



Sarah Coupe sits with women at the Grace House | photo by Brian Delaney

Recovery residences

Homes full of hope and encouragement

by Alison Jones Webb

Most people enter recovery at home, and family members learn alongside their loved ones how to live a new life in wellness and hope. But when living at home isn't possible, going to a recovery residence – also known as a sober house, sober living or a halfway house – is an important option.

“For me, living in addiction became a life not worth living, and I wore out my welcome at home,” says Josh Leonard, who feels lucky to have met someone from Scarborough Police Department’s Operation Hope at a meeting in Biddeford. This “Angel” helped him apply for a treatment scholarship and eventually move into Portland Sober Living in downtown Portland. He lived at the recovery residence for two years, then became a house manager there two years ago.

“It was a tough transition from my old life to recovery,” Josh says. But at Portland Sober Living, he witnessed the hope that recovery brings, and that made all the difference. “Seeing others who made significant changes in their lives that resulted in complete transformation is one of the benefits of recovery residences.”

Maine has experienced an explosion of new recovery residences in the past few years in response to a growing need for transitional and supportive housing for people in recovery. In 2016, house owners banded together and formed the Maine Association of Recovery Residence (MARR), and in 2019, the state funded MARR to certify houses, develop training programs for house operators and peer leaders and expand recovery residence services to additional counties in Maine.

“There are a couple of things people should understand about recovery residences,” MARR’s Program Manager Ron Springel explains. “First, they come in all shapes and sizes, and monthly fees vary.”

Low-cost residences offer informal peer support but few programs and services. More expensive residences offer a variety of services, including help with job hunting, transportation, gourmet food, health-club memberships and treatment-oriented programs on-site. Some residences are started by people in recovery and have a particular focus – on the spiritual aspects of recovery, for example. Others are owned by treatment agencies.

MARR inspects and certifies recovery residences in Maine, where there are now 114 recovery residences. Of these,

42 are MARR-certified, which means they meet national quality standards. These 42 are located in seven counties, and 22 are for men only, 17 are for women only (two of these allow women with children), and one is coed. A list of MARR-certified recovery residences in Maine, with locations and contact information, can be found at: <https://www.mainerecoveryresidences.com/residences>.

One of the newly certified houses is a women’s recovery residence in Machias, which began accepting applications for residents on Aug. 1. The house welcomes all paths to recovery, including medication-assisted treatment (MAT), and will serve women in recovery and their children. The house accommodates up to 10 women, depending on family size. The residence is the result of an innovative collaboration between four nonprofits: Healthy Acadia,

Downeast Community Partners, Community Caring Collaborative and Aroostook Mental Health Center.

The National Alliance of Recovery Residences (NARR) has established national quality standards, and certification of houses ranges from Level I houses, which provide informal peer support and little structure, to Level IV houses, which provide clinical treatment on-site by credentialed staff.

NARR Recovery Residence Levels of Support

	I Peer-Run	II Monitored	III Supervised	IV Service Provider
Administration	<p>Democratically run</p> <p>Manual or policies and procedures</p>	<p>House manager or senior resident</p> <p>Policies and procedures</p>	<p>Organizational hierarchy</p> <p>Administrative oversight for service providers</p> <p>Policies and procedures</p> <p>Licensing as appropriate</p>	<p>Overseen organizational hierarchy</p> <p>Clinical and administrative supervision</p> <p>Policies and procedures</p> <p>Licensing as appropriate</p>
Services	<p>Drug screening</p> <p>House meetings</p> <p>Self-help meetings encouraged</p>	<p>House rules provide structure</p> <p>Peer run groups</p> <p>Drug screening</p> <p>House meetings</p> <p>Involvement in self-help and/or treatment services</p>	<p>Life skill development emphasis</p> <p>Clinical services utilized in outside community</p> <p>Service hours provided in house</p>	<p>Clinical services and programming are provided in house</p> <p>Life skill development</p>
Residence	<p>Generally single – family residences</p>	<p>Primarily single-family residences</p> <p>Possibly apartments or other dwelling types</p>	<p>Varies – all types of residential settings</p>	<p>All types – often a step-down phase within care continuum of a treatment center</p> <p>May be a more institutional environment</p>
Staff	<p>No paid positions within the residence</p> <p>Perhaps an overseeing officer</p>	<p>At least one compensated position</p>	<p>Facility manager</p> <p>Certified staff or case managers</p>	<p>Credentialed staff</p>

All recovery residences provide a drug- and alcohol-free environment, which may include medication specifically for mental health and substance use related disorders. NARR provides specific guidelines for residence operators to support individuals receiving MAT for opioid use disorders. This step, supporting MAT-friendly houses, acknowledges the importance of medication-assisted recovery as a valid pathway to recovery. In Maine, 26 of the MARR- certified houses accept residents on MAT.

“A recovery residence is a place where individuals work together for a common goal, strive to help each other and the community, and redirect their lives in a most positive manner,” Ron Springel says. Most houses have strict rules about curfew, participating in weekly drug tests, attending house meetings, completing assigned chores, maintaining cleanliness in common areas and shared bedrooms and participating in meal preparation. By being accountable to each other, residents learn – or relearn – how to have healthy relationships, a skill they can later apply to other relationships in their lives.

Living with fellow travelers on the recovery journey can have a lifelong impact. Ron considers the recovery residence where he lived in Portland a touchstone, a place he returns to frequently to attend meetings and renew his connections with men in recovery and find opportunities to give back to the place that gave so much to him.

He is often asked which recovery house is the best and has a wise response: “The best recovery

house in the world is where we learn how to recover.”

For Sarah Coupe, owner of Grace House in Portland and a founding member of MARR, living in a recovery residence creates an opportunity to “merge

“the best recovery house in the world is where we learn how to recover.”

broken souls with healing opportunities. Expecting someone whose life has become

unmanageable to turn it around on their own – it’s very rare that that happens.”

Recovery residences can help communities, too, she says. Grace House residents come with the consequences of their addiction – lost work, broken families, debt (especially healthcare debt from emergency room visits), court fines and jail time. They come to the house to be healed, and one of the ways they do this is by giving back. They volunteer at local churches serving meals to the elderly and at a nonprofit that distributes donated clothing to people who need it.

“This is an important part of the recovery journey,” Sarah says. “They learn to think of others and to understand how they are a part of something bigger than themselves.”

Living in a recovery residence provides a new start. And toward that end, a requirement in most houses is that residents work, volunteer or go to school. For Josh, “living in a recovery residence gives people an opportunity to make mistakes, correct them, face adversity, and overcome it, to build character.”

What is MAT?

MAT stands for “medication-assisted treatment” and refers to medications approved by the Food and Drug Administration for the medical management of addictions. These medications are intended to be used along with other recovery supports like counseling, recovery residences and peer support. Some are controlled substances and not without risks, but those risks are minimized when they’re properly prescribed by a healthcare provider and taken as directed.

A significant amount of research documents the effectiveness of MAT in supporting recovery from substance use disorder. Medications that help treat opioid addiction are methadone, buprenorphine (commonly called by the trade name Suboxone) and naltrexone. Medications for alcohol use disorder are disulfiram, acamprosate and naltrexone, and medications for nicotine dependence are varenicline (also called by the trade name Chantix), bupropion and nicotine replacement therapy (often patches, lozenges, or gum).

MAT is one of many pathways to recovery. For some people it may be a stepping stone to abstinence-based recovery, and for others it may be part of their lifetime path.

Looking for a safe place to live in recovery?

The single most important question to ask is, “Is this house MARR certified, and if not, why not?” And then be sure to ask the recovery-residence operator:

1. Do I get a written and signed resident agreement? This should include behavior guidelines, what fees are due and when, and circumstances under which you may be asked to leave. You should not waive any individual or fair housing rights.

2. How do you ensure that the environment is free from alcohol and illicit drug use? Recovery residences have different strategies, and the operator should be able to tell you how they create a recovery environment.

3. What supports are available to help me live in recovery? The house should expect you to engage in positive relationships with other residents and people in the broader community. This could include regular house meetings, regular attendance at support groups in the community, recreational activities and the expectation to live in the house as a family. Attending a support group meeting in the broader community and taking advantage of volunteer opportunities like serving food in a soup kitchen should also be encouraged if not required.

4. Does this house feel like a home? You should have access to a common area where residents can meet

informally, and you should be able to buy, store and prepare your own food. There should be a space for storing your personal items. You should have access to basic utilities, hot water and functioning appliances. Furniture should be in good shape.

5. How do you ensure residents’ safety? The house should follow all building and fire codes, use smoke alarms, fire extinguishers and carbon monoxide monitors and should not be overcrowded. Naloxone must be on every sleeping floor of the residence. Each resident should have emergency contact information readily available.

6. What is the average length of stay in your house? While there’s no solid evidence yet about the best length of stay, if the average is low – two months or fewer – this might signal that residents are not properly screened and need a different level of support than that residence provides. If the average is high – over 9 or 10 months – this might mean that residents are not moving on in their lives to independent living arrangements.

7. What are employment requirements? Residents should be required to work and pay for their own rent and food by the second month living in the house. This requirement solidifies their commitment to contributing to communal living and creates accountability to people outside

the house as well (their employer and co-workers).

8. How many house managers are there, and how long have they been in recovery? There should be a manager in the house at all times who is solid in their own recovery. While there is no recommended length of time, anything less than a year of recovery may not be enough to appropriately manage a recovery residence.

9. Is the owner of the residence involved? Owner involvement shows an interest in the people living in the house.

10. What is your relapse policy? You want your loved one to be in a safe and drug-free environment, so the house should have a policy that ensures that drugs will not be available. This doesn’t necessarily mean that a person who relapses is automatically discharged – which might not be safe for that person – but it does mean that bringing drugs in the house and relapses are handled swiftly and with the safety of all residents in mind.



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15 years.

DID YOU KNOW?

The roots of peer recovery housing go back to the early days of Alcoholics Anonymous in the 1930s and 1940s, when people in stable recovery would offer housing – usually a room in their homes – for people in early recovery to help them get on their feet. This informal network continues to this day.

According to Dave Sheridan, executive director of the National Alliance of Recovery Residences, the sober-housing movement in California expanded options in the 1970s to stand-alone residences based on the 12-step model that were run by people in recovery for people in recovery. This was the beginning of the sober-housing movement in the United States.