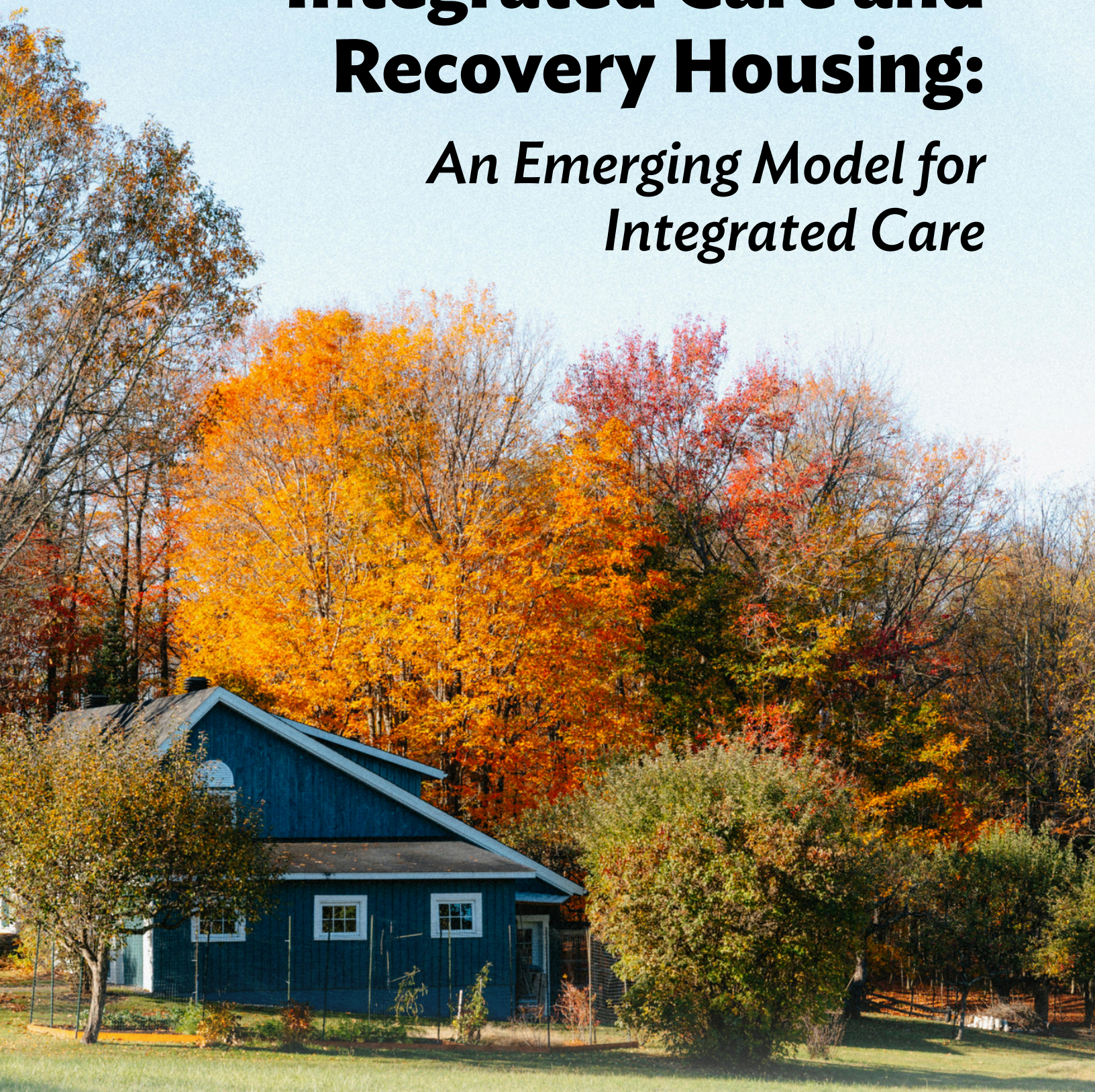


Integrated Care and Recovery Housing:

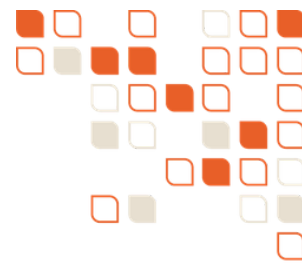
*An Emerging Model for
Integrated Care*



NATIONAL COUNCIL
for Mental Wellbeing



Opioid
Response
Network



Why Recovery Housing and Integrated Care Matter

Substance use remains a significant public health challenge in the United States. According to the 2025 SAMHSA National Survey of Drug and Health, more than 69.8 million people ages 12 and older used illicit drugs in the past year. In 2025, approximately 69,000 people died from drug overdoses, while alcohol-related deaths reached 105,308 in 2022. Despite these statistics, a growing number of Americans identify as being in recovery. Among the 30.6 million adults who perceived ever having a substance use problem, 22.3 million adults (73.0%) considered themselves to have recovered or to be in recovery, demonstrating that recovery from substance use disorders (SUD) is achievable and on par with the recovery from other chronic health conditions. Recovery is enhanced when individuals have access to effective holistic treatment, stable social support, and opportunities to rebuild their lives. Recovery housing represents one of these critical supports.



“Recovery is 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)

Recovery housing is more than a place to live. It is an intentional, recovery-focused living environment that provides a safe, stable, and substance-free setting where individuals can build the skills, supports, and connections needed to initiate and sustain long-term recovery from substance use disorders. Unlike traditional housing programs, recovery housing provides a structured community where residents support one another through shared accountability, peer relationships, and a culture centered on recovery.

While recovery housing is not itself a treatment service, it plays a distinct and essential role within the broader continuum of substance use disorder treatment and recovery support. As an evidence-based recovery support service, recovery housing helps bridge the transition from treatment to independent living by providing the stability, structure, and support individuals need to sustain long-term recovery. Stability in housing, combined with a supportive recovery community, creates what researchers often describe as a “therapeutic milieu,” an environment where recovery is reinforced through daily routines, a predictable and supportive structure, peer support, shared responsibility, and opportunities to practice the skills needed for independent living. Unlike formal treatment settings, recovery housing allows individuals to apply, practice and integrate what they have learned in treatment while living in a supportive community.

Individuals with substance use disorders often present with co-occurring conditions, including increasingly complex medical conditions. Additionally, people with substance use disorders often have complex social needs, which can include housing and financial instability, justice-system involvement, and limited social and familial supports. Addressing these interconnected needs requires coordination across multiple systems and is why historical models of care, which are often isolated and siloed, are less effective. As the needs of individuals entering recovery become increasingly complex, recovery housing is both historically established and ever evolving as an important partner within integrated systems of care.



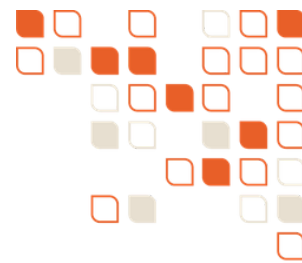
In response to these interconnected needs, some recovery housing providers have integrated health care services directly into their programs, while others rely on formal partnerships with treatment providers to ensure residents receive coordinated, person-centered care. These integrated approaches strengthen continuity across the recovery journey and better position individuals, families and communities for long-term health, stability, and recovery.

Although recovery housing has expanded considerably over the past decade — from an estimated 13,873 recovery homes in 2015 to nearly 18,000 in 2020 — it remains substantially underutilized. Despite growing evidence supporting its effectiveness, estimates suggest that only about 1.2% of individuals with SUD can access recovery housing. This gap represents an important opportunity to strengthen the recovery support continuum and improve long-term recovery outcomes.

Exploring Integrated Recovery Housing in Practice

Recognizing both the promise of recovery housing and the growing need for integrated care, the National Council for Mental Wellbeing sought to better understand how recovery housing can be effectively integrated with behavioral health, primary care, and other health services. To inform this effort, the National Council interviewed Darrell Mitchell, Senior Vice President of Recovery & Community Impact, and Macy Kootz, Senior Director of Addictions Services, at Aspire Indiana Health, a central Indiana-based organization recognized for integrating recovery housing within a comprehensive behavioral health and primary care continuum. The National Council also interviewed Dr. Amy Mericle, a nationally recognized recovery housing researcher at the Alcohol Research Group, Public Health Institute in Emeryville, California, and Principal Investigator of the National Study of Treatment and Addiction Recovery Residences (NSTARR), the largest study of recovery housing conducted to date. This issue brief examines Aspire Indiana Health as an illustrative example of an integrated recovery housing model while highlighting broader lessons from research and practice regarding the role of recovery housing within an integrated continuum of care. Together, these perspectives demonstrate how recovery housing can serve not only as a stable place to live, but also as an essential component of a coordinated system that supports sustained recovery, improves health outcomes, and strengthens communities.





Spotlight: Aspire Indiana Health

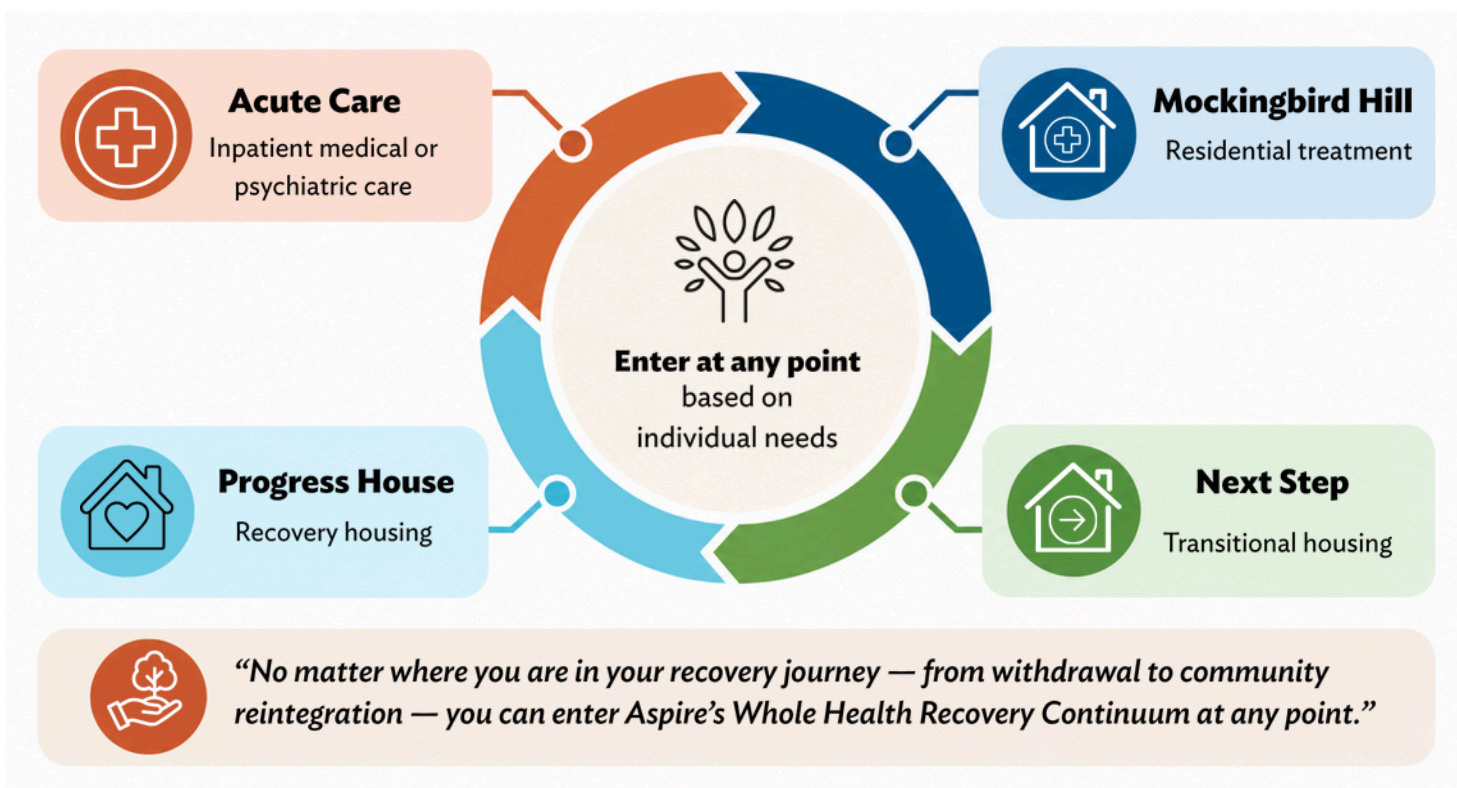


An Integrated Continuum of Care

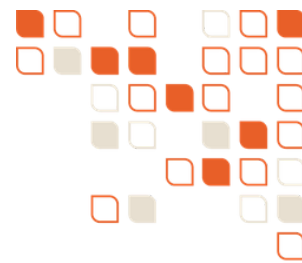
Aspire Indiana Health demonstrates how recovery housing can be integrated within a comprehensive continuum of behavioral health, primary care, and recovery support services. Following its 2019 consolidation with Progress House, a long-standing recovery housing program, Aspire developed a coordinated model that combines substance use treatment, primary care, behavioral health services, and recovery housing to address the increasingly complex needs of individuals with substance use disorders.

The model provides a seamless continuum from treatment and medical stabilization through progressively independent levels of recovery housing. Individuals typically begin at Aspire's residential treatment facility, Mockingbird Hill, before transitioning to Progress House, Level 2 recovery housing, and ultimately to independent living. Throughout this progression, residents maintain access to primary care, behavioral health treatment, medication for opioid use disorder (MOUD), case management, peer support, and other services. By coordinating care across settings, Aspire reduces gaps in care and supports individuals throughout their recovery journey.

Aspire's Whole Health Recovery Continuum



Adapted from Aspire Health Indiana, Whole Health Recovery Continuum, n.d.



Core Elements of Aspire's Model

Aspire Indiana Health's model demonstrates that higher level integration extends beyond co-locating services or expanding access to healthcare. Rather, it collaboratively combines several complementary elements that work together to support recovery over time. While each component contributes independently, their collective integration elevates overall impact and effectiveness by creating a recovery-oriented system that addresses individuals' clinical, social, and recovery needs simultaneously.



A Recovery-first Approach

Although Aspire integrates comprehensive medical and behavioral health services, the organization defines its approach as "recovery-first," rather than "treatment-first." Through this person-centered model, treatment addresses acute clinical needs, while recovery housing provides a structured, recovery-oriented environment grounded in peer support, shared accountability, and daily engagement. Rather than functioning solely as housing, the environment itself is designed to support sustained recovery and help residents build the skills, relationships, and stability needed to progress toward greater independence.



Clinical and Medical Integration

While recovery remains the foundation, Aspire's integration of clinical and medical services strengthens residents' ability to sustain recovery by addressing the physical and behavioral health conditions that often accompany substance use disorders. Residents have coordinated access to primary care, psychiatric services, behavioral health treatment, MOUD, case management, and recovery coaching throughout their time in the program. Rather than requiring individuals to navigate multiple disconnected providers, services are coordinated within a single continuum, allowing care teams to respond more effectively as residents' needs change. Importantly, integration is not intended to medicalize recovery housing. Instead, clinical services function alongside recovery supports, ensuring residents can address both immediate health concerns and the broader challenges associated with long-term recovery.



Peer Support and Lived Experience

Peer support is central to Aspire's model. Staff with lived experience, including former residents who serve as recovery coaches, case managers, and operational staff, provide support grounded in an understanding of the recovery process. This peer-based approach helps foster trust, connection, accountability, and a strong recovery community. Aspire leaders described peer staff as enhancing trust, credibility, and engagement for the entire care team while demonstrating that long-term recovery is achievable. Residents interact daily with staff who have navigated similar recovery journeys and who model sustained recovery in both their personal and professional lives.



Population and Referral Pathways

Aspire serves individuals with complex needs, including those experiencing homelessness, recent incarceration, co-occurring medical and behavioral health conditions, housing instability, and long histories of substance use. Most residents enter through step-down referrals from higher levels of care, treatment providers, or the criminal justice system, while others are referred from across Indiana because of Aspire's integrated model. The complexity of residents' needs underscores the value of a coordinated recovery environment that combines stable housing, peer support, and access to comprehensive clinical services.



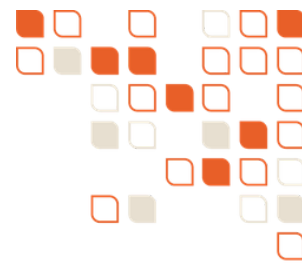
Defining Success and Improving Outcomes

Aspire defines success not simply by program completion, but by sustained recovery, engagement in the program, and increasing independence. Participants are expected to maintain sobriety, engage in treatment as appropriate and 12-step meetings, and establish employment before transitioning to lower levels of recovery housing.

Aspire leaders reported substantial improvements in program success rates as recovery housing became integrated within a broader continuum of behavioral health care, primary care, and recovery supports. Prior to integration, Aspire leaders estimated success rates at approximately 30-35%, compared with 60-65% among participants at Progress House and 75-80% among those who progressed to Level 2 step-down housing. Importantly, Aspire defines successful completion in terms of multiple indicators of recovery and stability — including abstinence, employment, engagement in treatment and 12-step programming, and readiness to transition to the next level of housing. The higher reported success rate among participants who reach step-down housing also reflects progression along Aspire's structured continuum: individuals must demonstrate greater stability, including established employment, before transitioning to Level 2 housing. These organizationally reported outcomes illustrate the potential value of pairing recovery housing with coordinated health and behavioral health services, and a graduated pathway toward independent living.

Aspire's experience suggests that integrated recovery housing supports long-term recovery by combining coordinated clinical care, peer support, and structured opportunities to build independence. While additional research is needed to identify which components have the greatest impact, the model demonstrates the potential of integrated recovery housing to improve recovery outcomes and long-term health and stability.





Lessons for Integrated Recovery Housing

The Aspire Indiana Health model demonstrates how recovery housing can serve as part of a broader continuum rather than operating separately from treatment and health care. While every community has different resources, funding structures, and service delivery systems, several broader lessons emerged consistently across the interviews that may help guide organizations seeking to strengthen recovery housing and better integrate it with behavioral health and healthcare services.



Recovery Housing Is More Than Housing

Perhaps the most consistent message from both Aspire leaders and Dr. Mericle was that recovery housing should not be viewed simply as a housing intervention. Stable housing is an essential foundation for recovery, but the effectiveness of recovery housing lies in the structured recovery environment it creates.

Recovery housing provides an intentional community where individuals live alongside peers committed to recovery, develop healthy routines, build supportive relationships, and practice recovery in everyday life. This therapeutic milieu — the culture, relationships, and shared accountability that characterize recovery housing — is a defining element that distinguishes it from more traditional housing models and contributes to long-term recovery. As Dr. Mericle observed, recovery housing is "an intentional community that's supportive of recovery," while Darrell Mitchell emphasized that "the power of community and connection... is critical to recovery."

These findings suggest that efforts to expand recovery housing should focus not only on increasing recovery housing but also on enhancing and preserving the recovery culture and peer community that make these environments effective.



True Integration Goes Beyond Co-located Services

Aspire demonstrates that integration extends beyond offering multiple services under one organizational umbrella. Successful integration requires intentional coordination among primary care providers, behavioral health clinicians, recovery housing staff, peer specialists, and organizational leadership.

Throughout the interviews, Aspire leaders described the substantial work involved in aligning different organizational cultures, funding mechanisms, clinical workflows, and leadership priorities. Simply adding healthcare services to recovery housing or recovery housing to healthcare does not create an integrated model. Integration requires sustained collaboration, staff training, shared goals, and ongoing communication across disciplines.

Dr. Mericle similarly emphasized that relationships between recovery housing providers and treatment organizations should themselves be considered an important area for research. Although these partnerships are widely recognized as valuable, relatively little evidence exists regarding the most effective models for building and sustaining them.



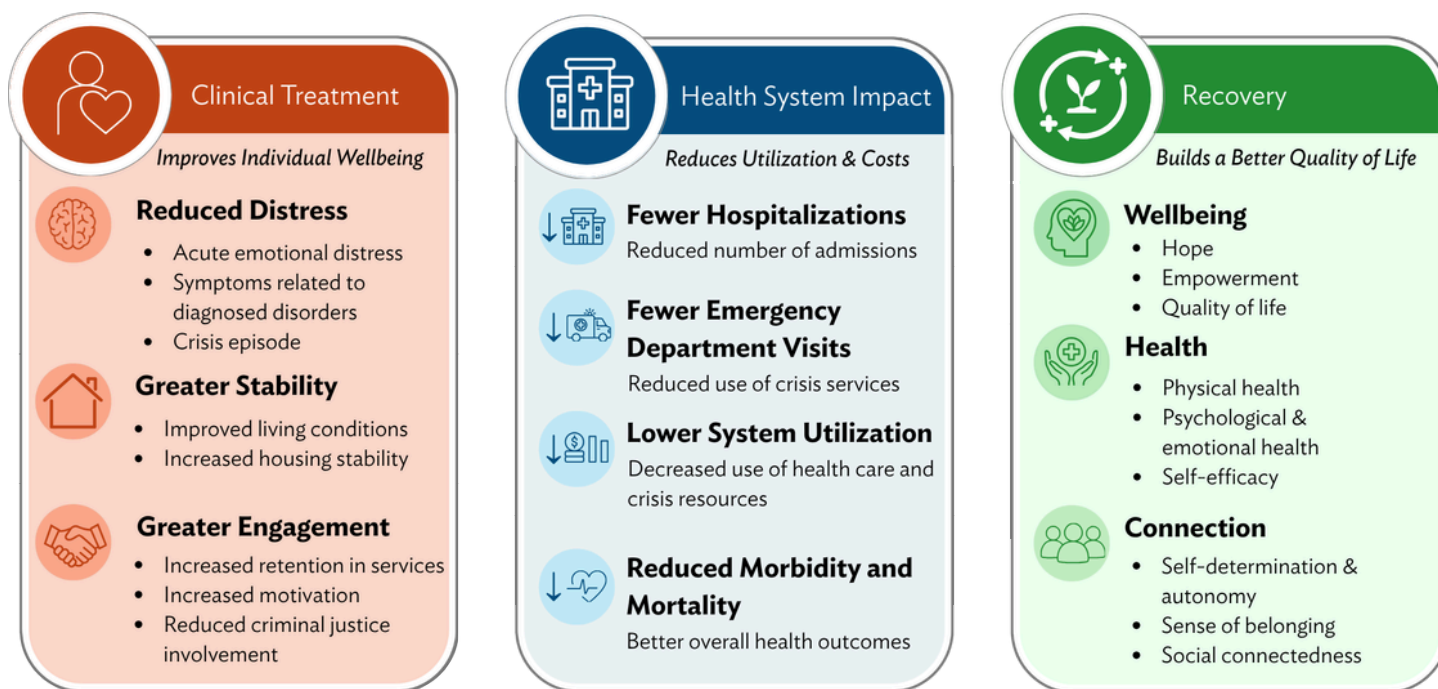
Recovery and Treatment Serve Complementary Roles

One of the most important themes that emerged from the interviews is that integration should strengthen — not replace — the unique role of recovery housing.

Clinical treatment addresses acute medical, psychiatric, and substance use needs, while recovery housing provides the environment where individuals can begin rebuilding their lives. Rather than competing approaches, treatment and recovery housing function as complementary components of a comprehensive recovery continuum.

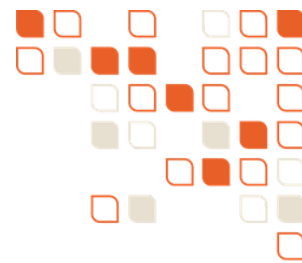
For organizations considering integrated recovery housing: preserve the recovery culture; establish clear clinical and recovery-support roles; build formal coordination and referral pathways; meaningfully incorporate peer staff and lived experience; develop sustainable financing across housing, clinical, and recovery-support functions; and track both recovery and health/system outcomes.

Complementary Outcomes Across an Integrated Recovery Continuum



Sources: Cano et al., 2017; Kaskutas et al., 2014; SAMHSA, 2023.

Aspire's "recovery-first" philosophy reflects this balance. Clinical care remains readily available throughout the continuum, but recovery is sustained through peer relationships, accountability, mutual aid, lived experience, and opportunities to develop new patterns of living. Preserving these elements is particularly important as healthcare systems increasingly seek to integrate recovery support services into broader care delivery models.



Peer Support and Recovery Capital Are Foundational

Another recurring theme was the central role of peer support in sustaining recovery. Individuals with lived experience contribute not only through formal recovery coaching, but also by providing hope, credibility, mentorship, and practical guidance that cannot be replicated through traditional clinical services alone.

Equally important is the opportunity for residents to build recovery capital, the personal, social, and community resources that support long-term recovery. Recovery housing provides opportunities to strengthen relationships, obtain employment, reconnect with family, engage in community activities, and establish supportive social networks that continue beyond formal treatment.

As Dr. Mericle noted, recovery capital increasingly recognizes community itself as an important dimension of recovery, reflecting the understanding that recovery is sustained not only through individual effort but also through meaningful connections with others.



Integrated Models Must Remain Flexible

The interviews also highlighted that no single recovery housing model will meet the needs of every individual. Expanding a continuum of recovery housing options — including models for individuals with complex behavioral health needs, women, and families — can better accommodate varying levels of recovery readiness while preserving the core principles of peer support, accountability, and recovery-oriented living.

Beyond supporting individual recovery, recovery housing has the potential to strengthen communities by improving housing stability, employment, community engagement, and overall public health. Continued evaluation of both individual- and community-level outcomes will help demonstrate that recovery housing is not simply a post-treatment housing intervention, but a valuable community investment. As Dr. Mericle observed, "If you want a healthy community, you better make sure you have recovery housing."



"If you want a healthy community, make sure you have recovery housing."

– Dr. Amy Mericle, PhD, Research Scientist, Alcohol Research Group at the Public Health Institute and Principal Investigator, National Study of Treatment and Addiction Recovery Residences (NSTARR)



Sustainability and Future Considerations



Evidence and stakeholder experience point to the potential of recovery housing, yet significant barriers remain to expanding integrated models. While organizations such as Aspire Indiana Health illustrate what is possible when recovery housing, behavioral health, and healthcare are intentionally connected, sustaining and scaling these approaches will require continued investment, stronger cross-sector partnerships, a growing evidence base, and community education and engagement to address stigma and the "Not in My Backyard" (NIMBY) sentiment that can create resistance to establishing recovery housing within communities.

Developing Sustainable Financing Models

Financing remains one of the greatest challenges facing recovery housing. Although integrated models may improve coordination of care and long-term recovery outcomes, many of the services that contribute to their success — including peer support, recovery coaching, community building, and care coordination — are difficult to sustain under traditional reimbursement structures.

Dr. Mericle emphasized that recovery housing continues to rely heavily on self-pay, grants, and limited public funding, despite growing evidence of its value. While self-pay remains one of the more reliable financing mechanisms, it may also create barriers for individuals with limited financial resources. Expanding reimbursement opportunities for eligible clinical services, diversifying funding sources, and leveraging innovative financing strategies may improve sustainability while preserving the recovery-focused nature of recovery housing.

Strengthening the Evidence Base

Although recovery housing has demonstrated positive outcomes, important questions remain about implementation, financing, and long-term sustainability. Aspire leaders and Dr. Mericle emphasized that future research should focus less on whether recovery housing works and more on how integrated models can be effectively implemented, sustained, and adapted across communities. Priorities include identifying effective partnerships between recovery housing and healthcare providers, evaluating cost-effectiveness, and demonstrating both clinical and economic value to inform policy and investment decisions. As Dr. Mericle noted, expanding recovery housing will require both stronger evidence and more compelling ways of communicating its value to decision makers.

Demonstrating Broader Community Value

The interviews suggest that recovery housing should be an essential component of an integrated system of care that promotes individual recovery and community well-being. Future research is required to examine outcomes beyond substance use, including housing stability, employment, physical health, recovery capital, family functioning, and community engagement. Better understanding these broader impacts — including potential improvements in public health and reduced justice-system involvement — can strengthen the evidence base and reinforce recovery housing as a valuable community investment. As Dr. Mericle observed, "To open wallets, you have to open hearts and change minds."



What Should Organizations Do With This Information?

Recovery housing is an evidence-based recovery support that provides the stability, community, and peer connections essential for long-term recovery. Increasingly integrated with behavioral health, primary care, and other services, it is an important component of a comprehensive continuum of care.

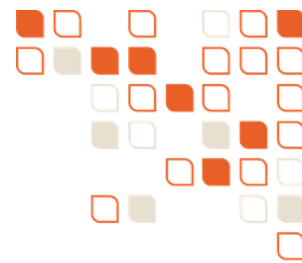
Aspire Indiana Health demonstrates how recovery housing can connect clinical and community-based services while preserving a recovery-first approach grounded in peer support, lived experience, shared accountability, and community.

Expanding integrated recovery housing will require collaboration, sustainable financing, and continued implementation research. Strengthening connections across treatment, healthcare, and recovery supports can improve continuity of care and advance a more holistic, person-centered approach to recovery.



Key Takeaways

- ***Recovery housing is more than housing.*** It is an evidence-based recovery support that provides a structured, recovery-oriented environment where peer support, shared accountability, and community foster long-term recovery.
- ***Integrated recovery housing strengthens continuity of care.*** Connecting recovery housing with behavioral health, primary care, medication for opioid use disorder (MOUD), and other community services helps address the complex clinical and social needs that influence long-term recovery.
- ***Recovery culture is the foundation of successful integration.*** Aspire Indiana Health demonstrates that integrating clinical services does not require sacrificing the recovery-first philosophy, peer support, lived experience, and therapeutic community that distinguish recovery housing.
- ***Peer support and community are essential to sustained recovery.*** The therapeutic milieu of recovery housing enables individuals to build recovery capital, develop healthy relationships, and practice recovery in everyday life—elements that cannot be replicated through clinical treatment alone.
- ***Sustaining and expanding integrated recovery housing will require continued investment.*** Strengthening financing models, building the implementation evidence base, and fostering collaboration among providers, healthcare systems, researchers, policymakers, and funders may support broader access and long-term sustainability.



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