NUWAY Alliance

March 16, 2024

Rep. Mohamud Noor
District: 60B
379 State Office Building
St. Paul, MN 55155

Rep. Anne Neu Brindley
District: 28B
251 State Office Building
St. Paul, MN 55155

Re: Support for Federal Waivers for Health-Related Social Needs (Art. 7, Sec. 3 of HF 5280)

Chair Noor, Lead Neu Brindley, and Human Services Finance Committee Members:

We write, on behalf of the NUWAY Alliance (NWA), to provide you with empirical information to bolster your committee's support for language that would direct Minnesota's DHS to develop federal 1115 waivers for health-related social needs.

We sit at the intersection of critical public policy challenges around addiction and housing instability. NWA grew from NUWAY House, Inc., which was founded as a nonprofit on May 10, 1966, as one of the first halfway houses in Minnesota and the country. Over the decades, we have grown to 16 licensed programs around the state. Our current mission is to provide leadership, innovation, and access to recovery. Our history makes us acutely aware of the vital role that stable, supportive living environments play within the continuum of care for substance use disorder.

NUWAY Alliance serves nearly 8,000 clients annually, making us one of the leading providers of SUD treatment to our state's Medicaid-eligible population. NUWAY's R.I.S.E. (Recovery In Supportive Environments) model connects clients to safe, supportive housing while a client is enrolled in intensive outpatient treatment. Many of our clients are housing insecure and we know that recovery-supportive living environments help meet the basic needs of clients making treatment of substance use disorder more successful. The importance of housing as a health-related social need is supported by national subject matter experts such as SAMSHA and the American Society of Addiction Medicine (ASAM).

In 2019, NWA began working with the Center for Practice Transformation at the University of Minnesota School of Social Work (The Center) to understand the effect of the R.I.S.E. program on client retention, outcomes, and the characteristics of clients who choose to participate in the R.I.S.E. program compared to those who opt not to engage in the housing component of the intensive outpatient treatment program. The Center's longitudinal research is in its fourth year.

Attached is a two-page research brief that summarizes the background, methods, and results of The Center's work. The research observes that study participants who have access to stable housing demonstrate statistically significant positive outcomes in a range of recovery measures in comparison to those who do not.

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We believe the pursuit of an 1115 waiver that includes a housing component is an excellent idea! Research and data reveal that it could create life-saving opportunities for thousands of Minnesotans each year that are striving to recover from chemical dependency. We hope you find this information helpful as complete your omnibus bill and begin negotiations with the Senate.

Very truly yours,

Ryan Hamilton, JD
Vice President of Public Policy
NUWAY Alliance

Joseph Lally, JD
President
NUWAY Recovery Foundation

Attachment:
University of Minnesota Research Brief: "Recovery Residences and Improved Outcomes"

RESEARCH BRIEF

Recovery Residences and Improved Outcomes: The Association Between R.I.S.E. and Clinical Outcomes

Center for Practice TRANSFORMATION
UNIVERSITY OF MINNESOTA

NUWAY®

Lauren Glass, Jennifer Wiseman, MPS, LADC,
Leif Anderson, Huda Omar, Tanya Freedland, MPS, LADC

Abstract

Do people who engage in an integrated intensive outpatient treatment and recovery residence program have better outcomes than those who just attend intensive outpatient treatment? Recovery housing is often recommended for people seeking intensive outpatient treatment for substance use disorder and has frequently been combined with outpatient treatment by the treatment provider in a format frequently termed "outpatient with lodging". However, little research has been conducted into a community-based approach to integrating intensive outpatient treatment and independently operated recovery residences. The Center for Practice Transformation (CPT) at the University of Minnesota partnered with NUWAY® to investigate the association between living in recovery residences while attending intensive outpatient treatment and recovery outcomes. Results indicate that integrating recovery residences and intensive outpatient programming is associated with improved recovery outcomes.

Background

Approximately 2.1 million Americans receive treatment for a substance use disorder (SUD) each year[5]. Recovery residences (i.e. sober houses) are often recommended to provide a stable and supportive environment for those stepping down from inpatient SUD treatment into outpatient programs. Research supports these recommendations, showing that living in a recovery residence is associated with decreased rates of substance use and relapse, along with improved overall health and social functioning[2,3,6]. Community-based recovery residences operate independently from treatment providers and are generally thought of as a support rather than a part of treatment. NUWAY®, a large non-profit organization in the Midwest serving individuals recovering from co-occurring SUD and Mental Illnesses offers an integrated approach to it's clients. Individuals enrolled in NUWAY's® intensive outpatient (IOP) programming are clinically evaluated for environmental risk in Dimension 6 of the American Society of Addiction Medicine criteria[4] and given the option of enrolling in their R.I.S.E. model that integrates the recovery residence experience into treatment programming. Because this model has distinct differences from traditional "outpatient with lodging", little is known about the outcomes associated with the R.I.S.E. model. This study was conducted in partnership with The Center for Practice Transformation (CPT) at the University of Minnesota to investigate the outcomes of the NUWAY® clients who participated in the R.I.S.E. model.

Methods

Clients receiving IOP services at NUWAY® were given the option to enroll in the study at the time of their admission. Electronic surveys completed at intake and discharge included demographic questions and questions about participants' status in recovery housing, as well as measures of substance use, recovery capital, depression, and anxiety. Length of time in treatment and rates of treatment completion were obtained from client health records with participants' consent. Identifying information was removed for analysis to protect the privacy of participants. Analysis compared outcomes of participants who reported living in a recovery residence at the time of their discharge and those reported that they did not live in a recovery residence.

Results

From August 2019 to November 2020, a total of 2,129 participants were enrolled in this study and 529 completed discharge surveys. At the time of their discharge, 84% of participants reported living in a recovery residence.

Positive Results for Clinical Outcomes

Overall, outcomes improved for the entire sample irrespective of their housing in a recovery residence. Participants in recovery residences had significantly lower rates of substance use at discharge than participants not in recovery residences (U = 20594, $p = .01$) (Figure 1). Participants not in recovery residences were predicted to be nearly twice as likely to engage in substance use at discharge (exp (.610) = 1.84, $p < .01$) compared to participants in recovery residences.

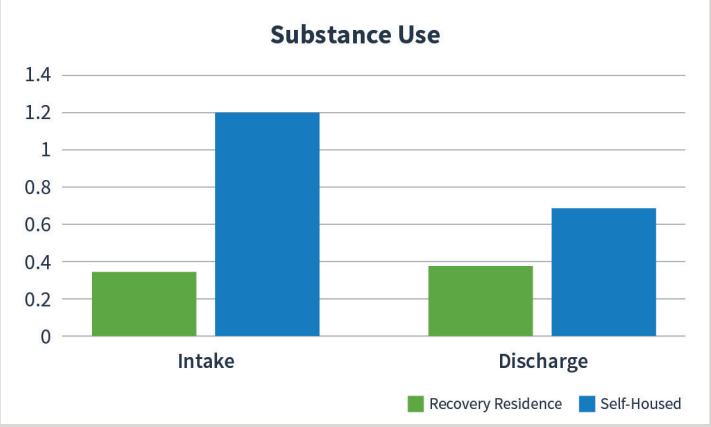

Figure 1

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Levels of depression were significantly lower for participants in recovery housing compared to participants not in recovery housing (U = 21070, p = .02) (Figure 2). Additionally, levels of anxiety were trending lower for participants in recovery housing compared to participants not in recovery housing (U = 20464, p = .07) (Figure 2).

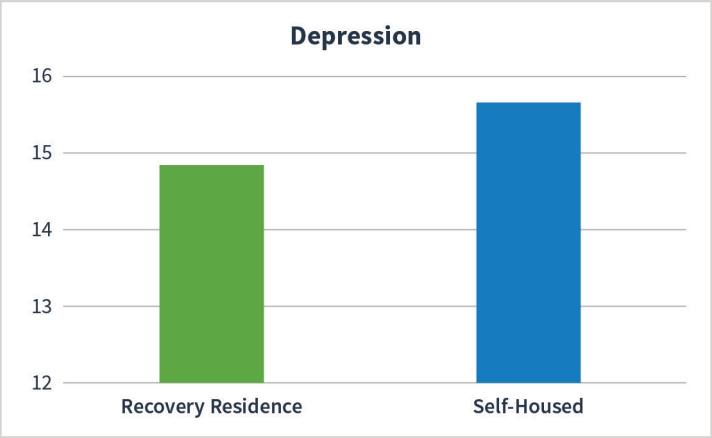

Figure 2

Increased Engagement in Treatment

On average, participants in recovery housing spent an average of 37 more days in treatment (mean=117 days) than those not in recovery housing (mean=80 days; U=12326, p < .01), and were more likely to be discharged with staff approval (57%) than those not in recovery housing (37%; $\chi 2$ =10.83, p<.01).

Higher Recovery Capital

At discharge, participants in recovery residences reported significantly higher rates of ability to cope without using substances (U = 15921, p = .01) (Figure 3), self-care (U = 15760, p = .04), positive outlook on life (U = 15784, p = .04), recovery importance (U = 15701, p = .02), and success in managing money (U = 15742, p = .03) than participants not in recovery housing. There was not a statistically significant difference in rates of positive relationships between groups of participants.

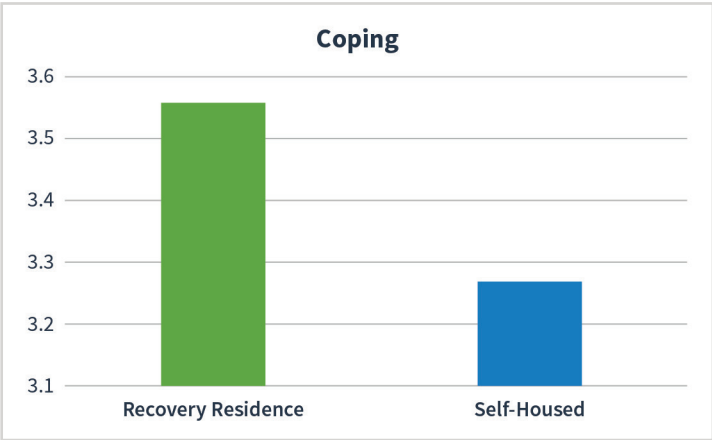

Figure 3

Discussion

These findings are supportive of IOP services for SUD. Symptoms and recovery capital have improved as a whole, which indicates that treatment works regardless of housing status. Results showing better outcomes among participants of the integrated intensive outpatient and recovery residences, also known as the R.I.S.E. model, are promising. The results support previous research on the benefits of recovery residences[6] and have implications for clinical practice and program development alike. Clients participating in the R.I.S.E. model benefit from reduced substance use and improved coping skills, lower depression and anxiety, and higher levels of having a positive outlook on life, and are better able to manage their money well. R.I.S.E. participants are also reporting that recovery is more important to them, they stay in treatment longer, and are discharged successfully at higher rates than those who do not participate in R.I.S.E.

These data suggest that individual practitioners who encourage recovery residence for individuals in intensive outpatient programming are likely to observe the associated improvements in clinical outcomes and recovery capital. Likewise, organizations that promote recovery residences among their IOP clients may want to investigate the benefits of integrating recovery residences into their programming.

The lack of observed differences between groups in positive relationships indicates that although clients living in recovery residences have access to positive and supportive relationships, they are not necessarily benefitting from that access. These results show that there is more work to be done to enhance relationships between residents of recovery housing and organizations might consider implementing specialized group or individual interventions aimed at social engagement and support.

Limitations

This was not a randomized controlled trial and because of this, the study is limited in drawing conclusions about the R.I.S.E. model's causal relationship with outcomes. Because participation in R.I.S.E. was voluntary and there was no random assignment of participants to housing groups. We are only able to say that there is a statistically significant connection between R.I.S.E. and outcomes, not that R.I.S.E. causes better outcomes. More research into the effect of integrated recovery housing on recovery from SUD is needed to expand on these findings and more clearly investigate causal factors.

REFERENCES

1. Bjornestad, J., Mckay, J. R., Berg, H., Moltu, C., & Nesvåg, S. (2020). How often are outcomes other than change in substance use measured? A systematic review of outcome measures in contemporary randomised controlled trials. *Drug and Alcohol Review*, 39(4), 394-414. doi:10.1111/dar.13051
2. Jason, L. A., Mericle, A. A., Polcin, D. L., & White, W. L. (2013). The role of recovery residences in promoting long-term addiction recovery. *American Journal of Community Psychology*, 52(3–4),406–411.
3. Jason, L., Olson, B., Ferrari, J., Majer, J., Alvarez, J., & Stout, J. (2007). An examination of main and interactive effects of substance abuse recovery housing on multiple indicators of adjustment. *Addiction*, 102(7), 1114-1121.
4. Mee-Lee, D., Shulman, G. D., & Fishman, M. J. (2013). The ASAM Criteria. *Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, 3rd ed, 2013.
5. Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. Rockville, MD: HHS, 2020. Retrieved from https://www.samhsa.gov/data/
6. Tuten, M., DeFulio, A., Jones, H. E., & Stitzer, M. (2011). Abstinence-contingent recovery housing and reinforcement -based treatment following opioid detoxification. *Addiction*, 107, 973-982.

SUGGESTED CITATION

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