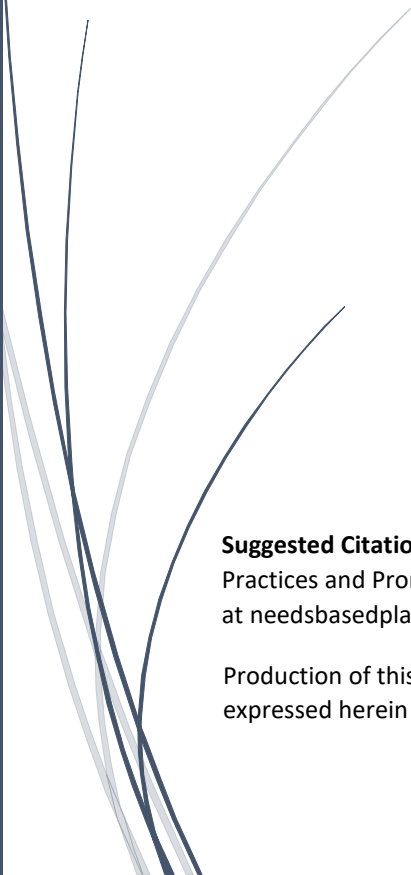


# Summary of Evidence-Based Practices and Promising Program Models: Substance Use Supportive Recovery Core Service Category



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### **Definition of substance use supportive recovery services**

- These services provide temporary accommodation in a safe supportive, recovery-oriented environment and may be a step down from intensive bed-based substance use treatment. These services may also be accessed when there is a high risk of relapse. Individuals may access outpatient and other community treatment services and supports while in this service. Programs generally range from 3 to 6 months, but can be shorter or longer depending on individual needs.
- Severity of the client population is non-acute, recognizing this represents one point in time within what is often a complex recovery journey. Client needs typically include continued support for reintegration into the community; ongoing psycho-education; and some level of case management to support a successful transition back to community. Activities typically include: coaching for daily living focusing on eventual community reintegration and participating in mutual aid supports (e.g., AA, SMART Recovery). Highly structured interventions or programs are not offered in house, the exception perhaps being basic counseling, basic education and case management depending on staff complement and external arrangements.
- Staffing typically includes persons with lived experiences who have completed a one- or two-year certificate or diploma. Some facilities may contract external clinical counsellors and/or physicians or nurse practitioners.
- A harm reduction approach is recommended which, among other things, means meeting people where they are at their recovery journey; accepting people into treatment who are being treated with opioid agonist treatment and acceptance of relapse as part of the recovery journey. Quality of life and well-being are among the criteria for successful outcomes, which may or may not also include complete abstinence, depending on the individual's treatment goals.

### **Methods**

- The following search terms were used to search relevant articles between 2012-2022: "supportive recovery", "recovery support program", "addiction/substance use/abuse supportive recovery services", "safe recovery for substance use", "recovery journey". The databases searched included: Medline and PubMed. The searches were limited to English language articles.
- The literature search was supplemented with Google searches to identify relevant grey literature. Key stakeholders were also consulted to create an inventory of models.
- Scope of this search was not intended to be exhaustive, rather a snapshot of innovative models to provide guidance for implementation.
- Key stakeholders, including selected advisory committee members were also consulted to get their input on resources and supports needed for implementation, including potential barriers and practical information to consider for implementation.

### **Provincial standards/guidelines documents**

- [Provincial Standards for Registered Assisted Living Supportive Recovery Services](#), British Columbia

### **Examples of models**

- ***Stabilization and Transitional Living Residences, in British Columbia<sup>1</sup>***
  - Offered through various organizations in Fraser Health and Vancouver Coastal Health Authorities, it is a 90-day integrated residential addiction program that provides safe, structured and licensed residential addiction services.
  - Using a bio-psycho-social-spiritual model, the program helps residents with health, well-being, housing, income, employment and quality of life.
  - Typically, this model serves client with moderate- high needs. Individuals require a higher degree of supervision and support to live safely. Programs are regularly scheduled, structured psycho-educational-social/ life skills, peer support plus counselling by credentialed staff. There are 24/7 paid staff on site with certification from accredited educational institutions.
  - Examples – Turning Point, Last Door Recovery Society, New Dawn
- ***Supportive Recovery residences, in British Columbia***
  - Offered through various organizations within Vancouver Island, Northern and Interior Health Authorities, these provide residential recovery housing for individuals with chronic alcohol or drug use needing help with transitioning to a drug and alcohol-free lifestyle.
  - Individuals aged 19 and over who have completed a residential treatment program are eligible for these services.
  - The homes offer a safe living environment with stability and structure; a place for clients to explore work, volunteering, and educational opportunities. Completion of an aftercare plan is required including attending individual and group counselling, weekly in-house meetings, and medical monitoring requirements.
  - Typically, this model serves clients with low-moderate needs. Individuals are able to make decisions necessary to live safely and do not have behaviours that put the health and safety of others at risk. Programming includes regularly scheduled, structured psycho-educational-social/life skills and peer support (e.g., group). There is often on-site manager who is compensated through a rent reduction or stipend, or who may be a paid employee; peer/volunteer supports; and on call supports available 24/7. Employees, typically have lived experience, in addition to some training.
  - Examples – Trilogy Houses (Realistic Success), New Day
- ***Community Health and Housing Association (CHHA) Westman Region, in Brandon, Manitoba***
  - Supportive Recovery Housing units for those with substance use disorders who have recently completed primary substance use and addiction treatment.
  - Program provides safe, drug and alcohol-free group living environments to support recovery plans and help residents improve life skills.
- ***Siloam Mission, Riverwood Church Community Inc. and Tamarack Recovery Inc., in Manitoba***
  - Siloam Mission has 20 units; Riverwood Church Community Inc. has 40 units at Riverwood House in Elmwood; and Tamarack Recovery Inc. has 10 units. In total, these 70 supportive recovery housing units provide an abstinence-focused supportive environment to continue recovery.
- ***Ken Brown Recovery Home, in Ontario***
  - Residential Addiction Recovery facility providing a supportive home for men 16 years of age and older, who are committed to, and seeking recovery from substance use disorder.

- The program is abstinence-based with mandatory participation in self-help groups. The length of stay varies up to three months and clients have the option of entering the long-term supportive housing program.
- ***Residential Recovery Services, in Alberta***
  - Services provide supports for individuals with higher recovery capital or where recovery has been initiated through treatment for a substantial mental health or substance use disorder. Types of non-clinical services include supports for community integration, non-clinical counselling, and peer-based support.
  - Programming is delivered by a combination of clinical and non-clinical staff and focuses primarily on recovery maintenance, community integration, life skills training, employment support, and education; may include peer support or mutual aid groups. Programming (clinical and non-clinical) occurs in the facility between 5 and 10 hours per week.
  - Other services offered should include components of room and board, laundry services, assistance with medication management, etc., as aligned with service provider's therapeutic model. Any components of room and board not included should have demonstrated therapeutic value and be reflected in budget.

#### **Resources and supports needed for implementation and sustainability (as identified by stakeholders)**

- A consistent funding model that adapts to allow updates/improvements in the service delivery model.
- Positive partnerships with other services or delivery of those services, e.g., access to/partnership with primary care, addictions medicine, public health, housing, justice).
- Being embedded in a multi-service agency in the continuum can be beneficial to allow for smoother transitions as well as supporting sustainability of programming (for example, an organization with multiple 24/7/365 programs can benefit from co-location, shared staffing, etc.), and allow for access to the resources of a larger agency – for example IT, HR, etc.

#### **Potential barriers for implementation (as identified by stakeholders)**

- Cost of infrastructure required for 24/7/365 congregate service models, particularly post-pandemic. A lot of the older models are designed as shared spaces, except for in BC where the majority are stand alone, non-profit organizations and new models will need to be adapted in order to be able to continue operations in viral outbreaks.
- Being abstinence-only focused can be limiting. Having multiple service delivery options for people would be helpful. Creative building design could allow both in the same facility – for example, there is a withdrawal management program that has a central staffing station with men on one wing of the building and women on the other with one way glass for staff observation. This allows for maximizing staffing resources while balancing the need for separate spaces.
- Accessing consistent, annual funding via government provision.

#### **Practical information to consider for implementation (as identified by stakeholders)**

- Flexibility is critical, e.g., models that don't have fixed lengths of stay, are more flexible with intake criteria.
- Being integrated into a continuum, e.g., being able to transition to supportive housing afterward.

- There is a pattern of more of these programs being implemented for men than women. That may be appropriate with women less likely to want to leave children, etc., however, women using the addictions services continuum should be consulted on how their needs could best be met. For example, *do they want these services? Would another model work better? Do they need to be designed to accommodate children?*
- Historically, some of these have refused individuals who are stable on opioid agonist therapy, this will limit support for this model as it appears a value-based judgment instead of providing evidence-based care. People stable on opioid agonist therapy or other medications will need and should be able to access these programs.
- Lack of evidence-based models for youth 18 and under

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<sup>1</sup> Mumford, S., (2019). BC residential service models for problematic substance use or addictions: where does supportive recovery fit?