

Recovery Housing

A critical community asset on the journey to recovery



Recovery Housing Landscape in Albuquerque

A report to identify existing recovery housing as a continuum of care resource in Albuquerque commissioned by Health, Housing and Homelessness Department Director Gilbert Ramirez, Department Deputy Director Ellen Braden and Behavioral Health and Wellness Division Manager Reina Martinez.



June 2024



This report was produced for the City of Albuquerque Health, Housing and Homelessness Department and is intended to identify existing recovery housing within the Albuquerque community. It also provides information on the varying levels of support offered within the recovery housing continuum of care resource, a history of recovery housing, best practices, and recommendations to ensure that those being served have a safe and healthy community residence that promotes recovery.

INTRODUCTION

A photograph of wooden blocks with black letters spelling out the word "SOBRIETY". The blocks are arranged in a row, and the background shows other wooden blocks with various letters, suggesting a word game or a focus on language and recovery.

Recovery Housing: A vital service leading to long-term recovery

Addiction is a chronic disease, not an acute health problem that is cured by a single dose of treatment. Rather, overcoming addiction requires longer-term care in a supportive environment that provides emotional and practical support as well as daily structure and rewarding alternatives to individuals as they make life changes necessary to recover from Substance Use Disorders (SUDs).

Recovery Housing is an emerging modality of recovery support care to better address the longer-term recovery needs of individuals with SUDs. By providing social and other types of support, recovery residences can increase *recovery capital* — the resources that individuals bring to bear to support their recovery efforts. The importance of recovery capital for persons residing in sober living houses (SLHs) or in a recovery home is best illustrated in a 2019 study by Witbrodt J, Polcin D, Korcha R, & Li L. The study found that greater recovery capital among residents was directly associated with better outcomes, including: decreased substance use; reduced relapse; lower rates of incarceration; increased employment; and improved family relationships.

What is Recovery Housing?

Recovery residences are now recognized as a vital service in the continuum of care for initiating and sustaining long-term recovery. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery housing as safe, healthy, family-like, substance-free, living environments that support individuals in their recovery from addiction. In 2020, there were an estimated 17,943 recovery homes across the

country serving over 275,000 people at any given time. Tracing its origin to the mid-1800's, SAMHSA reports recovery housing has evolved into various models to meet the diverse and changing needs of persons with substance use issues, including for those taking medications for opioid use disorder. Today, recovery housing encompasses varying levels of residential support that range from peer-run homes to licensed treatment programs. The operational models underlying this continuum include recovery-oriented systems of care, the social model of rehabilitation, and communities that provide a therapeutic environment — all of which promote recovery.

Purpose of the Study

This report is intended to identify existing recovery housing within the Albuquerque community. It also provides information on the varying levels of support offered within the recovery housing continuum of care resource. As further defined in this study, recovery housing offers individuals initiating and sustaining recovery from SUD a safe and stable place to live through four distinct *Levels of Support* and by applying *Best Practices*, as defined by SAMHSA and the National Association of Recovery Residences (NARR).

About NARR

Founded in 2011, NARR is comprised of regional and state recovery residence affiliations throughout the United States. It was formed to standardize operational procedures and to unify the myriad of terms used across numerous levels of recovery residence facilities. NARR offers its members advocacy, training and certification. Most importantly, the *NARR Standard* assures that those being served have a safe community residence that promotes recovery.

Recovery Housing Study

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EXECUTIVE SUMMARY

Overview

This study was commissioned by the City of Albuquerque Health, Housing and Homelessness Department to better understand existing recovery housing as a continuum of care resource within the Albuquerque community for individuals experiencing substance use disorder (SUD). For the purpose of the study, recovery housing offers individuals initiating and sustaining recovery from SUD a safe and stable place to live through varying levels of support.

Research, analysis, report writing, and design are provided by Creative Communications, under the direction of company President Cathy Imburgia.

In addition to NM Oxford Houses, Creative Communications identified 18 providers, 14 of whom participated in interviews both onsite and via Zoom. Information on the four providers that did not participate in an interview is derived from agency websites and online searches.

The adjacent information portrays the identified recovery housing providers by the *Level of Support* each provides. A more detailed description of each provider is included in the charts on pages 10-13.

The four *Levels of Support* structures include:

LEVEL 1: Peer-led community
i.e., Oxford Houses

LEVEL 2: Supportive living with peer accountability
i.e., Monitored Sober Living

LEVEL 3: Certified staff with linkages to higher care
i.e., Therapeutic Supervised Housing

LEVEL 4: Clinical with licensed staff
i.e., Residential Treatment

Findings

Recovery Housing

Identified Albuquerque Area Providers

LEVEL 1

Oxford Houses

LEVEL 2

Crosby Hall, LLC*

Frontline Resurrection

Women's Life Recovery Homes*

Hoffman Hall Sober Living*

Hope Realized Homes Foundation*

House of Friends Home of Sober Living for Veterans

TenderLove Community Center*

Thunderbird Rising Recovery*

LEVEL 3

Crossroads for Women • Maya's Place*

Endorphin Power Company*

Good Shepherd Center • Fresh Start Program*

Serenity Mesa Recovery Center*

Steelbridge Recovery Center*

Transition for Living

LEVEL 4

Icarus Behavioral Health*

New Mexico Wellness Residential Alcohol and Drug Treatment Center*

The Recovery House, LLC

Turning Point Recovery Center

Vanguard Behavioral Health*

* Indicates an interview was conducted.

NOTE: Interviews with Level 1 peer-led communities or Oxford Houses were not included in the study.

Approach

Creative Communications spent the first three months conducting the study by identifying and verifying current recovery housing providers within the Albuquerque metro. Following an introduction email from the Albuquerque Health, Housing and Homelessness Department Director detailing the purpose of the project, Creative Communications scheduled and conducted interviews with 14 of the 18 identified recovery housing providers. Of the 14 interviews conducted, eight included onsite visits at either the provider’s office or at a recovery home location with the following organizations:

1. Crosby Hall, LLC Sober Living
2. Crossroads for Women – Maya’s Place
3. Endorphin Power Company
4. Frontline Resurrection Women’s Life Recovery Homes
5. Hoffman Hall Sober Living
6. Hope Realized Homes Foundation
7. Icarus Behavioral Health
8. New Mexico Wellness Residential Alcohol and Drug Treatment Center

The remaining six interviews were conducted online via Zoom with the following providers:

1. Good Sheperd Center – Fresh Start Program
2. Serenity Mesa
3. Steelbridge Recovery Center
4. TenderLove Community Center
5. Thunderbird Rising Recovery
6. Vanguard Behavioral Health

Despite several attempts to reach the four remaining housing providers, the following Albuquerque area providers did not participate in an interview:

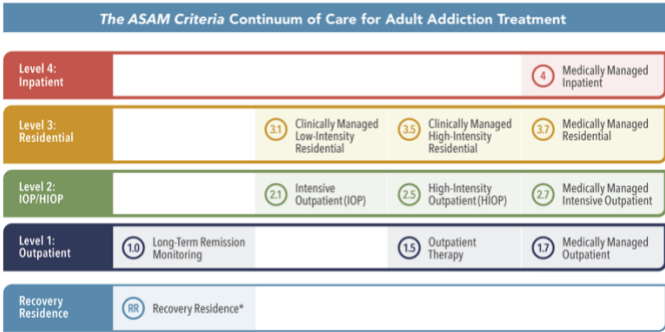
1. House of Friends-Home of Sober Living – Veterans only
2. The Recovery House, LLC
3. Transitions for Living
4. Turning Point Recovery Center

A standardized interview format and questionnaire that adapted the *11 Best Practices* for recovery residences was developed and used to gather information during each of the interviews. The

interview form is included in Appendix #1. Regarding the organizations that did not participate in an interview, information was gathered from online searchers and housing provider websites. In addition to contact information, data collected on each recovery housing provider includes:

- Populations Served
- Capacity: Beds / Homes
- Wait List / Wait Time
- Average Length of Stay
- Cost / Payment
- Services Offered Onsite
- Staff Certifications / Licensing
- Types of Substances Treated
- Referral Sources
- Disqualifiers / Reasons
- Faith-based / Requirements
- Type: Non-profit / For-profit
- Year Established

Additional study research includes information on the *Levels of Support* at recovery homes, as opposed to the *ASAM Criteria*®. This distinction is important to note as the ASAM Criteria Levels of Care continuum describes treatment that follows or coincides during Recovery Residence, per the following chart.



The ASAM Criteria provides a means for assessing patient needs and describes the continuum of addiction treatment care that is used as the *standard for treatment* by clinicians, payers and policy makers. *Levels of Support* indicates onsite residential services.

The study also includes information on the [NARR Standard 3.0](#), including an example model of a Delaware-based recovery housing organization.

Recommendations

While recovery has been defined in multiple ways, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a working definition of recovery per the following:

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.

As noted, recovery is a process not an end state. And while recovery can have many pathways that may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other means, SAMHSA identifies four dimensions to support a life in recovery. These include **health, home, purpose, and community** — with home defined as having *a safe and stable place to live*.

This report is intended to identify existing recovery housing within Albuquerque but also to provide recommendations on how best to link individuals in recovery to a continuum of safe and ethically-run community residences that promote recovery. While the state of New Mexico does not require certification nor standards to group living homes, it is important to note that recovery residences are different from other shared living environments.

One might expect group living houses to be properly run, provide a safe environment and be respectful members of a neighborhood. However, past local news articles have raised concerns over regulations and nuisance behaviors by residents. To avoid such circumstances, the City should strive to procure, at minimum, with recovery residences that are designed to provide safe, healthy, abstinent living environments based on a social model of recovery. These settings emphasize developing mutual support and skills for people in recovery that enable them to lead sober and productive lives.

In the absence of a state certification mandate for recovery housing, it is strongly recommended *the City supports and procures with recovery housing providers that have adopted the National Association of Recovery Residences (NARR) Standard*. NARR is a nonprofit organization that supports people in recovery from addiction by improving access, availability and quality of recovery housing and services. It is the largest recovery housing organization in the U.S. with 30 state affiliates, and nine more in process, located throughout the country that collectively support over 25,000 people in recovery living in 2,500 plus certified residences.

NARR was founded in 2011 by a group of organizations and individuals with deep recovery housing expertise and a goal of developing and promoting best practices in the operation of recovery residences. The NARR Standard is a nationally recognized quality standard for recovery housing and provides guidance for certifying effective recovery residences. The standard incorporates the collaborative values of acute care and social models of recovery and is built on the lived experience of operators and residents, not the decisions of an external accreditation body. Resident wellness and opportunities to enhance recovery are at the forefront of the NARR Standard.

The NARR Standard has four **domains**:

1. Administrative and Operational
2. Physical Environment
3. Recovery Support
4. Good Neighbor

Each of the domains includes **core principles** that establish the underlying statements of beliefs that drive NARR's expectations for recovery residences. The core principles are followed by **individual standards** that establish the minimum criteria for certification. Depending on the level of the residence, meeting the 31 standards across the 10 principles is required for certification.

Within the latest version of the NARR Standard, Version 3.0, is explicit guidance to providers on operationalizing recovery-oriented, abstinence-based, community integrated homes and metrics for evaluating the peer support components of a residence’s recovery environment.

According to an [August 2023 Legislative Finance Committee Progress Report](#), New Mexico experiences persistent challenges with substance use disorders. In 2021, 3,303 New Mexicans died from drug overdoses and alcohol-related causes — 2,274 from alcohol-related causes, roughly six people each day; and another 1,029 from drug overdoses, roughly three people per day.

In 2020, the NM Department of Health estimated only one in three New Mexicans with a Substance Use Disorder (SUD) are receiving treatment. Yet while alcohol remains New Mexico’s predominant substance-use problem, consistently ranking with the highest alcohol-related death rate in the country for over a decade, the LFC report cites alcohol use disorder receives less policy attention than opioids. Additionally, treatment options for alcohol and drug use do not meet the scale of need.

The sheer number of individuals struggling with addiction in New Mexico, as well as the resilience and potential of those in recovery, intensify the importance to invest in and support the establishment of meaningful and effective recovery housing. A recent study conducted in Ohio revealed that there is an “almost limitless” need for such housing, yet the availability of resources is severely lacking across communities. Smaller programs, in particular, struggle to secure and prepare homes for this purpose, highlighting the urgent need for financial assistance.

Establishing a recovery home is a complex endeavor, further complicated by varying federal and state laws, including the American with Disabilities Act, the Fair Housing Act, accreditation

requirements, business licensure, insurance regulations, rental guidelines, zoning regulations, health and safety standards, fire codes, and human services funding. These complexities, that vary state to state, mean that the funding gap to establish and maintain these critical recovery facilities must be addressed at the federal, state and local levels.

As research has shown, long-term investments in recovery housing not only benefit individuals in their journey to sobriety, but also have broader societal implications. One such report from a 2020 National Safety Council cites, workers in recovery help employers save \$8,175 per year in turnover, healthcare and replacement costs over employees with untreated addiction. Additionally, they tend to miss 13.7 fewer days of work per year.

With additional resources available in New Mexico to address substance use, specifically *through the opioid settlement funds and housing voucher resources, the state, along with the City of Albuquerque and Bernalillo County, have opportunity to invest in recovery housing.* Furthermore, it is recommended use of these funds be made available to assure safe and ethically-run community residences that promote recovery by *supporting the establishment of a New Mexico NARR affiliate.* Details on becoming a NARR affiliate and funding the expansion of recovery housing beds are included on pages 16-20 of this report.

Recommendations

- 1. Support and procure with recovery housing providers that adopt the NARR Standard.**
- 2. Through opioid settlement funds and housing voucher resources, invest in recovery housing.**
- 3. Fund / support the establishment of a State of New Mexico NARR affiliate.**

CURRENT SITUATION



Overview of existing housing for substance use disorder recovery

History and Evolution of Recovery Houses

To enhance understanding of the current landscape of recovery residences in Albuquerque, it is helpful to review the overall evolution of recovery housing. The following description is adapted from the 2011 NARR White Paper and introductory document.

Recovery residences have been central to the evolution of all addiction recovery services. “Inebriate homes” and “farms” birthed the modern addiction recovery movement. The healing characteristics of those early homes remain the essential qualities for residential environments today, providing: *Community* — a healthy, stable community of peer support; and *Time* — an extended period for establishing and practicing healthy routines, cushioned from a world where chemicals were the central focus.

Specialized residential care gained prominence through the 1800’s as the intervention of choice for the suffering alcoholic and addict. By the mid-1800’s, the evolving criminal justice system

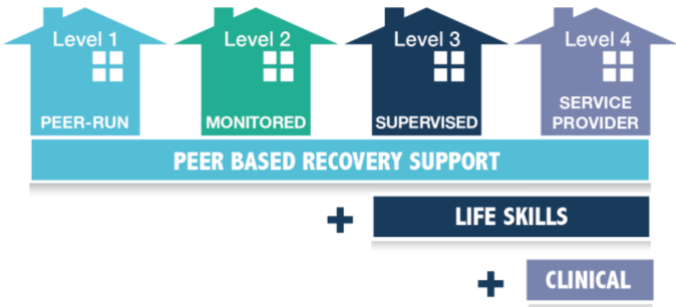
embraced the use of community-based facilities as a “halfway point” between incarceration and independent living. The birth of Alcoholics Anonymous (AA) in the 1930’s marked the advent of a social model of recovery.

As AA evolved and the understanding of addiction improved, supportive living emerged as an alternative to institutionalization. The term “halfway house” was coined in the 1950’s to describe residences for those seeking a community-based alternative. That trend was further embraced during the mass de-institutionalization of the mentally ill in the United States in the 1970’s. Addiction recovery liberally borrowed from this model, and eventually, all types of recovery residences emerged throughout the country.

Therapeutic communities (TCs) gained prominence in the 1960’s and 1970’s as an effective form of residential treatment. TCs are long-term in nature, with an emphasis on community support and responsibility for dismantling destructive thought

and behavior patterns. The TC model was ground breaking because of the premium placed on the intentional training and employment of recovering addicts and alcoholics. On the other end of the residential spectrum of services, a peer-run residential model emerged in 1975, made popular by Oxford House, Inc. Without paid staff, each house is financially self-supporting and managed as a communal democracy. Today, thousands of Oxford Houses exist throughout the world utilizing this simple, sober home model.

As illustrated in the chart below, these historical models are still in evidence today in the residential continuum of services. Today, recovering addicts and alcoholics may receive services in a recovery residence ranging from the peer-run sober home to a residential program that also provides treatment.



A myriad of names is used to describe these residential supports – halfway house, sober living, extended care, 3/4 house, dry house, etc. Unfortunately, these descriptors lack clarity and uniformity, and the meaning of each often depends on the system or area of the country in which one operates. This contributes to significant confusion about matching facilities to individual needs for both potential residents and professionals in the behavioral health, physical healthcare and criminal justice fields; and for recovery supporters in the recovery community. According to NARR, **Recovery Housing** is the basic service provided by recovery residences that includes, at a minimum, recovery peer support(s). **Recovery residence** is an

all-encompassing term that accurately describes the residential approach to recovery support.

Types of Recovery Housing in Albuquerque

Research confirmed the Albuquerque community does indeed have an existing stock of recovery housing that covers the full continuum of recovery support, including Level 1 peer-run Oxford Houses. There are 18 recovery residence providers included in the study that align to the Level 2 – 4 continuum of support. Of the 18 recovery housing providers identified, 14 participated in an interview, either onsite or online via Zoom.

By *Level of Support*, following are the housing providers identified in the Albuquerque area:

LEVEL 1
Oxford Houses

LEVEL 2
Crosby Hall, LLC*
Frontline Resurrection
Women’s Life Recovery Homes*
Hoffman Hall Sober Living*
Hope Realized Homes Foundation*
House of Friends Home of Sober Living for Veterans
TenderLove Community Center*
Thunderbird Rising Recovery*

LEVEL 3
Crossroads for Women • Maya’s Place*
Endorphin Power Company*
Good Shepherd Center • Fresh Start Program*
Serenity Mesa Recovery Center*
Steelbridge Recovery Center*
Transition for Living

LEVEL 4
Icarus Behavioral Health*
New Mexico Wellness Residential Alcohol and Drug Treatment Center*
The Recovery House, LLC
Turning Point Recovery Center
Vanguard Behavioral Health*

* Indicates an interview was conducted.

CAPABILITIES

Overview of Capabilities / Services

With much known about the Oxford House, Inc. sober living model and its limited incorporation of standards of care, these residences are not included in the study. Rather, a link depicting where NM Oxford Houses are located is included on page 10. The charts on pages 10-13 include details on each provider by the *Level of Support* each provides.

The study revealed there is an estimated capacity of 800 beds in the Level 2 – 4 range of support within the Albuquerque region. This information is derived from interviews among the participating recovery housing providers and online searches conducted on the four providers that opted out of an interview. The average length of stay for Level 3 recovery home residents is one year. In contrast, Level 2 providers report a range in stay from three months to up to three years, with most placements averaging six months. The Level 4 clinical recovery providers report a much shorter stay, ranging from 30 to 90 days.

Costs and payments vary across the continuum of recovery housing, with Level 4 costing the most for the level of clinical care it offers. Level 4 payment options include scholarships, private insurance, Medicaid, and self-pay. On the other hand, most Level 3 providers report “no fees” as costs are mostly covered through grants and Medicaid payments. One Level 3 provider reports a \$500 per month fee that is covered through Medicaid and self-pay, and offers an initial 3-month no fee option via “bridge funding.” Regarding Level 2 providers, most fees range from \$450 to \$600 per month, with some offering no fee, Medicaid or self-pay options. Some Level 2 providers report receiving donations, grants and/or having DOC contracts for limited-time bridge funding to help clients transition from prison and into a sober living environment until employment is attained.

With no detox services offered, Level 2 and 3 providers require residents to be sober and in

recovery prior to move-in. And while all identified housing providers offer services for all types of substance addictions, medications to treat opioid use disorder, use of medical marijuana and medication for other behavior health conditions is limited among Level 2 and 3 area providers. Some providers indicate the use of such medications is reviewed on a case by case basis, while others report a requirement of complete abstinence for placement consideration. Of the five faith-based organizations identified among the Level 2 and 3 providers, four do not require participation in faith-based programs. And regarding disqualifiers to participate in a recovery housing program, only two of the 14 interviewed report a low-barrier access to admittance. Disqualifiers reported across the continuum of support include: history of aggressive behaviors; arsonists; sex offenders; lack of commitment to the program; use of methadone, or in one instance, any medication-assisted treatment (MAT); physical disabilities that inhibit self-care; and the need for a higher level of care. It is important to note NARR Standards and SAMHSA Best Practices support the use of MAT among residents.

Services across the continuum vary, with lower *Levels of Support* providers encouraging — even requiring treatment. Linkages to community-based recovery services, including AA/NA meetings, is offered. And while staff credentials are equivalent to the continuum of support offered, Level 2 and 3 providers offer house manager or equivalent employment opportunities to monitor or supervise residents in exchange for reduced placement fees.

Perhaps most telling in the study are the populations served, with only one provider servicing youth — specifically 14 – 21 years of age; and two providers servicing pregnant women and women with children. Ten of the 18 providers service both men and women, five service males only and the remaining three are for women only. For the sex-specific sites, individuals identified as transgender are accepted dependent on how they present.

RECOVERY HOUSING IN ALBUQUERQUE

Identified Recovery Housing in the

LEVEL 1: Peer-Led Housing Community					
Oxford Houses Directory oxfordhouse.org/directory_listing.php?state=NM					
LEVEL 2: Monitored Sober Living					
	Population Served	Capacity	Wait List / Time	Average Stay	Cost / Payment
Crosby Hall, LLC* www.crosbyhallinc.com 4200 Prospect, Trailer #5 • Albuquerque, NM 87110 Contact: Allen Crosby 505-507-8782 • allen@crosbyhallinc.com	Adults 18+: Male	20 beds in 2 houses	Yes / 1 week	3 - 6 months	\$450/month \$120/week \$10/night
Frontline Resurrection Women's Life Recovery Homes* www.frontlineresurrectionabq.org 400 Gold SW, Suite 680 • Albuquerque, NM 87110 Contact: Renee Chavez-Maes 505-582-5901 • renee Chavez-maes77@gmail.com	Adults 18+: Female; Accepts pregnant women and women with children	21 beds in 4 houses, including 2 casitas	No	1 year	\$500/month \$625/month for Casitas Self-pay, Grants
Hoffman Hall Sober Living* www.hoffmahallsoberliving.com (Note: website is currently down) 508 Tennessee St. NE, Apt. A • Albuquerque, NM 87108 Contact: Robert Villalobos 505-544-5739 • robertvhoffmanhall@outlook.com	Adults 18+: Male, Female, Transgender	160 beds in 13 houses 43: Female 117: Male	Yes / Less than a week	60% stay 2 years or more	\$460/month \$125/week Self-pay, 1st 2mos. funded via Federal DOC contract
Hope Realized Homes Foundation* www.hoperealizedhomes.org 12200 Towner Avenue NE • Albuquerque, NM 87112 Contact: Sherrie Trezza 505-934-4773 • sherrie@hoperealizedhomes.org	Adults 18+: Male, Female, Transgender Holds a "Shared Housing" Certification	36 beds in 3 houses	Yes / Less than a month	6-12 months average; a 2-year program	\$600/month \$150/week Self-pay, Grant-funded scholarships
House of Friends Home of Sober Living – Veterans only www.hofnm.com 2123 San Mateo NE • Albuquerque, NM 87110 Contact: Charlie McGinnis 505-903-9168 • cmcginnistkd@hotmail.com	Adults 18+: Male Home for male veterans	UNKNOWN in 2 houses	UNKNOWN	6 month minimum	\$500/month
TenderLove Community Center* www.tenderlovecommunitycenter.org P. O. Box 65156 • Albuquerque, NM 87193 Contact: Debbie Johnson • 505-349-1795 • tenderloveabq@yahoo.com	Adults 18+: Female, Transgender; Accepts pregnant women and women with children	22 beds in 2 houses; a 3rd house is planned	No	6 months	No Fee / Donations and Grants
Thunderbird Rising Recovery* No Website 1258 Ortiz Dr. SE, Suite #100 • Albuquerque, NM 87108 Contact: Retta Riley • 505-463-1970 • rettalynn@wwjdit.com	Adults 18+: Male, Transgender must present as male	21 beds in 2 houses	No	6 months – 3 years	No Fee / Medicaid

NOTE: Level 1 recovery housing is not included in the study. A link to the New Mexico Oxford Houses, Inc. Directory is included for reference only.

* Indicates an interview was conducted.

Albuquerque Region

Staff / Certifications	Services Offered	SUD Treated	Referral Source	Disqualifiers / Reason	Faith-based	Type	Year Established
No Paid Staff or Certifications; Residential House Manager with discounted rent	Linkages to community services	All substances	Word of mouth; facility peers; website; social media; DOCs	Yes - Aggressive behaviors	Yes - Does not require participation	For-profit Supportive Living	2022
Partners with Krossroads Integrative Behavioral Health for Clinical, CCS and CSW services	Linkages to community services; Pathways to education and careers	All substances	DOC state/federal; probation/parole; community organizations	No - Low barrier intake process	Yes	Non-profit Supportive Living	2020
Residential House Manager w/ discounted rent; Admin Support; No Staff Certifications	Employment; Linkages to community services	All substances	Rehab facilities and Federal DOC contract	Yes - Sex offenders; history of fighting and non-compliance to rules	No	For-profit Supportive Living	2012
No Paid Staff or Certifications; Residential House Manager with discounted rent	Linkages to community services/MAT; Christian counselors onsite 1x/week	All substances	NM Leaders in Recovery; non-profits; RTCs; DOCs; online searches	Yes - Sex offenders; violence history and when on MH meds, on a case by case basis	Yes - Does not require participation	Non-profit Supportive Living	2021, opened for business in 2022
House Manager / No staff certifications	Onsite AA / NA meetings; Linkages to community services and training	All substances	DOC; VA; community organizations	Yes - Must be committed to sobriety/personal improvement	No	UNKOWN	UNKOWN
Admin Support, LSAA - Licensed Substance Abused Associate CPSWs, CCSWs, Residential House Manager	Linkages to community services; life skills; vocational training; peer and group mtgs.	All substances	MDC; Care Campus; UNM Psychiatric unit and other mental health hospitals	No - Low barrier intake process to help as many as possible	No	Non-profit Supportive Living	2013
CCSWs, LCSWs via in-house IOP Recovery Center services	Peer services; support groups; clinical; life skills; employment	All substances	Peak Behavioral Health; word of mouth	Yes - Sex offenders; arsonist	Yes	For-profit Supportive Living	2017

LEVEL 3: Supervised Therapeutic Housing	Population Served	Capacity	Wait List / Time	Average Stay	Cost / Payment
Crossroads for Women • Maya's Place* www.crossroadsabq.org 239 Elm St NE • Albuquerque, NM 87102 Contact: Bernice Varela • 505-234-4283 • bernicevarela@crossroadsabq.org	Adults 18+: Female, Transgender	30 beds in ABQ; 26 beds in Valencia County	Yes / Up to 2 months	1-year program; 90 days for federal DOC funding	No Fee / Medicaid and Grants
Endorphin Power Company* www.endorphinpower.org 509 Cardenas Drive SE • Albuquerque, NM 87108 Contact: Jeff Holland • 505- 268-3372 • jeff@endorphinpower.org	Adults 18+: Male, Female, Transgender	26 beds in 2 locations; 1 location is a stepdown	Yes / 2 weeks to 2 months	1-year program; 6 to 7 months average stay	\$500/month Medicaid, Self-pay, and 3 mos. bridge funding
Good Shepherd Center – Fresh Start Program* www.gscnm.org 218 Iron Avenue SW • Albuquerque, NM 87102 Contact: Juanita Chavez • 505-243-2527 ext. 202 • juanita@gscnm.org	Adults 18+: Male	75 beds in 2 buildings	No / Walk ins accepted	9 months	No Fee / Donations
Serenity Mesa Recovery Center* www.healingaddictionnm.org/serenity-mesa 3701 Condershire Dr. SW • Albuquerque, NM 87121 Contact: Jennifer Weiss-Burke • 505-877-3644 • jenweissburke@serenitymesa.com	Youth: 14 - 21 Male, Female, Transgender	23 beds in 2 houses	Yes / 2 weeks	90+ days	Medicaid, Private Insurance, and Self-pay
Steelbridge Recovery Center* www.mysteelbridge.org 214 Coal Avenue SW • Albuquerque, NM 87102 Contact: Shane Rabindranath • 505- 346-4673 • srbindranath@mysteelbridge.org	Adults 18+: Male, Female	97 beds in 2 locations	No	1-year program; 6 months average stay	No Fee / Donations
Transition for Living www.transitionalhousing.org/li/transition-for-living 6231 Gibson Blvd. SE • Albuquerque, NM 87108 Contact: Ron Campbell • 505- 717-2756 • transitionforliving@gmail.com	Adults 18+: Male	110 beds in 1 apartment building	UNKNOWN	UNKNOWN	UNKNOWN
LEVEL 4: Residential Treatment	Population Served	Capacity	Wait List / Time	Average Stay	Cost / Payment
Icarus Behavioral Health* www.icarusbehavioralhealth.com 8601 Golf Course Road NW • Albuquerque, NM 87114 Contact: Danny Diederich • 505- 305-0902 • danny.diederich@icarusbh.com	Adults 18+: Male, Female, Transgender	30 beds in 3 houses	Yes / 1-2 weeks	30 - 45 days	\$20,000/mo. Medicaid, Self-pay and Private Insurance
New Mexico Wellness Residential Alcohol and Drug Treatment Center* www.newmexicowellness.com 4210 Meadowlark Lane SE • Rio Rancho, NM 87124 Contact: Jeff Holland • 505-560-9355 • jeff@endorphinpower.org	Adults 18+: Male, Female, Transgender	88 beds in Rio Rancho location; 70 beds in Taos	Yes / 2 weeks or less	90 days	Medicaid, Self-pay, Private Insurance, Scholarships
The Recovery House, LLC www.recoveryhousenm.com 9101 Wilshire Avenue NE • Albuquerque, NM 87112 Contact: Nicole • 505 832-7088 • nicole@therecoveryhousenm.com	Adults 18+	8 beds in 1 location	UNKNOWN	UNKNOWN	Private Insurance, Self-pay
Turning Point Recovery Center www.turningpointrc.com 9201 Montgomery Blvd. NE #5 • Albuquerque, NM 87111 Contact: Paul Tucker • 505-217-1717 • info@turningpointrc.com	Adults 18+	UNKNOWN	UNKNOWN	UNKNOWN	Medicaid, Private Insurance, Self-pay
Vanguard Behavioral Health* www.vanguardbehavioral.com 3655 Carlisle Blvd. NE • Albuquerque, NM 87110 Contact: Jake Posso 505- 425-1912 • jake@vanguardbehavioral.com	Adults 18+: Male, Female, Transgender	8 beds in 1 location	Yes / 2 weeks	30 - 90 days	\$15,000/mo. Medicaid, Self-pay, Private Insurance

Staff / Certifications	Services Offered	SUD Treated	Referral Source	Disqualifiers / Reason	Faith-based	Type	Year Established
Admin, CPSWs, LCSWs, SW/CCSS, Residential House Advisor	Peer services; support groups; life/vocational skills; linkages to clinical services	All substances	Case workers; DOC; graduates; community organizations	Yes - Lack of commitment to the program	No	Non-profit Therapeutic / Supportive Living	1997
Admin, Peers, CPSWs, LCSWs, SW/CCSS	Clinical; peer services; support groups; life skills; vocational	All substances	Treatment centers; counseling agencies; shelters; detox organizations	Yes - Sex offenders	No	Non-profit Therapeutic / Supportive Living	2007 Recovery Housing; Founded in 2003
Admin, Peers, LCSWs, Executive Director	Linkages to in-house clinical; life skills; job skills	All substances	Community organizations; self-referred; probation/parole	Yes - Use of substances; Repeatedly breaking rules	Yes - Does not require participation	Non-profit Therapeutic / Supportive Living	1951
Admin Support, LCSWs, CPSWs, Residential House Manager	On campus IOP, including Clinical; CPSW; Support Group; Life Skills; High School/GED	All substances	Referrals can be taken over the phone or by using the online referral form	Yes - Higher level of care needed	No	Non-profit HAC – Healing Addiction in our Community	2015, Serenity Mesa Recovery Center; in 2010 HAC was established
Admin, Peers, Residential House Manager, Program Director	Linkages to in-house clinical; spiritual; life skills; vocational	All substances	DOC; probation/parole	Yes - MAT and narcotic use; Physical disabilities	Yes	Non-profit Therapeutic / Supportive Living	1959, formerly ABQ Rescue Mission; in 2017 became Steelbridge
24/7 On-site management / UNKNOWN	UNKNOWN	All substances	DOC; probation/parole	Yes - Sex offenders	No	UNKNOWN	1985
Staff / Certifications	Services Offered	SUD Treated	Referral Source	Disqualifiers / Reason	Faith-based	Type	Year Established
Admin, LCSWs, SW, Care Coordinators, Therapists – 3.5 LOC; JACHO certified	Detox; MAT; peer services; support groups; life skills; in-house IOP	All substances	SAC, Haven, Central Desert, Turning Point	Yes - Higher level of care needed; violent behavior; sex offender	No	For-profit RT; Therapeutic / Clinical	2022
Admin, LCSWs, CCSW, 24-hr Nursing – 3.7 LOC; JACHO certified/ CARF accredited	Detox; MAT; clinical; peer services; support groups; life skills	All substances	State/local justice systems; community organizations; self-referred	Yes - Higher level of care needed; MH is primary diagnosis	No	For-profit RT; Therapeutic / Clinical	2021
UNKNOWN	Detox; MAT; clinical; peer services; support groups; life skills	All substances	UNKNOWN	UNKNOWN	UNKNOWN	For-profit RT; Therapeutic / Clinical	UNKNOWN
Live-in House Manager, CPSWs	Peer services; linkages to in-house IOP services	All substances	UNKNOWN	UNKNOWN	UNKNOWN	For-profit RT; Therapeutic / Clinical	UNKNOWN
Admin, CPSWs, LCSWs, Residential House Manager	Detox; MAT; peer services; support groups; life skills; in-house IOP services	All substances	Hospitals; MDC; probation/parole; counseling agencies	Yes - Methadone use; Diagnosed psychosis	No	For-profit RT; Therapeutic / Clinical	2023

Overview of Capabilities (continued)

As illustrated on the map on page 15, the 18 identified Albuquerque recovery housing providers are located throughout the City, with some provider offices situated onsite or down the street from the houses they own or operate. Research identified there are 42 different sites in which the estimated 800 Albuquerque area recovery housing beds are located. Two providers report additional beds and recovery residences are located in nearby Sandoval and Valencia Counties.

In terms of geography, studies show that where a recovery house is located can affect recovery outcomes. Characteristic such as neighborhood traits; richness of community services; viable public transportation; and accessibility to 12-step meetings, other support resources and mental and physical health care can greatly benefit people in their recovery. Regarding the Level 2 and 3 residences visited during the interviews, either they are located on public bus routes, or when needed, transportation is provided, giving residents access to treatment, community resources and employment.

While all Level 1 – 3 recovery housing providers require detox and abstinence prior to admission, some stipulate at least 30 days of abstinence and/or residential treatment prior to a resident’s intake. Additionally, drug testing at intake and periodic drug testing agreements are part of the house rules and a requirement that is thoroughly explained upfront by each of the providers interviewed. Furthermore, many Level 2 and 3 providers report holding agreements with local treatment providers and encourage and even require residents to continue in IOP and other levels of professional treatment services as well as AA/NA meetings.

Studies show better recovery results are linked to houses that encourage treatment, apply 12-step principles and highlight the importance of peer support and mutual assistance in the recovery process. In fact, one of the providers reported

that as the husband and wife team entered into the business of helping people in recovery, they completed a 20-hour training program on the *Principles and Methods for Shared Housing*. The Shared Housing School certificate symposium was held in Seattle, WA and is offered through Shared Housing Solutions™, a “purpose-driven” real estate investment organization. The on-site training offers a model to invest in real estate while also investing in people who are experiencing barriers to housing as a long-term solution to homelessness, recovery and providing safety to vulnerable individuals. As a best practice, the Albuquerque provider displays its training certificate and provides documented house rules in each of the recovery houses they own.

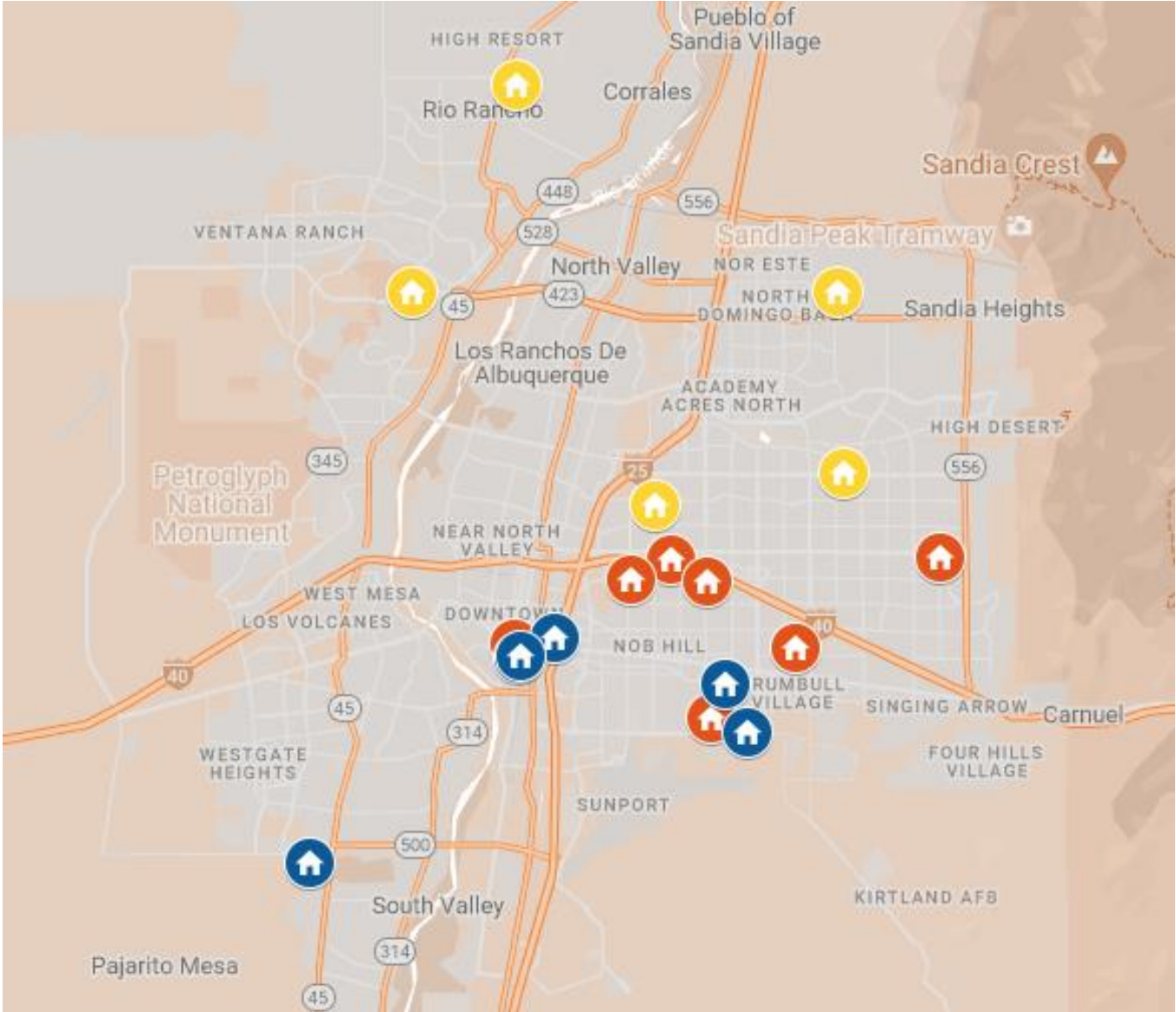
As for referrals, identified providers report a wide range of referral sources, including from homeless shelters and social service organizations; treatment centers and higher levels of recovery care providers; to peers with similar experiences; from federal, state and/or local DOCs and probation and parole departments; and by self-referrals via websites or social media. As a best practice, SAMHSA recommends recovery housing providers reject patient brokering. The study did not reveal patient brokering or that paid fees for referrals existed among any of the providers interviewed.




In addition to peer services, onsite offerings at the Level 2 and 3 recovery residences include pathways to vocational opportunities, for both education and employment; life skills such as problem-solving, communication skills, empathy and coping with stress; and recovery support through groups and linkages to community treatment and recovery resources. Level 4 onsite services are clinical and may include detox, MAT induction, in-house IOP, groups, peer support, and life skills coaching.

Among the housing providers interviewed, the years in existence varied from as recent as 2023 to being 65 years old when established under a previous name, the Albuquerque Rescue Mission.

RECOVERY HOUSING PROVIDER LOCATIONS

[Click here for a link to the map.](#)



-  — **LEVEL 2: Monitored Sober Living**
-  — **LEVEL 3: Supervised Therapeutic Housing**
-  — **LEVEL 4: Residential Treatment**

CONCLUSION

Best Practices

In efforts to improve the quality of recovery housing and the outcomes of the residents, SAMHSA recently published an updated document that outlines best practices for the implementation and operation of recovery housing. “These best practices are intended to serve as a tool for states, governing bodies, providers, recovery house operators, and other interested stakeholders to improve the health of their citizens, reduce incidence of overdose and promote recovery housing as a key support strategy in achieving and sustaining recovery,” as noted in the SAMHSA [Best Practices for Recovery Housing](#) document.

To ensure awareness of the update, Creative Communications sent a follow-up email to each interviewed recovery housing provider that included a link to the SAMHSA best practices document. The following chart includes the 11 Best Practices.

Recovery Housing Best Practices

1. Be Recovery-Centered
2. Promote Person-Centered, Individualized and Strengths-Based Approaches
3. Incorporate the Principles of the Social Model Approach
4. Promote Equity and Ensure Cultural Competence
5. Ensure Quality, Integrity, Resident Safety and Reject Patient Brokering
6. Integrate Co-Occurring and Trauma-Informed Approaches
7. Establish a Clear Operational Definition
8. Establish and Share Written Policies, Procedures and Resident Expectations
9. Importance of Certification
10. Promote the Use of Evidence-Based Practices
11. Evaluate Program Effectiveness

SAMHSA recommends recovery housing entities be certified, citing, “Certification is one noted remedy to address unethical and illegal practices in recovery housing.” NARR has developed the most widely referenced national standards to ensure well-operated, ethical and supportive recovery housing. SAMHSA recommends the home be conducive to sustaining recovery with supports such as:

- **Physical Environment:** Does the home’s structure reflect community living?
- **Recovery Orientation:** To what degree is it recovery oriented?
- **Staff Role:** Are staff respected peers?
- **Community Orientation:** Is the community viewed as a resource?
- **Governance:** Does accountability involve the peers (residents)?
- **Practices:** Are there actions and/or practices that have shared social meaning and transmitted through customs and traditions, i.e., house rituals

Furthermore, SAMHSA notes that providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime in recovery. “It is critical that recovery housing programs function with sound, ethical and effective standards and guidelines which center on a safe, healthy living environment where individuals gain access to community supports and recovery support services to advance their recovery,” SAMSHA cites.

Measuring program effectiveness by understanding outcomes is an activity that SAMHSA strongly encourages. Recommended data collection and outcomes measures include information on sustained recovery, employment, criminal justice involvement, transition to permanent housing, and social connectedness. In addition, SAMHSA recommends the use of resident satisfaction surveys. Such surveys can be a valuable indicator as to the overall performance of the recovery housing facility and can lead to program modification as deemed necessary.

Recommendations

While the study reveals there is an estimated 800 beds among the 18 identified recovery home providers in the 2 – 4 *Levels of Support* range, and among the 42 different recovery residences located throughout the Albuquerque region, more beds and consequently more residences are needed to adequately meet the scale of need for the alcohol and drug use identified in the most recent New Mexico [August 2023 Legislative Finance Committee Progress Report](#).

The report cites, “The effects of untreated SUD contribute to poor outcomes for the state, including high rates of substance related deaths and high rates of child maltreatment. In 2020, the two leading caregiver risk factors for child maltreatment in New Mexico were drug and alcohol use.” Additionally, DOH reports New Mexico’s persistent substance use challenges contribute to poverty, crime, unemployment, and domestic violence.

Recommendation #1

Support and procure with recovery housing providers that adopt the NARR Standard.

The City of Albuquerque would benefit by having more recovery houses/beds available to meet a longer-term and proven approach to recovery from SUD as well as to address the growing need for it. The existing medical-alone approach (detox, short-term residential inpatient treatment and outpatient care) do not adequately address the complex multi-dimensional journey required for recovery. Rather, a whole-person, strength-based approach that includes housing, peer support services, community and civic engagement, vocational training and access to employment, mutual aid support, and a number of other non-clinical supports is proven to give people time to develop sustained recovery while rebuilding other aspects of their lives.

Research also found that people with substance use disorders who live in recovery housing have a greater chance of achieving long-term recovery than

those who do not. For these reasons, it is strongly recommended the City of Albuquerque identify ways to support expansion of recovery residences through procurement with providers that assure those being served have a safe community residence that promotes recovery.

While the state of New Mexico does not require certification nor accreditation standards to group living homes, national standards do exist for recovery homes through NARR. The essence of the NARR Standard calls for ethical practices that focus on client recovery and that are designed to provide safe, healthy, abstinent living environments based on a social model of recovery.

In the absence of a NARR certification, the study did find there are several providers meeting defined quality standards. However, NARR certification ensures not only quality standards are met but also provides a forum for recovery housing providers to routinely meet and share how best to address specific circumstances as they arise. Discussion topics during the scheduled calls may include: what to do when an individual relapses; length of stay based on individual needs; use of MAT and storage of prescribed medical and behavioral health narcotics; surveys and other techniques to effectively measure outcomes; and more.

It is recommended the City move to ensure quality recovery housing by educating providers on the NARR Standard and by encouraging attainment of NARR certification. In the absence of a New Mexico NARR affiliate, individual providers would need to certify with a neighboring NARR state affiliate. Colorado, Arizona and Texas are NARR affiliates. As this strategy may take time to achieve, it is recommended, at minimum, the best practices identified and defined by SAMHSA in the most recent [Best Practices for Recovery Housing](#) document be incorporated into City procurement requirements when issuing a *Request for Proposal* (RFP) for recovery housing services.

Recommendation #2

Through opioid settlement funds and housing voucher resources, invest in recovery housing.

While recovery housing is recognized as an evidence-based practice by SAMHSA, if and when the recovery residence meets the nationally defined standards as outlined by NARR, recovery housing can be difficult to sustain as it is currently not a Medicaid or other insurance covered service. And while recovery housing is not considered a direct form of medical treatment, it is a critical component of a much broader treatment and proven recovery support system.

Outcomes regarding reduced relapse rates, improved employment rates and better overall health and well-being for residents of long-term recovery housing compared to those who do not have access to supportive housing are well documented. According to the National Institute on Drug Abuse (NIDA), stable, drug-free housing is crucial for individuals trying to maintain and sustain their recovery.

Therefore, an additional strategy to further support housing providers that have adopted the NARR Standard and apply the SAMHSA-defined Best Practices includes providing financial assistance for short-term bridge funding for initial placements. Additionally, contracting with recovery housing providers to pay a set fee per bed is another means that can assist in covering or offsetting resident placement costs, similar to how the City currently funds housing vouchers for the homeless.

In fact, under a federal BJA-funded grant, the City currently funds transitional housing, including placement in recovery housing, to individuals experiencing homelessness and who have engaged with a recovery peer specialist at a City-funded emergency homeless shelter. Today's grant-funded and housing voucher programs offer individuals with SUD a more sustainable approach to recovery as opposed to placement in a scatter site where an

individual is on their own and placed in an apartment that, due to costs, may be located in a section of town that is way too often not conducive to maintaining, let alone sustaining recovery.

As demonstrated, investing in an individual's long-term recovery from SUD goes beyond merely providing shelter. This strategy calls for action from policy makers to recognize a likely root cause to homelessness and the long-term benefits of recovery housing. It calls for creative and collaborative efforts that embody a model for holistic care in a comprehensive, community-based recovery support system. It calls for policy makers to recognize long-term recovery housing as the foundation for change in our communities and how best to realize sustained recovery outcomes.

Furthermore, investment in recovery housing is not just a moral duty but a sound economic strategy. The cost to a community when someone enters recovery multiple times as opposed to achieving and sustaining recovery (1-5 years) or stable recovery (5+ years) is higher both economically and socially. Repeated recovery attempts increase tangible impacts on healthcare expenses, social services and support systems, criminal justice systems, and productivity losses. It also increases negative community impact through increased recidivism, housing insecurity, family and social dynamics, and increased criminal justice involvement; not to mention the increased costs associated with emergency response due to overdose and *down and out* 9-1-1 calls. While harder to quantify, the emotional and psychological toll on individuals, families and communities is also increased when recovery is not sustained.

Federal legislation was recently introduced to help individuals in recovery from a SUD access stable housing. The Safe and Secure Housing for Opioid Recovery and Enduring Stability (Safe SHORES) Act of 2024 would reauthorize the Recovery Housing Program (RHP), first enacted as part of the SUPPORT

Act of 2018. RHP's authorization expired in 2023. The new legislation would extend the program until 2029 and expand and improve the RHP to serve more Americans.

Specifically, the bill would:

- Increase authorized funding to no less than \$50 million per year;
- Give states and grantees additional flexibility to distribute funds as they need and allow grantees to cover more costs that come with providing housing;
- Encourage states to award grants to facilities that participate in best practices that meet state standards of accreditation and have robust workforce development and emotional support programs; and
- Require the U.S. Department of Housing and Urban Development (HUD) to produce an annual performance report outlining the distribution of RHP awards and project developments.

Beyond the federal funding opportunity to increase access to stable housing, the Bernalillo County Commission and the City of Albuquerque Council Resolutions, respectively, AR 2023-105 and R-23-174, requires the local governments “to develop a coordinated plan of action for the use of opioid settlement funds to make strategic investments that have real and lasting impacts on our community . . . while avoiding duplication of effort and building a strong and coordinated support network.”

Opioid settlement funds are funds resulting from lawsuits filed by state and local governments against companies whose actions contributed to the opioid overdose crisis. They include money from settlements with pharmaceutical distributors, manufacturers, and retail pharmacies. In 2021, Bernalillo County experienced the highest number of overdose deaths in the state of New Mexico, with an estimated 456 overdoses. While Bernalillo County did not have the highest overdose rate of all New Mexico counties, the county's overdose rate of 66.28 was higher than the state's rate. Nearly half (44%) of the overdoses in New Mexico in 2021 happened in Bernalillo County.

All 50 states and U.S. territories will receive a share of more than \$50 billion in opioid settlement funds over 18 years. Separate settlements totaling more than \$1.5 billion are available to federally recognized Tribes and Tribal health organizations. Each state is dividing settlement funds between state and local governments in its own way. New Mexico will receive around \$1 billion dollars over 18 years. Forty-five percent (45%) of the funds will go to the state and 55% will go to local governments.

As of April 1, Bernalillo County and the City of Albuquerque have received \$27,681,158.43 in opioid settlement funds so far, with more dollars expected in future years. And now through October of this year, the City and Bernalillo County are in process of working with an independent organization, Vital Strategies, to facilitate a planning process for disbursing opioid settlement funds earmarked to be spent during fiscal year 2025.

Opioid settlement funds are meant to address harm caused by the opioid overdose crisis. Therefore, local New Mexico governments must spend opioid settlement funds on programming and policies to address harms caused by the opioid overdose crisis. The majority of the opioid settlement funds must be spent on future programs, thus presenting an opportunity to fund programs and initiatives that have not been previously funded.

With this opportunity, it is highly recommended the City use this report as input to the City/County as well as the State of New Mexico's planning process for the short- and long-term expenditure of opioid settlement funds. And to improve information about recovery housing availability in the Greater Albuquerque Region, it is recommended the *Level of Support* recovery housing capabilities chart, included on pages 10 – 13 of this report, be maintained and made available as a resource guide to help treatment and referral sources, as well as people with SUD, find the appropriate level of housing to meet an individual's recovery needs.

Recommendation #3

Fund / support the establishment of a State of New Mexico NARR affiliate.

NARR is the national resource for recovery residence providers seeking standards, protocols for ethical practice, training, and state of the art information pertaining to all levels of residential recovery operations. NARR has affiliate members from coast to coast that vary in size and years in existence, thus making for a rich mixture of experiences, regional environments and recovery housing development needs. Benefits and services for affiliate members include:

Peer Support, in which NARR hosts an open call every month for affiliate peers and stakeholders to share successes and challenges, pose questions and answers and to gain national and local perspectives;

Resource Library, a growing learning center offering affiliate standards, white papers and advocacy support; and

Training and Technical Assistance, whether at the beginning stages of developing a state affiliate or seeking ongoing support, NARR can customize technical assistance programs ranging from consultation and trainings to administrative support.

In addition to providing two letters of support with the application, four criteria are required for consideration to become a NARR affiliate:

- 1) Organizational structure; 2) Existing affiliate standards for provider members and related processes; 3) Records management; and
- 4) Contribution to NARR's vision and mission.

The application for state or regional associations of recovery residences is online at [Application for NARR Affiliation](#). The eligibility criteria stipulate that affiliates be effective organizations, with defined membership and administrative policies, and are able to implement and enforce NARR standards with integrity.

In addition to the criteria, applicants are expected to provide information on:

- Accomplishments during the preceding 12 months;

- Plans for activities and projects in the coming 12 months; and
- Membership census information including:
 - Number of providers
 - Number of residences at each level of support as defined in the residential standards
 - Residential capacity by level of support

The base fee for a new or renewing affiliate is currently \$550.00, plus an annual administrative support fee per bed, up to a maximum assessment level of 1,000 beds. In other words, the total annual fee is the sum of the application fee and the capacity-based charge that is provided on the application. Affiliation is valid for one year from the date of acceptance by the NARR Executive Committee. Renewal applications must be submitted annually in advance of the anniversary date of the affiliate relationship. More information and answers to questions on the application process can be attained by email at info@narronline.org.

To become a NARR state affiliate, New Mexico would need to dedicate resources to establish an oversight body that is made up of recovery housing provider leaders. The process would include identifying providers throughout the state who apply the national standards to their organization and, among them, identify those willing to lead the effort on behalf of the state.

An additional strategy to advance quality recovery housing standards in the state and to ensure the state qualifies for federal funding, it is recommended New Mexico lawmakers consider passing a bill that would establish standards for recovery houses to become NARR certified. Under the bill, non-certified recovery houses could continue to operate and provide an alcohol and drug-free residence to persons recovering from substance use disorders. However, a non-certified recovery house would be limited and not able to receive referrals from a state entity or state court; obtain state or local funding; receive state referrals for individuals; or advertise as a certified house.

Example Recovery Housing Provider Model

NARR does not certify recovery residences — affiliates do. Based on the national standard, NARR developed a certification program that it licenses to its affiliates. In turn, affiliate organizations are responsible for certifying recovery residences that meet the national standard. Each affiliate has its own set fees for the application and capacity-based charges. The following example offers information on a model in which a recovery housing provider currently operates five recovery homes in northern Delaware. Also included is a weblink to the newly formed State of Delaware NARR affiliate.

[Community Collaborative of Delaware \(CCD\)](#) is a



nonprofit organization offering Level 2 and Level 3 onsite recovery housing

support for both men and women in a holistic community approach based upon individual needs. Founded in November of 2019 with a vision to create meaningful and sustainable change within local communities that will have a lasting impact on the lives of the individuals it serves, CCD's programming encompasses education, healthcare, poverty alleviation, environmental sustainability, and social justice. "We firmly believe that by addressing these interconnected issues, we can create holistic solutions that uplift and empower individuals while strengthening the fabric of our communities," CCD Deputy Director Kim Jones explains.

Over the last five years, CCD has implemented a wide range of programs and initiatives through collaboration with local businesses, nonprofit organizations and government entities. The impact of these strong partnerships has enhanced CCD's ability to empower individuals, create educational and employment opportunities, improve access to SUD treatment and healthcare, promote community stewardship, and advocate for social equity — all while providing ethically-run, safe, structured, and substance-free living environments.

All CCD employees are peers in recovery, with most of its staff beginning their careers at the non-profit organization as residents of its recovery homes. At its residences, CCD not only employs house managers to provide oversight, but also provides case management services to each individual resident living at the home. Through this unique recovery service model, CCD case managers, who are peers and may also reside at the home, meet one-on-one with individual residents to identify their strengths, weaknesses, wants, and needs so that together, a personalized course of action can be planned for the individual's road to recovery. In addition, the approach often provides an avenue for residents to discuss struggles, disappointments and other challenges as they occur, a forum that without the immediate intervention, may result in relapse and other self-harming outcomes.

CCD's current capacity is 62 beds, of which 32 are for men — two Level 2 and one Level 3 houses. The 30 remaining beds are for women, with 9 beds at Level 2 and 21 beds at Level 3. Through its model of building community partnerships, CCD currently houses its women residents in a former convent on a former Catholic school property. In fact, CCD plans to expand its services to operate a resource center at the site. Through its vocational training focus, CCD is partnering with other Delaware communities to offer certified peer support services. And as a further testament to its impact in positively changing lives, two of CCD's recovery housing residents initiated a weekly AA/NA meeting, called *Sober Gang*, that now has 600 members attending their meetings and/or engaging with them online.

CCD is in process of receiving NARR certification through the State of Delaware's newly formed affiliate, the [First State Alliance of Recovery Residences](#) (FSARR). The new state affiliate was established in 2023. Its Board of Directors recently brought on a full-time Executive Director to further champion the state-wide cause. Having recently completed the NARR affiliate/certification process, contacts at both CCD and FSARR are notable resources to help New Mexico advance its cause.

APPENDIX

Appendix #1: Interview Form – Page 1

RECOVERY HOUSING FACILITY PROFILE	
Facility Identification	Interview Date _____
Facility Name: _____	Year Established: _____
Physical Address: _____	City: _____ State: ___ Zip: _____
Point of Contact: _____	Email: _____ Phone: _____
General Phone: _____	Fax: _____ Website: _____
Facility Type	
___ Inpatient ___ Therapeutic/Clinical ___ Structured Non-Clinical ___ Supportive Living ___ Peer-run ___ Faith-based	
Other / Notes: _____	
Governance: ___ Democratically Run ___ Resident Participation ___ Resident Participation w/ Management ___ Clinical Supervision	
Certifications/ Accreditations ___ Yes ___ No	
Type(s): _____	
On-site Staff	
___ No Paid Staff ___ Peers ___ CSPWs ___ Residential House Manager ___ Licensed Clinicians ___ Admin Support	
Other / Notes: _____	
Capacity	
Total number of houses: _____ Total number of beds: _____ Current census: _____ Average length of stay: _____	
Waitlist Option: ___ Yes ___ No Average Wait Time: _____	
Intake Applications: ___ Yes ___ No Resident Agreements: ___ Yes ___ No Published House Rules: ___ Yes ___ No	
Disqualifiers: ___ Yes ___ No Reason(s): _____	
Referral Sources: _____	
# of Non-County Participants: _____ # of Out of State Participants: _____	
Cost / Payment	
Cost / Rent: _____ per month _____ per week Other: _____	
Forms of payment accepted: ___ Medicaid ___ Medicare ___ Self-Pay ___ Private Insurance ___ Grant Funded	
Other / Notes: _____	
Type of Substance Use Disorder Treated	
___ Alcohol ___ Cannabis ___ Opioid ___ Sedative ___ Stimulant	
Other: _____	



Interview Form – Page 2

Onsite Services

MAT Provided: Yes No MAT Services Supported: Yes No Clinical Services Encouraged: Yes No
 One-on-one Peer Services Support Groups Life Skills Training Clinical Services Resident Management

Other / Notes: _____

Related Services Offered

Detox Harm reduction Relapse Plan Recovery Plan Aftercare Cultured/Religious Centered
 NA/AA Family Sessions Other medication maintenance Transportation Employment Services

Other / Notes: _____

Population Demographics

Ages Served: Children/Youth (<18) Adults (18+)

Genders Served: Male Female Transgender

Special Populations Served:

Veterans Pregnant women Children with parent Physical disabilities Chronic health conditions

Other / Notes: _____

Best Practices

Applies the following approaches:

Recovery-Centered Person-Centered Social Model Principles Equity/Cultural Competence Certified
 Promote Quality/Integrity/Safety Integrate Co-occurring/Trauma-informed Approaches Clear Operation Definition
 Share Written Polices/Procedures/Expectations Promote Evidence-Based Practices Evaluates Effectiveness

Has a copy of SAMHSA Best Practices Publication No. PEP23-10-00-002, Released 2023: Yes No

Policies

How can the City of ABQ and/or State of NM help you improve your Recovery Housing organization?

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