# MAT-Capable Recovery Residences



Challenges and Opportunities for Addressing the Opioid Epidemic



# NARR Levels of Support



Alcohol and drug free living environments

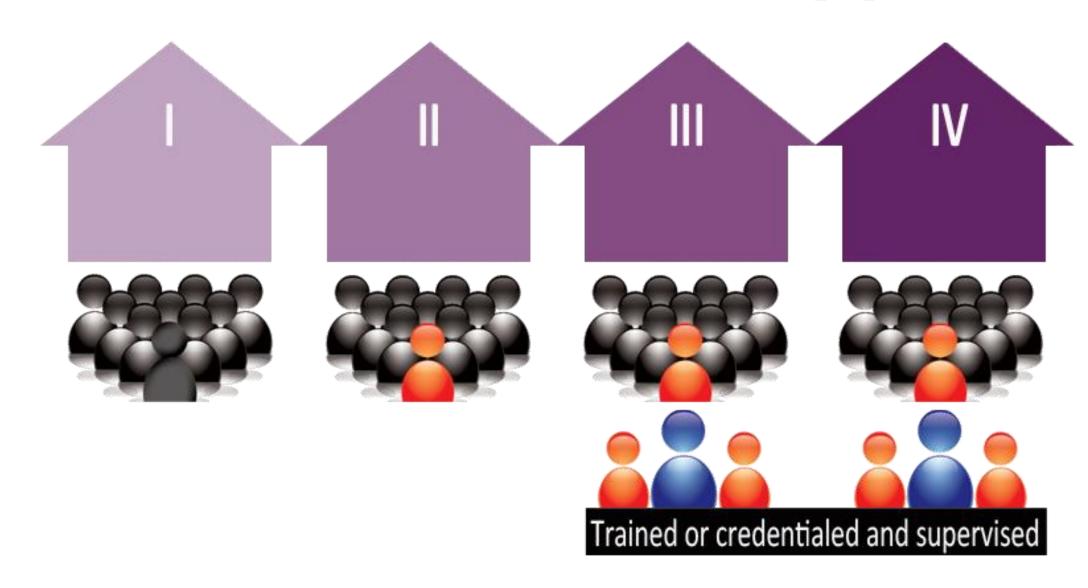
Social model recovery support

Recovery support services

Life skills development

Clinical

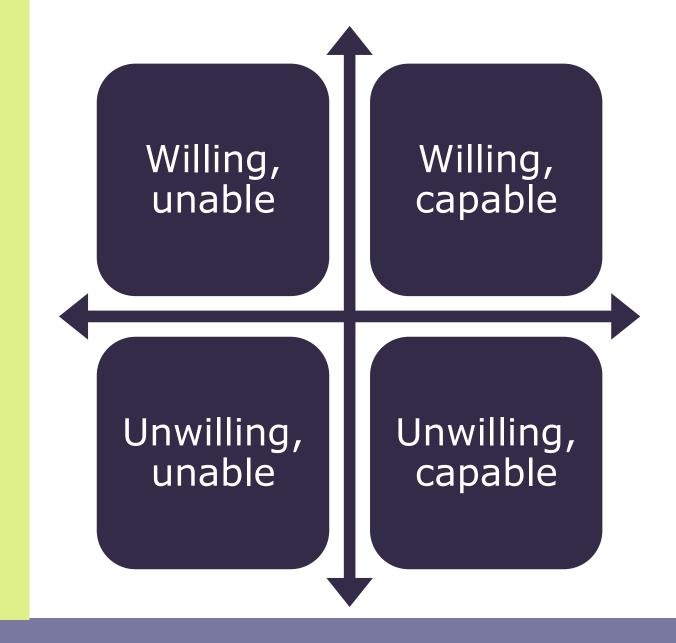
# NARR Levels of Support



**Bridging the Gap** 

Medication Assisted

Medication Assisted Recovery Abstinencebased recovery Not all recovery residences are proficient at supporting persons on MAT



# Knowledge

### Challenge

#### Lack of:

- → Research
- → Practice based evidence / best practices
- → Lived experience

# Knowledge

#### Solution

# Support:

- → Pilot studies
- → Communities of Practices
- → Training / technical assistance
- → Lived experience / Medication Assisted Recovery (MAR) peer leadership development

## **Culture Clash**

### Challenge

Recovery residence reflects the culture of the local communities that support them:

- → Predominantly 12 Step & Faith-based
- → Historically not support opioid agonist treatment

Early study report negative attitudes amongst residents.

### **MAR Culture**

#### Solution

#### **Medication Assisted Recovery:**

- →Belief systems
- → Traditions, celebrations
- → Leaders, champions, mentors
- → Literature, art, memes
- → Psychological sense of community

#### Educate greater recovery community

- → Success stories, recovery outcomes
- →To a lesser degree, research

## **Diversion Risk**

### Challenge

- → Full and partial agonist medications are prone to diversion
- → In a recovery residence, diversion, dependence and the addictive qualities of full or partial-agonist medications are a serious concern
- → Some of the strongest opponents of opioid agonist treatment are those who have had negative experiences on MAT, including addiction

# **Diversion Management**

#### Solution

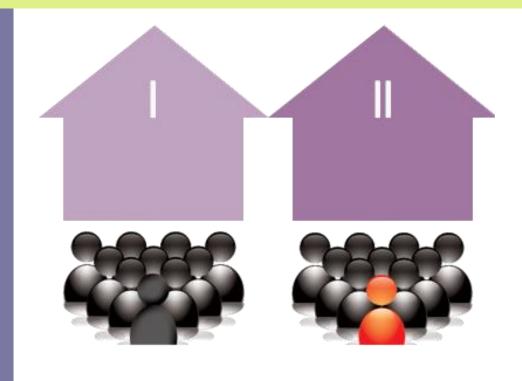
# Substance Abuse and Mental Health Services Administration guidelines suggest

- → Diversion risk of both full and partial agonist therapies increases when these medications are taken at home or off-site
- → Lower risk for diversion when administered in settings where direct observation of medications occurs.

What if the recovery residence does not have the capacity to do so?

# **Staffing Capacity**

## Challenge

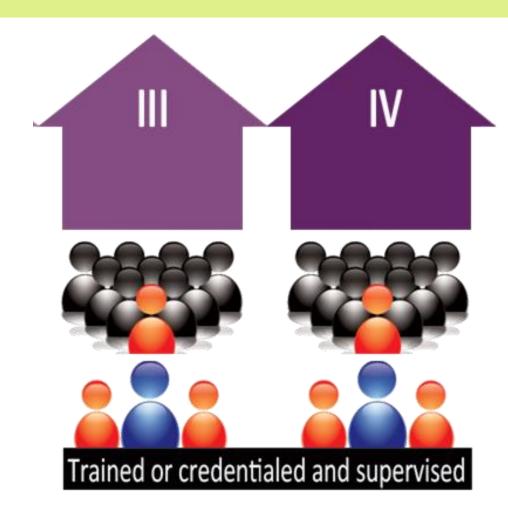


- → Most lack staff to monitor administration of medications
- → Staff may have OUD and/or negative experience with MAT

# **Staffing Capacity**

Solutions

Some higher levels, may be better suited for such monitoring.



### **Uncoordinated Care**

### Challenge

Medical healthcare systems do not have a history of working with recovery residence providers to deliver comprehensive, coordinated care.

"(N)ot all prescribers want to be in dialogue with (recovery residence providers)... our hope is that the longer we're doing this the more they see us as partners...".

### **Coordinated Care**

#### Solution

- →Early MAT recovery housing pilots indicate that the relationship and communication with the prescribers is key
- →Resources should be allocated to support greater coordination of care between prescribers and recovery support service providers, such as recovery residences



