

# Safe & Effective Recovery Residences for New Mexico

Toward Sustainable and Culturally  
Grounded Recovery Homes

6/16/26

# Agenda

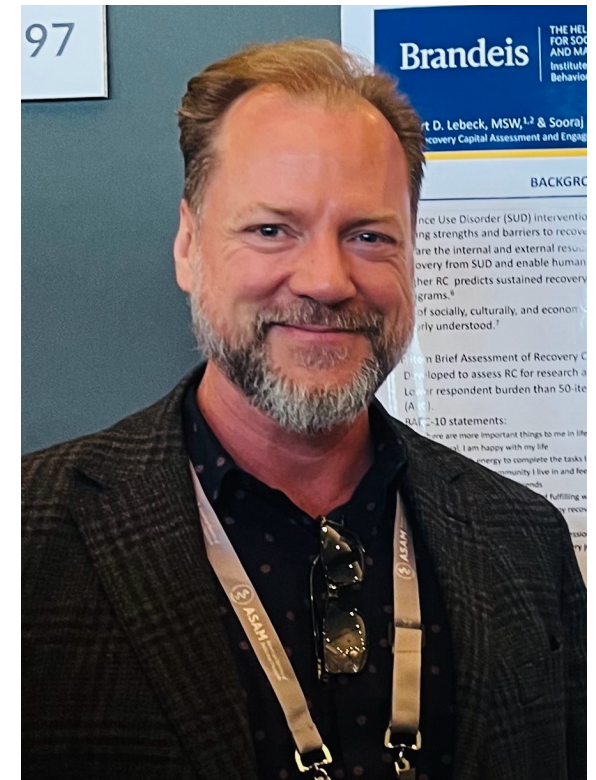
- 01 Introductions
- 02 Background, Problem Description
- 03 Recovery Housing in New Mexico
- 04 NARR/ASAM Recovery Residences
- 05 A Model for New Mexico
- 06 Next Steps

Who is Kurt Lebeck, NMSAM, ASAM, and What Are Recovery Residences

# 1. Introductions

# Kurt D. Lebeck, MSW, MA, LMSW, PhD (Candidate)

- NMSAM's Executive Director & Immediate Past-President
- Co-Founder & CSO, Howl Collaborative LLC
  - Work with agencies in Santa Fe, Albuquerque, Gallup
- Adj. Professor of Social Policy and Social Work, Smith College School of Social Work
- Pre-Doctoral Fellow, Brandeis University, Heller School for Social Policy and Management
- Lived experience of recovery in NM
- Husband and father
- **No Disclosures**



# Evidence-based. Culturally Grounded. Community Focused.



**NMSAM**  
**New Mexico Society of Addiction Medicine**



## NMSAM/ASAM Disclosure

- NMSAM and ASAM are nonprofit professional societies.
- Neither owns or operates recovery housing, and neither stands to profit from certification or state funding.
- Our role is public health, safety, and quality assurance.

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## Mission, Vision, and Values

The New Mexico Society of Addiction Medicine (NMSAM) is the New Mexico chapter of the American Society of Addiction Medicine (ASAM). We are the statewide interdisciplinary professional community for those working in addiction prevention, treatment, harm reduction, and recovery.

- **Members**  
Our members include physicians, advanced practice clinicians, physician assistants, pharmacists, therapists, researchers, peer workers, and policymakers dedicated to enhancing substance use care throughout New Mexico.
- **Mission**  
Our mission is to advance the science, policy, and practice of addiction care through education, collaboration, and innovation.
- **Vision**  
NMSAM envisions a future where all New Mexicans have access to effective, compassionate, and culturally grounded care for substance use.
- **Values**  
We believe in protecting dignity, promoting self-determination, and centering the cultural strengths of New Mexico's communities in every aspect of addiction care.



FOURTH EDITION

# THE ASAM CRITERIA

Treatment Criteria for Addictive, Substance-Related,  
and Co-occurring Conditions



VOLUME 1  
ADULTS

6/16/26

## ASAM & The ASAM Criteria 4<sup>th</sup> Edition

- ASAM provides the national framework for matching substance use care to a person's needs, strengths, risks, and recovery environment.
- The 4th Edition moves away from fixed "program levels" toward multidimensional, person-centered assessment and flexible service delivery.

## The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4:  
Inpatient

4 Medically Managed Inpatient

Level 3:  
Residential

3.1 Clinically Managed Low-Intensity Residential

3.5 Clinically Managed High-Intensity Residential

3.7 Medically Managed Residential

Level 2:  
IOP/HIOP

2.1 Intensive Outpatient (IOP)

2.5 High-Intensity Outpatient (HIOP)

2.7 Medically Managed Intensive Outpatient

Level 1:  
Outpatient

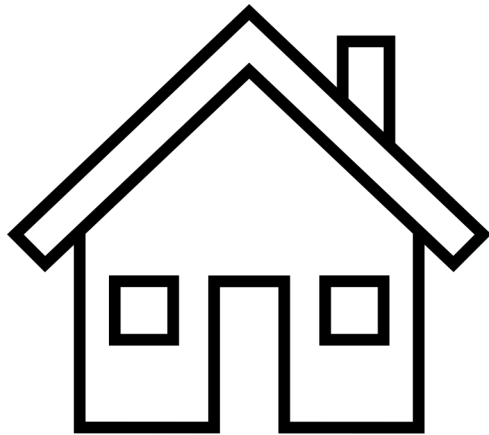
1.0 Long-Term Remission Monitoring

1.5 Outpatient Therapy

1.7 Medically Managed Outpatient

Recovery Residence

RR Recovery Residence\*



## Recovery Residences

### Common Characteristics

- Longer-term
- Lower level of support/care

### Many Names:

- Recovery Home
- Sober Living Home
- Transitional Living
- Half-way Houses
- Oxford Houses
- Reentry Houses

Epidemiology, Impact, and Problematic Practices

## 2. Background & Problem

# NMSAM/NMCRR Role in Building Recovery Housing Infrastructure



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Supported by:

- State Opioid Response (SOR) funds, HCA/BHSD
- Non-directed mission funds

Phase I: System Design + Pilot Verification

- Designed a process to assess recovery residence alignment with NARR standards
- Piloted alignment reviews with four recovery housing programs
- Provided limited TA based on identified gaps

Phase II: Technical Assistance Expansion

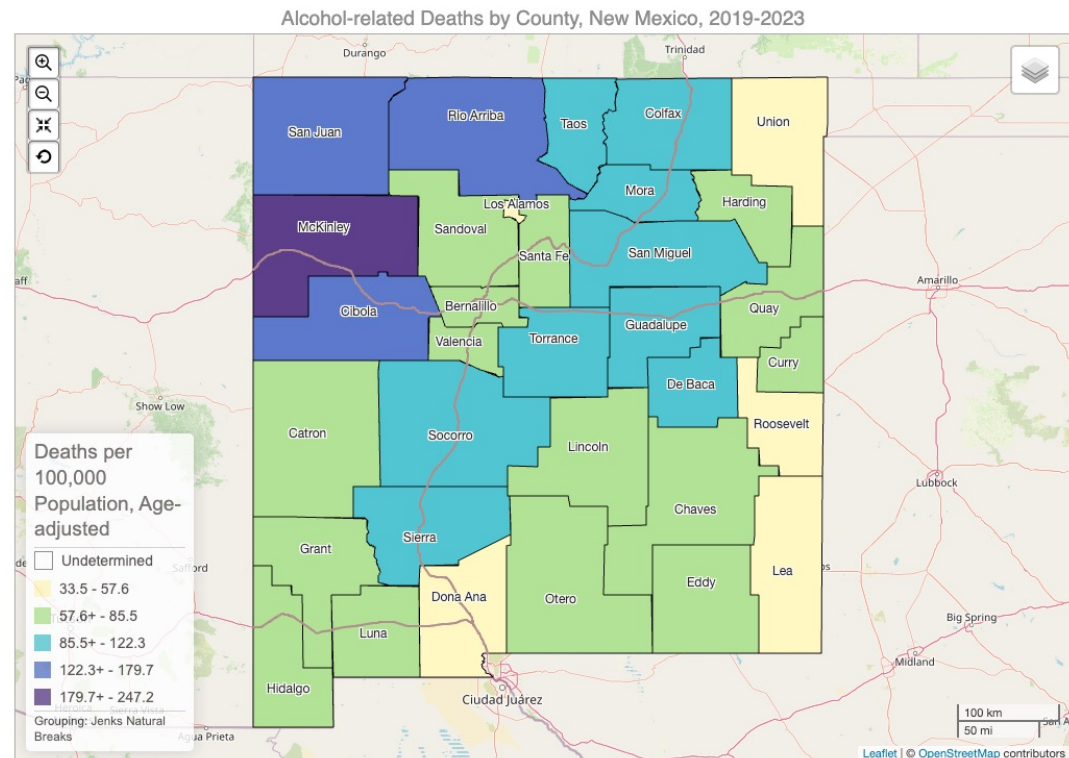
- Provide TA to four additional recovery residences
- Support readiness for NARR-aligned certification
- Build practical tools for quality, safety, and sustainability
- Develop environmental scan

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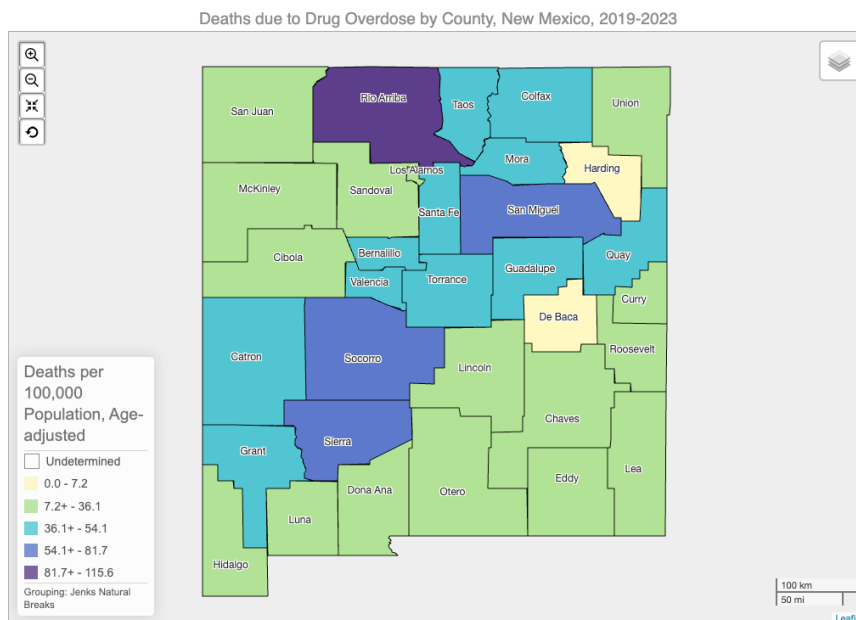
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# Alcohol Mortality<sup>1-8</sup>

- 84.5/100,000 in 2023
- Highest mortality rate in the nation
- Driven by chronic conditions
- ≈9% of all NM hospitalizations



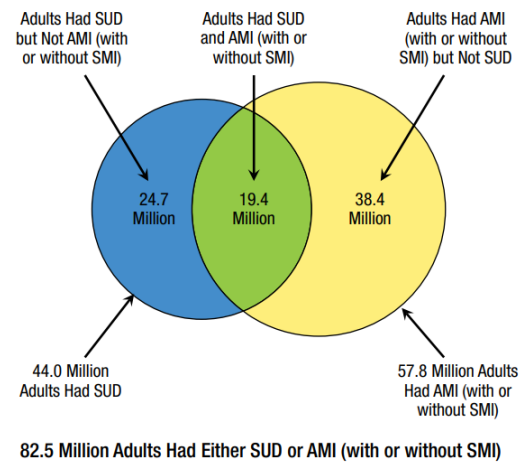
# Overdose Mortality<sup>1-7</sup>



- 48.9/100,00 in 2023
- Peak in 2021
- Modest decline through 2024
- Driven by illicit opioids such as fentanyl
- 10% jump in 2025 despite national 14% decline

Nationally, 44% of people with SUD also have a **co-occurring** mental health disorder<sup>1-2</sup>

Past-Year Substance Use Disorder (SUD) and Any Mental Illness (AMI) among Adults Aged 18 or Older: 2021



# From Epidemiology to Human Lives

## **Esmerelda, 28, unknown**

- Multiple treatment attempts
- From the International District
- CYFD involvement
- Lived with partner and parents who were using
- Returned home because no RR could take her & her kids
- Lost custody and ‘went back out’

## **Jonathan, 32, deceased**

- 5 inpatient programs
- From Truchas
- Worked for alcohol and drug treatment program
- Never prescribed medication for opioid use disorder
- Died alone in a hotel room because he could not go home or back to treatment

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# Exploitation, Fraud, and the Need for Oversight

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# What New Mexico Regulates Now<sup>1-3</sup>

NMAC includes rules for:

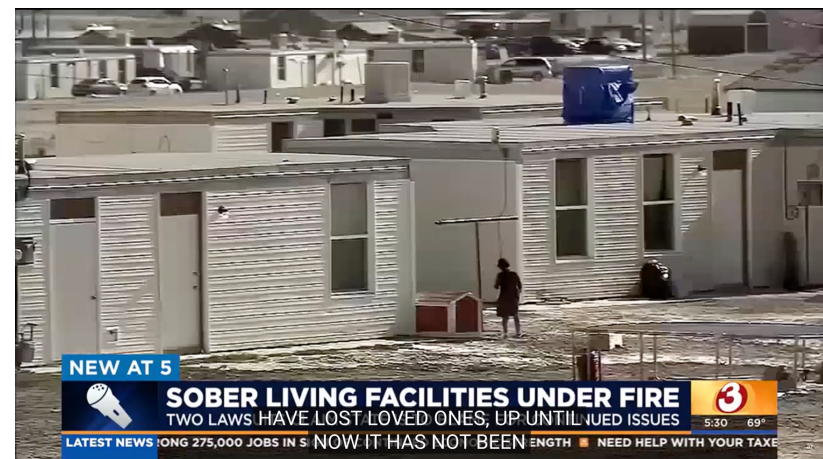
- Boarding homes / assisted living-type settings
- AARTC residential SUD treatment  
ASAM 3.1, 3.3, 3.5, 3.7, 3.2-WM, 3.7-WM
- Intensive outpatient SUD treatment  
ASAM 2.1

NMAC **does not** clearly regulate:

- Sober living
- Recovery homes
- Transitional recovery housing

## Arizona Exploitation Crisis

- Arizona “sober living” operators targeted primarily Native relatives in Gallup, Farmington, and along I-40<sup>1,2</sup>
- Recruiters promised housing or treatment, then transported people to Arizona for Medicaid fraud<sup>1,2</sup>
- Many were abandoned without ID, phones, medication, or a way home<sup>1,3</sup>
- At least **40 Native people died** in unsafe or unlicensed Arizona homes<sup>4</sup>
- Tribal governments and New Mexico agencies had to retrieve stranded relatives<sup>3,5</sup>
- Arizona officials have identified roughly **\$2.8 billion** in fraudulent Medicaid billing tied to the sober-living scandal<sup>6</sup>



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## Oklahoma Forced-Labor Cases

- Court-mandated “rehab” used as a pipeline to unpaid labor<sup>1</sup>
- Christian Alcoholics & Addicts in Recovery (CAAIR) sent several hundred men per year to work in poultry plants<sup>1</sup>
- Drug and Alcohol Recovery Program (DARP) is alleged to have sent hundreds to additional work sites<sup>2</sup>
- Thousands of unpaid hours at the threat of prison<sup>1,2</sup>

# Patient Brokering and Referral Kickbacks

- Body brokers recruited insured patients into treatment.<sup>1</sup>
- Free rent, phones, gift cards, or rides were used to steer referrals.<sup>2</sup>
- Treatment programs and labs billed based on volume, not clinical need.<sup>3</sup>

# Eliminating Kickbacks in Recovery Act (EKRA)

18 U.S. C. § 220

- Federal law prohibiting paid referrals/kickbacks involving **recovery homes, treatment facilities, and labs**
- Applies beyond Medicare/Medicaid and may include commercial insurance
- Important for recovery housing because referral, marketing, rent, and service relationships can create compliance risk

# Emerging Risk in New Mexico



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- NMSAM members report “free housing” being tied to IOP participation, unclear clinical necessity
- Recent substance-use recovery fraud case involving false claims, identity theft, document falsification, and unauthorized medical practice<sup>1</sup>
- National warning sign: a 2025 federal settlement alleged “free housing” was used to induce Medicaid patients into intensive outpatient treatment; settlement amount: \$18.5 million<sup>2</sup>

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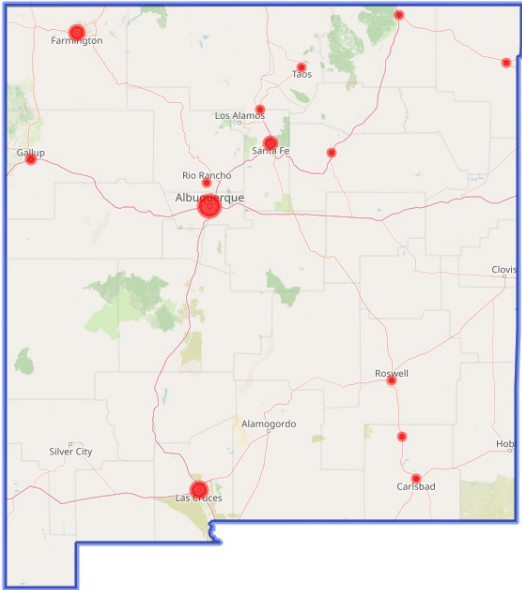
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Recovery Housing Ecosystem

# 3. Recovery Housing in New Mexico

# Preliminary Results from Environmental Scan

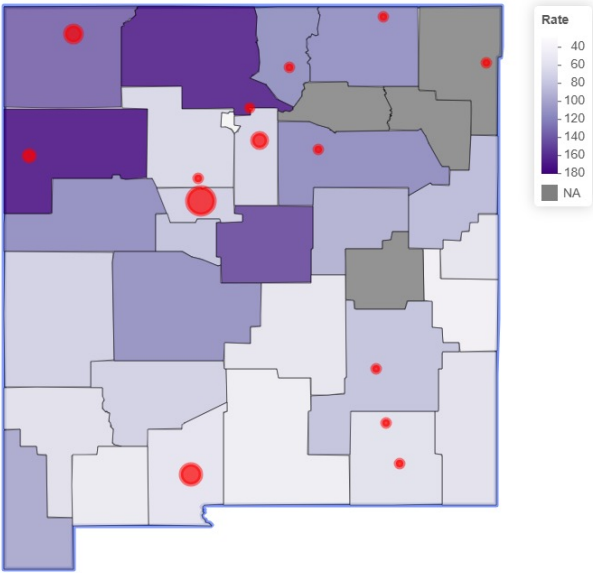
- 40+ Operators
  - Majority in the Albuquerque Metro
- Approximately 1200 beds statewide
  - ~800 in Albuquerque alone
- **The need is likely 6000-8000 beds**



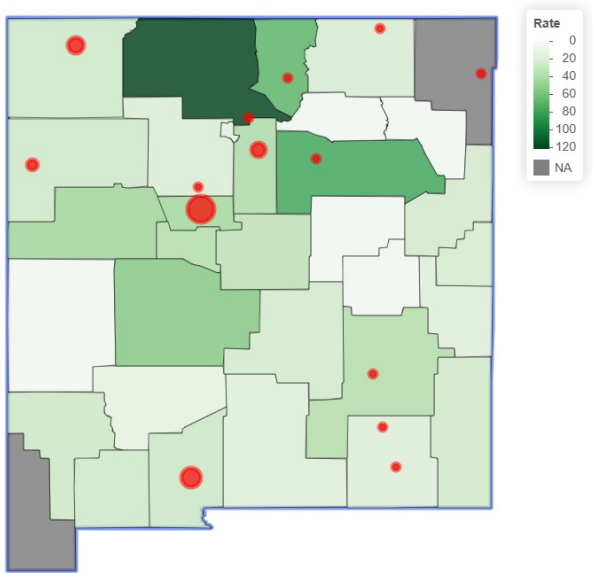
City	# of Operators
Albuquerque	14
Artesia	1
Carlsbad	1
Clayton	1
Espanola	1
Farmington	5
Gallup	2
Las Cruces	7
Las Vegas	1
Raton	1
Rio Rancho	1
Roswell	1
Santa Fe	4
Taos	1
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# Preliminary Results, continued

### Operations and Alcohol Mortality



### Operations and Overdose Mortality



# A Fragmented System

## Health Care Authority (HCA)

- BHSD
  - DHI
  - SOR



## Mortgage Finance Authority (MFA)

- Recovery Home Program



## 23 Tribes

- 19 Pueblos
- 3 Apache Nations
- 1 Navajo Nation



## 33 Counties

- Jails
- Local reentry
- County behavioral health

## Licensing / Regulation

- AARTC
- Boarding Homes
- Medicaid
- Local fire, zoning, code

## NM Corrections Dept

- Prisons
- P&P
- Reentry

## Behavioral Health Reform & Investment Act (SB3)

- 14 Districts



## Courts

- Specialty
- Pretrial / diversion
- Community referrals



# Multiple Drivers of Overdose and Alcohol Related Morbidity and Mortality

- **Lethal Supply** – fentanyl, polysubstance
- **Alcohol Environment** – access, normalization
- **Treatment Gaps** – delay, discontinuation
- **Housing Instability** – unsafe, unanchored
- **Reentry Instability** – heightened overdose risk
- **Fragmented Systems** – no pathway
- **Poverty and Structural Inequality** – chronic exposure, few opportunities
- **Co-occurring Mental Health** – trauma, isolation
- **Stigma and Shame** – secrecy, delay

# Operators Report

## **Challenges and Barriers**

- Complex fragmented system
- Difficulty competing with unregulated operations
- Difficulty with referrals
- Complex regulatory environment for many

## **Facilitators**

- Willingness to comply with oversight and regulation
- Unique cultural and community programs
- Desire to work together

# Brenda's House of Hope & Cottonwood Clinical, Farmington NM

- First program verified to be in full alignment with the NARR Standards.
- Structured sober living tied to IOP and step-down housing
- Primarily male; average age 30 (range 18–65)
- 30 IOP beds plus step-down sober living units
- IOP ~4 months; step-down ~6 months; long-term no end date
- Cost: During IOP, free; sober living \$125/week
- Additional funding from Cottonwood Clinics

## Brenda's House of Hope recognized by Farmington City Council



Councilors, Mayor Duckett praise Agnetti

By David Edward Albright Tri-City Record

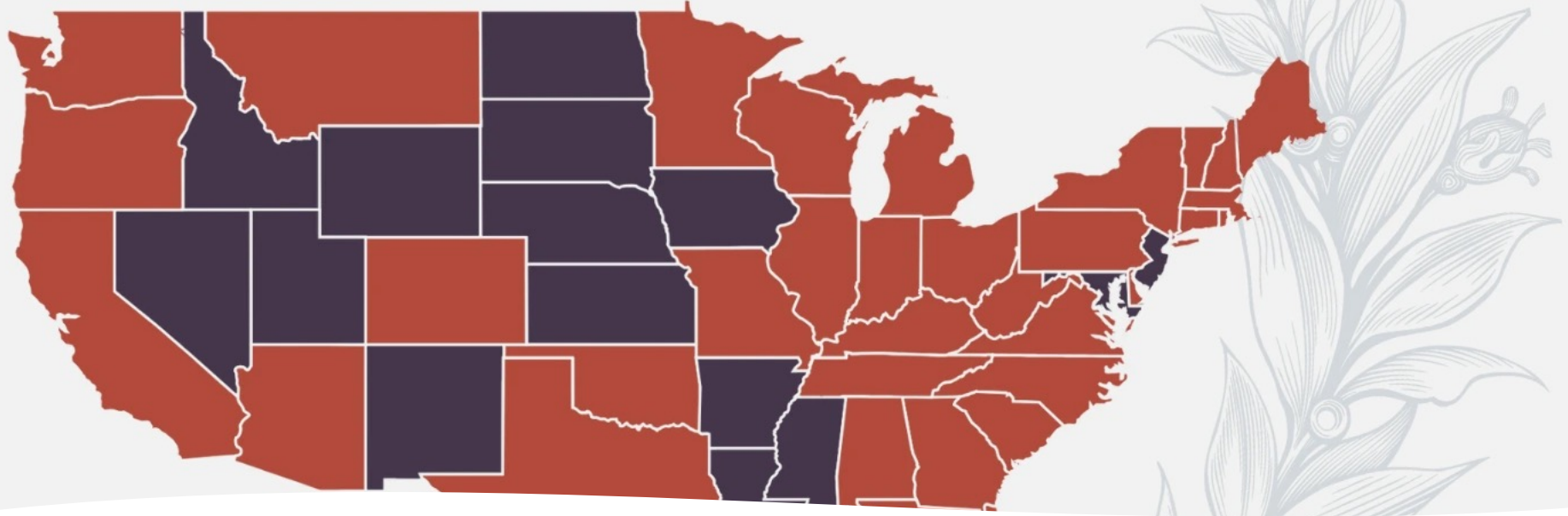
Tuesday, Nov 18, 2025 10:47 AM Updated Tuesday, Nov. 18, 2025 10:47 AM



Farmington Mayor Nate Duckett presents the Citizenship Award to Rick and Nicole Agnetti, Brenda's House of Hope directors. David Edward Albright/Tri-City Record


Overview of NARR, ASAM, and what makes a recovery residence certifiable

# 4. ASAM / NARR Aligned Recovery Residences



## National Alliance for Recovery Residences (NARR)

- 33 State Affiliates
- ASAM Aligned
- NARR Standards
- Affiliates certify houses
- Composed of operators, former residents, treatment professionals, and researchers



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# What is a NARR aligned Recovery Residence?

Recovery Residences, Sober Living  
Homes, Transitional Living, Oxford  
Houses, Half-way homes...

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# ASAM and NARR Certified Recovery Residences are a Distinct and Essential Part of the Continuum of Care

Long-term, Person-Centered, Social Model, Recovery Capital, and Responsiveness to Local Contexts

FOURTH EDITION

# THE ASAM CRITERIA

Treatment Criteria for Addictive, Substance-Related,  
and Co-occurring Conditions



VOLUME 1  
ADULTS

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Recovery Residence

RR Recovery Residence\*

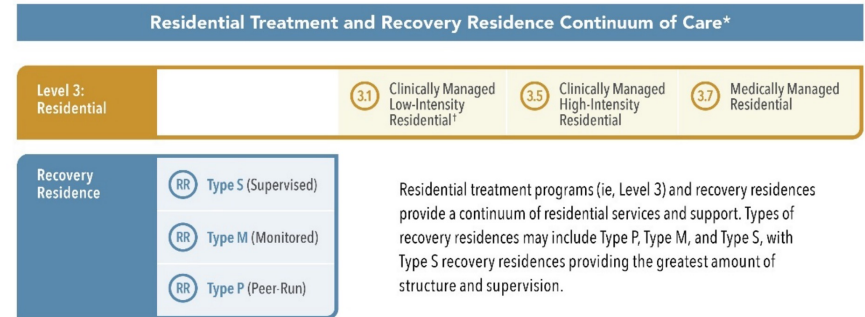
# Recovery Residence Types per NARR & ASAM



## Types of Recovery Residence Support

Current NARR Levels	New ASAM/NARR Types	Defining Characteristics
Level 1	Type P	<i>Peer-run</i> , decisions made solely by residents.
Level 2	Type M	<i>Monitored</i> environment; house guidelines/rules, appointed resident leader.
Level 3	Type S	<i>Supervised</i> activities, staffing, life skills programming.
Level 4	Type C	<i>Clinical</i> services included.

Note: No changes in NARR level definitions were made in creating this new naming convention.



\* Developed in coordination with the National Alliance for Recovery Residences (NARR).

† NARR Type C (Clinical) programs are equivalent to *The ASAM Criteria* Level 3.1 that applies the social model.

Source: *The ASAM Criteria: Treatment for Addictive, Substance-Related, and Co-Occurring Conditions*. 4<sup>th</sup> ed. Vol 1 Adults

## Recovery Residence (RR) Types, ASAM

- **Peer-Run** (RR-P/Level I) are democratically run; Oxford Houses are the most widely known example.
- **Monitored** (RR-M/Level II) utilize house rules and typically a resident house manager.
- **Supervised** (RR-S/Level III) have supervised, trained, and credentialed staff who deliver weekly structured and life skills development programming.
- **Clinical** (RR-C/Level IV) are a subtype of ASAM 3.1, low intensity residential treatment with clinical services in the house, that also incorporate the social model.

Table 15.1

RECOVERY RESIDENCE TYPES				
Recovery Residence Types	NARR Type			
	P	M	S	C*
<b>Bundled Services</b>				
Living environments free from alcohol and illicit substances	X	X	X	X
Mutual aid and social model milieu	X	X	X	X
Recovery support services delivered by professional staff <sup>†</sup>			X	X
Life skills development programming			X	X
Treatment services				X
<b>Governance and Staffing</b>				
Democratically elected leaders	X			
Appointed resident leaders and/or managers		X	X	X
Trained and/or credentialed peers (Type S) or staff (Type C)			X	X
Supervised staff			X	X

\* RR Type C programs are a subtype of *The ASAM Criteria* Level 3.1 and should meet the Level 3.1 service characteristic standards (pp 92-94); text in **bold** represents the primary differences between the two types of care. The unique addition of a governance structure within RR Type C, including resident leaders and/or managers, supports individual self-management skills and promotes each individual taking responsibility for the wider recovery community.

<sup>†</sup> Recovery support services include formalized services delivered by paid staff.

Source: *The ASAM Criteria: Treatment for Addictive, Substance-Related, and Co-Occurring Conditions*. 4<sup>th</sup> ed. Vol 1 Adults

# Best Fit: Who Provides Support in RR-P and RR-M

## RR-P (NARR I) or Oxford House

- Peer-run recovery housing
  - Residents govern the home
  - Mutual accountability and shared responsibility
  - Recovery is practiced through daily living

## RR-M (NARR II)

- All RR-P, plus:
  - House Manager / Senior Peer
    - Welcomes and orients residents
    - Supports house routines and expectations
    - Connects residents to recovery and community resources
    - Helps maintain safety, stability, and accountability

# Best fit: Who Provides Support in RR-S and RR-C

## RR-S (NARR III)

All RR-M, plus:

- Peer Support Workers (CPSW)
  - Recovery coaching, hope, mutuality
  - Life and recovery capital skills
  - Belonging, accountability, and daily practice
- Community Support Workers (CCSS)
  - Modern case management
  - Goal planning, navigation, and f/u
- Community Health Workers (CHW)
  - Connection to health & social services
  - Prevention, education, and care coordination

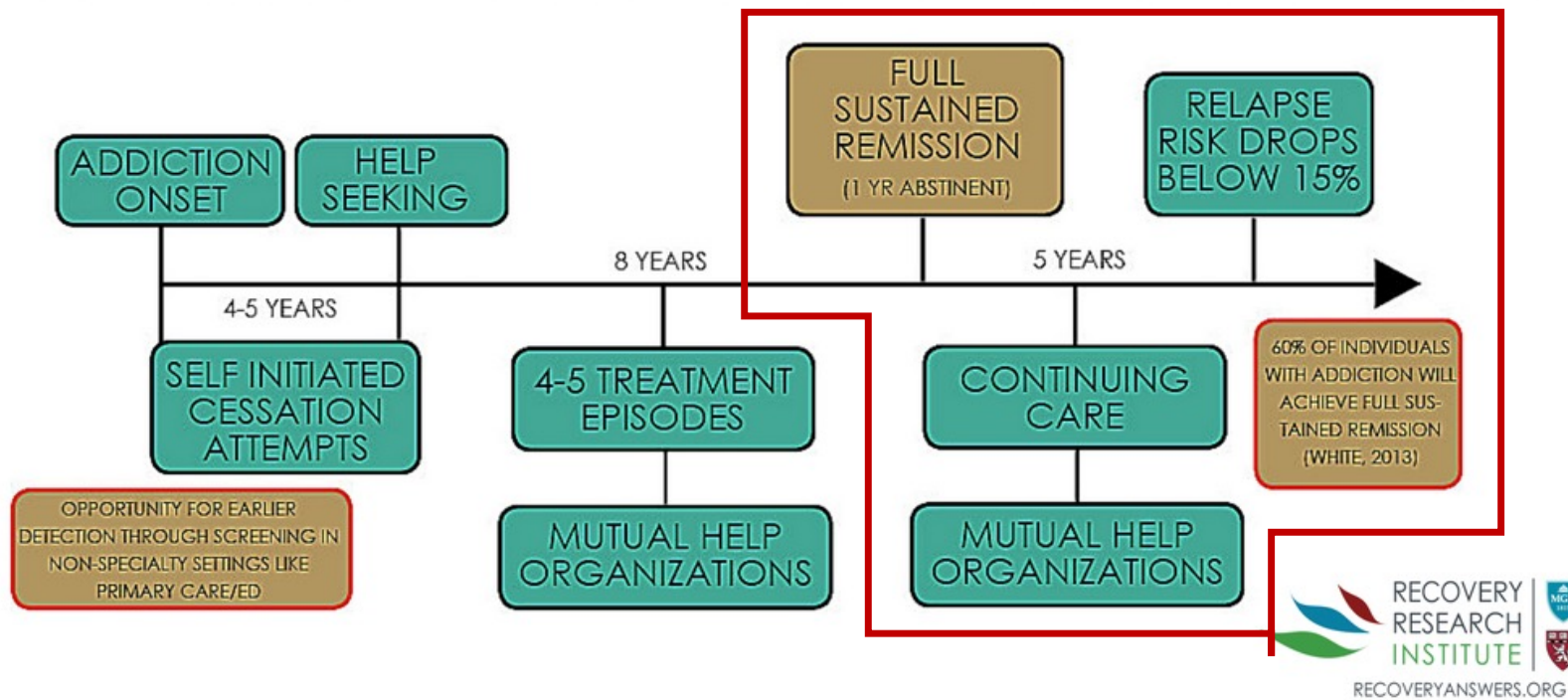
## ASAM 3.1/RR-C (NARR IV)

All RR-S, plus:

- Counselors & Therapists
  - Clinical assessment and treatment planning
  - Individual, group, and family therapy
  - Co-occurring mental health support
  - Crisis planning and higher-acuity care coordination

# Person-Centered, Long-term

## SUBSTANCE USE DISORDER COURSE OF RECOVERY



# Grounded in Community

Recovery residences are uniquely responsive to community needs

- Embedded
- Small
- Tailored
- Responsive
- Local



# Social Model: The Home IS The Intervention

- **Recovery** = Time → Safety → Belonging → Accountability → Daily Practice
- Time in an RR → Builds recovery capital: Personal · Social · Community
- Recovery Capital → Improved individual and societal health: reduced overdose risk, recidivism, increased employment, familial engagement

# What the NARR Standards Do



- Define quality recovery housing
- Protect resident safety and rights
- Integrate the social model
- Support certification and accountability
- Create pathways for TA and improvement
- Create a pathway to mediate grievances
- Standardize data capture
- Establish good neighbor policies

# Effectiveness of Recovery Residences



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- Improved abstinence vs usual care<sup>1,5</sup>
- Higher employment and income<sup>1,5</sup>
- Lower incarceration and recidivism<sup>1,5</sup>
- Better outcomes than common alternatives<sup>5</sup>
- Quality standards are essential<sup>2,3,5</sup>
- Peer support is a core mechanism<sup>4,5</sup>

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National Best-Practices, Local Control, Community-Based

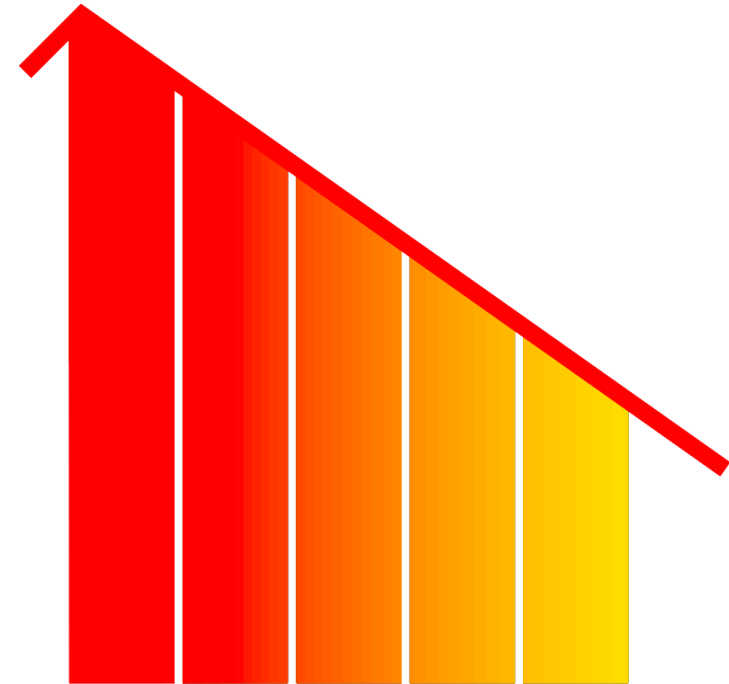
# 5. A Model Tailored to New Mexico

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## New Mexico Coalition of Recovery Residences (NMCRR)

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- 501(c)3 -- Board to be composed of operators, former residents, and licensed or credentialed behavioral health providers and community members
- Adopt and adapt the NARR standards to NM
- Certify houses
- Provide TA
- Provide grievance mediation and resolution
- Local and national community of practice
- ~20% less expensive than a governmental agency (SWC Consulting)



New Mexico Coalition  
of Recovery Residences

# Before: Fragmented System

## Health Care Authority (HCA)

- BHSD
  - DHI
  - SOR



## Mortgage Finance Authority (MFA)

- Recovery Home Program



## NM Corrections Dept

- Prisons
- P&P
- Reentry



## Behavioral Health Reform & Investment Act (SB3)

- 14 Districts



## 23 Tribes

- 19 Pueblos
- 3 Apache Nations
- 1 Navajo Nation



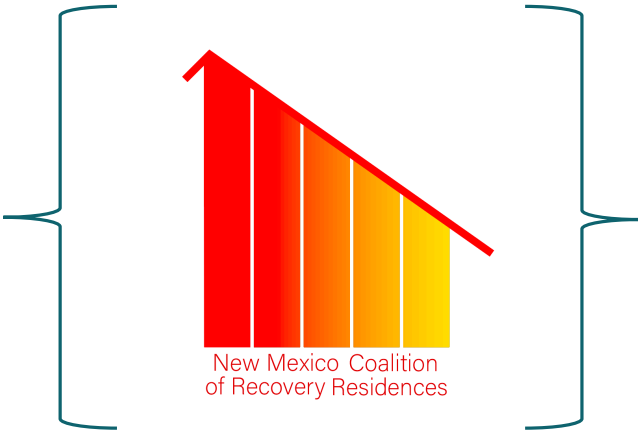
## Courts

- Specialty
- Pretrial / diversion
- Community referrals



# After: System Alignment

- Health Care Authority
- Mortgage Finance Authority
- Tribes
- Counties
- Cities and Towns
- Licensing and Regulation
- NM Corrections Dept
- SB3 Districts
- Courts

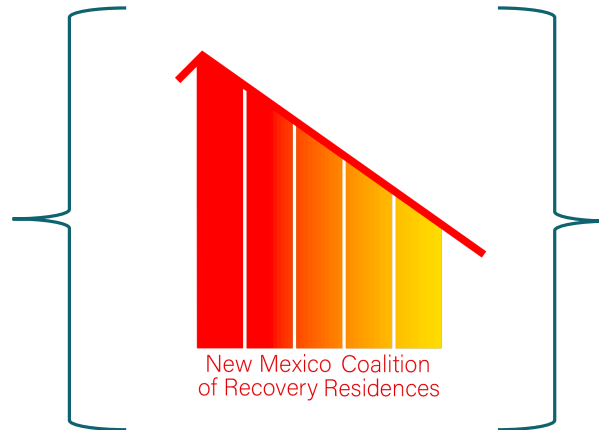


Best-Practice Standards  
 Certification  
 TA & Support  
 Mediate Grievances  
 Support Sustainability

Community  
 Embedded  
 Culturally Responsive  
 Part of a Community  
 of Practice

# After: SUD Drivers Addressed by Certified Recovery Residences

- Lethal Supply
- Alcohol Environment
- Treatment Gaps
- Housing Instability
- Reentry Instability
- Fragmented Systems
- Poverty and Structural Inequality
- Co-occurring Mental Health
- Stigma and Shame




- Naloxone in-house
- Sober community
- Connection to other levels, continuity
- Stable, low-cost housing
- Specific reentry programs
- Alignment through NMCRR
- Life and recovery skills
- Linkages to treatment/therapy
- Peers who have been there

# Braid Funding for Sustainability

NMCRR would support homes in rural, tribal, and frontier communities at ASAM RR-S (NARR Level III) to become BHA-432 providers sustaining CCSS and CPSW services in-house.

- 
- Medicaid Service Funding (BHA 432) Reimbursement:
    - Comprehensive Community Support Services (CCSS)
    - Certified Peer Support Services (CPSW)

- 
- Room/Board/Infrastructure Funding:
    - HUD → MFA → RHP
    - SOR & Opioid Settlement
    - City, State, SB3, Tribes
    - Rents

# Hozho Recovery Home, Gameraco, NM

## → BHA 432-RR-S / Level III

- Western and Native healing
- Average age 40
- Zuni and Navajo members
- Serves people with disabilities
- 11 beds total (2 women, 9 men)
- Starts at \$200/month, rises to \$350
- House funding from MFA RHP
- Hogan and Sweat Lodge on site
- Will have BHA 432 status with CCSS & CPSW services



How to implement the NARR standards and develop sustainable safe recovery housing  
in New Mexico

# 6. Next Steps

# Change Rules & Appropriate Funds:

- Recognize NMCRR as New Mexico's NARR affiliate.
- Fund and empower NMCRR to:
  - Inspect and certify RR-P, RR-M, RR-S, and appropriate 3.1/RR-C homes
  - Provide technical and sustainability assistance to RRs
  - Coordinate grants across BHSD, MFA, NMCD, SB3, and others
  - Build a statewide community of practice
  - Operate a grievance and accountability process
  - Provide bed-count software interface

# Change Rules & Appropriate Funds, Cont....

- Require state funding or Medicaid reimbursement only for homes that:
  - Are NMCRR-certified or Oxford House-certified
  - Accept medications for addiction treatment
  - Meet AARTC oversight requirements when operating as a 3.1/RR-C
- Create a reimbursement differential or modifier for RR-S homes that provide services to folks with a co-occurring disorder
  - Fund Pilots
  - Fund TA
- Create an incentive facilitating RRs in rural, frontier, and small towns

# Questions?

Email [kurt@nmsam.org](mailto:kurt@nmsam.org)

Thank You



**NMSAM**  
**New Mexico Society of Addiction Medicine**

# Slide 12, Notes and References

Slide 12. Note. NMDOH/NM-IBIS age-adjusted alcohol-related death rates for New Mexico and the United States, 1999–2023. NMDOH reported a 2021 peak of 102.3 deaths per 100,000 and a decline to 84.5 per 100,000 in 2023, with 1,896 alcohol-related deaths in 2023. Alcohol-related deaths include deaths directly and partially attributable to alcohol using CDC Alcohol-Related Disease Impact methods. Claims about chronic disease burden are supported by NMDOH’s identification of chronic liver disease and other chronic conditions as major alcohol-attributable causes.

New Mexico has historically had the highest alcohol-related death rate in the nation; the most recent national comparison cited by NMDOH reported New Mexico’s 2021 rate at more than twice the U.S. average.

Refs:

1. New Mexico Department of Health. Alcohol-related deaths decline in New Mexico for the second year in a row. Published January 17, 2025. Accessed June 15, 2026. <https://www.nmhealth.org/news/awareness/2025/1/?view=2172>
2. New Mexico Department of Health Indicator-Based Information System. Alcohol-related Deaths by Year, New Mexico, 1999 to 2023. Updated September 5, 2025. Accessed June 15, 2026. [https://ibis.doh.nm.gov/indicator/view/AlcoholRelatedDth.Year.NM\\_US.html](https://ibis.doh.nm.gov/indicator/view/AlcoholRelatedDth.Year.NM_US.html)
3. New Mexico Department of Health Indicator-Based Information System. Alcohol-related Death. Updated September 5, 2025. Accessed June 15, 2026. <https://ibis.doh.nm.gov/indicator/summary/AlcoholRelatedDth.html>
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# Slide 13, Notes and References

Slide 13, Overdose Mortality. Notes. CDC/NCHS provisional 12-month-ending drug overdose deaths for New Mexico. New Mexico overdose deaths rose sharply during 2019–2021, declined modestly after the peak, and remain high. CDC provisional data show New Mexico moving against the national trend in the most recent period, with overdose deaths increasing while most states declined. NMDOH identifies illicit opioids, especially fentanyl, as a major driver of overdose mortality in New Mexico.

Note. Map displays NMDOH/NM-IBIS age-adjusted drug overdose death rates by New Mexico county for 2019–2023. Rates are deaths per 100,000 population and are based on death certificate data. County rates vary substantially across the state; Rio Arriba County is shown in the highest rate category for this period.

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# Slide 14 & 17, Notes and References

Slide 14 Notes. Estimates are from SAMHSA's 2021 National Survey on Drug Use and Health for adults aged 18 or older. In 2021, 44.0 million adults had a past-year substance use disorder, 57.8 million had any mental illness, and 19.4 million had both. The 44% figure is calculated as 19.4 million divided by 44.0 million. Any mental illness includes mental, behavioral, or emotional disorders other than substance use disorders.

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<https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf>
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# Slide 25 notes

## **Operators Map (with alcohol-related death rates)**

\*Bubble size indicates the number of operators in each location (estimates based on internal surveys).

\*County color indicates 2024 Age-Adjusted Alcohol-Related Injury and Chronic Disease Deaths per 100,000 Population (data collected from the NMDOH IBIS system)

("NA" indicates data was suppressed at that location to protect patient confidentiality)

## **Operators Map (with OD-related death rates)**

\*Bubble size indicates number of operators in each location (estimates based on internal surveys).

\*County color indicates 2024 Drug overdose deaths per 100,000 population, directly age-adjusted to the U.S. 2000 standard population ("NA" indicates data was suppressed at that location to protect patient confidentiality)

("NA" indicates data was suppressed at that location to protect patient confidentiality)

# Slide 44, Notes and References

## Effectiveness of Peer Support in Recovery Residences

Improved abstinence vs usual care.<sup>1</sup>

Higher employment and income.<sup>1</sup>

Lower incarceration.<sup>1</sup>

Quality standards are essential.<sup>2,3,5</sup>

Peer support is a core mechanism of recovery housing.<sup>3,4,5</sup>

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