RESEARCH BRIEF

Recovery Residence Populations: Differences in Characteristics of R.I.S.E. Participants and Self-Housed NUWAY® Clients

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NUWAY®

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Abstract

What are the differences in characteristics between individuals who choose to live in recovery residences and those who do not? Recovery housing is often recommended for people seeking treatment for substance use disorder, yet little is known about individuals who choose to participate in this type of support. The Center for Practice Transformation (CPT) at University of Minnesota and NUWAY® partnered to study the demographic differences between individuals who chose to participate in recovery housing and those who did not while receiving intensive outpatient care at NUWAY®. Results show women and people who are court ordered to treatment are choosing recovery housing at lower rates.

Background

Approximately 2.1 million Americans receive treatment for a substance use disorder (SUD) each year[4]. For those stepping down from inpatient SUD treatment into outpatient programming, recovery housing is recommended to provide a stable and supportive environment. Recovery housing is a community-based supportive living environment that includes built-in supports to help people recover from SUD. Existing research suggests recovery housing is linked to lower relapse rates and increased social functioning, e.g. reported employment[3]. While the effectiveness of recovery housing is supported by a modest but rising amount of research, little research has looked into the characteristics of SUD treatment participants who take part in recovery housing versus those who do not. Understanding differences in these characteristics could better inform our understanding of the impact of recovery housing on the outcomes of individuals receiving intensive outpatient (IOP) treatment services.

While some outpatient treatment programs encourage clients to live in recovery residences during care, most do not integrate the two experiences. NUWAY® works with recovery residences across Minnesota to provide their unique Recovery in Supportive Environments (R.I.S.E.) model which is a novel approach to integrating intensive outpatient treatment and community-based recovery housing. Individuals enrolled in R.I.S.E. have the option to continue living in their recovery residence after they have completed programming with NUWAY®.

Methods

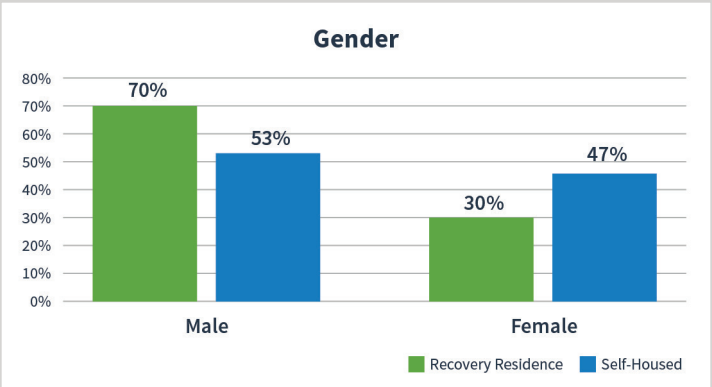
Clients receiving intensive outpatient services at NUWAY® were given the option to enroll in the study at the time of their admission and individuals were able to choose to participate in the R.I.S.E. model at their discretion. Electronic surveys completed at admission included demographic questions about, housing status, prior treatment episodes, court ordered treatment, and felony status. With participant consent, additional demographics were obtained through participant electronic health records including age, gender, marital status, employment status, primary payer, race and ethnicity. At the time of their discharge, participants were asked to indicate if they lived in a recovery residence while enrolled in IOP at NUWAY®. Identifying information was removed for analysis to protect the privacy of participants.

Results

From August 2019 to November 2020, a total of 2,129 participants were enrolled in this study. The percentage of participants who had opted into recovery housing was 42% prior to their admission and at the time of their discharge from treatment, 84% had lived in a recovery residence while in care.

Significant differences were observed by gender, court ordered status, and housing status prior to entering treatment

More men opted into housing than women ($\chi 2 = 7.83$, $p = .005$); 70% of participants that chose housing were male (30% female), while only 53% of participants without housing were male (47% female).



Of the participants who chose recovery residence, 49% were living in a recovery residence prior to treatment at NUWAY, 6% lived alone, 16% lived with others, 21% no address or homeless, and 8% reported "other". For participants who did not choose housing, only 20% were living in a recovery home prior to treatment, 13% lived alone, nearly

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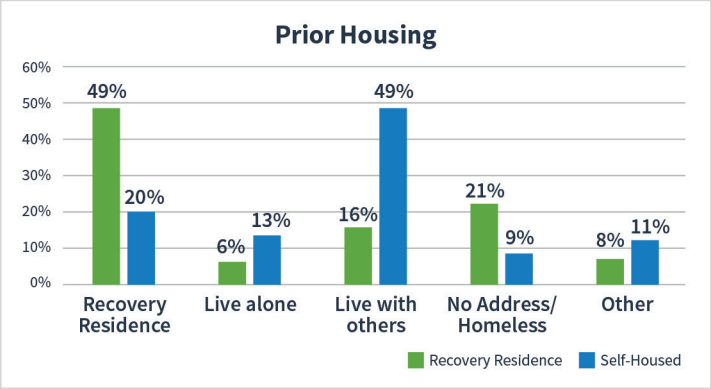
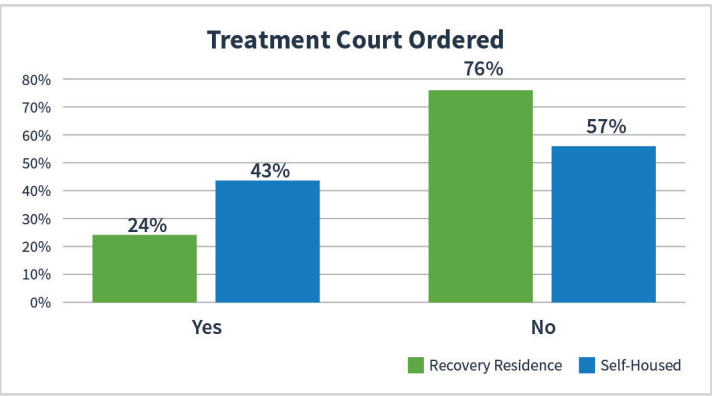
49% lived with others, 9% had no permanent address or homeless, and 11% reported "other" ($\chi 2 = 57.91$, $p < .001$).



A larger proportion of those who chose not to live in recovery housing were court ordered to participate in treatment (43% were court ordered) than those who did choose to live in recovery housing (24% were court ordered; $\chi 2 = 26.67$, $p = .009$).



No difference was found among participants by age, race, marital status, primary payer, education, homelessness, felony status, or age of first use.

Several demographic characteristics fell just short of meeting the threshold of statistical significance. There were marginal differences observed in employment status between groups as well as the number of prior treatment episodes. Many demographic characteristics were not found to be significantly different between the group that chose to live in recovery housing and the group that did not. Analysis revealed no significant differences between groups in age, race, marital status, primary payer, education, homelessness, felony status, and age of first use.

Discussion

Better understanding the characteristics of individuals in treatment who choose to live in a recovery residence can help to better support clients in SUD care by improving access and services associated with recovery residences. This study found that many people are already living in a recovery residence at the time of their admission to NUWAY® IOP and opt to continue living there after discharge. The high percentage of individuals already in a recovery residence at intake might be attributed to discharge recommendations from a higher level of care such as residential treatment. By the time they are discharged from IOP, many individuals have likely recognized the benefits of recovery residences and continue living there as a way to support their investment in recovery. There was also a large difference in choosing to live in a recovery residence among people who were already living with others (not in a recovery residence). People who are already living in a socially supportive residence may not feel that they need the social support that a recovery residence offers.

When reviewing these findings, it is important to consider the reasons underlying the sex differences between those who choose to live in a recovery residence and those who do not. Research shows that women experience higher barriers to care than men, including family responsibilities, stigma, mental health effects and relational factors[1]. These results showing fewer women choosing to live in a recovery residence than men indicate that women may face barriers in supportive services as well. There are few recovery residences in Minnesota that allow residents and their children. If a woman who is receiving intensive outpatient treatment services remains the primary caregiver for her children, it is unlikely that she will be able to live in a recovery residence and will opt out of care models such as R.I.S.E.

Finally, somewhat surprisingly this study found significantly fewer rates of people who chose to live in recovery housing were court ordered to attend treatment. This may be because individuals who are court ordered already experience a high level of oversight and structure and it is unappealing to them to engage in the additional oversight and structure typically associated with recovery residences. By discovering these differences in characteristics among the sexes and among individuals who are court ordered, we can further investigate the outcomes of individuals in these groups. Future research in these areas will help us to better understand how integration of the recovery residence experience may be improved for some individuals.

Limitations

This study was limited to a specific treatment agency in Minnesota and may not be generalized to other treatment providers and in other regions. Further, this was an observational study that was not randomized and therefore, it cannot be said that characteristics caused recovery residence choice, only that they are associated.

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SUGGESTED CITATION

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