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Recovery Residences and Providing Safe and Supportive Housing for Individuals Overcoming Addiction

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Abstract

Recovery residences provide safe and supportive housing to help individuals initiate and sustain recovery from substance abuse. They are a potentially important yet understudied component of the substance abuse continuum of care. Unlike other substance abuse treatment and service delivery options, recovery residences are largely privately owned and funded by the residents themselves, and we know little about how these residences open and the factors that influence their ability to stay open. Using qualitative data from interviews with recovery home operators (*N* = 21) in Philadelphia, this article explores what recovery home operators want to accomplish with their homes, how they try to do this, the obstacles they encounter in trying to run their homes, and why they keep at it. Themes highlight the potential of recovery residences as well as the challenges faced by those who operate them.

Keywords

recovery residences, recovery, addiction, substance abuse, affordable housing, recovery homes, recovery home operators

Recovery residences (e.g., Oxford Houses™, sober living houses, recovery homes) are safe and supportive living environments that promote recovery from substance abuse and associated problems. At a minimum, recovery residences offer peer-to-peer recovery support to promote abstinence-based, long-term recovery (Jason, Mericle, Polcin, & White, 2013). However, some may also work in conjunction with treatment providers or themselves provide clinical services to their residents (Howell, 2013).

Oxford Houses, the most well-known and well-studied recovery residence model, are characterized as democratically run, self-supporting, and drug-free homes (Jason & Ferrari, 2010; Jason, Olson, Ferrari, & Lo Sasso, 2006). Current counts put the number of Oxford Houses in the United States at above 1,800 (Oxford House, 2015). Two longitudinal studies of Oxford House residents, including a randomized trial, provide evidence to suggest that the Oxford House model may reduce substance abuse and be more effective than referral to usual after-care conditions

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post release from residential treatment (Jason, Davis, & Ferrari, 2007; Jason et al., 2006). Although more rigorous work is needed, research to date has demonstrated that the costs of operating Oxford Houses are low (Olson et al., 2006) and are generally offset by benefits associated with them such as reduced illegal activity, incarceration, and substance use (Lo Sasso, Byro, Jason, Ferrari, & Olson, 2012).

Sober living houses (Polcin, 2001; Polcin & Henderson, 2008) are another model of recovery residence, the most studied of which are located in California. These houses are similar to Oxford Houses but can differ in size, management, and governance, as well as in mandate of participation in 12-step meetings (Polcin, Korcha, Bond, & Galloway, 2010b). Although the exact number of sober living houses in California is unknown because they are out of the purview of state licensing agencies, more than 24 agencies report offering clean and sober living services and more than 300 individual houses are members of the Sober Living Network in Southern California (Polcin et al., 2010b). Research conducted on individuals residing in sober living houses in Northern California have found longitudinal improvements in a variety of areas, including substance use, psychiatric symptoms, employment, and arrests (Polcin, 2009; Polcin, Korcha, Bond, & Galloway, 2010a, 2010b).

Recovery homes in Philadelphia have also been studied, albeit not as extensively. In Philadelphia, recovery homes are generally characterized as sober and supportive living arrangements that are often used in conjunction with outpatient treatment, self-help, and other community-based services. In contrast to halfway houses, group homes, and other types of residential care, which are licensed by the Department of Drug and Alcohol Programs to provide treatment, there is no formal licensing of recovery homes (Johnson, Marin, Sheahan, Way, & White, 2009). The only requirement for such homes is a boarding house or rooming house license granted through the Philadelphia License and Inspections office. Some recovery homes in Philadelphia receive funding from the City's Office of Addiction Services (OAS) through carve-outs from federal block grant funds or from funds available through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Access to Recovery (ATR) initiative. These homes must verify licensing compliance as well as proof of ownership of the property, general liability insurance, proof of utility bills, and proof of 501c3 or non-profit designation. Research conducted to date suggests that Philadelphia is likely the most recovery-residence-rich city in the nation (Johnson et al., 2009; Mericle, Miles, & Cacciola, 2015) and that these residences, while more similar to California sober living houses than Oxford Houses, have a variety of unique features (Fairbanks, 2009; Johnson et al., 2009; Mericle et al., 2015; Mericle, Miles, Cacciola, & Howell, 2014), largely owing to the active role that OAS has played in developing a recovery-oriented system of care, supporting recovery homes, and providing trainings for their operators (Achara-Abrahams, Evans, & Kenerson King, 2011; Evans, Lamb, & White, 2013; White, 2008).

Although extant research on recovery residences has done much to establish them as an evidence-based model of peer-based recovery support (Laudet & Humphreys, 2013), there are still significant gaps in this research (Reif et al., 2014). Most notably absent in this literature are the voices of recovery residence owners and operators. Recovery residences are unique in the substance abuse continuum of care, in that the majority of them are privately owned/operated and sustained through resident out-of-pocket fees rather than through public funds, private foundation awards, or third-party payers. Despite work conducted with community members and other stakeholders (Ferrari, Aase, Mueller, & Jason, 2009; Jason, Roberts, & Olson, 2005; Polcin, Henderson, Trocki, & Evans, 2012), little is known about why these residences are opened and how they are sustained. The aim of this study was to fill that gap by conducting semi-structured interviews with a stratified random sample of recovery home operators in Philadelphia to better understand what they hope to accomplish with their homes, the obstacles they encounter, and the strategies they use to overcome these obstacles.

Method

The data for this study are part of a larger study funded by the Pennsylvania Department of Health to gather basic descriptive data on a sample of recovery homes and residents to generate specific hypotheses about different types of recovery residences and how they may increase recovery capital among residents (see Mericle et al., 2015; Mericle et al., 2014).

Participants and Recruitment

In the early stages of the project, we identified 229 recovery homes which we stratified on funding source and gender of clients served, resulting in 26 OAS-funded male homes, 15 OAS-funded female homes, 133 unfunded male homes, 54 unfunded female homes, and 1 home of unknown funding source/gender. Within these strata, 25 homes were randomly sampled (4 OAS-funded male homes, 3 OAS-funded female homes, 12 unfunded male homes, 6 unfunded female homes). These homes were sent a letter outlining the purpose of the study and notifying them that project staff would be contacting them about participation in a research study. Approximately 2 weeks after the letter was sent, project staff began calling the homes to answer questions about the study, confirm eligibility, and schedule a time to meet with someone who could serve as the site contact (e.g., the owner, director, or manager of the home or someone identified by one of these individuals as being knowledgeable about the home—hereafter referred to as the recovery home "operator"). The operator's consent to participate in the project was obtained in person, and all human subject procedures were approved by the Institutional Review Boards of the Treatment Research Institute and the City of Philadelphia Department of Health.

Of the 25 homes that were initially sampled, operator interviews were completed for 16 of them. To enroll our target of 25 homes into the study, 21 alternate homes needed to be sampled to get the full complement of unfunded homes. Of the 46 homes sampled, 6 had closed, 5 were found to be ineligible, sampling characteristics had changed for 5 homes, and 5 homes were classified as refusals, representing a participation rate of 83% (25 of 30 eligible houses). Although we interviewed 25 operators, our recording equipment failed in four cases (2 OAS-funded male homes, 1 unfunded male home, and 1 unfunded female home), so qualitative interview data were only available for 21 homes. As Table 1 displays, the majority of respondents (52.4%) were either the owner or director of the home; the majority were also male (52.4%) and African American (52.4%), and respondents ranged in age from 27 to 65. The majority were high school educated, 47.6% had some level of post-secondary education, and 52.4% had some sort of professional licensure or certification (only 23.8% being in addiction or substance abuse). On average, respondents had been in the substance abuse field for 8 years and in their current position for approximately 4 years.

Data Collection and Analytic Procedures

Recovery home operators were interviewed by project staff at their recovery homes. The interviews, containing both structured and semi-structured components, typically lasted 1 to 2 hr, and participants were given 50 dollars for completing the interview. The semi-structured portion of the interview was conducted toward the end, usually lasted between 20 and 40 min, and was audio-recorded. These questions focused on the history and mission of the recovery home and on factors that promoted or inhibited the operators from carrying out the mission. Operators were also asked about what they thought was important for people who did not know about recovery homes to know about them.

Audio recordings were transcribed according to predefined conventions (MacLean, Meyer, & Estable, 2004) and independently checked by another research assistant for accuracy (Tilley & Powick, 2002). Any discrepancies found were resolved by consensus. Initial codes were developed

Table 1. Recovery Home Operators Characteristics (*N* = 21).

	n	%
Position		
Owner	2	9.5
Program director/CEO/executive director	9	42.9
Administrative assistant/coordinator/case manager	7	33.3
House manager/assistant house manager	3	14.3
Female	10	47.6
Race/ethnicity		
Caucasian/White	9	42.9
African American/Black	11	52.4
Hispanic	1	4.8
Age (*M, SD*)[a]	46.9	11.2
College educated (some college classes or higher degree)[b]	10	47.6
Licensure/certification		
CAC or other substance abuse certificate	5	23.8
LCSW/psychology or other counseling	0	0.0
Other[c]	6	28.6
None	10	47.6
Years in current job (*M, SD*)	4.6	3.4
Years in substance abuse field (*M, SD*)	8.0	6.8

Note. CAC refers to certified addictions counselor and LCSW refers to lisenced clinical social worker credentials.
[a]Missing age on 1 respondent.
[b]Of the 14 respondents without a college degree, half had some sort of professional training.
[c]Other licensure/certification included other human services (*n* = 2), HVAC (heating, ventilation, and air conditioning), residential construction, and brokering.

from the topics in the interview guide. The coding scheme was further developed as additional themes emerged from the content of the interviews (Crabtree & Miller, 1999; codes available from primary author). Transcripts were coded using coding and cross-case analysis techniques outlined by Miles and Huberman (1994) using NVIVO qualitative data analysis software (QRS International, 2008).

Each transcript was double-coded by a primary coder (A.A.M.) and a secondary coder (J.M.). Agreement between the two coders ranged from 57% to 96% across the 21 transcripts and, because the average agreement between raters was less than 90%, the coding of transcripts went through another level of analysis. Text segments within particular codes of interest were reviewed by both coders to further ensure that passages coded indeed reflected the concept indicated by the code. At the end of this process, coded text segments were tallied to quantify how many operators commented on a particular theme and how many times the theme was mentioned across operators. Passages within the transcripts were identified to illustrate these themes. Whenever quotes were used to exemplify topics or themes, care was taken to ensure that they represented the majority of views expressed (unless otherwise noted) and were taken from a variety of different individuals interviewed to represent, as much as possible, the voices of all participants (illustrative quotes were pulled from 17 of the 21 transcripts coded). To keep track of how often various participant voices appeared, quotes were identified by the unique study identifier assigned to the home. To provide context for the quote, the funding source and the gender served by the house were also listed.

Results

Mission

When asked about the mission of their recovery home and what they wanted their residents to accomplish while there, recovery home operators talked about wanting to help residents address

Table 2. Mission and Programming Tallies (*N* = 21).

	Sources	Passages
Mission		
Fostering growth and personal development		
Emotional/spiritual	16	26
Education/vocational	15	21
Interpersonal relations	10	14
Health and well-being	3	3
Other[a]	7	8
Providing a safe and supportive living environment	14	22
Addressing substance abuse	11	20
Affordable housing	2	2
Advocacy for individuals in recovery	1	1
Programming		
Cultivating social relationships and a supportive environment	10	18
Monitoring	8	10
Service linkages	6	9
Self-help involvement	3	4
Spirituality	2	2
Other[b]	2	3

[a]These passages pertained generically to a mission of fostering growth and personal development but not specifically about a particular aspect of it.

[b]These passages covered other things that operators did to further their mission such as helping residents with their resumes, making sure their houses had appealing amenities, and offering a range of different homes to cater to where residents may be in their stage of recovery.

their substance abuse, but as Table 2 shows, they more frequently talked about fostering personal growth and development and providing a safe and supportive living environment for them.

Fostering growth and personal development. Comments about fostering growth and development were further categorized into the aspects of personal growth that the house targeted. For example, many operators talked about helping residents with their emotional development. This was often talked about in terms of helping residents identify the role that difficult or painful life experiences may have played in their substance abuse, teaching residents to take personal responsibility for their actions, raising their self-esteem, and learning "coping skills to deal with regular life on life's terms" (House 009—OAS-funded female). Operators also talked about fostering personal growth through helping residents with their education and employment skills to be a "productive member of society" (House 179—Unfunded male) and helping residents develop their interpersonal skills and improve interpersonal relationships. For example, as one operator noted,

> [Our] mission is to assist all of our individuals who come here with their substance abuse and to encourage them to go to programs and better themselves; we encourage them to go to libraries, get a job, visit their families, anything that would help develop them as an individual. That's our mission. (House 116—Unfunded male)

Another operator noted that

> I guess the ultimate goal would be for somebody to come in here from wherever they were before, whether it be rehab, an unhealthy environment, jail, halfway house, and, you know, it may sound a little cliché, but to transition them back into society—back into work, back into independent living, back into their wife's house, their parents' house, you know. The goal would be to, you know, learn

> how to stay clean and sober, learn how to be productive, and learn how to be responsible. (House 022—Unfunded male)

Providing a safe and supportive living environment. Recovery home operators also talked about their mission being to provide a safe and supportive environment for their residents to achieve these goals. As one operator noted, "Well, we try to just remain a constant in their life of being a clean, safe, drug-free place. And if you give 'em that, there's a good chance they might get the other parts they need . . . " (House 176—Unfunded male). Safety was talked about in terms of ensuring that homes were clean, up to code, and drug free and that residents adhered to the rules of the house. However, safety was also talked about in terms of ensuring that the residents were treated with (and treated each other with) dignity and respect. For example, as one operator put it,

> Everyone is talked to with respect . . . We don't allow people to bully people in here; we don't allow fighting. We can't stop people from cursing, but we prefer, you know, if you don't call each other names 'cause it could really lead to something devastating. (House 078—OAS-funded female)

Many operators talked about this sort of environment being like a family: " . . . when you come here, we consider you part of our family" (House 008—OAS-funded male). Some even talked about how this sort of family-like environment promoted other aspects of their mission. For example, as one operator explained,

> I think this program sets itself apart from other programs in that the people that are here . . . they feel as though they're in a family environment, and they're treated well; they're treated like, they're treated with dignity. That's the main thing; they're treated with dignity, and they're also encouraged to be responsible, which is one of the reasons they do chores on a daily basis and so forth so they have a sense of keeping a place clean and helping to cook and do their own laundry and go to a library. All those things that a person should be doing who doesn't live in a facility like this. So we try to make this as realistic as possible. (House 116—Unfunded male)

Programming

Although programming was not specifically queried as part of the semi-structured interview (this information was collected in the structured portion of the interview), when talking about how they attempted to carry out the mission of their house, many expanded upon what they did to realize their vision.

Cultivating social relationships and a supportive environment. Operators most frequently talked about how they structured the environment in the house to nurture a warm and welcoming atmosphere and to cultivate interpersonal relationships. For example, as one operator noted,

> . . . anybody that come down, we can't turn away—that's what we cannot do. We'll get people things that a normal person would have that make them feel like [home] . . . and we bond. We like eat together; we do things as a unit, as a family, you know? Once you come in, "welcome to the family." (House 047—OAS-funded male)

Another operator noted that

> . . . we [are] not just, um, putting people in houses and, you know, just packin' people up in ten people in a room, you know, feeding 'em rice and hot dogs, you know. We [are] not treating people like that; we [are] treating people with dignity and respect. (House 013—Unfunded female)

Another operator explained,

> . . . you know, we try to make it family-oriented. I think you kinda restore some things that some people never had, like sometimes we did parties for people that never had a birthday party, or just all that in general . . . that's something that we do, and it helps out, you know what I mean? It makes people feel good . . . (House 009—OAS-funded female)

Supportive interpersonal relationships were also part of this type of environment. As one operator explained, "You can come here [to] get the things you need, along with the love you need, and we would give you a sense of a family and . . . a support system" (House 216—Unfunded male). How the operators interacted with residents and the notion of supporting other residents in the house were also talked about in terms of the environment fostered. As one operator explained,

> . . . well a lot of it is, a lot of what I do here is just trying to build relationships with the guys, so when a guy comes in here and, you know, tells me what he wants to do, I try my best to go get to know him and, you know, just kind of talk to him throughout his stay here and see if he's, you know, in a good spot moving in the right direction, you know . . . and just to let these guys know that if they need me to help them with anything, and that can range from a million different things, that I'll do so. If ever anybody needs help, they always know they can knock on the door or call me. And I'm not gonna say I have the answers to everybody's problems, 'cause I definitely don't, but I can at least help point them in the right direction. (House 022—Unfunded male)

Another operator reported that "even when they [residents] leave this program, they always coming back somewhat. The alumni association for instance is a very strong integral part of the program, and they always giving back" (House 212—Unfunded male).

Monitoring. An aspect of programming related to promoting a safe and supportive environment talked about was monitoring of residents, which was often talked about not only in terms of enforcing house rules and drug testing but also in terms of making sure that residents had scheduled activities and that new residents were accompanied by other residents when leaving the house. As one operator explained,

> . . . we get up at 6:30 in the morning, they do chores, then they eat breakfast, then they have morning meditation, then they have a little break, [and] then they get to an outside meeting. [After the outside meeting] they come back, they eat dinner, then they go to another meeting, [and] then they have the rest of the night off to watch TV, play cards, [and] do whatever they may do. (House 028—Unfunded male)

One operator talked about this sort of monitoring in terms of "fostering an atmosphere of accountability." As the operator explained, "Some of the many ways we plan to achieve these goals are by monitoring the attendance of various 12 step programs, keeping our locations out of drug infested neighborhoods, and random urine tests" (House 126—Unfunded female).

Service linkages. With respect to supporting aspects of their mission pertaining to substance abuse and personal growth, operators talked about ensuring that residents were engaged in both formal and recovery supportive services (such as self-help meetings or other recovery fellowships). As one operator noted,

> . . . we sit down with each person to see what their needs are, see where they need additional supports, and we try to, you know, get them the referral sources they need, the phone numbers to call, the places to go. (House 017—OAS-funded female)

This sort of case management included not only assessing residents' needs but also connecting them with service providers and assisting them in performing tasks that would be required of them to live successfully on their own in the community. As one operator explained,

> We help them; we drive them to meetings, we take them to doctors, you know, we help them whenever they need help. [We] take them to get a license or stuff like that, go shopping, go to the laundry you know . . . (House 196—Unfunded male)

Obstacles and Barriers

When asked about the obstacles that they encountered in trying to realize the mission of their homes, operators' responses were categorized as those pertaining to the running of the house (organizational and operational obstacles), the residents, and the community.

Funding. As shown in Table 3, funding or staying financially solvent was the most frequently discussed organizational barrier, largely owing to recovery homes serving a clientele that often had few financial resources. Operators whose homes received funding through OAS talked about how indispensable this was, and those operating unfunded homes talked about the challenges they faced trying to keep their doors open. As one operator of an OAS-funded house noted,

> . . . the pros of having the funding is, you get to do a lot of things that you couldn't do because sometimes you can't make the money stretch, but knowing that you got that funding, you get that extra little stretch to strap you over. (House 008—OAS-funded male)

Unfunded recovery home operators often talked about operating at a loss and the difficulties they faced in trying to minimize these losses. As one operator noted, "It's not easy, like I said if we don't have, if nobody comes here and lives here, this place won't exist. So it's basically, we depend on the rent in order to survive, you know" (House 196—Unfunded male). According to another operator,

> We're never in the black, put it that way. Only time we're even close to coming into the black is in the winter time and we're at capacity. Even then, you still have to maintain your properties, pay your mortgage, insurance, and you know you always have to have money in savings in case something does happen. (House 176—Unfunded male)

Trying to stay open often put operators in the difficult position of having to turn away residents who could not pay or using their own personal resources to cover those residents. As one operator noted, " . . . I don't wanna make them leave because they can't pay their rent, however, I can't keep this house running without the rents being paid" (House 126—Unfunded female). According to another operator,

> . . . Well actually the director puts a lot of his personal money in it and that's really what keeps it going, because the gentleman [residents], many of them when they first come here, 9 times out of 10 they don't have a job you know, or some of them have come here after they spent all their money and they pop up here the next day, you know. We have taken some men on that basis, and then had to wait until they could put something toward their rent. (House 116—Unfunded male)

Stage of change. Operators also talked about obstacles and barriers pertaining to the residents themselves, the most frequently discussed pertained to residents being in the early stages of recovery and generally not being ready or willing to do what they needed to do to prevent relapsing. This was often talked about in terms of willingness and commitment. As one operator noted, "Some people don't make it, but the majority do if you come in with a will to change, you know" (House 047—OAS-funded male). Similarly, another operator said that " . . . you have to have a commitment that this is something that you want to do . . . nobody force you to do it; it has to be a commitment that you want to do . . . " (House 212—Unfunded male). Another operator said that

Table 3. Obstacles and Strategies to Overcome Them (*N* = 21).

	Sources	Passages
Organizational obstacles		
Funding	16	33
Staffing	5	7
Licensing	3	5
Other[a]	1	2
Resident obstacles		
Stage of change	13	26
Problems with authority	5	7
Social skills/interpersonal relations	2	4
Other[b]	5	5
Community obstacles		
NIMBY	11	15
Politics	2	3
Other obstacles[c]	2	2
Operational strategies		
Good neighbor	11	23
Networking	8	11
Fundraising	6	10
On the "down low"	5	8
Employment	5	5
Professionalizing	3	5
Personal survival strategies		
Helping others	14	18
Labor of love/not about the money	10	15
Success stories	9	11
Keeps me clean	6	6
Other[d]	1	1

Note. NIMBY = not in my backyard.
[a]Other organization obstacles included needs for more housing for women and children and to support individuals with mental health issues.
[b]Other residents obstacles discussed pertained to the breadth and severity of resident needs (e.g., homelessness, heroin addiction, parenting issues, etc.).
[c]Other obstacles mentioned pertained to how generally demanding this work was and how there was no recognition of the role that recovery homes played in providing substance abuse services to those in recovery.
[d]One operator talked about the importance of humor and personal boundaries.

> . . . unless someone makes a decision on their own that they wanna change, then they're not going to. So they have to see the benefit of the change. We can tell them there's benefits 'til they're blue in the face, but if they don't see that it's gonna affect them in any way, they're not gonna do it. (House 017—OAS-funded female)

Operators also talked about residents not fully understanding the nature of addiction and the challenges that they would face in trying to overcome it. As one operator explained,

> I think what it is is they try to . . . a client takes on too much and then they put that thing in front of their recovery and they get sidetracked be it the girlfriend, the family, the children, and stuff like that. They overload themselves a lot of times, so that's why it's important that we try to stick to this one day at a time process with them. (House 094—Unfunded male)

Another operator talked about this with respect to residents leaving the program before they might be ready. As this operator explained,

> If a guy comes in here and says, you know, [he wants to] save a couple thousand dollars, get his own apartment, [and] have a full-time job, if three months from now he has none of those things and wants to move in with a girlfriend that he just met, all I can do is just say 'Ehh, probably not a good idea' but again, you know, if he wants to go he's gonna go. (House 022—Unfunded male)

Not in my backyard (NIMBY). Finally, operators also talked about confronting obstacles in the community. The obstacles most frequently talked about were concerns held or voiced by neighbors about recovery homes and their residents negatively affecting the neighborhood and not wanting recovery homes to be located in the neighborhood—the "not in my backyard" or NIMBY obstacle. As one operator shared, "Well, not all the neighbors love us, you know, some don't want us in the neighborhood . . . " (House 028—Unfunded male). Another operator commented that "the obstacles are everybody in the neighborhood wants you shut down" (House 176—Unfunded male). As another operator noted,

> We had to go to community meetings, and we were literally stoned, you know, just trying to set up a place for these people to come. And at the same time, you're fighting for their right to come into the community and then you have to make them citizens that people won't mind giving another chance. (House 216—Unfunded male)

Staying in the Game

Being a good neighbor. Recovery home operators talked about a variety of strategies they developed to counter these obstacles. Although the most frequently discussed obstacle was funding, far fewer operators talked about strategies to obtain funding (like fundraising and encouraging residents to seek employment) than about strategies to counter obstacles in the community. In this regard, operators talked about what they did to counter stigma and negative perceptions of recovery homes and recovery home residents. The most frequently discussed strategy was the "good neighbor" strategy that pertained to active involvement in the community and being more visible as a positive influence in the neighborhood. As one operator noted, " . . . we've never hidden what we were" (House 017—OAS-funded female). Another operator added that

> . . . I do my best just to get to know who the neighbors are say hello to them when I see them. You know, let them know if there's anything that they need you know to come knock in my office and . . . when people wake up and they see guys cleaning their yards and cleaning up trash, you know, they can't help but at least see something positive that we're trying to do here. (House 022—Unfunded male)

Another operator even talked about the home being an anchor for the neighborhood:

> Well, the people who's been there on that block, they know us. The block captain knows us. When she's having something, we one of the main one of the primary people that she get in touch because she know we gone make it happen. If it's a block party, we gonna be a part of [it]. We gonna put up the tents, we gonna clean the streets, we gonna have a picnic packed, we gonna bring all our people from our side over there, and they gonna have a block party . . . (House 212—Unfunded male)

Networking. Another strategy talked about to garner support (organizational and community support) was networking with local leaders, businesses, and other recovery homes through active outreach to raise awareness about recovery homes and recovery home residents. For example, one operator noted that

> we get petitions before we open a new house we go door to door up and down the streets and let them know what we're doing we get, you know, community support and they they've never stopped us from opening another facility. (House 017—OAS-funded female)

Other operators talked about events that they hosted for the community. As one operator explained, "They might do talent shows and things like that. I think that's something that's really good because it shows another side of people in recovery, like they're just not drug addicts or bad people . . . " (House 009—OAS-funded female).

On the "down low." Although some operators talked about ways in which they engaged with the community, others talked about the ways in which they actively attempted to keep a low profile in the neighborhood. Invoked on their own or in conjunction with good neighbor strategies, these strategies typically involved rules for the homes or the residents to not draw attention to themselves as a recovery home and to interact as little as possible with neighbors. As one operator explained,

> We don't let 'em hang out on the corner, we don't let 'em . . . We don't mind sitting out on the porch, but just four people at a time, you know, no gangs [and] nobody hanging out on the sides. They have their smoke area that's in the back that has chairs and a little yard . . . (House 008—OAS-funded male)

Another operator talked more specifically about limiting interactions with neighbors: " . . . [there is] no loitering, we don't interact, more than just saying 'hello, how are you', with the neighbors. They aren't allowed to be friendly with the neighbors and things like that" (House 028—Unfunded male).

Personal survival strategies. In addition to talking about the strategies they employed to keep their recovery homes open, operators also talked about why they kept doing what they were doing despite obstacles they encountered. Recovery home operators often talked about a desire to help others with addiction or to "give back" despite the personal and financial costs, often because they found it gratifying to see people succeed in their recovery and because this work helped them in their own recovery (17 operators talked openly about being in recovery themselves and 12 talked about their own experiences as a resident in a recovery home). As one recovery home operator explained,

> This is a business of helping people, and these are some of the hardest people in the world to help. But they need it, you know what I mean? So, it's such a reward to be able to reach people that other people can't. (House 013—Unfunded female)

Helping people in recovery was also talked about as being consonant with their personal beliefs. As one operator noted, " . . . it's part of being in recovery, to stay in recovery or help addicts. It's part of my faith to help those less fortunate, to serve other people, [and] to provide outreach" (House 175—Unfunded male). Another said that " . . . I help people, you know, and the rewards of helping people are good for my own recovery" (House 179—Unfunded male). As one operator noted, " . . . I guess if I was really sane, I would walk away, but it's the desire to help others" (House 212—Unfunded male). This operator added that " . . . it's definitely not about the money 'cause I haven't gotten a pay check in months, and I'm still here" (House 212—Unfunded male). As another operator summarized,

> At the end of the day, you know, if you're working in this field and helping people isn't what you're in it for, then you're not in it for the right reasons. As far as I'm concerned, you know, it can't be

about the money. I wish I made a little bit more money, and money definitely helps, and it's my job, but at the end of the day, you know, helping people is why I do this. (House 022—Unfunded male)

Discussion

Although descriptions of Oxford Houses and sober living houses in California exist in the literature, descriptions of what individuals operating recovery residences hope to accomplish with their homes, the obstacles they encounter, and the strategies they use to overcome these obstacles are harder to find. In terms of what recovery home operators wanted to accomplish with their homes in Philadelphia, operators saw their missions more broadly than just ensuring that their residents stayed sober. Although recovery home operators spoke of the mission of their residence to help people attain and maintain sobriety, they talked about this in terms of helping people live better lives and providing them with a safe and supportive environment for this to happen. This notion of thinking about positive outcomes for their residents extending beyond abstinence is consonant with the evolving concept of recovery as a lifestyle (The Betty Ford Institute Consensus Panel, 2007) and of recovery being a "process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, 2012, p.3).

Programming was not specifically queried in the semi-structured portion of the interview, but many operators talked about what they did in their homes to carry out their mission by providing additional details on how they structured their residence and their programming to support individuals in their recovery. With respect to sober living houses in California, it is often said that "the setting is the service" (Wittman, Jee, Polcin, & Henderson, 2014). Likely, the same can be said of Oxford Houses, which do not provide any formal services within the home yet have been shown to improve outcomes among individuals who live in them (Jason et al., 2007). In the Oxford House literature, this has been examined in terms of the interior and exterior physical environments of these residences, shared activities, and social support among members that promote a sense of community and belongingness (Ferrari, Jason, Sasser, Davis, & Olson, 2006). Recovery home operators in this study talked about this in terms of creating a family- or home-like setting and provided specific examples of the ways in which they fostered a warm and welcoming, home-like atmosphere. Although the term recovery residence has been put forward as a term that encompasses both sober living houses and Oxford Houses, it is easy to see from what operators in Philadelphia want to do with their homes why these residences are referred to as "recovery homes"—their mission extends beyond sobriety and operators see their setting as being much more than the physical structure, the *housing*, in which individuals reside.

In addition to creating an environment to assist residents in their recovery, recovery home operators also talked about the importance of linking residents with formal treatment, other recovery services, and self-help meetings. Indeed, operators talked about providing both referrals and transportation to services. Case management is a vital component of comprehensive substance abuse treatment (Center for Substance Abuse Treatment, 1998) and has been shown to be effective in improving linkage and retention with substance abuse treatment and important ancillary services (Rapp, Van Den Noortgate, Broekaert, & Vanderplasschen, 2014). Case management activities undertaken by a peer in a non-clinical setting are often referred to as recovery coaching, which is increasingly becoming recognized as an important aspect of recovery management (White, 2004, 2006). What operators of recovery homes in Philadelphia are doing in their homes with their residents highlights the potential of recovery residences to do more than just provide residents with a safe and supportive environment. By providing substance abuse services to the homes and communities in which people live, they are extending the substance abuse continuum of care and seeding a larger, recovery-oriented system of care.

Despite noble missions and creating environments in which to realize them, operators talked at length about the obstacles they faced in realizing their vision, the most frequently discussed being financial obstacles. Recovery residences are unique in the substance abuse continuum of care in that the majority of them are privately owned/operated and sustained through resident out-of-pocket fees rather than through public funds, private foundation awards, or third-party payers. In Philadelphia, some homes do receive funding from the OAS, but the vast majority of recovery homes do not. Analyses of the operational and service delivery characteristics of funded and unfunded homes in Philadelphia have found few differences between the two, except for sources of revenue. When differences did emerge, it was generally the case that operators of funded homes were more likely to report delivering a wider array of services (Mericle et al., 2015). The funding provided by OAS was seen as vital by those who received it and saved these operators from having to be put in the difficult position of having to close their doors, use their own monies to stay in business, or turn clients away. Despite the prevalence of housing needs among individuals in substance abuse treatment (Eyrich-Garg, Cacciola, Carise, Lynch, & McLellan, 2008) and growing recognition of the need for supportive housing for those in all stages of recovery, (Laudet & White, 2010), the availability of treatment monies (public or private) for recovery residences like those in Philadelphia is rare, and technical support on how to access what might be available is likely even more rare. Although there is growing evidence for the effectiveness of recovery residences (Reif et al., 2014), studies specifically examining costs and cost-savings for residents living in them are needed and could help promote funding of this service.

In addition to funding, recovery home operators also talked about obstacles pertaining to their residents and the community. The most frequently cited obstacle presented by residents pertained to residents being in the early stages of recovery and generally not being ready or willing to do what they needed to do to prevent relapsing. Training recovery residence operators in motivational interviewing techniques (Miller & Rollnick, 2002) or developing specific interventions involving motivational interviewing techniques to be used in recovery residence settings could help recovery home operators counter these obstacles. Developed in Connecticut, the Treatment Access Project (TAP) had success in training case managers in motivational interviewing and providing rental subsidies in Oxford Houses to persons in early recovery (Fisk, Sells, & Rowe, 2007). Although in this model, the motivational interviewing was delivered by a case manager who did not live in or work at the residence, it is possible that these techniques could be delivered by someone in the home trained to do so, particularly as many are providing case management and recovery support services already.

Operators also talked about community-based obstacles and strategies that they used to overcome them, of which the most frequently mentioned was involvement in "good neighbor" practices. This strategy entailed being visible in the community as a recovery home and being positively involved in the neighborhood. This strategy has also been noted to be successfully used with sober living houses in California (Troutman, 2014) and is common among Oxford Houses (Jason, Schober, & Olson, 2008), so much so that landlords renting to Oxford House residents have been found to perceive benefits to renting to them over traditional tenants (Ferrari et al., 2009). Moreover, neighbors who lived next to an Oxford House versus those who lived a block away have been found to have significantly more positive attitudes concerning the need to provide a supportive environment to those in recovery, the importance of allowing those in substance abuse recovery to live in residential neighborhoods, the need for recovery homes, and the willingness to have a self-run recovery home on their own block (Jason et al., 2005).

Although this study fills an important gap in the literature by providing information about what recovery residence operators hope to accomplish with their homes, the obstacles they encounter, and the strategies they use to overcome these obstacles, it is not without limitations. It is important to keep in mind that findings from this work come from just 21 recovery home operators in one city and may be subject to social desirability bias. Unfortunately, we could not

study all recovery homes in Philadelphia, but to ensure the representativeness of our findings, homes were randomly sampled and stratified on funding source and gender of clients served to present descriptive data on a broad array of homes in Philadelphia. Regarding the generalizability of our findings, Philadelphia is similar in many respects to other large cities in the United States, but it does have a long and distinguished role in the history of addiction treatment and recovery in America (White, 2007). Those operating homes in Philadelphia are a part of this history and recovery culture. However, what has taken place in Philadelphia in terms of developing an integrated and recovery-orientation system of behavioral health care has been largely regarded as a model for other cities and is consonant with principles set forth at the national level (Sheedy & Whitter, 2009). Regarding social desirability bias, it is entirely possible that recovery residence operators may have wanted to present themselves and information about their homes in the best possible light, but it should be noted that operators were forth coming about a number of challenges involved in running their homes and about their own personal histories that could be perceived as negative.

Summary and Conclusions

It is well documented that addiction is a devastating condition that affects millions of Americans. Most recent estimates suggest that, of the estimated 22.7 million individuals aged 12 or older in 2013 who need treatment for an illicit drug or alcohol use problem, only 2.5 million receive treatment for it (SAMHSA, 2014). Recovery residences represent a promising approach to expand the continuum of care for substance use disorders, but they are often viewed suspiciously, and the voices of recovery residences operators have been underrepresented in the scientific literature on them. Responses to open-ended questions from 21 recovery home operators in Philadelphia were used to explore what recovery home operators wanted to accomplish with their homes, how they tried to do this, what obstacles they encountered, and how they were able to overcome these obstacles. Operators saw their mission to encompass more than just helping their residents to remain abstinent and worked to create an environment and link residents with services to promote personal growth and development. Despite encountering numerous obstacles, operators struggled to overcome them to help their residents—a desire that often came from being in recovery themselves or from being a recipient of the benefits of living in a recovery home. Although much more work is needed to formally cement recovery homes and recovery residences more solidly in the substance abuse continuum of care, this work adds to the growing body of research on them and will hopefully lead to the development of strategies to ensure that recovery home operators have the supports they need (training, oversight, and funding) to meet the needs of individuals in recovery.

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