Community Organizing and Engagement for Recovery Housing Development and Expansion

RCOE

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A step-by-step guide from program inception to completion

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Introduction

Recovery Housing (RH) development and ongoing operations are highly dynamic and community-oriented processes. Effective communication, robust community relationships, proactive planning and continuous stakeholder engagement are critical for the success and support of RH projects. The purpose of this guide is to introduce a framework for engaging communities and stakeholders throughout the RH planning and development process, from inception to completion.

I.   Identify Stakeholders

Identifying relevant stakeholder groups and key partners within a community is vital to the success of any RH project. Each community is different with a unique set of challenges as well as local assets. Many communities already have established substance use disorder (SUD) task forces working on various local aspects of the SUD challenge. An initial step for an organization seeking to develop or expand RH is to identify and engage such groups early in the process as these existing champions can be important allies. Further, by identifying key stakeholders at the outset, the RH project team can avoid duplication and better align resources and services important to the success of the RH.

Who are the stakeholders within the community? It is important, particularly in rural communities, to proactively engage both formal and informal networks. A local community agency or faith-based group withstanding in the rural community can be critical partners for a new RH project. In each community, there are key individuals and organizations who are important for the success of the RH project. Critical to this effort is determining who needs to be at the table and the roles they will fill. These roles include champions, facilitators, supporters, funders, and decision makers. Early in the process it is important to clarify who will fill the roles of sponsor organization, operator, and developer. (Cross reference your organizational set up diagram.)

Stakeholders can come from such groups and organizations as:

- **Local, regional, state, and federal government representatives**. State governor's offices, mayors, city managers, county commissioners, planning and zoning, state legislators, and federal congressional representatives are just some examples of elected representatives you may want to engage. Political support, especially at the local level, can be important as these representatives can help engender broader support within the community for the project. In addition, the RH team should research the state to determine if there is an association of cities or counties that is familiar with RH in other rural communities. Individuals from these government entities may serve as facilitators and decision makers.

- **Local nonprofits**. These include a range of organizations that help meet basic needs, including those providing counseling services, Food Banks, transportation, and childcare. Are there ways your work can support local nonprofits, or can these organizations help the RH project? By working together can you help advance support for all groups engaged? (Resources may include a state's nonprofit association, Recovery Organizations, and Community Foundations.)

- **Medical Community.** When surveying the medical community, consider the role insurance companies play in community health and population health management. Examples include Hospital Boards, medical CEOs, Federally Qualified Health Centers (FQHCs), Public Health Departments, EMS, large multi-specialty clinics, residency programs, etc.

- **Local media.** It is good practice to proactively supply the media with accurate information. Consider developing a relationship with a local reporter(s) in advance of a story. Media may include locally produced radio shows and local columns in regional newspapers. Featured Op-eds that share positive stories about trending topics often receive online and print placement.

- **Law enforcement.** Critical stakeholders include Chiefs of Police, County Sheriffs, Jailers, Probation Officers, etc. as they are often the first to interact with individuals with SUD.

- **State Department of Corrections.** For a larger facility, Corrections will be an important stakeholder. This department has a need to address the large number of individuals with convictions related to substance use.

- **State Mental Health and Substance Use Agency.** This agency is often responsible for directing funding and may have administrative rules related to RH. It may also host a regional community advisory group, as well as collaborate with a state's office of drug policy, licensing boards, and other state agencies that have an interest in SUD services.

- **Housing Authorities**. Local and state housing agencies direct the allocation of low income housing tax credits (LIHTC), Section 8 project based housing vouchers, as well as make other decisions related to housing.

- **Educational Entities.** Establishing early relationships with local educational entities is an important RH program component. Many individuals entering recovery have educational and training needs to develop knowledge and skills as they accrue recovery capital. They may need to complete a GED or desire to pursue other educational goals.

- **Local Courts.** Some examples include Family, Drug and Specialty Courts, Judges, Prosecutors, and Public Defenders.

- **Churches and faith-based organizations.** Establishing meaningful relationships with respected and compassionate faith-based organizations is often beneficial, as these

groups provide valuable resources, program components, and help build community support.

- **Neighbors**. What are the local surroundings where the RH will be located? Get to know those working and living in the neighborhood where the RH will be located to further identify future supporters and mitigate community concerns. People fear the unfamiliar and the unknown, so work hard to educate them on the safety and benefits of RH.

- **Recovery Community/Champions.** Persons in recovery may be included and invited to advocate for awareness, acceptance, access, and accountability. A personal example is worth a thousand words, allowing people to make a meaningful connection.

- **Chamber of Commerce, Economic Development, and Employers**. Individuals in recovery face additional challenges in obtaining employment, further complicated if they have been arrested and convicted of a crime. Yet, employment is a vital component of sustained recovery. Engaging with stakeholders early can help build additional community support for the project, and potentially provide employment opportunities that facilitate maintenance of recovery goals while addressing broader workforce challenges in the community.

- **Civic organizations.** Rotary, Kiwanis, and other service organizations that support the community, and are interested in current events, are vital for fundraising, local education, and ongoing engagement efforts.

- **Colleges, Community and Technical Colleges, and Universities.** Local educational institutions and other providers offer extensive opportunities for collaboration. Opportunities can include second chance employment, short term training opportunities, distance learning, and traditional classroom instruction. Educational leaders are often great community advocates for quality recovery programs.

II.   Engagement and Relationship Building

After identifying potential supportive stakeholders, the next vital step should be to engage them personally through outreach. Briefly outline the goal to create RH in the community by assisting individuals with substance use disorders and invite them to an initial kickoff meeting. This "program launch" meeting includes a formal presentation addressing the need, scope of the issues in the community, the role of RH, and potential timeline. The project team will allow time for discussion, answer questions, and wrap up with a commitment of support in moving forward. With this commitment, the team can articulate and define the next steps.

It is important in this initial outreach phase to be prepared with not only data and facts to provide to potential stakeholders but also personal accounts of persons in recovery and the role of RH in supporting recovery. More information is provided later in this document but be sure

to highlight the potential benefits of RH while also framing people who are in recovery as **assets** to their community.

Examples can include that by helping individuals achieve recovery the RH is reducing the local "drain" on human services, freeing up taxpayer dollars that can be spent on other community priorities. While unfortunate, many community members view the SUD crisis as consuming a disproportionate amount of community resources. As such, highlighting RH residents' decreased reliance on those resources could be a compelling argument to dispel views of the SUD crisis being a drain on other priorities. Another example, as previously mentioned, is to highlight the importance of employment for those in recovery, by helping to address the workforce participation challenges in the community. Not only will more people have jobs, but the community will become more attractive to other employers looking to expand or build.

Next actions include narrowing down stakeholders by gauging their level of support. Based on information gained during the task force discussion (Task I), the team identifies individuals to take on specific tasks to establish the RH. The sponsoring team works to develop a broader community strategy to form widespread community support. The members continue to build support for the RH by making calls, sending emails, or meeting in person (as necessary) as part of this development process. As the project continues, ongoing engagement activities may include developing print material, videos, press kits, and PowerPoint presentations. The team also explores events and opportunities to "make the case" in building community support.

Some additional tips for this phase include forming a schedule and developing a plan:

- First, create messaging that is straightforward and understandable. The audience does not necessarily need to know all the details, but they will need to know the housing is **safe**, **effective**, and **essential.**

- **Schedule meetings with elected leaders.** For specific projects, private meetings are best, if possible, especially early in the process. In contrast, when advocating a general message, it often makes sense to speak with a group of elected leaders in a public setting, such as at an Area Development District meeting, City Commission meeting, etc.

- **Speak to local community groups.** Groups such as the Kiwanis, Rotary, Lions Club, Young Professionals Association, etc., are always looking for people to speak at their regular meetings. The team can connect with them through Facebook or local community contacts.

- **Be proactive in reaching out with local media.** The team develops a strong media and outreach plan. Define the projects' messaging and determine how it is conveyed and who shares in the messaging.

- **Site Visits.** If a nearby RH project is accessible, organize a visit and take key leaders and stakeholders along. The experience will speak much louder than words and will help

better convey your RH goals. Minimally, pictures and videos of other facilities, along with testimonials of residents and neighbors would be beneficial to share at public presentations. After the project is complete, the team can promote the program by hosting open houses and offering volunteer opportunities for the community.

III   Assess the Need, Capacity, Strengths, and Obstacles for Recovery Housing

Once you have built relationships with your stakeholders, it will be important to investigate and understand the environmental landscape of the community as it relates to RH. Grasping the strengths and weaknesses of stakeholder partners, the overall temperament of the community toward RH, and the community's need for RH will all be essential information. It is also essential to determine the possible roles for different stakeholders in an RH project. It will be critical to identify the obstacles to creating RH and to determine with your stakeholder partners the viable solutions to those challenges, both collectively and individually.

The level of effort and community engagement is dependent in part on the size and scope of the planned RH project. Establishing a small RH in an existing residence in which 8 to 12 individuals will reside requires less planning and development than an 80 to 100 unit facility.

The _Recovery Kentucky_ Experience

Recovery Kentucky is a major collaborative effort that involved extensive community engagement to create. It was formed to help Kentuckians recover from substance use disorder (SUD), which often leads to chronic homelessness. There are 17 _Recovery Kentucky_ centers across the state, providing housing and recovery services for up to 2,000 Kentuckians at any given time.

The _Recovery Kentucky_ centers were designed to reduce the state's SUD problem and resolve some of its homeless issues. The centers help people recover from addiction and gain control of their lives so they can eventually reside in permanent housing. As supportive housing projects, each _Recovery Kentucky_ center uses a program model that includes peer support, daily living skills classes, job responsibilities, and development of new behaviors. It is not unusual for a person experiencing homelessness, an SUD and/or other mental and physical health conditions to seek services or be placed in an ongoing cycle between shelters, emergency departments/crisis centers, hospitals, prisons, psychiatric institutions, and detoxification centers. Recovery is unlikely without a stable place to live and a support system to help address underlying problems. _Recovery Kentucky_ was designed to address the needs of its participants and subsequent outcomes have reflected the success of these programs in helping to restore lives as well as saving Kentuckians millions in tax dollars that would have been spent on emergency room visits and jail costs. As such, development of a program like _Recovery Kentucky_ requires a more detailed approach that can be two to three years in the planning and development process.

A common first step to building community support for such a project is to show why RH is needed and the ability of RH to make a difference in the lives of people and the surrounding community. Often, citizens are receptive and acknowledge that services are needed, just not in their neighborhood or colloquially "not in my backyard" (NIMBY). It is best to recognize when NIMBYism exists and then work to address those feelings and beliefs. The goal is to educate people on how RH works and to emphasize the life changing benefits for those who participate and are supported in the process.

Some practical steps for this needs assessment phase include:

- Identify sources of information. For example, nonprofit hospitals complete a community health needs assessment at least every two to three years. This needs assessment often addresses mental health and substance use issues. Other sources include state data, information from law enforcement, United Way, FQHCs, Community Action Agencies, and other community planning and service organizations. Always include data that can speak to neighbors' concerns.

- Understand local politics and know the key players who will be involved from the outset.

- Identify the local community dynamics. There will be differences in urban, suburban, and rural counties. Know how to address these realities proactively.

- Know the numbers including estimates of fatal and non-fatal overdoses in the local area, the region, and the state.

- Be familiar with estimated outcomes. Know what the statistics indicate about the success rate of the type of RH you are working to develop.

- Develop a pro forma that outlines expected costs and revenues, i.e., how much will residents pay for room/board? Will the project be partially funded by HUD? Medicaid? SNAP benefits? Department of Corrections? Self-pay, or through an affiliated social enterprise?

- Develop a prospectus on the planned program model. This includes the use of medications for treatment of SUD.

- Prepare to address questions about the planned population that will be served, i.e., women, men, with or without children, and address the criteria for someone to enter the program.

- Develop an understanding of National Alliance for Recovery Residences (NARR) and American Society of Addiction Medicine (ASAM) level of care classifications as well as local and state requirements for certifications or licensing.

- Identify the operators of the housing and program, a trusted entity goes a long way in developing acceptance of a program in addressing NIMBYism as well as other community resistance and negative publicity.

- Identify other key partners with expertise in education, medical, employment, and housing, etc. who can address more specific questions about the broader services and supports.

IV. Frequently Asked Questions

To conduct effective community engagement, the team will need to describe the project simply and succinctly to any audience. Again, the audience does not necessarily need to know all the details, but they will need to know the housing is **safe**, **effective**, and **essential**.

Although all questions are valid, some may be asked with ill intent. Be prepared to answer them consistently and with grace, as trying to word things differently for different people can lead to misinformation and responding in a combative tone can cause irreversible harm to the success of the project. Additionally, if you do not know the answer to a question, state you will need to determine an informed answer and then be sure to follow up with an accurate response as soon as possible.

Sample example questions and answers:

Q1: What will be the size of the facility? 20,000 SF, 50 beds (30 units plus 20 congregate beds)

Q2: Who will it house? Open to women of all ages. **Will children be staying there too?** Initially, there will be no non-program participants staying at the facility. However, the program will strive toward safe reunification of the family.

Q3: Who will be overseeing the facility? The local Community Action Agency in conjunction with an FQHC.

Q4: Will there be people involved with the criminal justice system living there? Yes, only **low-level**, **non-violent**, **non-sexual offenders** will be permitted.

Q5: How will you assure the community of their safety? The RH will adhere to a strict zero tolerance policy for criminal involvement and will monitor the facility 24/7. These facilities have a strong track record of remarkable safety due to programmatic and admission guidelines.

Q6: Is this a faith-based facility? The facility is not affiliated with a religion. However, a chapel/meditation space is available for individual use. Although not based on religion, many recovery programs (such as Alcoholics Anonymous) have strong spiritual components. In addition, as they progress through their recovery residents are permitted to choose to attend church services in the community.

Q7: Is this an abstinence-based facility? Yes. Recovery housing is often in contrast to a "housing first model" that does not require abstinence. The goal of recovery housing is to provide a substance -free environment to reinforce abstinence. However, this does not preclude the use of medications to treat health conditions including addressing opioid addiction in which FDA-approved medication is often a necessary treatment component. The needs of each resident are taken into consideration in providing or arranging appropriate treatment, services and supports.

Q8: Will you offer Medication Assisted Treatment and if yes, how can you be sure the residents will not divert the medications? Yes, some medications can be administered as an injection, but others may be taken orally. Protocols are established to observe dispensing and taking of medications with all medications stored in locked safes with strict accountability and oversight from program leaders. MAT may be in collaboration with other agencies. By not providing access to MAT, funding streams may be jeopardized.

Q9: Will this be funded by my tax dollars? The program model uses a variety of funding sources and may include local, state, and federal programs that are based on tax revenues. Public funds coming from state and federal sources for capital expenditures and operations will help lower public spending related to incarceration when individuals have been arrested and or incarcerated for substance use. In fact, the most recent University of Kentucky findings on Recovery Kentucky reported avoided costs of $2.25 for every $1 spent on this type of program.

Q10: Am I able to visit the facility? In general, visitors are usually allowed and welcomed for educational purposes, however, this will depend on the program operator's guidelines.

Q11: What can I do to help? (Will you take clothes or household donations? Will you accept help from someone wishing to share a hobby with residents? Can a local entertainer come and perform for staff and residents? etc.). Yes, to all. We welcome and encourage community involvement, participation, and support.

Q12: Will the value of my home decline with this type of facility located near me? Locating these facilities in multifamily zoned locations that have been planned for this type of new development is ideal. The addition of a new, safe, and professionally maintained facility should have a positive placemaking impact on the immediate surroundings and the community at large.

V.   Plan Action Steps for Recovery Housing Construction

At this point, the work should have put the RH developers in a good position to strategically plan action steps for implementation of the RH project. The relationships with stakeholders gained through the analysis of the environmental scan and capacity analysis should be beneficial in developing action steps. A development team is identified and tasks assigned to the members. Questions may include:

- What are the timelines for completion?

- Where it will be located? How do we secure control?

- Are specific legal documents (memorandum of, data sharing agreements, zoning ordinances, etc.) needed to move forward?

- Who will develop or renovate the physical structure?

- Who will operate the program?

- How will it be funded, both for construction and for ongoing operations?

VI.   Keep Messaging Simple and Visual

While it is important to emphasize the science behind recovery and recovery housing, the messaging should remain easy to digest. It is tempting to delve deeply into the neuroscience of substance use disorder, but unless you are speaking with the medical community you could lose the attention of your audience. Use pictures of similar facilities and tell success stories.

Remember to focus on the why. Why is this important? Why is it needed? People who are not involved or aware may not understand the scope of the issue or why there is a need for housing. Share your data, including success rates for Recovery Housing (Appendix I).

VII.   Community Barriers to Success

What are the most common community barriers to successful implementation of RH? Make sure to identify these for your specific area and be prepared to address them.

Examples of community resident objections can include:

- My property values will decline
- There will be drug activity in my neighborhood
- The crime rate will increase
- I do not want "addicts" in my neighborhood
- They did this to themselves

- This is a zoned single family, so all "those" unrelated people cannot live together
- There will be too much traffic and too many cars for the residents

Be sure to address and accurately answer these objections by providing education and information. Utilize proven data and factual information to support your information.

Conclusion

As you have seen, Community Organizing and Engagement are activities inseparable from and vital for the successful development process of an RH project. This guide has illustrated some of the key issues and pitfalls surrounding community relations and perception of the process. Following are a few additional items for initiating these critical steps.

Questions to Consider for an Organization's Community Toolkit

1) What audience do I want to reach?
2) Why might the community be reluctant to support RH?
3) Why should the audience care about my RH message?
4) What do I want the audience to do?
5) What concrete steps are required?
6) What people are trusted and admired in the community?
7) How do I get them to help share the message to the community?
8) What communication channels can be used to reach the target audience?
9) When is the audience available to hear the message?
10) Where will the audience be most receptive to the message?
11) Are there incentives to connect the audience to the cause?

Presentation Checklist

- ❏ The message and information are relevant.
- ❏ The language that I used is simplified for the audience and is recovery based.
- ❏ I have used pictures where possible to convey information.
- ❏ I have communicated any individual steps I want people to take.
- ❏ I have added a personal touch.
- ❏ I have considered incentives to improve audience engagement.

For additional resources, including testimonials, data tables, success rates, sample presentations, info briefs, and more, contact the Fletcher Group at www.fletchergroup.org or call (606) 657-4662.