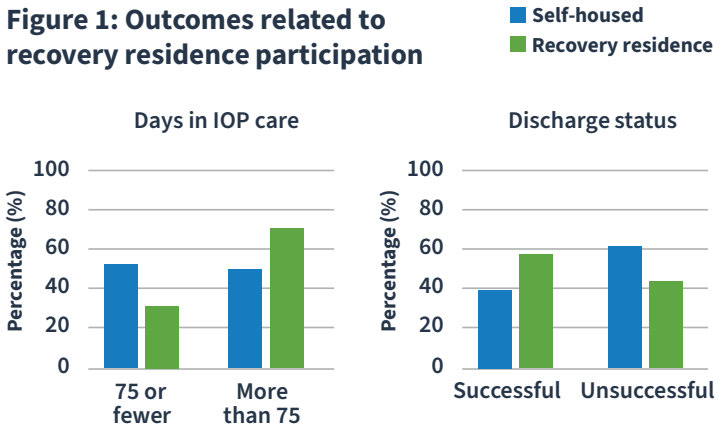
Key Characteristic	...compared to...	More or less likely to live in recovery housing
Females	Males	Less likely to
Black only and multiracial	White only	Less likely to
Court ordered to treatment	Not court ordered to treatment	Less likely to
H.S diploma/G.E.D., Some college	Some high school	More likely to
One of the top three most frequently used substances in the last year was alcohol	One of the top three most frequently used substances in the last year was not alcohol	More likely to
Prior treatment in inpatient/hospital setting/ detox setting, or Outpatient	No prior IOP treatment admission	More likely to
Unhoused in the last six months	Housed for the last six months	More likely to
Four or more prior treatment episodes for substance use	No prior treatment episodes for substance use	More likely to
Reports 45 or more days abstinent at time of intake	Reports 0-18 days abstinent from a substance	More likely to

Recovery residences likely impact satisfactory discharge and admission length the most (Figure 1)

Depending on analysis methodology, we have had some variation in findings (e.g., increase in days abstinent from a substance 16 months post discharge from the IOP, improvement in depression severity upon discharge). But consistently, we have found two outcomes that seem to be associated with recovery residence participation: “successful” discharge and IOP admission length. Successful discharge was defined

by the treatment provider as one with treatment staff approval, and unsuccessful discharge was defined as any of the following: against staff approval, against staff recommendation, a transfer elsewhere, lost finances, incarceration, and death. People who lived in a recovery residence during IOP admission appeared to be about two times more likely than people who did not to discharge successfully. Moreover, those who did also seemed to stay longer in IOP treatment which may foster better outcomes.

Figure 1: Outcomes related to recovery residence participation



Looking Forward

Understanding decision-making around recovery residence participation

Taking together our findings that some clients are less likely to live in recovery residences during IOP treatment and there appears to be some benefit to living in one, it would be critical to better understand what goes into the decision to utilize this resource or not. In particular, it would be beneficial to better understand the barriers and facilitators related to this decision. For example, women may experience barriers to accessing recovery residences, such as childcare responsibilities (Brogly et al., 2018; Falker et al., 2022, McCrady et al., 2020). Or clients may perceive their cultural identities to be less supported in group living spaces. Surveying and/or interviewing both clients who choose to live in recovery residences, as well as those who do not, would help to gain a deeper understanding of these barriers and facilitators. Such an understanding could help to develop further programming that supports the needs of all clients.

Understanding the impact of recovery residence characteristics and experiences on outcomes

Our results and the literature suggest that those who access recovery housing experience benefits, such as a successful discharge. Understanding what drives these improvements is crucial to maximizing the care we provide to clients. In addition to measuring client characteristics, we believe there would be value to systematically measuring recovery residence characteristics, such as built environment (e.g., size, amenities), location and quality of community connection, philosophy (e.g., methadone, suboxone, or medical cannabis "friendliness"), and recovery housing alliance with residents and staff (see Johnson et al., 2023). These recovery residence characteristics could interact in important ways with client characteristics to predict outcomes. Moreover, this information could help to inform the creation of "gold" or quality standards for recovery residence delivery.

Improving the measurement of recovery

Thankfully, thinking about "recovery" from substance use disorders has expanded beyond abstinence from substance use, or a narrow clinical definition, such as no longer meeting DSM-V criteria for a substance use disorder. It has grown to include other areas such as quality of life, employment, physical health, and social connectedness (Bjornestad et al., 2020). The recovery process is likely a dynamic and individualized one and so measuring it has proven difficult. Indeed, Okrant, Reif, & Horgan (2023) identified eight validated measures of recovery, and highlighted concerns about their comprehensiveness and heterogeneity. In our evaluation, we used the Substance Use Recovery Evaluator (SURE), a 21-item psychometrically tested self-report measure (Neale et al., 2016), which was developed with input from people in recovery. We found that clients scored very high on the SURE and wondered in retrospect whether it was the best way to measure change in recovery over time given its limited variability in our sample. We believe that generating more nuanced normative data in different populations and settings would be beneficial, as well as exploring whether it would be beneficial to find more consensus in how recovery is measured within the community.

Community Partnerships

Eliciting Buy-In

After five years of meaningful collaboration, our community partnership has naturally reached its conclusion on positive terms. Throughout our time working together on research initiatives, we made significant strides in understanding key issues and fostering valuable insights. However, as the partnership evolved, the ability to explore new research questions became challenging, highlighting the importance of ongoing engagement of all staff and adaptability in shaping future inquiries. Moving forward in future program evaluations, ensuring open communication and alignment between project goals and the perspectives of those directly involved in daily operations will be essential in maintaining the momentum and impact of such collaborations. While this chapter is closing, the lessons learned will undoubtedly inform and strengthen future program evaluation efforts.

Conclusions

Research and evaluation into the utilization and impact of recovery residences continues to grow. Areas for continued growth include better understanding of decision-making around participation in recovery residences, the impact of recovery residence characteristics on client outcomes, and the measurement of recovery. Work in this area should continue to follow a guiding principle of inclusivity, seeking out the lived experiences of those in the recovery community and amplifying their voices.

If you would like access to the full list of references for this brief, please contact cptresearch@umn.edu.

SUGGESTED CITATION

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