

# RURAL VOICES



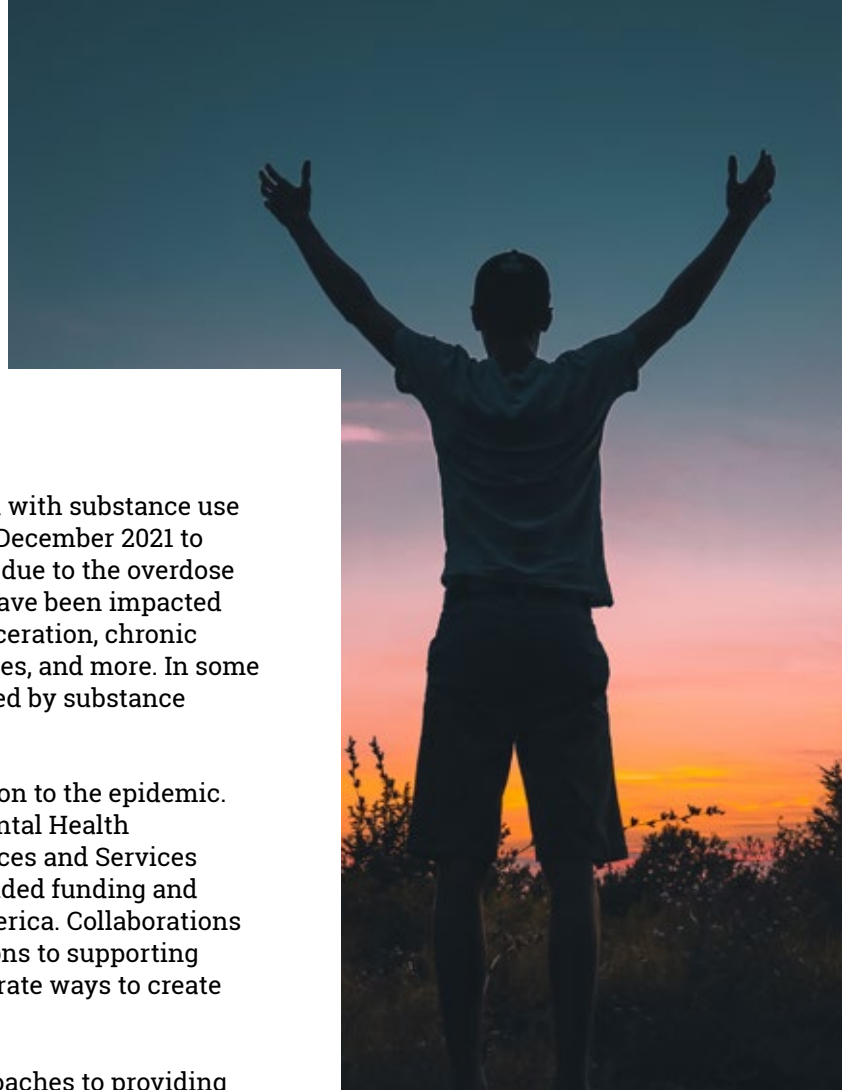
## RECOVERY IN RURAL AMERICA:

Housing Helps Address the Substance Use Disorder Crisis

**4** Let's Get to Work on  
Fighting the Housing and  
Substance Use Crises

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in Supporting SUD  
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Recovery Cohort



Dear Friends,

In 2021, 46.3 million people in the U.S. were diagnosed with substance use disorders, including 6.7 million rural residents. From December 2021 to December 2022, approximately 105,000 lives were lost due to the overdose epidemic. Many rural communities and households have been impacted by this epidemic through the loss of loved ones, incarceration, chronic homelessness, mental and behavioral health challenges, and more. In some rural communities, every household has been impacted by substance use disorders.

The United States has progressively increased attention to the epidemic. Initiatives from HUD, USDA, Substance Abuse and Mental Health Services, Bureau of Justice Assistance, Health Resources and Services Administration, and other federal agencies have provided funding and technical assistance to communities across rural America. Collaborations across sectors and agencies to provide holistic solutions to supporting resident treatment and recovery continue to demonstrate ways to create and sustain healthy and housed communities.

This issue of *Rural Voices* highlights innovative approaches to providing housing for residents in recovery with a cross-sector analysis of successful collaborative approaches to addressing the issues associated with substance use disorders.

Through this issue of *Rural Voices*, HAC elevates the experts, practitioners, and organizations across the country advocating for recovery and finding innovative solutions in rural communities. Authors share their research on the overdose epidemic, the ways they've used housing to support recovery, and the ways cross-sector collaborations impact communities affected by substance use disorders. As millions of rural residents manage substance use disorder diagnosis, seeking treatment, housing, and a path towards successful recovery, HAC hopes this issue of *Rural Voices* adds to the conversation and helps our rural communities.

**Maria Luisa Mercado**  
Chair

**David Lipsetz**  
President & CEO

*This issue of Rural Voices magazine is funded in part by the U.S. Department of Housing and Urban Development through the Rural Capacity Building Program. The Rural Capacity Building Program (RCB) enhances the capacity and ability of local governments, Indian tribes, housing development organizations, rural Community Development Corporations (CDCs), and rural Community Housing Development Organizations (CHDOs) to carry out community development and affordable housing activities that benefit low- and moderate-income families and persons in rural areas. RCB is managed by the Office of Policy Development and Coordination in HUD's Office of Community Planning and Development.*



# RURAL VOICES

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# LET'S GET TO WORK ON FIGHTING THE HOUSING AND SUBSTANCE USE CRISES

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Minnesota continues to make progress in supporting its rural communities.

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*By Senator Tina Smith*



Small towns and rural places are entrepreneurial, diverse, and wonderful places to live, work, and raise a family. In Minnesota, these communities produce our food and our energy. They're hubs of manufacturing and small business, education, healthcare, and arts and culture. When I travel to rural towns across the state, I find hardworking, passionate people who love their communities and want to make them even better.

Yet many rural communities are grappling with the connected challenges of housing shortages, especially affordable housing, and substance use disorders. We have a severe shortage of places for people to live in our country. According to data published by the National Low Income Housing Coalition, not a single state in our country has an adequate supply of affordable rental housing for the lowest income renters. This is a challenge both for people who can't find a decent place to live, and for businesses and communities struggling to attract new residents and talent.

I remember a conversation I had with a hiring manager in Minnesota who told me he spends almost half his time helping new employees find housing. The reality is, if you don't have a safe, affordable place to live, nothing else in your life works, not your job, education, or health. Everything depends on housing. Think of the challenge of finding and keeping a safe, decent place to live. Then add on top of that the struggles of people living with substance use disorders. It's a gigantic challenge. The opioid and fentanyl crises are crippling communities. This has gotten worse in the wake of the pandemic, and we need to work together to find solutions.

There is no silver bullet, but there are concrete actions we can take. Helping people break the destructive cycle of substance use requires a holistic approach that connects individuals to stable housing, effective treatment, and job opportunities so their recovery endures. In the Senate, I'm committed to finding effective and creative solutions to these challenges.

First, we need to go after the huge shortage of mental and behavioral health providers, from child psychologists and therapists to substance use disorder counselors. This is a problem everywhere, but especially in rural communities, as providers retire or leave the field and people who want to get into the field can't afford the tuition and training. My bipartisan bill to pay back student loans for mental health providers who agree to work in rural communities with shortages would help.

Second, we need to support funding for permanent supportive housing, treatment courts, and other evidence-based strategies that are proven to help people



*If you don't have a safe, affordable place to live, nothing else in your life works, not your job, education, or health.*

get back on their feet. The good news is that I believe housing and substance use treatment are places where we can find bipartisan agreement.

As the chair of the Senate housing subcommittee, I'm working with Democrats and Republicans to build a coalition on the affordable housing crisis. Republican Senator Mike Rounds from South Dakota and I are working to improve rural housing programs. I have partnered with bipartisan Senators on legislation to make it easier for people to use Housing Choice Vouchers, also known as Section 8 vouchers, to find affordable housing.

We need to expand rental assistance and make sure we preserve the affordable, accessible rentals we already have. I'm also looking for ways to increase the supply of housing at every point in the housing continuum, from emergency shelter and supportive housing to affordable housing and homeownership. In my housing subcommittee, I'll continue to hold hearings focused on the best ways we can help people move on from the tragedy and indignity of homelessness and into a safe, stable, and affordable place to call home.

Minnesota has long been a progressive leader in the connected challenges of substance use disorder treatment and housing, and I am determined to carry that tradition. The housing and substance use crises will not be solved overnight, but I see lots of opportunities to make progress. Let's get to work.

**Tina Smith is a U.S. Senator from Minnesota.**

# ADDRESSING SUBSTANCE USE IN RURAL AMERICA

The Fletcher Group uses an innovative housing model and ground-breaking research.

*By Dave Johnson*

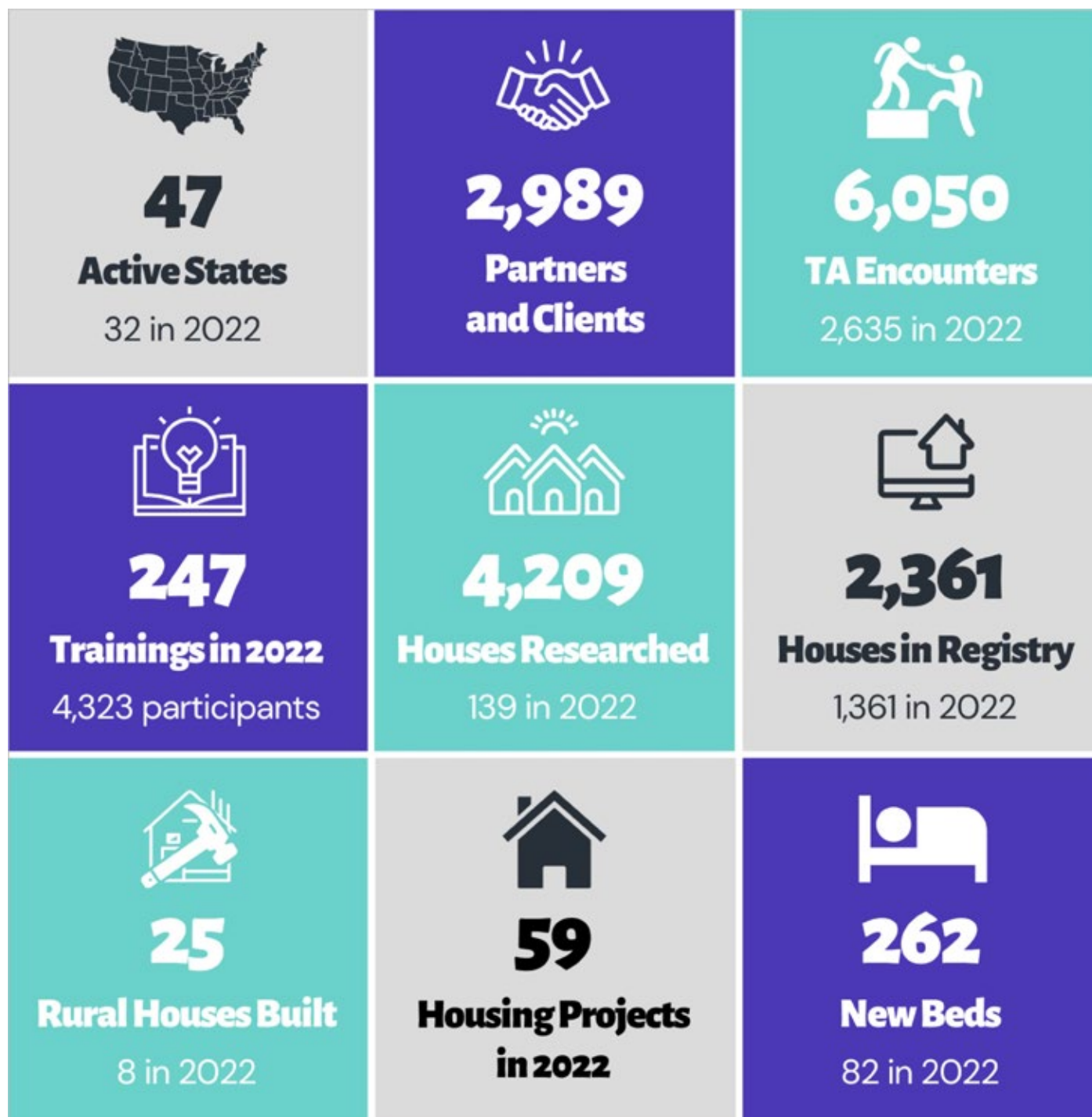
With over 100,000 Americans dying of drug overdoses each year, the need for safe, effective recovery support services, including effective recovery housing, is greater than ever. That's especially true in rural communities where few resources are available to counter the higher rates of substance use disorders, morbidity, overdose, and mortality found there.

With a staff of 33 in 13 different states—20 percent having self-disclosed lived experience—the [Fletcher Group Rural Center of Excellence](#) (RCOE) is one of only three RCOEs in the nation. It is federally funded to help rural communities address their substance use challenges by providing technical assistance, training, and original research. The other two are the Center on Rural Addiction at the University of Vermont in Burlington and the University of Rochester Medicine Recovery Center of Excellence in Rochester, New York.









Focused on rural counties with the highest rates of overdose mortality, the Fletcher Group promotes an innovative “recovery ecosystem” housing model first developed in Kentucky when Dr. Ernie Fletcher served there as governor

Focused on rural counties with the highest rates of overdose mortality, the Fletcher Group promotes an innovative “recovery ecosystem” housing model first developed in Kentucky when Dr. Ernie Fletcher served there as governor. Leveraging federal, state, and local resources, the Recovery Kentucky program grew to include 18 facilities (nine for men and nine for women), helping thousands of rural Kentuckians rebuild their lives while saving millions in taxpayer dollars

## How the Model Works

The Fletcher Group uses a peer-led social recovery model that emphasizes personal accountability. Throughout a residency of up to two years, clients benefit from a complete continuum of evidence-based and trauma-informed care, including medications and other services and treatments administered by staff professionals. Coordinated with community resources—including workforce training, social enterprise, meaningful employment, housing, transportation, and education—a culture of care provides a platform for connecting mind with body so that individuals can develop the life skills needed for lasting sobriety, stability, and self-sufficiency.

“We started Recovery Kentucky to really change lives,” says Dr. Fletcher. “And we quickly realized that medically assisted treatment—treating drug addiction with medications—is not enough. As a physician, I know you have to address the social determinants of health in order to be successful.”

## Self-Sustaining

The Fletcher Group model uses so-called “braided funding”—the leveraging of funds and resources, including tax credits, that already exist within federal, state, and local agencies, faith-based entities, and the private sector—to enable new facilities housing 100 or more residents to be built without debt. Day-to-day operating costs, including those needed for building repair and upkeep, are met through per diems contracted with departments of corrections, as well as funding from Community Development Block Grants, Section 8 Housing, SNAP benefits, and other partnerships.

A recent example is a new \$14.5 million Women’s Center in Middlesboro, Kentucky that will provide 112 women with housing and a full continuum of support services, including education, career planning, family reunification, telehealth, and remote education.

It should be noted that the Fletcher Group does not own or manage any facilities on its own. Instead, it provides best-practice, evidence-based technical assistance to all comers, including those wishing to improve an existing facility and those seeking to build or re-purpose smaller programs and facilities. One example is a new SOS (Safe Off the Streets) House sponsored by Never Alone Recovery Support Services in Polson, Montana that serves rural residents, including Native Americans.

## Collaboration Is Key

The Fletcher Group’s ability to form partnerships from diverse and often underutilized programs is the key to reducing recidivism and rebuilding lives while maximizing taxpayer dollars. Examples include a partnership with SMART Recovery to evaluate the effectiveness of the SMART Recovery Life Skills curriculum in recovery homes and a partnership with Contingency Management (CM) to test in similar settings CM’s ability to

encourage greater participation in recovery activities through positive reinforcement.

The Fletcher Group is also working with recovery homes to assess the barriers that prevent recovery home residents from achieving the gainful, meaningful employment they need for long-term recovery. The Fletcher Group’s research efforts help develop and refine best practices while informing public policy. Data from a 2020 study of nearly 1,500 recovery home operators, for example, contributed to three important publications: “Impact of COVID-19 on Rural and Non-Rural Recovery Houses in the United States” in the *Journal of Rural Mental Health*; “The Financial Landscape of Recovery Housing in the United States” in the *Journal of Addictive Diseases*; and “Predictors of Recovery Housing Closure Risk During COVID-19” in the *Journal of Substance Use*. Other research subjects range from how messaging, specifically first-person testimonials, can reduce substance abuse disorder (SUD) stigma to how the level of trust between Recovery Housing residents and operators affects recovery resident retention.

## An Exciting New Tool for Recovery Allies Everywhere

Of particular note is the [Recovery Ecosystem Index Mapping Tool](#), the nation’s first-ever interactive data visualization tool to measure the county-by-county strength of recovery ecosystems across the United States. Developed through a partnership with researchers at East Tennessee State University and NORC at the University of Chicago, the new tool allows the user to get a detailed snapshot of the recovery ecosystem resources in his or her county by simply clicking on an online interactive map.

"This is a real game-changer for recovery allies all across the country," says Dr. Fletcher. "Instant access to highly detailed information will help them work much more efficiently and effectively. That's especially important because recovery ecosystems involve so many moving parts and rely so heavily on local resources. Recovery housing is the logical first step—that's why we're so dedicated to it—but many other resources and services must be in place as well. Having a quick, accurate, and detailed snapshot of what's available—and what's missing—will be a godsend, especially in the rural communities we serve."

The index comprises 14 indicators that impact the strength of a recovery ecosystem, organized into three components: SUD Treatment, Continuum of SUD Support, and Infrastructure and Social Factors. The tool also allows users to create data overlays that show the association between the Recovery Ecosystem Index and factors such as overdose mortality rates and sociodemographic and economic factors, such as poverty rate, education, and race/ethnicity. Community organizations, policymakers, researchers, substance use treatment providers, and other decision-makers can explore county-level maps and create data dashboards that tell them precisely where additional resources are most needed to provide support for those in recovery. Insights derived from the tool can then be used to target resources and interventions that can enhance a community's local recovery ecosystem.

### Additional Online Tools

In addition to [fletchergroup.org](https://fletchergroup.org), the Fletcher Group has created a second website, in conjunction with Get Help, Inc., at [recovery-housing.org](https://recovery-housing.org) that gives recovery home operators, clients, researchers, and policy makers the tools to promote quality standards and best practices while bringing new efficiency to facility and service management.

Those in need of a supportive living environment to recover from a substance use disorder can now find it through a new [Housing Registry](#). With just a few keystrokes, the Search Tool scans all available recovery houses within a geographic area and lets the user narrow the search using filters. Over 1,100 recovery homes are already listed, and more are being added.

And a new online [Learning Center](#) offers a robust course catalog tailored to the needs of rural recovery house residents, owners, and operators as well as the friends, family, and community members who support them. Taught by Fletcher Group subject matter experts and professional partners, over 50 courses in 15 categories are currently offered, including: how to create best-practice programs and facilities that embody national standards; how to create and maintain a positive, healthy, and nurturing environment; how to deliver high-quality services with full accountability and professionalism; and how to support individuals while building community.

The training is designed modularly around micro-learning principles so users can learn and grow at their own pace.

Dave Johnson is the Chief Executive Officer at the Fletcher Group. Much more can be learned about the Fletcher Group at [fletchergroup.org](https://fletchergroup.org). Those interested in immediate help can request it at [Fletcher Group Technical Assistance](#).







*Focused on rural counties with the highest rates of overdose mortality, the Fletcher Group promotes an innovative “recovery ecosystem” housing model first developed in Kentucky when Dr. Ernie Fletcher served there as governor.*



# HOUSING FINDS ITS NICHE IN SUPPORTING SUD RECOVERY IN KENTUCKY

Frontier Housing rehabilitates and finances suitable properties to provide safe and stable places for those in recovery to live.

*By Tom Manning-Beavin*

Communities thrive when people find solutions that meet their needs. Since 1974 Frontier Housing has helped people in northeastern Kentucky find housing solutions, enabling them to find a brighter future. Frontier is a typical rural nonprofit housing development organization; we started with volunteers repairing homes for homebuyers with limited resources, and we've grown from there. Today our solutions include homeownership programs and rental housing programs. We serve households that can benefit from income-targeted programs and people who don't qualify for subsidized financing but still can benefit from our services. In short, we strive to assist anyone needing help finding a housing solution.

In rural Kentucky (and I suspect this is true beyond Kentucky as well), much of the work being done to meet the needs of people with substance use disorders is being carried out by community mental health centers and other enterprises that offer clinical care in a residential setting. These enterprises employ people with deep expertise in substance use disorders and the mental health system, and they access healthcare-related funding as well as funding from the justice system to provide services.

## Getting Involved

Initially, Frontier didn't see a role for itself in the SUD work. We knew our niche was housing, and we did not have any history or expertise in clinical work. But we gradually learned that clinicians didn't have history or expertise in housing development and finance. Frontier also had a board member who is active in the local SUD recovery community, both personally and professionally. He encouraged me to think more broadly about our community, and to ask questions like "who is included when we describe ourselves as striving to help anyone?" He also introduced me to organizations serving the SUD recovery community so that I could begin to see the housing needs of that community and begin to imagine what solutions Frontier had to offer. I started to get educated on SUD treatment and the standards for recovery residences set by the National Alliance for Recovery Residences (NARR).<sup>1</sup> I began to grasp some of the challenges faced by enterprises in the SUD recovery world. The more I learned, the more sure I became that Frontier needed to offer help where it could, but also needed to be clear about what it was unable to do. For instance, early-stage SUD recovery work is expensive. Successful business models involve complex cost reimbursement operations, including



We serve households that can benefit from income-targeted programs and people who don't qualify for subsidized financing but still can benefit from our services.

reimbursement from Medicaid, because the individuals receiving help almost always lack the resources to cover those costs. I knew that Frontier was not capable of succeeding in that work. By contrast, I saw an opportunity for Frontier to help in later stages of SUD recovery: what NARR would call Level 1 residences. I learned about Oxford House, Inc., which is a nonprofit organization that fosters SUD recovery by supporting a network of democratically managed, self-supporting, drug-free homes. Oxford House staff works to plant new individual homes and assist small groups of homes (called chapters) to operate effectively. The staff foster relationships with landlords who agree to master-lease homes to Oxford House chapters.

Oxford House was trying to develop a presence in Ashland, Kentucky and their staff was struggling to find willing landlords in parts of town where Oxford House wanted to plant a chapter. Frontier did not have rental properties in Ashland, but we were willing to collaborate with Oxford House staff to find a house that suited their needs. We could fill a unique role as an investor that was willing to buy property identified by a programmatic partner. This allowed the Oxford House staff to look for suitable properties, including properties on the conventional for-sale market, rather than trying to cultivate relationships with landlords who might not own any property to suit their need.

<sup>1</sup>NARR recognizes four levels of recovery residences, with Level 4 being the most services-intense, and Level 1 being the least services-intense. More information on NARR can be found elsewhere in this issue of Rural Voices and at [narronline.org](http://narronline.org).





*Frontier Housing successfully helped a number of homebuyers in recovery access USDA Rural Development financing. Often they, like most of our homebuyers, had credit repair work to do prior to becoming a homeowner.*

As it turned out, a grassroots community services organization in Ashland connected us with a property owner that was half-done with a gut rehab of a house that would suit Oxford House's purposes well. It was close to transportation, employment opportunities, and a number of community service providers. The property owner was glad to sell because the rehab was a larger project than they really knew how to do. Frontier bought the house as-is for a fair price and completed the gut rehab. The finished product is a beautiful four-bedroom, two-bathroom house that meets the needs of around seven men at a time. We were able to permanently finance the house with a loan from the Housing Assistance Council and a grant from the Appalachian Regional Commission that passed through Fahe. The house in Ashland proved to Oxford House and Frontier that we could work effectively together, so we replicated the project in Morehead. We worked with Oxford House staff and found a house listed with a local realtor that was nearly perfect for their needs.

Frontier converted a family room into a bedroom, and made some other minor repairs, and then leased the house to the Morehead chapter of Oxford House. Frontier was able to finance the Morehead house with internal funds but has been able to use the real estate from time to time as collateral for interim loans.

In both Ashland and Morehead, the Oxford House chapter signed a master lease with Frontier for an initial two-year period. The monthly rent is very competitive for the local markets where the houses are located, and Frontier can count on the rent being paid on time. Frontier also has a relationship with the Oxford House staff, who can work with the people in the houses to iron out problems that might arise. While Oxford House is very clear that they do not guarantee that rent will be paid, they work very hard with the individual houses and the local chapters to pay the rent, because the model only works if landlords feel that the risks are worth taking.

## Homeownership

While Frontier was developing a partnership with the Oxford House staff in Kentucky, we also realized that a lot of people in SUD recovery were also seeking our homeownership services. We successfully helped a number of homebuyers in recovery access USDA Rural Development financing. Often they, like most of our homebuyers, had credit repair work to do prior to becoming a homeowner.

We also noticed that some customers would work really hard on credit repair but struggle to raise their credit score high enough to qualify for conventional mortgage products, including the Section 502 direct loan program. Paying all the collections, getting current on loans, or paying off loans wasn't enough. We sometimes saw customers pay off thousands of dollars of collections and bad debts, only to hit a credit score plateau in the high 500s, while conventional lenders have a minimum score

between 620 and 660. We began to contemplate a more nuanced approach to these credit issues.

I knew from working with my board member that the transforming and stabilizing power of homeownership could be vital to many people in our community in recovery. So, Frontier staff worked with our loan committee, and together we decided that Frontier should take a risk on people impacted by SUD who had worked hard to put their financial houses back in order. We developed a new section of our loan policies that stated that if:

1. a customer's credit had been impacted by SUD, and
2. the customer spent at least nine months in credit counseling doing the work that our credit advisors recommended, and
3. the customer raised their credit score by 50 points,

then that customer would be eligible for a Frontier mortgage loan. It didn't matter if the credit raised from 565 to 615, or from 450 to 500; they would be eligible. We called this section of the loan policy "REcovery Lending Assistance IMprovement (RECLAIM)."

RECLAIM was modeled on the experience of an actual borrower household. Both parents in the household were in recovery and had terrible credit as a result of choices they'd made before they had been able to achieve stable recovery. Both had extremely low credit scores when they began working with Frontier's credit advisor. Through hard work and spending a lot of money removing collection accounts from their credit reports, they raised their scores nearly 100 points, but they were still well short of the threshold for conventional mortgage financing. Nevertheless, Frontier made a mortgage loan to them to buy a new home for their family. The next spring, they used their tax return to pay their mortgage forward to December. They told us, "We're investing in our family's future." Their mortgage with us is still current today.

In 2020 we received an award from the federal Community Development Financial Institutions Fund to capitalize RECLAIM, and we've made several loans thus far. Even more significant, though, is that we have a program that offers genuine hope to people impacted by SUD. RECLAIM has enabled us to offer a concrete path to homeownership for people who know that active addiction cratered their credit. We've made countless presentations to SUD recovery groups, and we actively work with organizations providing SUD recovery services. Four out of five customers impacted by SUD who work with our credit advisor for nine months wind up able to qualify for conventional financing. That's the real measure of RECLAIM's impact; it assures people that they can succeed if they try, and in so doing, they are able to succeed by meeting the standards of any lender out there.

With the work we've already done, we have laid the groundwork for more opportunities, but we had to start somewhere. Essentially, Frontier just looked around at its community and figured out how to apply the work it already knew how to do to help people with SUD. I'll always be grateful for the board member who took the time to encourage me to see what we were capable of doing.

Tom Manning-Beavin is President and CEO of Frontier Housing in Morehead, Kentucky.



Photo: Oxford House Revered Sober House

## Oxford House

In April 2020, HAC's loan fund closed a \$175,000 permanent loan to [Frontier Housing, Inc.](#) for a seven-resident, four-bedroom Oxford House in Ashland, Boyd County, Kentucky. Oxford House is a national nonprofit organization that creates supportive housing for residents in recovery. The Oxford House Revered Sober House is a self-run, self-supported recovery house model operated by leasing homes for residents in recovery to live together in an accountable community. Oxford House's local group leases the house from Frontier Housing, and residents of the sober home pool their resources to pay the monthly rent as well as other household expenses. Research demonstrates that approximately 80 percent of Oxford House residents maintain sobriety. HAC's loan fund continues to support the partnership between Frontier Housing and Oxford House to address the substance use disorder and overdose epidemic in Boyd County.



National Rural Housing Conference

**2023 Conference**

**OCT 24 - 27**

The biennial National Rural Housing Conference brings together stakeholders in the field of rural affordable housing from local nonprofits, federal agencies, Congress, state and local governments, and other industry leaders for two-and-a-half days of training, discussion, and networking.

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Capital Hilton | 1001 16th St NW Washington DC - [www.ruralhome.org/nrhc](http://www.ruralhome.org/nrhc)



# THE NATIONAL ASSOCIATION OF RECOVERY RESIDENCES STANDARDS

NARR provides national standards for effective, safe, and quality recovery residences.

The National Association of Recovery Residences (NARR) established the first national standards for effective, safe, and ethical recovery residences in 2011. The standards outline four levels of support for recovery residences. They are based on the Social Model, which promotes self and community values, accountability, and connection for sustaining recovery. The current version, [3.0](#), operationalizes the principles and standards across the Social Model's four domains: administrative operations, physical environment, recovery support, and good neighbor. Below is the [NARR Levels of Recovery Support Summary Table](#). More information can be accessed at [NARR Resources](#).

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> <li>• Democratically run</li> <li>• Manual or P&amp;P</li> </ul>	<ul style="list-style-type: none"> <li>• House manager or senior resident</li> <li>• Policy and Procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational hierarchy</li> <li>• Administrative oversight for service providers</li> <li>• Policy and Procedures</li> <li>• Licensing varies from state to state</li> </ul>	<ul style="list-style-type: none"> <li>• Overseen organizational hierarchy</li> <li>• Clinical and administrative supervision</li> <li>• Policy and Procedures</li> <li>• Licensing varies from state to state</li> </ul>
	SERVICES	<ul style="list-style-type: none"> <li>• Drug Screening</li> <li>• House meetings</li> <li>• Self help meetings encouraged</li> </ul>	<ul style="list-style-type: none"> <li>• House rules provide structure</li> <li>• Peer run groups</li> <li>• Drug Screening</li> <li>• House meetings</li> <li>• Involvement in self help and/or treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• Life skill development emphasis</li> <li>• Clinical services utilized in outside community</li> <li>• Service hours provided in house</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical services and programming are provided in house</li> <li>• Life skill development</li> </ul>
	RESIDENCE	<ul style="list-style-type: none"> <li>• Generally single family residences</li> </ul>	<ul style="list-style-type: none"> <li>• Primarily single family residences</li> <li>• Possibly apartments or other dwelling types</li> </ul>	<ul style="list-style-type: none"> <li>• Varies – all types of residential settings</li> </ul>	<ul style="list-style-type: none"> <li>• All types – often a step down phase within care continuum of a treatment center</li> <li>• May be a more institutional in environment</li> </ul>
	STAFF	<ul style="list-style-type: none"> <li>• No paid positions within the residence</li> <li>• Perhaps an overseeing officer</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 compensated position</li> </ul>	<ul style="list-style-type: none"> <li>• Facility manager</li> <li>• Certified staff or case managers</li> </ul>	<ul style="list-style-type: none"> <li>• Credentialed staff</li> </ul>

Source: National Association of Recovery Residences. NARR Levels of Recovery Support (Summary Table). September 2011. <https://narronline.org/wp-content/uploads/2014/02/NARR-Standards-20110920.pdf>

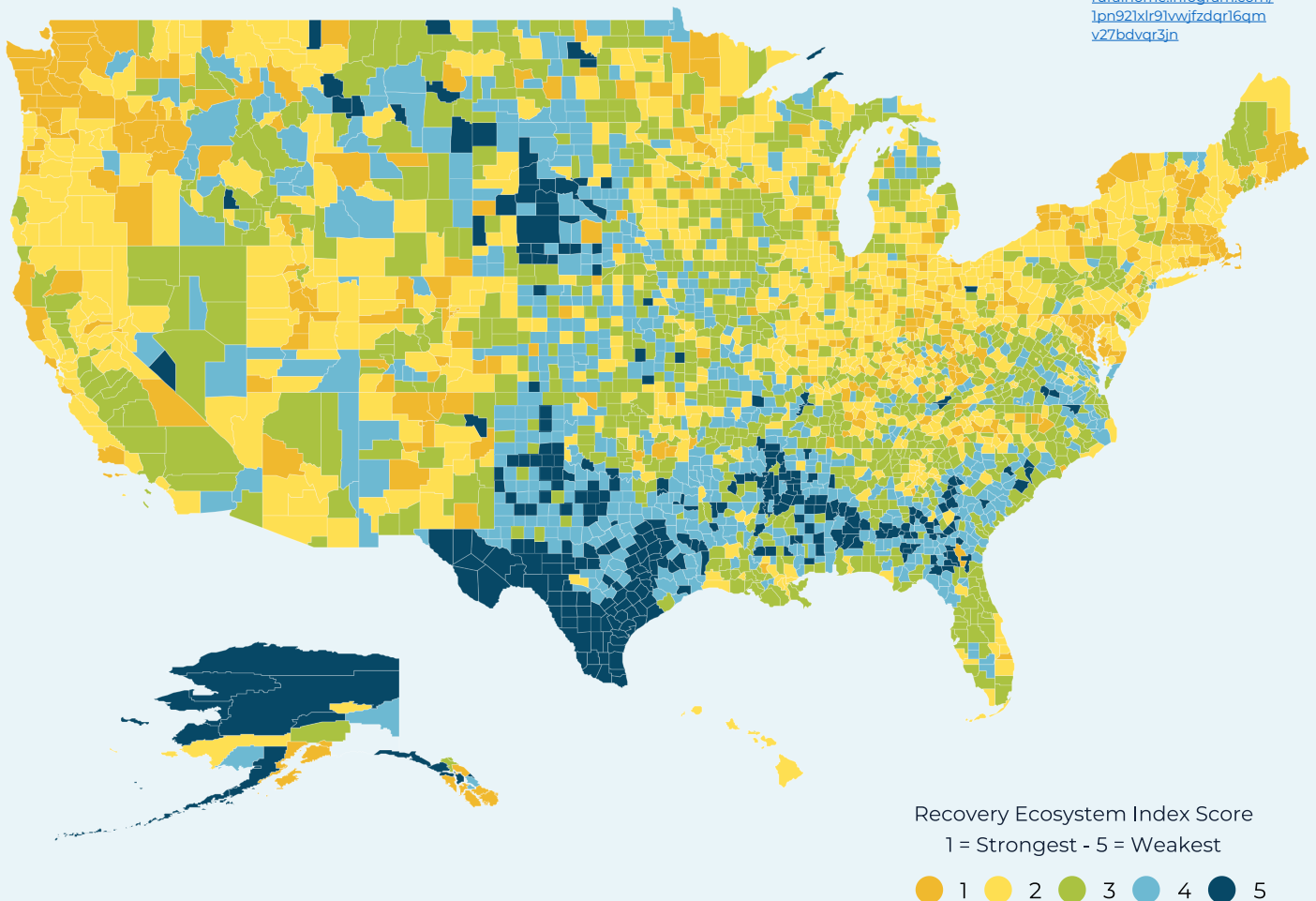
# OPIOIDS AND RECOVERY

## Recovery Ecosystem Score by County

Access an interactive version



[ruralhome.infogram.com/  
1pn921xlr91vwjfdqr6qm  
v27bdvqr3jn](https://ruralhome.infogram.com/1pn921xlr91vwjfdqr6qm/v27bdvqr3jn)



**Recovery Ecosystem Index Score:** 1 = Strongest 5 = Weakest

Recovery Ecosystem Index Score is calculated using: Substance Use Disorder (SUD) Treatment score  
Continuum of SUD Support score • Infrastructure and Social Factors score

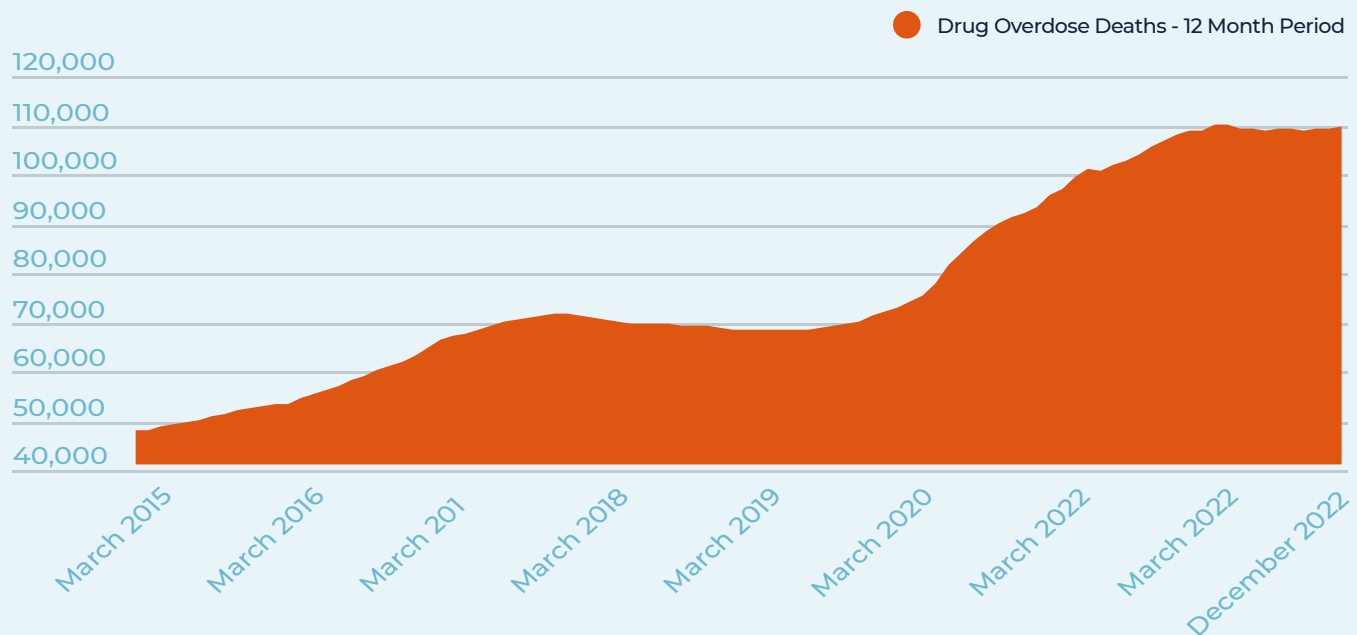
More information regarding the score can be [here](#)

Maps Source:: The Fletcher Group, Inc., East Tennessee State University, and ETSU/NORC Rural Health Equity Research Center, Recovery Ecosystem Index, Supported by The Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS). Accessed: [https://rsconnect.norc.org/recovery\\_ecosystem\\_index/](https://rsconnect.norc.org/recovery_ecosystem_index/)



# IN THE UNITED STATES

## Drug Overdose Deaths in the United States 2015 - 2022



Source: Centers for Disease Control and Prevention. National Vital Statistics System. Provisional Drug Overdose Death Counts..  
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

## 6.7 Million

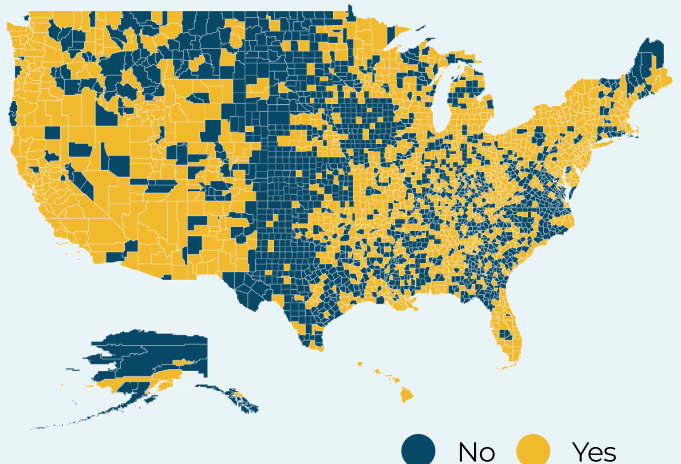
residents outside of metropolitan counties were diagnosed with substance use disorders 2021

## 831,000

residents outside of metropolitan counties received substance use treatment in 2021

Source: Center for Behavioral Health Statistics and Quality. (2022). Results from the 2021 National Survey on Drug Use and Health: Detailed tables. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables>

## Drug Court Availability





# ANDY'S PLACE: MICHIGAN'S FIRST PERMANENT RECOVERY SUPPORTIVE HOUSING DEVELOPMENT

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Housing has the power to make a difference in addressing the opioid crisis.

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*By Bob Beck*



In 2016, Judge Harvey Hoffman of Michigan Drug Treatment Court was learning about sober housing for recovering alcoholics when he wondered if a similar model would work for people who use opiates. Drug court offers a voluntary, therapeutic program that aims to break the cycle of addiction and crime by addressing the underlying causes of drug dependency. The offender is supported by substance use treatment, case management, drug testing, mental health treatment, trauma and family therapy, and jobs skills training. Drug court has been found to increase the probability of participants' success in avoiding future arrests.

However, Michigan's drug courts were facing problems with high rates of recidivism for those using opiates, especially when compared to other drugs. The usual 30-, 60-, and 90-day addiction treatment programs had a high rate of relapse. It can take the brain more than two years to recover from serious addiction. In looking for a new way to help break the addiction cycle, the answer came in a surprising place: housing. "We've learned housing is a major issue in the success of recovery for the opiate community," said Judge Hoffman. "People with addictions have a very tight-knit social structure that's hard to break. Removing them from triggering environments gives their brains a chance to heal and can be very effective in long-term recovery."

## Partnerships

Judge Hoffman reached out to Mitch Milner, of Milner and Caringella, an affordable housing developer, and Mark McDaniel, President and CEO of Cinnaire, a nonprofit community development financial organization that has been a long-time funder and advocate of supportive recovery housing programs. They worked together to craft a white paper model of how treatment courts could use the permanent supportive housing model to help people going through treatment court systems have better results for recovery. They presented the plan to Governor Rick Snyder, who joined Cinnaire and the Michigan Association of Treatment Court professionals to take on the growing opioid crisis in Michigan by spearheading the state's first Permanent Recovery Supportive Housing (PRSH) initiative. The task force brought together Michigan's treatment court professionals, the Michigan Department of Health and Human Services, and the Michigan State Housing Development Authority, as well as Cinnaire, Milner and Caringella, and the Community Action Agency of Jackson to shape the future of the PRSH model.

Mike Hirst also joined the task force, as a well-known local advocate supporting those struggling with opiate

use. In 2010, Hirst's son, Andy, died of a drug overdose after fighting addiction for years. Channeling grief into action to help others, Hirst and his family started a nonprofit, Andy's Angels, aiming to assist people struggling with addiction and provide their families with support. Hirst had also identified housing as a key barrier to recovery through his advocacy work. Hirst and Judge Hoffman led the supportive service efforts. At the same time, Cinnaire took the lead on housing and rallying support for the project, working with federal and state legislators, retaining a qualified developer, identifying real estate, and developing a financial model that would attract investors through the Low-Income Housing Tax Credit.

## Rural Town Selected

The task force had initially targeted Kalamazoo, Lansing, and Metro Detroit for the location of the first PRSH, but Hirst steered them toward a more rural location in his hometown of Jackson. The town of Jackson is located in south central Michigan, about 35 miles west of Ann Arbor and 35 miles south of Lansing. Between 2014 and 2017, drug-related deaths in Jackson County almost doubled, according to the National Association of County and City Health Officials. "Jackson County has 160,000 people, and, prior to the pandemic, every three days, there was an opioid-related death," said Mitch Milner, president of Milner and Caringella, the firm that helped develop Andy's Place. The \$13 million project was funded through

*The onsite facilities include 24-hour security services, meeting spaces for Alcoholics Anonymous and Narcotics Anonymous meetings, as well as a greenhouse and a music practice space.*





a public-private partnership, including investments from Cinnaire, Huntington Bank, and the Michigan State Housing Development Authority. In December 2020, Andy's Place opened in Jackson, Michigan. Currently, Andy's Place provides 50 units of permanent supportive recovery housing for individuals referred to Andy's Angels by the drug courts. In addition to the 39 one-bedroom apartments, a separate building consists of 11 two-bedroom units designed to provide housing that keeps families together, a crucial source of support for recovery. "Supportive housing is a known strategy, but what we're doing is taking the model and twisting it to serve folks who are trying to recover from opioid addiction," said Mark McDaniel. "The PRSH model is the first step in holistically addressing this crisis."

Andy's Place was designed to provide more than just a place to live. Sobriety is a necessity for

residency. The onsite facilities include 24-hour security services, meeting spaces for Alcoholics Anonymous and Narcotics Anonymous meetings, as well as a greenhouse and a music practice space. Andy's Place also offers onsite supportive services funded and managed by the Michigan Drug Treatment Courts. The Community Action Agency of Jackson, a local nonprofit focused on addressing poverty by promoting self-sufficiency, provides job training, placement services, and financial literacy classes. Unlike traditional halfway houses, residency at Andy's Place has no end date. Residents sign annual leases without limitations on the length of stay, and rent is based on income.

### Expanding the Model

The epidemic of substance use disorder and opioid misuse shows no signs of abating. Urban, suburban, and rural communities across the country are struggling to find solutions. At Cinnaire, it is our hope that Andy's Place serves as a model partnership for helping communities address this challenge and, most importantly, save lives. Working with its partners, Cinnaire plans to expand the model within Michigan, including rural communities struggling with access to housing with supportive services. Andy's Place is a testament to the power of communities and partnerships to help address a challenge by working together. We hope that developers, nonprofits, advocates, and community leaders recognize the power of housing to make a difference in addressing the opioid crisis. "Supportive recovery housing is not just about housing people," said Hirst. "It's about giving them a real opportunity to survive."

Bob Beck is Senior Vice President of Business Development at Cinnaire. For more information on Cinnaire's Permanent Supportive Recovery Housing Initiative, please contact [bbeck@cinnaire.com](mailto:bbeck@cinnaire.com).





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# ACTION ON THE OPIOID EPIDEMIC AND RURAL AFFORDABLE HOUSING IS NEEDED MORE THAN EVER

A global pandemic, a deepening rural opioid crisis, and the continuation of rural hospital closures have posed serious challenges for rural health and housing issues since this article was published in Rural Voices in 2017, yet the issues remain acutely relevant.

*By Alan Morgan*

Since 2017, we have seen more than 60 additional communities lose access to their local rural hospitals. In the past 10 years, more than 600 rural nursing homes closed nationally. With this reality, we must look towards more opportunities for seniors to age at home and determine what that means for the future of rural communities.

Among the most important healthcare and housing concerns remains the connection between substance use recovery and access to safe and affordable housing. Opportunities and efforts are underway to address these challenges. Rural health and housing issues in America are complex, but they have received increasing attention in recent years. Partnerships remain a key strategy at the local, state, and national level. It is crucial that policymakers and stakeholders work together to address the challenges facing rural housing in America and healthcare access.



At the National Rural Health Association, rural America is defined as a place where those most in need of healthcare services have the fewest options available to seek that care. Overall, rural health care delivery systems have unique barriers including long travel distances to obtain health care, low population densities, lack of economies of scale, and high rates of fixed overhead per patient revenue. In addition, an enduring characteristic of the rural health landscape is the uneven distribution and relative shortage of health care professionals. This results in rural people being less likely than their urban counterparts to have private health care coverage or be covered by Medicaid benefits. Moreover, all these factors have helped to set the stage for an opioid misuse crisis in rural America.

## Rural Opioid Crisis

Since 1992, life expectancies of urban populations have continued to increase, sometimes dramatically, while rural populations' life expectancies have decreased. One major reason for a decrease in life expectancy is the opioid crisis. The Centers for Disease Control and Prevention has reported that opioids killed over 28,000 people in 2014, an average of more than 76 people every day. Additionally, a February 2014 study published in the *American Journal of Public Health* revealed rural areas have higher rates of drug poisoning deaths, including deaths from opioids. In addition, drug poisoning and deaths in rural areas are increasing at more than three times the rate of urban communities. The report also revealed that rural adolescents are more likely to use prescription opioids nonmedically than their urban counterparts. This increased drug misuse contributes to a growing homeless population as well. According to the Substance Abuse and Mental Health Services Administration, 26 percent of rural people experiencing homelessness reported that chronic drug or alcohol use caused their homelessness. Of veterans experiencing homelessness, 70 percent reported having a substance use disorder. Clearly, this opioid crisis in rural communities is creating an increased demand on health care, social services, and criminal justice systems—thus making this the time to act.

## Issues/Challenges

Access to healthcare facilities is a challenge. Since 2010, 79 rural hospitals have closed across the United States. At that rate, within 10 years, one quarter of the nation's rural hospitals will close. That means there will be an additional 700 communities without a hospital. Beyond that, the healthcare system is the second largest employer behind the school system in most rural communities, so closure is not just an access issue, it's also an economic concern.



*Rural health and housing issues that were acute in 2017 remain relevant today, says Alan Morgan, CEO of the National Rural Health Association.*

In addition to having a shortage of general healthcare professionals, rural populations also have much more limited access to behavioral and mental health providers, so it is not surprising that they have dramatically higher rates of suicide, drug addiction, and drug overdoses.

## Opportunities

Of course, there are things that do work in the rural health field right now. First, as quality begins to be measured in our healthcare system, we're finding rural healthcare outcomes are as good as, and in many cases better than, urban outcomes. Not surprisingly, this difference is most striking in primary care. A major reason for these better outcomes is that the hospital staff in a small community knows their patients on a personal level and there is coordination of care between healthcare providers. Second, rural areas are actually experiencing population growth. Some people think rural areas are not worth investing in because rural people are dying or moving to the cities. But in fact, since the Great Recession, the population trend in rural America has leveled off and last year actually saw an increase. Data from the National Education Association shows that, for the first time ever, the population of students in rural schools is also increasing. Young families are now selecting the rural lifestyle, the quality of life, and the sense of community in rural America. Going forward, all rural advocates must communicate the unique environment that is rural. At the legislative and regulatory policy levels, as well as in local best practices, there must be collaborations to address housing, healthcare, and transportation needs. As we move forward, it is important that we collaborate, coordinate, and speak with a common voice on behalf of rural America.

Alan Morgan is CEO of the National Rural Health Association.



# BRINGING MENTAL HEALTH SUPPORT AND RESOURCES TO NORTHEAST OKLAHOMA

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GRAND Mental Health offers an array of services for those experiencing homelessness, mental health crisis, and drug/alcohol emergencies.

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*By Denise Phelps*



Hidden within the trees and brush in northeast Oklahoma lived a family in a tent, which did not offer much protection against the elements. They also did not have access to electricity, running water, or heat. We often hear that homeless people want to be homeless. But this family did not agree. Homelessness is often caused by larger outside forces, including unfortunate circumstances and rising rents. "We fell on some bad times; I lost my job and could not pay my rent." "The house I was renting was sold, and I could not find a rental that was affordable." "My landlord would not fix the plumbing, I had to move out and ran out of hotel funds, and now I have no place to go." The people who are experiencing homelessness are our neighbors and deserve to be housed.

The housing team at GRAND Mental Health is passionate about serving the homeless population. We embark on many outreach missions. Our eight-person housing team serves 12 counties and works diligently to end homelessness in the area, though we are up against growing numbers. We participated in HUD's Point-in-Time count of sheltered and unsheltered people and found the number of people experiencing homelessness in northeast Oklahoma doubled since last year.

Homelessness in rural places differs from homelessness in bigger cities in that it is hidden. Unhoused people often double up with family and friends or live in their vehicles, making them hard to see, and this can be a barrier to receiving support and resources. That is why we bring support to them. Our agency is a Certified Community Behavioral Health Center and offers a wide array of mental health and substance use services for adults, adolescents, and children. We also provide individual, family, and group therapy, medication management, case management, peer support, veteran services, assisted outpatient program, employment and education placement, diversionary court programs, law enforcement engagement, and medication-assisted treatment.

Having more than 40 years of experience with mental health and substance use treatment makes the GRAND team experts in the field. We also regularly innovate to better reach those needing treatment. Our emergency intervention urgent recovery centers have implemented a zero-suicide initiative and operate 24/7, with mobile crisis teams available. Recently, GRAND has added a 218-bed addiction recovery center in Tulsa, Oklahoma, with medically supervised detoxification available. In Oklahoma, the average wait time for a residential substance use treatment facility bed can be four months. Now, when a person who desires treatment calls our crisis line, they will be picked up on the same day and transitioned to substance use treatment with no wait time.



*The people who are experiencing homelessness are our neighbors and deserve to be housed.*

We have recently instituted a Community Intervention Response Team (CIRT), a hybrid of police officers and a GRAND case manager collaborating to serve the most in-need individuals in Washington County. The team responds to emergencies in the community and offers the help needed in real time. Creativity is the name of the game in rural settings, and GRAND has answered the call. The housing team has worked with the CIRT team to intervene in homelessness and housing issues. Sometimes it is a person whose electricity was turned off in the cold and needs utility assistance to keep them housed. Most leases require utilities to be kept on, or an eviction proceeding will begin. We can make that happen with grants the GRAND housing department secures.

On a personal note, I have been an employee of GRAND for five years. Each year there is another program to respond to a community emergency. I would not choose another place to work, as my passion and drive to help others is expansive. I am a person with lived experience of being unhoused. I have had issues with substance use and have a mental health diagnosis. I am on a mission to educate others that stigma toward our neighbors is a stigma against society. Everyone deserves dignity. Everyone should have access to mental health care and housing options. I can confirm it is a myth to believe that all homeless people want to be homeless.

**Denise Phelps is a Housing Coordinator at GRAND Mental Health.**



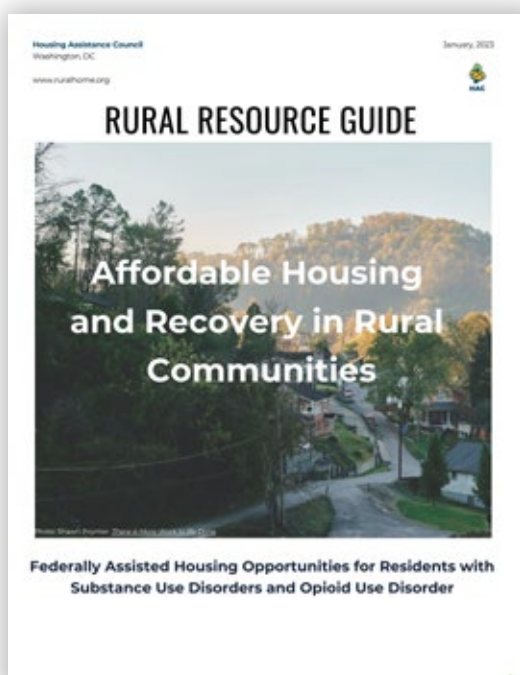
# HAC'S INAUGURAL AFFORDABLE HOUSING AND RECOVERY COHORT

HAC shares resources and builds the capacity of organizations working to address their communities' substance use disorder crises.



While much of the U.S. has been touched by the opioid epidemic, rural communities have been particularly impacted. A holistic community approach to providing a supportive recovery environment includes an essential shared foundation—safe, stable, affordable housing. In an effort to equip local organizations with resources to address this health crisis, the Housing Assistance Council (HAC) created the inaugural Affordable Housing and Recovery Cohort (AHRC). HAC's AHRC focuses on innovative solutions to the substance misuse and opioid epidemic through increased access to supportive and recovery housing, mental and behavioral health partnerships, federal initiatives, and collaborative engagements with rural leaders from various professional fields working towards solutions for their communities. The AHRC activities include resource creation and sharing with practitioners in the field, collaborative conversations, and a peer exchange with selected cohort communities.

As part of these efforts, HAC published a [Rural Resource Guide: Affordable Housing and Recovery in Rural Communities](#). The guide offers valuable information to housing practitioners seeking to provide homes to households affected by substance use disorders. It presents the federal regulations for federally subsidized housing programs from the [U.S. Department of Housing and Urban Development](#), the [Internal Revenue Service](#), and the [U.S. Department of Agriculture](#). The webinar and accompanying slides launching the guide are [available on HAC's website](#).



Noting the importance of collaboration across sectors in supporting recovery, HAC also hosted an Affordable Housing and Recovery Cross-Sector Conversation with criminal justice and mental and behavioral health experts. The discussion focused on highlighting opportunities for collaboration between rural practitioners in supporting holistic recovery and sustaining healthy communities.

HAC extends gratitude to Charley Francis, Donald McDonald, and Michelle T. White for participating in our webinars. Thank you to the U.S. Department of Housing and Urban Development's Rural Capacity Building program for its support of this cohort.

## ARHC Peer Exchange

HAC's Affordable Housing and Recovery Cohort met for a peer exchange in Lexington, Kentucky. The Fletcher Group, a [HRSA Rural Center of Excellence on Substance Use Disorders](#), which provides technical assistance to rural communities aiming to develop recovery housing, helped facilitate. Leading up to the peer exchange, HAC staff and cohort participants reviewed statistical analyses and research publications about the positive outcomes of Recovery Kentucky in supporting residents' recovery from substance use disorders. Recovery Kentucky uses a social recovery system of mutual support, accountability, and incentives to encourage continued recovery. Its community approach to goal setting and accountability has proven to support and sustain recovery.

Upon arrival, participants visited the Hope Center, a nonprofit with recovery and mental health programs, to learn more about social recovery systems and the success of the Recovery Kentucky centers. They met with the directors, staff, mentors, and current residents of the Hope Center Men's and Women's facilities to learn how a social system of support and accountability directly impacts the residents. Next, they had lunch at the Hope Center's partner organization, DV8 Kitchen, a workforce organization that provides continued support and accountability with gainful employment for residents in recovery. The visit ended with a presentation by the Fletcher Group staff at the Hope Center's Don Ball Campus Center about financing recovery housing and community support for recovery. All cohort participants shared that this experience significantly impacted their next steps, short-term and long-term. In addition, the Fletcher Group offered free, HRSA grant-supported technical assistance to the cohort members as they develop recovery housing in their communities.



### AHRC Organizations

The seven organizations are located in communities that have been impacted by the overdose epidemic. They seek to increase access to affordable homes to support residents in recovery.

**Brick Capital Community Development Corporation, Sanford, North Carolina**  
[Brick Capital Community Development Corporation](#) works to increase wealth in individual families and the greater community by creating new affordable housing stock for low- to moderate-income families. They currently manage 22 units of supportive housing for households with physical or mental disabilities, experiencing homelessness, fleeing domestic violence, and recovering from substance use. They have planned for the building of 16 additional units later this year.

**Cheyenne River Housing Authority, Eagle Butte, South Dakota**  
[Cheyenne River Housing Authority \(CRHA\)](#) is the largest landlord on the Cheyenne River Sioux Reservation. They provide low-income housing to over 755 families. CRHA aims to turn an 18-unit complex into housing to support recovery for persons exiting in-patient treatment or incarceration.

**Penquis C.A.P. Inc., Bangor, Maine**  
[Penquis C.A.P. Inc. \(Penquis\)](#) assists individuals and families to be safe, healthy, connected, and financially secure. They alleviate and eliminate the causes and conditions of poverty through direct services and by engaging the community in addressing economic and social needs. Penquis aims to address the record number of overdose deaths in Penobscot County by securing the funding needed to develop recovery housing and ensure access to supportive services.

**Marinette County Group Home Association Bridges to Recovery, Marinette, Wisconsin**  
[Biehl Bridges to Recovery](#), a Marinette County Group Home Association Recovery Community Organization, is a peer-run recovery center providing a hub for multiple prevention, treatment, and recovery resources and service connections. They aim to develop a recovery residence by deepening their understanding of state laws, federal initiatives, and accessing funding sources, utilizing the National Alliance of Recovery Residences standard.

**Dothan Housing, Dothan, Alabama**  
[Dothan Housing](#) is dedicated to developing and strengthening affordable housing opportunities by providing affordable multifamily housing, housing for the elderly and disabled, and managing public housing, housing choice voucher program, and market-rate rental apartments. Dothan Housing seeks to address challenges, including transportation and treatment costs, to support residents in recovery.

**Freedom Org, Princeville, North Carolina**  
[Freedom Org](#) partners with local, state, and federal agencies to create holistic and comprehensive community development solutions

for historically Black and/or low- to moderate-income communities. Freedom Org acquires land and seeks funding to develop recovery housing, partners with local substance use and recovery agencies, and develops affordable housing.

**Sauk County Health Department, Baraboo, Wisconsin**  
[Public Health Sauk County](#) supports the well-being of all people in their community to live the healthiest lives possible. Affordable housing and substance use were identified as top priorities in the 2021 Community Health Assessment for Sauk County. Two newly formed coalitions are currently looking at how the department might support the expansion of sober living options: the Housing Action Team aims to address the need for affordable, equitable, safe, and diverse housing options for all, and the Support People and Empower Recovery coalition seeks to create more recovery-friendly communities.

HAC thanks our hosts, the Fletcher Group, including Dave Johnson, Erica Walker, Andrew Howard, and Grant Meyers. We extend our sincere gratitude to the Hope Center Men's and Women's facility directors, staff, and residents for welcoming us and sharing their knowledge and experiences. We also appreciate the Don Ball Center for hosting us and Rob Perez and the DV8 staff for their hospitality. Also, thank you to our cohort members, Kerry Bashaw, Samiyah Craddock, Jodie Molitor, Brian Perkins, Michelle Running Wolf, Meghan Rutherford, and Brittany Winnier-Ociepka for being a part of HAC's AHRC and for participating in the peer exchange. And a final thank you to the U.S. Department of Housing and Urban Development's Rural Capacity Building program for their support of this cohort.





## HAC RECEIVES \$6.3 MILLION FROM HUD FOR RURAL HOUSING

In May the U.S. Department of Housing and Urban Development (HUD) awarded HAC over \$6.3 million to invest in the capacity of rural communities and self-help homes. HUD staff visited the HAC offices in June to recognize this collaboration. For more details, see [HAC's press release](#).

## HAC HONORS TWO RETIRING EMPLOYEES



HAC recently celebrated the retirement of two HACsters with decades of service: LaVerne Lawrence and Karin Klusmann. Over the last 17 and 30 years, respectively, LaVerne and Karin have both made a tremendous impact on HAC, on our work, and on the communities we serve. We would not be where we are without them. Thank you, Karin and LaVerne!



## WATCH RECORDED WEBINARS ON OVERCOMING COST BARRIERS

Watch HAC's five-part webinar series Overcoming Cost Barriers, designed to equip housing development professionals from rural nonprofits and local units of government with the knowledge and tools to address the challenges of rising costs, labor shortages, and evolving building techniques. [View the complete series on YouTube.](#)



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