

FINDING HOME: AN ASSESSMENT OF FACTORS AFFECTING RESIDENT
EXPERIENCE IN RECOVERY RESIDENCES

A Professional Report

Presented to the Faculty of the Graduate School
of Cornell University

In Partial Fulfillment of the Requirements for the Degree of
Master of Regional Planning

by

Robyn Wardell

August 2021

© 2021 Robyn Wardell

ABSTRACT

Community House of Maine (CHOM) is the largest supportive housing provider in Maine. This study focused on analyzing the effectiveness of the organization's efforts to provide recovery housing at two locations for women in the Portland area who are struggling with addiction and related traumas. This paper uses a human ecological framework to examine layers which exert influence on residents' health and quality of life outcomes. The macro layer includes statewide collaborative networks and the policy and funding climate that they work within and influence. The meso layer includes neighborhoods and physical attributes of housing which affect resident experience. Lastly, the micro scale addresses the effects of on-site support services and the personal relationships which undergird them. Through surveys, interviews, and secondary research we found that these layers collectively contributed towards measurable positive changes in residents' quality of life and led to behavioral changes that were consistent with their recovery goals.

BIOGRAPHICAL SKETCH

Robyn graduated from Colby College in Waterville, ME in 2011 with a Bachelor of Arts in International Studies with a Concentration in Environmental Policy and a double major in Religious Studies. Her previous work focused on food access and equity in a diversity of contexts, from rural Maine to urban Flint, MI and Portland, OR. Her current work stems from a belief that everyone has fundamental a right to housing and that it is the most foundational necessity upon which stable lives are built.

This project is dedicated to the residents at Patty's Place and Beacon House who humbled and inspired the author with their honesty and perseverance.

ACKNOWLEDGMENTS

I would like to acknowledge Cullen Ryan, Executive Director of CHOM and Vickey Rand, Advocacy & Communications Manager at CHOM for inviting me to take on this project and supporting me throughout the process with the tools necessary to complete it successfully. Their dedication to housing Maine's most vulnerable people has been a constant source of inspiration throughout the process. I have learned so much from both of you. Thank you to Meredith Pesce, Associate Executive Director of Amistad, and Debbie Brunner, Site Manager of Patty's Place and Beacon House for putting the trust in me to conduct interviews and surveys with residents. This project certainly could not have gone forward without you and it is clear that your advocacy and tireless work is having a huge impact on the lives of women in the Portland recovery community. Thank you to Suzanne Lanyi-Charles, Ph.D. who reviewed this project, asked all the right probing questions and helped turn it into a more impactful piece of work. I would like to acknowledge my advisor Mildred Warner, Ph.D. for her enthusiasm and guidance throughout the ideation and implementation of this project. I could not have asked for a better mentor to be my sounding board, inspire my intellectual curiosity and provide structure.

TABLE OF CONTENTS

BIOGRAPHICAL SKETCH.....	III
DEDICATION.....	IV
ACKNOWLEDGMENTS.....	V
TABLE OF CONTENTS.....	VI
LIST OF FIGURES.....	VIII
LIST OF TABLES.....	IX
LIST OF ABBREVIATIONS.....	X
LIST OF INTERVIEWEES.....	XI
AUTHOR’S CRITICAL REFLECTION.....	1
CHAPTER 1: INTRODUCTION TO RESEARCH TOPIC.....	6
SIGNIFICANCE FOR THE FIELD OF PLANNING.....	8
DEFINING RECOVERY HOUSING.....	9
CHAPTER 2: HUMAN ECOLOGICAL MODEL AND THE FIVE P’S.....	11
CHAPTER 3: METHODOLOGY.....	14
CHAPTER 4: ANALYSIS.....	17
4.1. MACRO: PARTNERSHIPS & POLICY.....	17
<i>Partnering to build Patty’s Place & Beacon House</i>	17
<i>Policy Advocacy</i>	20
4.2. MESO: PLACE.....	22
<i>Neighborhood</i>	22
<i>Housing conditions & integration into neighborhood</i>	25
4.3. MICRO: PROGRAMS & PEOPLE.....	28
<i>Survey Development Process</i>	29
<i>Final Survey Overview</i>	30
<i>Who responded?</i>	31
<i>Changes in quality of life & behaviors for residents</i>	33
<i>Importance of unique attributes of housing</i>	36
<i>Survey Takeaways</i>	37
<i>Interviews</i>	38
Resident Interview #1: “Sara”.....	39
Resident interview #2: “Leah”.....	40
<i>Interview Takeaways</i>	42
CONCLUSION.....	44
APPENDIX A.....	48
APPENDIX B.....	50
APPENDIX C.....	55

BIBLIOGRAPHY57

LIST OF FIGURES

FIGURE 1: HUMAN ECOLOGICAL MODEL OF RECOVERY RESIDENTS..... 13

FIGURE 2: THE GREATER PORTLAND ADDICTION COLLABORATIVE'S (GPAC) PARTNERSHIP
MAKEUP 18

FIGURE 3: PARTNERSHIPS THAT MADE PATTY'S PLACE AND BEACON HOUSE POSSIBLE..... 19

FIGURE 4: EXPERIENCES OF RESIDENTS DURING THE 6 MONTHS PRIOR TO MOVING INTO
BEACON HOUSE OR PATTY'S PLACE..... 32

FIGURE 5: RESPONDENTS' BARRIERS TO FINDING HOUSING PRIOR TO MOVING INTO BEACON
HOUSE OR PATTY'S PLACE..... 33

LIST OF TABLES

TABLE 1: RESPONDENT DURATION OF RESIDENCE AT PATTY'S PLACE OR BEACON HOUSE31

TABLE 2: RESPONDENTS' CHANGES IN QUALITY OF LIFE SINCE MOVING INTO PATTY'S PLACE OR BEACON HOUSE35

TABLE 3: RESPONDENTS' CHANGES IN QUALITY OF LIFE AND PERSONAL BEHAVIORS SINCE MOVING INTO PATTY'S PLACE OR BEACON HOUSE36

TABLE 4: FACTORS AFFECTING RESIDENT EXPERIENCE AT PATTY'S PLACE AND BEACON HOUSE37

LIST OF ABBREVIATIONS

- CHOM: Community Housing of Maine
GPAC: Greater Portland Addiction Collaborative
PSH: Permanent Supportive Housing
FUSE: Frequent Users Systems Engagement

LIST OF INTERVIEWEES

1. Cullen Ryan: Executive Director, CHOM
2. Vickey Rand: Advocacy and Communication Manager, CHOM
3. Meredith Pesce: Associate Executive Director, Amistad
4. Debbie Brunner: Site Manager at Patty's Place and Beacon House
5. "Sara": Former resident of Beacon House
6. "Leah": Resident of Patty's Place

Author's Critical Reflection

Prior to starting grad school, I worked for a number of years in health promotion and education for youth. Exposing people to positive experiences with healthy food and physical activity when they are young gives them the best chance of growing up without diet-related disease or health impairments. But I started to realize that no matter how early people build healthy habits, the context of the community they live in can make it difficult to lead a healthy lifestyle. I wondered if my work was attacking the root causes of health inequities or merely treating the symptoms. I decided to return to school to study planning and learn how to dismantle the systemic barriers that make it harder for some people to lead healthy lives. When people would ask me why I was studying planning, I would say that I wanted to explore the intersection between public health and the built environment. While that remains to be true, my research and planning education have complicated that goal.

I've come to realize that it is difficult to separate out the infrastructural and policy-related planning issues from the provision of services, something that planners often see as being outside of their purview. But in fact, each of these really needs the other in order to build the vibrant places that we all want to live in. I started to wonder how I could work at the intersection of service provision and the built environment. I wanted to be a part of creating places that are well-suited to deliver community services. When I learned about supportive housing, I realized that it was a microcosm of this idea - a marriage of providing a strong physical support system as well as strong personalized services, collectively designed to improve the health of residents.

This interest in supportive housing brought me to Community Housing of Maine (CHOM), the largest supportive housing developer in the state. I interned with them during the summer of 2020 and began the research that would become my Exit Project. They had recently developed two recovery residences for women in the Portland area and were eager to better understand whether the housing and services provided were “working” for residents

on site. Were they healing from their addictions? Was their health and quality of life improving? Were they more likely to find and hold onto employment? They wanted to answer these questions, and more, in order to inform their statewide advocacy efforts. CHOM sought data and narratives that would show the power of their model.

The project changed significantly over the course of the following year. Initially CHOM was most interested in conducting a survey of residents to understand how the house expectations and program model were affecting them. That was expanded to include several interviews with residents in order to add personal narratives to the data we collected via the survey. Along the way, I interviewed staff at both CHOM and Amistad, the service provider on site. These interviews revealed how essential policy change, partnership-building and the power of place were in shaping the experiences of residents. Out of this awareness grew the Human Ecological Model which became the structure of my Exit Project. The framework I developed is called “The 5 P’s,” and includes the following layers: 1) Policy & Partnerships, 2) Place, 3) People & Programs. This study explores how these layers affect people who are recovering from drug addiction and related traumas.

Policy & Partnerships became the outermost layer of my model because throughout my surveys and interviews, it became clear that it would not have been possible to develop these houses without intentional partnership building and innovation. Medical institutions, criminal justice systems, housing developers, social services providers - each of these entities interacted with people in recovery in different ways. Each of their perspectives were needed to holistically address the issues of Maine’s recovery community. In the specific case of Patty’s Place and Beacon House, Amistad and CHOM’s collaboration was a requirement for their creation and continued management. The recovery community needs multiple layers of support from different kinds of professions and sectors. Their collaboration led to a shared understanding of the problem, shared solutions and a policy strategy that would institutionalize them.

I went into this research with certain assumptions that I had gained from my planning education. While many of those assumptions were confirmed, others were called into question. This project ultimately underscored the complicated natures of both public involvement in land use decision-making and social integration in our communities. First, participatory planning literature underscored the importance of how and why we involve community in planning decisions (Arnstein, 1969). My academic work had confirmed that “the community” should always be consulted, treated as the experts and involved in the decisions about their place that will impact them. While public participation is indeed essential, it is also true that it can reinforce the power dynamics and hierarchies that exist outside of public engagement processes. Individuals who have time and know-how have much more power to wield these processes as tools to serve their own interests. Recovery residences for adults are the most vulnerable of all forms of affordable, supportive housing to NIMBYism (Takahashi & Dear, 1997). As such, concertedly involving the public in decision-making around the placement of such housing can really impede supportive housing developer from doing their good work.

It’s often better for both the people in recovery and their neighbors to move into a neighborhood quietly without giving the powerful standing to object. The residences I studied were small-scale. They are in buildings that pre-existed their redevelopment as recovery homes and did not require zoning variances for the renovations they did on site. CHOM redeveloped the buildings as of right and did not need to consult with the broader community, which, in all likelihood, would have objected. That said, since moving in, residents have not had any trouble with neighbors. The homes blend in and residents get to enjoy feeling anonymous. Inviting participation and public opinion could have diminished these women’s sense of safety and gotten in the way of CHOM’s ability to do work in service of their mission.

The second surprise is related to this blending in, the anonymity of just being a “normal” house on a “normal” street. Much of the affordable housing literature focuses on

the importance of integration. Developing housing that increases the likelihood of interactions across demographics like race and socioeconomic status is generally seen as a positive thing that all parties benefit from. However paternalistic, the assumption is often that the more “vulnerable” populations will benefit from interacting with those that are more financially endowed, hence the proliferation of policies to deconcentrate poverty (Goetz, 2003). This assumption is also built in to how some studies measure a population’s quality of life. Because of this, my survey asked residents about their change in quality of life across a number of different indicators. However, I found both in my survey responses and in interviews that community interaction and integration may not be an appropriate indicator for change in quality of life for the recovery community.

The overall results of the survey overwhelmingly showed that the women had very positive experiences. However, the least significant change in a quality-of-life indicator was their feelings of connection to the broader community. This factor saw the least significant positive change for residents. When I first saw this result, I was dismayed. However, after interviewing residents and the Site Manager, I found that community integration is *not* their first priority. It was clear that creating a sense of safety within the residences themselves was the very first priority. Residents required access the services that the neighborhood offered in order to heal, but not integration into the social fabric of that neighborhood. The neighborhood best served residents via reducing factors that might contribute towards their stress and thereby increase the likelihood that they would relapse. The neighborhood design and services should reduce the potential for harm, rather than be a source of enrichment and engagement.

While all of the layers of the human ecological framework that I developed are important, I came to believe over the course of the research that the sense of safety and positive personal relationships within the home had the greatest impact on the women who lived there. These women need to cloister themselves from the world during certain phases

of their recovery in order to find their own stability and path forward. Once they do this, they are in a better position to look outward and become a part of the broader community.

Chapter 1: Introduction to Research Topic

The opioid epidemic has been declared a national public health emergency, and it is requiring affordable housing developers, service providers, health institutions and local governments to think of new strategies to meet the needs of the recovery community. Approximately half of the population of single adults who are homeless have past or present experiences with substance use disorder (APA, 2003). In order to best serve this population, supportive housing models must provide top notch programming and support services in housing and neighborhoods that reduce one's barriers to reclaiming their health. The availability of such housing depends on the funding and policy climate surrounding recovery housing, as well as the existence of collaboration across institutions, organizations and sectors.

Community Housing of Maine (CHOM), an affordable housing developer based in Portland, ME has been working in partnership with Amistad, a nonprofit that serves the homeless, to do just that. Together, they have founded two unique recovery residences called Patty's Place and Beacon House to serve Maine residents who are struggling with addiction and related traumas. The need for such interventions is particularly high in Maine, which has the tenth-highest rate of opioid-involved overdose deaths in the country (NIDA, 2020). Together, Patty's Place and Beacon House are designed to house up to 24 women at a time. Some individuals stay for a couple years, others spend only a few weeks on site. These residences have built a sense of stability and safety for residents by providing stable housing, on-site support services and a firm belief that residents are the experts in their own recovery. Almost all of their residents have had experiences with homelessness and sex trafficking, and all have experience with substance abuse.

The model at Patty's Place and Beacon House is unique and sets itself apart from other substance recovery housing in a number of ways. For example, at many recovery residences tenants are required to complete a defined period of sobriety prior to moving in.

There are often strict zero-tolerance policies that forbid any substance use on site and kick tenants out if they relapse. At Patty's Place and Beacon House there is no mandated period of sobriety required before new residents are allowed to move in, residents are not forced to leave if they relapse, and they are supported throughout their recovery by peers. Importantly, residents can stay on site regardless of their ability to pay. This model gives their tenants a vital opportunity to reclaim their agency and heal, trusting that they will not lose the stability of housing even if they relapse or are unable to pay rent. Anecdotally, CHOM and Amistad have observed very positive health outcomes for tenants as a result. CHOM is interested in building more such developments in order to amplify the positive impacts they are seeing as well as the cost savings this approach represents for the public.

CHOM advocates for an approach called Frequent Users Systems Engagement (FUSE). A basic premise of FUSE is that it is less expensive to taxpayers to provide housing to those who are frequent users of various public systems. An individual who ricochets through jails, emergency rooms, homeless shelters, etc. is much costlier to the public than the expense of simply giving them access to stable housing (Larimer et. al, 2009). So, it is imperative for these different systems to talk to one another and work together to make housing stability a priority for the most frequent users. CHOM has collaborated with partners to introduce a bill, likely to pass in Maine's 2021 legislative session, that would establish a statewide FUSE collaborative.

In order to guide this work and bolster the case for recovery housing in Maine, CHOM asked me to assist them in collecting data on the efficacy of their housing programming for residents. I interned with CHOM during the summer of 2020 to begin this process. CHOM will use my research on the efficacy of the recovery residence model in supporting Substance Use Disorder (SUD)/Opioid Use Disorder (OUD) recovery efforts for the women who live there, the majority of whom have very long histories of homelessness and are frequent users of costly emergency services. With the research subjects being a small representative sample of frequent users of emergency systems, this research will also

inform CHOM's statewide advocacy efforts through the FUSE Collaborative, providing needed quantitative and qualitative data. To date, evidence on the health outcomes of providing Permanent Supportive Housing (PSH) for the chronically homeless dealing with substance use issues has been inconclusive (National Academies of Sciences, Engineering, Medicine, 2018). While recovery housing and PSH are not the same, they share many key features. This research contributes towards a growing body of literature on this topic of how housing and service provision for this population affects health outcomes.

Significance for the Field of Planning

Planners are very concerned with designing communities that better serve vulnerable and marginalized populations. We seek to create spaces that make it possible for individuals and families to access everything that they need in order to lead healthy lives. As this paper explores, neighborhood effects can strongly impact an individual's road to recovery. Access to healing spaces, transportation, grocery stores, retail businesses and other vital services can support or derail someone's recovery process. Mixed use zoning would encourage the development of such neighborhoods and increase the likelihood that vital services and businesses are easily accessible to people in recovery. A diversification of land uses within communities can better meet the needs of their changing and diversifying populations (Micklow & Warner, 2014). The absence of crime, extreme poverty and other stress-inducing factors also plays a key role in making a neighborhood well-suited for recovery residents. Neighborhood and housing conditions together form the basis of a "treatment ecologies" that have the power to enhance one's healing process. This project illuminates the ways that physical planning can better address the needs of the recovery community.

Planners often deal with backlash from neighborhood residents when siting projects that will contribute to the common good but are seen as unfavorable land uses to locals in for reasons related to property values and crime rates. Such residents, or NIMBYs ("Not in my backyard"), often pose challenges for organizations seeking to provide housing for

people in recovery in good neighborhoods (Takahashi & Dear, 1997). This study will encourage planners to consider how the needs of this particular community should factor into their urban designs, zoning codes and siting of recovery facilities.

The planning field is very focused on physical land use planning, but this often does not address the needs of women (Micklow & Warner, 2014). This study highlights the importance of understanding land use planning as one piece of the puzzle that, layered with effective programming and community support, can result in transformational change. This transformational change is sparked through the collaboration of institutions that work across the field of support for the recovery community. Rather than treating only the symptoms of drug addiction, this project reminds us a holistic approach to housing development, services and on-site supportive programming will offer people in recovery the best chance of healing.

Defining Recovery Housing

As mentioned above, Permanent Supportive Housing (PSH) and Recovery Housing share many features but have a few key differences. While Beacon House and Patty's Place are examples of recovery residences, this paper draws on research related to both Recovery Housing and PSH for individuals with histories of homelessness and substance use. This decision was made given that these two housing types often serve similar populations, and both provide housing and wraparound services. This section defines these two forms of housing.

PSH is defined as affordable housing paired with ongoing, supportive services appropriate to the needs of the tenants. It combines wraparound services, case management and permanent housing (SAMHSA, 2021). Tenants are generally individuals who have experienced homelessness and often struggle with mental health and substance abuse. The duration of stay for tenants is non-time limited and their participation in supportive services is voluntary (NAS, 2018). Put another way, the Department of Housing and Urban Development (HUD) describes PSH as “community-based housing without a designated

length of stay in which formerly homeless individuals and families live as independently as possible (NAS, 2018, p 30).” In short, housing and services are provided to tenants who can opt-in to both indefinitely.

Recovery residences are generally intended to serve their tenants for the duration of their recovery rather than permanently. While residents of Patty’s Place and Beacon House can decide how long they wish to stay on site, recovery residences generally are intended to serve individuals for a period of up to 24 months (Interview with Vickey Rand). A recovery residence, as defined by the National Association of Recovery Residences (NARR) describes a “sober, safe and healthy living environment that promotes recovery from alcohol and other drug use and associated problems (NARR, 2012).” They offer, at minimum, peer support with some delivering professional clinical services aimed at promoting abstinence and long-term recovery. Residents are generally expected to abstain from consumption of their substance of choice and often from particular types of medications while living on site. Levels of support vary across recovery residences, which can range from peer-run establishments (Level I) to monitored sober living arrangements (Level II) to supervised housing (Level III) and residential treatment housing (Level IV) (SAMHSA, 2021). The NARR sets standards to define different levels of support (NARR, 2012).

These definitions are helpful when defining the experiences of residents at Patty’s Place and Beacon House. As is common with both recovery housing and PSH, the majority of residents have experienced homelessness and are in dire need of affordable housing options. They have the opportunity to opt into the various services that are offered, and they are free to leave the residence on their own timeline. What defines them as recovery housing is that they are designed to promote abstinence from substances and long-term recovery during a more time-limited, yet still undefined, duration. The literature for this project included research on both the impact of these types of housing on residents given some of these shared characteristics.

Chapter 2: Human Ecological Model and the Five P's

The following overview uses a human ecological framework of public health to understand the importance of various layers that affect recovery residence tenants' overall well-being, drawing upon the framework used by Warner & Zhang's 2020 study *Healthy Places for Children* (Warner & Zhang, 2020). Human ecology is the study of the relationships between human communities and their environments. Public health is a means of bringing human ecological theory into a field of practice, by using a holistic understanding of the layers that affect the human condition and taking action to improve it (Kartman, 1967). I developed a human ecological model for people in recovery after conducting my literature review, interviews and surveys in order to better highlight the essential themes and outcomes of that research. The layers that I chose to address relate to the recovery process of residents and exist on the macro level (including factors such as state policy, funding streams and collaboration and partnerships across organizations and sectors), meso level (including neighborhood conditions and attributes of housing design) and micro level (including the neighborhood and housing quality and context, the services provided to tenants and their personal relationships). Each resident's life is nested within these layers and affected by them. In shorthand, I will frame the contents of these three layers as the "Five P's" which include Policies & Partnerships, Place, Programs & People.

Macro: Policies on the national and state levels play a large part in determining not only the types of supportive services and housing options that are available to the recovery community but also how they access them. Government entities often hold the purse strings and develop the financing mechanisms that make recovery programs and affordable housing for low-income people possible. **Partnerships** across sectors are necessary in order to build a policy climate and system that can truly support and create positive change for people who suffer from drug addiction. The road to recovery is complicated and non-linear. It requires medical interventions, mental health counseling, appropriate and affordable housing

options and more. Intentional partnership-building de-silos the many systems that impact and are impacted by the recovery community. This allows the collective network of institutions that engage with the recovery community to determine best practices and advocate for government policies that better serve their populations. This paper explores this topic through interviews with CHOM staff and secondary research on the various policies at play.

Meso: Place greatly impacts an individual's general well-being and their road to recovery. One's environment can be a force of stress or calm, safety or danger. It can encourage or inhibit healthy behaviors and it can provide access to vital services and businesses or be devoid of them (Stokols, 1996). While these factors are important for anyone, they are particularly impactful for populations that are already vulnerable and unstable. Access to services, the absence of stress-inducing factors and the presence of good, quality housing that is integrated into the neighborhood landscape and community are the building blocks of a positive "treatment ecology (Jacobson, 2004)." I will explore this layer using research from planning scholars as well as interviews with Amistad staff and residents at Patty's Place and Beacon House.

Micro: Programs that are tailored to individual needs can be one of the most transformative forces in an individual's recovery experience. Residential recovery programs come in many forms, with varying rules, levels of autonomy for residents, treatment methodologies and numbers of residents on site. Each individual requires a different kind of support during their recovery process, so a diversity of options is available to meet different needs. **People** and the presence of personal support systems are hugely influential in a person's ability to stay true to their own recovery goals and make the most of on-site programs and services. Personal relationships with staff and fellow residents on site, as well as connections with family and the broader community, can either help keep an individual accountable to their goals, or derail them. I explored this layer with the use of resident surveys and interviews in order to understand the impact this housing model was having on the women who live there.

Each of these layers contributes towards the overall wellness of an individual in recovery. While this report does not claim to be an exhaustive analysis of each of these layers, it is designed to paint a picture of the landscape of factors that affect resident options, experiences and outcomes at Patty's Place and Beacon House. I will do this by integrating the results of surveys and interviews with residents and staff. These will be integrated with secondary research for each layer. Examining policies and partnerships will tell the story of how Patty's Place and Beacon House came into being. Looking at neighborhood and housing conditions will help us understand the ways that structural and physical realities affect residents' everyday lives. Finally on the micro level, we will see the impact of the specific type of programming provided on site as well as the personal relationships that affect each woman's journey. The bulk of this project's empirical work centered on examining the micro layer of programs and people.

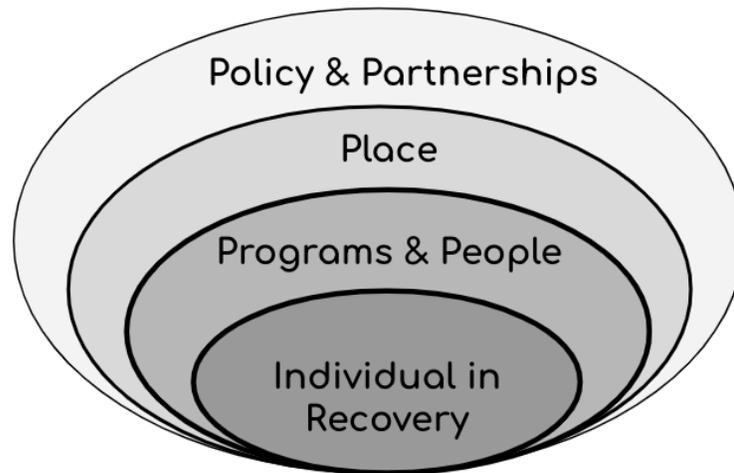


Figure 1: Human Ecological Model of Recovery Residents

Chapter 3: Methodology

The following research was designed to show how the layers of this model affect the lives of residents at Patty's Place and Beacon House. My research process involved a literature review, interviews with staff at CHOM and Amistad, and finally surveys and interviews of residents at Patty's Place and Beacon House. This process produced the human ecological framework that provides the structure for this paper.

The research began with interviews with key staff members at CHOM and Amistad and a concurrent literature review. These staff interviews included:

- Cullen Ryan, CHOM's Executive Director
- Vickey Rand, CHOM's Advocacy and Communications Manager
- Meredith Pesce, Amistad's Associate Executive Director
- Debbie Brunner, Amistad's Site Manager for Patty's Place and Beacon House

The literature review at this beginning stage focused on studies involving health and quality of life assessments of people living in recovery residences and permanent supportive housing. The interviews with staff and literature review informed the development of a survey tool and interview script for residents of both houses (see appendix). The survey tool was deemed to be exempt from the IRB. More details about the development of the survey tool can be found in the chapter Micro: Programs & People under the Survey Development Process section.

Initially, staff at Amistad was reluctant to have a researcher approach their residents. Resident safety and comfort in the process was our top concern. After spending time building relationships and trust with Amistad staff, I was invited to do the same with residents. Once the survey was completed, I was invited to attend house meetings, introduce myself and the project, and answer their questions and concerns. Ultimately, residents were invited to opt in to completing the survey. Of the 12 residents who were living at Patty's

Place and Beacon House at the time, 9 participated in the survey process. Two residents were selected by Amistad staff and agreed to participate in a more in-depth interview. While results of the survey and interviews are integrated throughout this paper, the full survey data and two narrative summaries of the resident interviews can be found in the chapter Micro: Programs & People.

Given the structure of the research, I must acknowledge the potential for selection bias and my own subjectivity. Resident participation was voluntary, and it is probable that those women who elected to participate were more likely to have had positive experiences to report than those who opted out. The research would have been more representative if all residents at the time of the survey were required to participate or if the interviewees had been selected at random. However, given the timeline and parameters of the study, this approach worked well. The surveys were conducted via Zoom, with residents reading the questions on the screen while I recorded their responses in order to avoid any challenges with technology or literacy. Given this setup, it is possible that my presence may have affected resident responses. However, in my framing of the survey process, I made clear that there were no right answers and that their honesty and candor was the best thing they could offer us. Lastly, I personally went into this research with a lot of respect for the residents and their experiences as well as the work of Amistad and CHOM. Despite efforts to avoid it, this may have affected the ways in which I collected and interpreted the data.

Throughout this process I remained in close communication with staff at both Amistad and CHOM. They helped develop and hone my survey tool and staff at Amistad played the crucial role of introducing me and the project to residents. I presented my initial findings from surveys and interviews during CHOM's annual board meeting in January. I gave a similar presentation to leadership at Amistad in March. In addition to developing this full report, I will be sharing a 2-page executive summary so that CHOM and Amistad can easily share the results with partners and legislators.

CHOM, the client, was primarily interested in learning directly from residents about their experiences. For my own interest and to paint a holistic picture, I expanded my literature review and interview topics to include the impacts of policies, neighborhood conditions and housing characteristics on people in recovery. I developed the concept of the “5 P’s” while structuring my literature review and my organizational analysis. Data that I collected was then integrated with themes from the literature review to bring them to life and ground them in the specific context of Patty’s Place and Beacon House. The following section dives into each of the 5 P’s and starts with the macro layer of Partnerships & Policy.

Chapter 4: Analysis

4.1. Macro: Partnerships & Policy

CHOM develops, owns and maintains affordable housing for working families, older Mainers, people with developmental disabilities and women recovering from substance abuse and related trauma. They believe in the combined power of providing stable housing and support services to foster dignity and transform the lives of residents. Working collaboratively with over 50 service provider organizations, they house and provide stability for 1100 of Maine's most vulnerable people (Ryan, 2021). They not only develop individual properties and partner with service providers to ensure resident well-being, but they also organize statewide advocacy efforts to build a more favorable policy and funding climate for affordable housing in the state. This process entails deep partnership-building across multiple sectors.

Partnering to build Patty's Place & Beacon House

In 2017, CHOM joined the efforts of the Greater Portland Addiction Collaborative which "aims to contribute to the long-term health and wellbeing of the Greater Portland community through an integrated and comprehensive treatment model specifically focused on uninsured persons battling heroin or opioid addiction (GPAC, 2016). Members of GPAC include the Mercy Hospital, City of Portland, Portland Recovery Community Center, Catholic Charities USA, Milestone Foundation and Community Housing of Maine (GPAC, 2016). Thus, it is a multi-sector collaborative which includes a medical institution, a municipality, foundations and donors, a recovery services and support provider and an affordable housing developer. When they came together to discuss the ways they could better partner to support the recovery community, a common theme arose: the success of medical and support services interventions was severely limited by lack of affordable housing for people in recovery. As a result, they decided that expanding access to sober living facilities would become an important part of the work they set out to do. CHOM saw

an opportunity to support their efforts but had to work outside of its normal funding streams in order to develop, finance and maintain the projects.



Figure 2: The Greater Portland Addiction Collaborative's (GPAC) Partnership Makeup

Cullen Ryan, CHOM's Executive Director, approached Sisters of Mercy, an organization which "leverages the financial resources of the Sisters of Mercy and its participating sponsored and co-sponsored ministries to create change that will positively impact our global community (Mercy Investment Services, 2021)." Cullen secured a \$400,000 loan at 2% interest in order to purchase and rehabilitate a facility and begin the process of making Beacon House a reality. According to Cullen, this was the first loan the Sisters of Mercy made to an entity that was not a Community Development Financial Institution. With the help of a local bank that was willing to provide another low-interest loan, CHOM purchased the property which would become Patty's Place. Both properties were rehabilitated and turned into two 3-bedroom apartments which would house 12 people each.

The houses would be managed by an organization called Amistad, with which CHOM had built a close relationship. Amistad is a Portland-based nonprofit that dedicates

itself to helping “those with mental illness, substance use disorder, chronic homelessness and related issues to recover and lead healthy lives (Amistad, 2021).” They do this through coordinating multiple forms of peer support networks, wellness centers and community centers for people struggling with the issues listed above. The organization centers the expertise of their clients, trusting them to chart their own path to recovery while providing the support systems necessary to succeed.

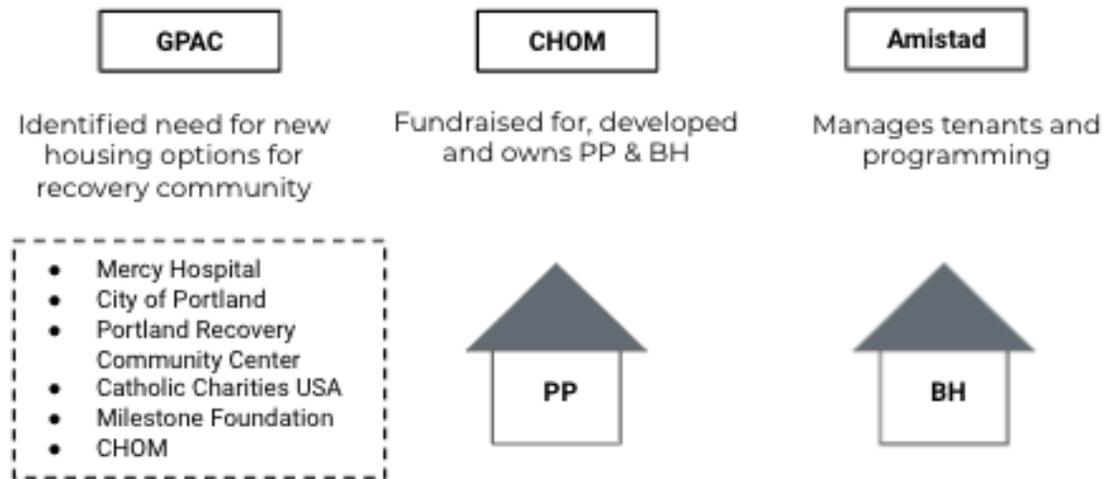


Figure 3: Partnerships that made Patty's Place and Beacon House Possible

Investing in Beacon House and Patty’s Place was seen as a bit of a gamble. In their commitment to serving the recovery community, Amistad and CHOM chose to provide housing for residents regardless of their ability to pay. Given the experimental nature of the project, the buildings were renovated in such a way that the alterations could be undone easily in the event that the model was unsuccessful. While Amistad collects rent from tenants and in turn pays CHOM, it was CHOM that took on the financial risk associated with the project. At its peak, Amistad owed CHOM \$70,000. Thus, it required will and commitment on behalf of CHOM staff and board members to pursue this model given the financial risks that it entailed.

This history illustrates that partnerships amongst various organizations and institutions that support the recovery community was the seed of CHOM's involvement with building recovery housing. In order to actualize their vision, creative partnerships with funders and local financing institutions were required in order to break ground and build. And, finally, a close and ongoing partnership with Amistad is what makes it possible to house women in recovery and ensure they have necessary support systems at their disposal to heal and make a home at Patty's Place and Beacon House.

Policy Advocacy

After successfully funding and developing Patty's Place and Beacon House, CHOM and its partners knew there was still much work to be done to institutionalize better funding practices at the state level to make recovery housing available. They sought to both help people in recovery find housing quickly and to support operators of recovery housing and ensure a sustainable supply of such options. In Maine, funding for general PSH comes from the National Housing Trust Fund, which is administered by the Maine Housing Authority and provides tenant-based subsidies, like housing vouchers, for residents. According to Vickey Rand, CHOM's Advocacy and Communication Manager, tenants go through lengthy processes in order to be eligible to receive such assistance and for people in recovery, waiting this long often isn't an option.

CHOM began seeking other solutions and more flexible sources of funding in order to better meet the urgency of the need for housing for people in recovery and get people housed without having to go through a lengthy process of qualifying for and obtaining housing. Rather than seeking new tenant-based subsidies for people in recovery, CHOM and its partners successfully advocated for LD 1523 "An Act to Ensure the Quality of and Increase Access to Recovery Residences" which passed in June 2019 (Maine Senate Democrats, 2019). This act established a pilot program in which recovery residences received funding to support their operations. The successful pilot led to a formal subsidy

program which provides a lump sum of funding for eligible recovery housing operators that is based on the number of people that they serve. This helps operators stay open regardless of whether their tenants qualify for subsidies or are consistent in paying their rent. Thus, LD 1523 makes it possible for residents to avoid a cumbersome application processes while ensuring the financial viability of recovery houses. In funding the operations costs of recovery housing organizations, the state is helping to ensure that they will keep their doors open and continue to serve the recovery community.

In addition to advocating for new types of funding from the state, CHOM is leading efforts to formalize partnerships into a statewide policy. Unhoused individuals who ricochet through the State's most expensive systems, such as jails, emergency rooms and homeless shelters, comprise 1% of the population served, but use 30% of the resources expended by these services. Once housed, these individuals, referred to as Long Term Stayers (LTS) do well. When LTS are unhoused, they are 17 times more likely to be in jail and 9 times more likely to be in the hospital than LTS who are housed (Ryan, 2021). CHOM is leading efforts to introduce a bill that would establish a statewide network directed at reducing these costs to the public as well as providing better, more comprehensive services and housing options. LD 475, "Resolve, To Create the Frequent Users System Engagement Collaborative" was introduced in order to "break down silos across homelessness and housing, corrections and policing, and health emergency services by developing a cross-systems approach to planning, collaboration, and ultimately providing housing and community services for Maine individuals who are frequent utilizers of our highest-cost services (Morales, 2021)." In this macro layer review of our human ecological model, we see that collaboration across all actors that interact with the recovery community was a key aspect of devising effective solutions and institutionalizing them in policy.

4.2. Meso: Place

The location and physical attributes of housing are an important aspect of a resident's ability to find financial security, feel safe and improve their quality of life. Research conducted on "treatment ecologies" explores the relationship between attributes of neighborhood context and housing with an individual's success in drug treatment programs (Jacobson, 2004). The following factors have been found to influence client outcomes: neighborhood disadvantage, community resources, drug availability, restorative qualities and travel burden (Jacobson, 2004 & Wittman, 2014). In this section I will briefly explore how the physical neighborhood and housing contexts of Patty's Place and Beacon House may affect resident experiences in these different categories. In order to do this, I will draw on information collected via interviews as well as my literature review.

Neighborhood

Some studies have found that locating programs and facilities in areas with higher concentrations of poverty and disadvantage can lead to higher rates of attrition. This may be due to the fact that poorer areas are more likely to produce a higher frequency of stressful events, which can lead to relapse (Jacobson, 2004). Echoing this, during interviews the residents spoke of how their relapses often correlated with episodes of high stress, especially those related to financial or family issues. Both Beacon House and Patty's Place are located in quiet, residential neighborhoods. According to the American Community Survey (ACS), the average aggregate annual household income in the census tract where Patty's is located is \$97,733 per household, which is typical of surrounding census tracts. The percentage of the population living below the poverty line in this area is 11.87%, which is slightly higher than the average for adjacent tracts (ACS, 2018). Beacon House is located in a neighborhood where the average aggregate household income is \$60,098 and the percentage of residents living below the poverty line is 16.84% (ACS, 2018), which is lower on average than adjacent tracts. Patty's Place is located in an R5 zoning district which allows for single,

double and multi-family dwellings (Portland Zoning Amendments). According to residents, the neighborhoods where they are located are very calm and feel safe. This tells us that these residences are not relegated to neighborhoods with significantly lower income statuses, but rather are typical residential areas for the communities in which they are located.

Both Patty's Place and Beacon House are located in areas with easy access to multiple diverse community resources, which simply makes life easier for residents and provides opportunities for enrichment outside of their homes. The houses are located within a mile of important public institutions like libraries, fire stations and public safety agencies. Healthcare options and food retailers are also close at hand with hospitals, urgent care facilities, pharmacies grocery stores and corner stores located within a mile radius. It is particularly important for women in recovery to live near pharmacies because many of them are on prescription medication related to their treatment. In interviews, residents cited proximity to grocers as a benefit of the location.

Travel burden is also at a minimum, with easy access to bus stops within just a few blocks of both houses. Again, this is particularly important for women in recovery. As Debbie Brunner, the Site Manager at Patty's Place and Beacon House put it, "if it's hard [to access transportation], especially when you're in recovery, you just can't deal with that stress...then you miss work and doctor's appointments and social service appointments." Multiple women cited easy access to buses as a benefit and underscored how important it is for getting to and from work and improving their financial security. As we will see later, financial instability is a major source of stress for residents, so factors like access to transportation that make it easier for them to do work and earn an income prove to be hugely important.

The neighborhood amenities cited above contribute towards the restorative qualities of residents' surroundings. Restorative qualities refer to factors related to environmental psychology and the interplay between one's surroundings and their mental state. This often includes things like proximity to nature, shared community spaces and peaceful places to

retreat to. There are green spaces like parks, sports fields, river walks and community gardens near both locations within a mile of Patty's Place and Beacon House, which many of the women frequent.

Local availability and visibility of drugs, defined by prices and search times as well as the frequency with which a resident might witness drug-related transactions and sales can affect voluntary attrition from drug treatment and housing programs. Differing levels of visibility of drug markets, drug control tactics and police pressure can lead to variation in the likelihood that a resident could get arrested in the event that they are found to be using (Jacobson, 2004). During interviews with residents of Patty's Place and Beacon House, residents shared that the location of the housing was ideal because it was a distance from downtown Portland, making it easier to avoid falling back into old habits. While the location provides a degree of needed separation, it is not so isolated that residents are unable to integrate into the community or access transportation to the city's urban core.

While the homes are well-located, the residents' need to go downtown for work and appointments brings them in close proximity to drug access. Site Manager Debbie Brunner raised this important tension between the importance of having easy access to downtown for getting necessary appointments related to their healing with the temptation to fall back into using that this ease creates. "The same buses that we're blessed with that take the women to work are the same ones that take people downtown. That's also where pre-trial is and where the DA is. The resources where they go to get better are right at the backdoor of where they got sick. It's really something. I'll never understand why they put all of those services literally surrounding the area where the shelter is - where they lived and got high and bought drugs. We try to tell the women to use a buddy system. To call myself or someone in the house if they see their old dealer and their old buddies they used to use with when they have to go downtown." While this fact does not influence where housing should be placed, it does raise an important question for planners and service providers regarding how to strategically locate treatment and support facilities.

Overall, the neighborhood conditions create a treatment ecology that encourages healing and stability for residents of Patty's Place and Beacon House.

Housing conditions & integration into neighborhood

In addition to neighborhood conditions, the physical design of housing itself and its integration into the wider neighborhood is important for the experience of residents. Fried Wittman, an architect and city planner researched architectural considerations for recovery facilities, determining that appearance, design for sociability, design for personal space, facility oversight and security and care and upkeep were the most important factors to consider (Wittman, 2014). In this section we will bring to life how these factors affect resident experience at Patty's Place and Beacon House.

Wittman's study found that it is ideal for recovery residences to blend in with surrounding buildings. They should not stand out, but should be fully visible from the street, making it approachable and welcoming to residents as well as neighbors. Patty's Place and Beacon House certainly meet this description. In fact, a passerby would be unlikely to suspect that these residences were any different from the ones next door. Patty's Place is a two-story, 4-bedroom house made up of two separate units with the capacity to house 12 women. Beacon House is a three-bedroom house with the capacity to house seven women. The facade and yard are nicely maintained, and most neighbors do not know that there is anything that sets these homes apart from the houses next door to them. This relative anonymity is important for residents. As Debbie Brunner put it,

It's very relaxing for the women to be able to just sit. Nobody knows our neighbors except for the ones who know who they are. For some of these women, for the first time in their lives for the first time ever, you're just a regular person. People are walking by the house with their dogs and waving and not worrying about hiding their purses. I think the women enjoy having a yard and some normalcy back in their life.

Inside recovery housing itself, there should be a balanced open design that encourages social interaction but also has personal space so that each person feels safe and

respected. This is done through creating an easy flow between shared spaces such as kitchen, dining and living rooms and also providing sufficient privacy in sleeping spaces. Wittman's study recommended that new residents share rooms in order to prevent feelings of isolation and the potential for the development of unhealthy habits that might be more likely if someone is spending more time on their own. Once residents are further along, the study recommended private rooms when possible. Residents at Patty's Place and Beacon House might be on site for only a couple weeks or up to two years, so their focus is primarily on encouraging shared spaces and bedrooms because this is not designed to be residents' permanent homes. So, everyone has a roommate, and no one is allowed to have a television in their rooms because that might encourage self-isolation. Everyone has a locker for small personal belongings and valuables and a designated amount of space in the refrigerator. Otherwise, everything is shared, both the space itself and the responsibilities to care for and maintain it.

Facility oversight, security and upkeep are important factors in keeping the premises drug-free and fostering a positive relationship with the surrounding neighborhood. Oversight and security refer not to the creation of physical barriers or surveillance, but to building spaces that are designed to foster social connections and foster trust so that managers can see and deal with problems promptly as they arise. Upkeep of the property ensures that it continues to blend with the surrounding neighborhood rather than draw any unwanted attention to itself. While the study focused on the importance of upkeep for maintaining positive relationships between residents, house managers and the neighborhood, house upkeep is also an important aspect of residents' self-perception. Living in a clean, well-maintained house fosters a sense of dignity and respect for the space as well as improved personal connections with fellow residents. At Patty's Place and Beacon House, the women and staff share the responsibility of doing the indoor chores, shoveling snow, mowing the lawn and raking the leaves. This is both important for keeping the house in good, dignified

working order, but also because it forges connections amongst the women. Debbie shared that,

not doing drugs is the easy part...it's figuring out how to live. That's the hard part. Figuring out how to talk to people. How to not fall apart when someone gives you bad feedback. How to feel - because most of us have been numb for so very long...little things like cleaning the house together can mean a lot. Can build a friendship because people start to share things.

While our primary focus is on how neighborhood conditions affect *residents* of recovery housing, many communities have concerns about how such housing programs will affect crime rates, property values, neighborhood aesthetics, traffic and more (Galster et al., 2002). According to a survey from the National Law Center, housing developments designed for adults recovering from substance abuse meet the strongest opposition from neighborhood groups out of all categories of supportive housing (Takahashi & Dear, 1997). Practitioners and researchers refer to this resistance as NIMBYism, which stands for “Not In My Backyard.” While NIMBY sentiments provide a strong current of resistance for developers seeking to locate recovery residences in a given neighborhood, resident fears are not based in fact. Studies on the impacts of supportive housing on neighborhoods have found that overall, the presence of supportive housing is associated with a positive impact on house prices in surrounding areas (Galster et al., 2000 & Galster et al., 2004). Another study found that crime rates stayed the same in neighborhoods with small-scale supportive housing development. In the case of larger-scale developments, the study found that crime rates did increase, but the evidence suggested it was not the inhabitants of the residences who were responsible for the increase and that in fact they were more likely to be the victims (Galster et al., 2002). It is important to acknowledge the role that NIMBYism plays, not only because it has been a powerful force that limits that availability of housing, but also because it can make it more difficult for people in recovery to find housing in neighborhoods that are most conducive to their healing and success.

In this section we have reviewed how neighborhood and housing conditions affect the recovery process of residents at Patty's Place and Beacon House. From here we will move on to the micro layer in order to understand life inside the house and how it impacts the women who live there.

4.3. Micro: Programs & People

After conversations with CHOM and Amistad's program managers and leadership, it became clear that they see their approach to recovery housing as being set apart from others in the state in a few keyways. A typical recovery residence is characterized by alcohol-and-drug-free living settings. While their approaches vary, all programs tend to require residents to participate in a prescribed recovery program and may be penalized if they are unable to do so (SAMHSA, 2021). CHOM and Amistad employ a Housing First approach at Patty's Place and Beacon House, which means they do not require prospective residents to address or resolve their problems prior to being granted housing. In addition, housing provision is not contingent upon an individual's participation in services either before being approved for housing or in order to retain housing (National Alliance to End Homelessness, 2016).

At Patty's Place and Beacon House, prospective residents can move in regardless of their stage of recovery and without a required period of sobriety. Program managers know that relapse is often part of an individual's recovery process, so residents are not forced to leave if they return to substance use. Residents have the freedom to set their own recovery schedule rather than adhere to a prescriptive and monitored program. While they have significant control over their recovery process, they are held accountable to their goals through peer support groups and supported throughout the process by clinical and social services. Importantly, residents can live there regardless of their ability to pay rent.

In order to understand how these particular factors affect each woman's lived experience at Patty's Place and Beacon House, we conducted a series of surveys and interviews with residents of both houses. This data collection was designed to test

assumptions about whether the things that set Patty's Place and Beacon House apart were actually important to residents. We sought to better understand who lives in both of these residences and what life experiences brought them there. We wanted to understand how living at Patty's Place and Beacon House affected their overall health and well-being as well as their health behaviors and outlook towards their futures.

Survey Development Process

Over the course of the summer and fall for 2020, I worked with staff at CHOM and Amistad and residents of Patty's Place and Beacon House to develop a survey that would answer key questions about how the model has impacted the quality of life of residents and how their use of emergency services has changed over the course of their tenure there. I began by doing a review of studies that evaluated the effects of housing and program interventions on the quality of life of recently homeless individuals. This research confirmed that in order to measure residents' quality of life, the survey would have to inquire about their health, personal abilities, sense of safety, satisfaction with housing and experience of fun and leisure time (Chan, 2018). Social and familial connections were also important factors to include (Henwood et al., 2014).

The survey also included questions about residents' use of various costly emergency services prior to moving into their new residence. These will help CHOM understand the potential cost savings to taxpayers, which could be persuasive information to share with policymakers, funders and the public in their efforts to coordinate the statewide FUSE Collaborative.

Through a series of meetings with leaders at CHOM and Amistad, I integrated the results of my research with their needs and interests and developed a draft survey. That survey was then reviewed by the site manager of Patty's Place and Beacon House. The survey language and consent forms were submitted to Cornell's IRB office which determined that the project could be exempt from the IRB process because it would not

produce generalizable research, a common reason for exemption. In September I met with a small group of residents via Zoom during their weekly house meetings in order to introduce the overall project and invite them to provide one last round of feedback on the survey language. Due to COVID-19 restrictions, in-person meetings were not possible. Residents had the opportunity to opt-in to participate in the surveys and a small handful were selected to be interviewed.

Final Survey Overview

The final survey, titled “Finding Home at Patty’s Place and Beacon House” was broken down into three parts which sought to understand the following: residents’ experiences prior to moving into Patty’s Place or Beacon House, how living at Patty’s Place or Beacon House impacted their quality of life, and lastly how specific aspects of the recovery residence model had affected their experiences. See Appendix B for survey instrument. Upon completion, the survey was reviewed and exempted from the IRB approval process because it would not produce generalizable data.

Residents had the opportunity to opt-in to participate in the surveys and a small handful were selected to be both surveyed and interviewed. Their participation was completely voluntary, and residents knew that their participation would in no way affect the services they would receive. The consent form (see Appendix A) and survey questions were then shared with all residents and reviewed together so that they were familiar with them prior to the survey implementation process. In October, I attended house meetings via Zoom at both residences in order to conduct the surveys. I shared my screen so that residents could see the questions and answers they had to choose from. I read each question and filled in their response as they watched. This method was chosen in order to avoid any potential limitations related to resident literacy or interest in filling out a paper survey.

Next, we will review the survey results and analyze what they tell us about resident experience and how the unique attributes of this model factor into their outcomes.

Who responded?

Nine current residents opted to respond to the survey. Eight of the nine women have experienced long-term homelessness in their lifetimes. Two were in jail immediately prior to moving in. They have lived at Patty’s Place and Beacon House for varying durations, which are listed in the table below.

Table 1: Respondent Duration of Residence at Patty's Place or Beacon House

Duration of residence at PP or BH	
Less than one week	1
0-1 month	2
1-6 months	2
6-12 months	2
1-2 years	0
2+ years	2

Source: Author analysis of Finding Home Survey, 2020, N=9

In order to understand residents’ baseline experiences prior to moving into Patty’s Place and Beacon House, the survey asked about their life circumstances prior to moving in. During the six months prior to moving in, 66% of respondents had spent time in a correctional facility and received medical care in an emergency room. The majority of respondents had participated in Medication Assisted Treatment (MAT) and experienced an overdose in the months leading up to their arrival. The majority of respondents had either lived in an emergency shelter or in a place unfit for habitation during the same time period. The chart below shows the baseline circumstances of residents when they moved into Patty’s Place and Beacon House.

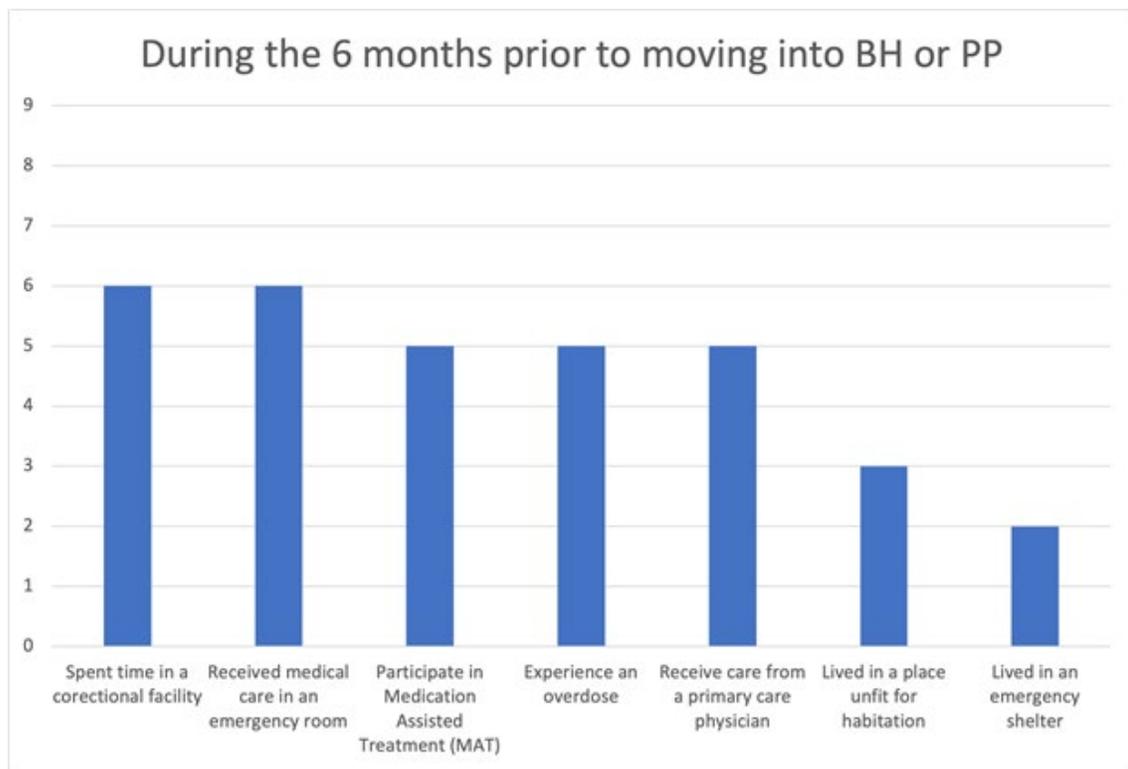


Figure 4: Experiences of Residents During the 6 Months Prior to Moving into Beacon House or Patty's Place

Y axis represents the 9 total possible responses for each condition.

Source: Author analysis of Finding Home Survey, 2020, N=9

The chart below shows the typical barriers that residents had faced in finding housing prior to moving into the recovery housing. It is clear that affordability is the most common concern and reason that respondents had been unable to find stable housing. As we will see later, the house policy to allow residents to stay regardless of their ability to pay has been a very important aspect of residents' experiences. Inability to meet sobriety requirements, use of prescribed medications and a lack of knowledge about where to find housing were barriers for 44% of residents. The presence of a criminal record inhibited 33% from finding housing.



Figure 5: Respondents' Barriers to Finding Housing Prior to Moving into Beacon House or Patty's Place

Source: Author analysis of Finding Home Survey, 2020, N=9

When asked about their goals prior to moving into Patty’s Place or Beacon House, the majority shared goals focused on getting clean and staying sober. Getting clean was a means to bigger goals such as reconnecting with their family, finishing school, getting a job, and getting a driver’s license. Their focus was primarily on building the foundations that would allow them to build towards their long-term goals. As one woman put it,

I was on the streets homeless, so the hopes and dreams weren't there. The hope was to be somewhere where I was safe and could get help and have the things I needed to survive...somewhere where I can start the process of trying to live again and maintain that future.

Changes in quality of life & behaviors for residents

We asked respondents to rate how certain factors related to their quality of life had been impacted since moving into Patty’s and Beacon. They rated these on a scale of improved significantly, improved moderately, stayed the same, deteriorated moderately and deteriorated significantly. Overall, all respondents’ quality of life improved on most indicators. While a small handful have stayed the same, none have deteriorated.

All respondents reported a *significant improvement* in their sense of personal safety. This is a very important first step in an individual’s recovery process and ability to move

forward. During an interview, one woman shared that when she first arrived on site, she did not leave her room for a few days. She said it was a huge adjustment to understand that she no longer had to live her life on someone else's schedule, that she could come and go as she pleased, that she had control over her own circumstances. Once she began to trust that this place was really her home, she was able to begin to heal. In other studies of quality of life in similar populations that have endured trauma, there is an enduring sense of hypervigilance and feelings of vulnerability even after one has stable housing (Chan, 2018). This underscores how important it is to have 100% of residents say that their sense of personal safety has improved significantly.

Residents' overall health and well-being and their connection to friends also saw improvement (including both significant and moderate) for 100% of residents. Financial security and sense of belonging in the broader community have seen the lowest rates of improvement. While connection to the broader community is an important part of one's long-term health and well-being, interviews revealed that this less significant improvement is not necessarily a bad thing because the first step in recovery is to feel safety in your own space and to "learn how to live again," as Debbie Brunner put it. "As soon as you hit the driveway you are in a bubble. We really do think of it as a whole 'nother world when we go out. I don't think we feel like we're missing anything. It's our little safety zone and most of us need that so badly," she added.

Table 2: Respondents’ Changes in Quality of Life Since Moving into Patty’s Place or Beacon House

Changes in Quality of Life	Improved significantly	Improved moderately	Stayed the same	Deteriorated moderately	Deteriorated significantly
Amount of fun and leisure time	6	2	1	0	0
Connection to friends	5	4	0	0	0
Sense of belonging in the broader community	4	3	2	0	0
Sense of personal safety	9	0	0	0	0
Overall health and well-being	7	2	0	0	0
Life skills and abilities	6	1	2	0	0
Financial security	4	3	2	0	0

Source: Author analysis of Finding Home Survey, 2020, N=9

Other positive changes in respondents’ quality of life are related to positive behavior changes that are likely to lead to continued success in their goals to stay sober and remain in stable housing. Notably, 100% of respondents have decreased their substance use and increased their frequency of seeing a primary care physician to some degree. 88% of respondents have had increased contact with their family and increased their sense of hopefulness since joining their house. Sense of self-confidence and self-esteem had the lowest rate of *significant* change, though overall has seen improvement for 88% of respondents. 67% have had more success seeking and finding employment.

Table 3: Respondents’ Changes in Quality of Life and Personal Behaviors Since Moving into Patty’s Place or Beacon House

Changes in QL and Behaviors	Increased significantly	Increased moderately	Stayed the same	Decreased moderately	Decreased Significantly
Frequency of interaction with a primary care provider	6	3	0	0	0
Frequency of contact with family	6	2	1	0	0
Sense of hopefulness	6	2	1	0	0
Sense of self-confidence and self-esteem	3	5	1	0	0
Frequency of use of substance of choice	0	0	0	3	6
Frequency of involvement with sex work	0	0	1	0	2
Frequency of contact with your children	4	1	1	0	0

Source: Author analysis of Finding Home Survey, 2020, N=9

Importance of unique attributes of housing

The survey was designed in part to test our assumptions about whether the unique attributes of this housing model actually made a difference for residents. Respondents were asked to rate the importance of various aspects of their housing in order to understand which factors were most vital for resident success. The chart below includes an overall score of importance so that we may rank factors by level of importance. The score was calculated by weighting all “extremely important” at 3 points, “very important” at 2 points, “slightly important” at 1 point and “not at all important” at 0 points. The aggregate results are shown below in ranked order of importance.

Table 4: Factors Affecting Resident Experience at Patty's Place and Beacon House

Factors Affecting Resident Experience	Extremely important	Very important	Slightly important	Not at all important	Overall score
Policy to provide housing regardless of stage of recovery or relapse	8	1	0	0	26
House policy not to evict residents regardless of their ability to pay rent	7	2	0	0	25
House policy to accept residents who are on MAT	8	0	0	1	24
House structure and expectations	6	3	0	0	24
Location and physical attributes of housing	6	3	0	0	24
Policy allowing residents to set their own recovery schedule and treatment	7	0	2	0	23
House ability to hold me accountable to my recovery	6	2	1	0	23
Personal relationships you have with peers	4	5	0	0	22
Peer support services	3	6	0	0	21
Medical support services	3	6	0	0	21
Personal relationships you have with staff	3	3	3	0	18

Source: Author analysis of Finding Home Survey, 2020, N=9

Survey Takeaways

Survey results clearly demonstrate that all women have seen real changes in their quality of life and patterns of behavior. Factors contributing to those changes include house policies that build a greater sense of trust in the women and put them in control of their own recovery. Notably, those factors that were ranked among the most important for contributing towards a positive experience for residents are those same factors that set Patty’s Place and Beacon House apart from other similar recovery programs. This is an endorsement of the unique model at these two residences which puts trust in each individual to guide their own recovery while providing the necessary support systems and personal relationships that increase one’s accountability to their recovery goals.

Given that affordability was the most commonly cited barrier to finding housing prior to moving into Patty’s Place or Beacon House, it is no surprise that the house policy not to evict residents regardless of their ability to pay ranks second most important attribute of the housing that affects resident experiences. The quality-of-life indicators show that “financial security” has improved for most women, though not as significantly as other factors. Therefore, it may be important for Amistad to consider whether providing financial literacy or further job training and support might improve these outcomes further. There may also be other factors affecting the residents' ability to find and keep employment such as neighborhood conditions that are yet to be uncovered.

Interviews

During January, I conducted two hour-long interviews with women who were interested in sharing more about their experiences. Amistad recommended three women for me to speak to given their knowledge of these residents’ experiences at Patty’s Place and Beacon House as well as their life experiences prior to moving in. I recognize the women selected to participate in the interviews may present selection bias. Amistad staff who recommended them to be interviewed already knew that these women had had positive experiences living on site. It is possible, and indeed likely, that had I interviewed residents at random, their experiences may have been more complex and less positive.

One interviewee had scheduling challenges and stopped responding to requests for an interview. The remaining two women were compensated \$50 each for their time. One was a resident of Patty’s Place and the other was a former resident of Beacon House. They were in their late thirties and early forties. I have included narrative versions of notes from these interviews. These will be used by CHOM to tell the story of the impact of Patty’s Place and Beacon House. I have also used these interviews to better understand takeaways from the surveys and literature review.

Resident Interview #1: "Sara"

"Beacon House gave me support, love, care and validation that I was a real person."

Three years ago, a typical day for Sara started with a prompt 7:00am wakeup. The lights were turned on (whether she was ready for them or not) and she was shuffled out of Oxford Street Shelter into the rain, snow or heat. Then she would wait in a hectic line to get into Preble Street where she could spend her day. Once inside, she could get food and access a computer, but there were still people ODing in the bathroom or looking for their next fix. "There's violence and it's crazy and so sad. And you just get caught in that life if you're not prepared for it. You get taken away and it's very hard to get out once you're in it," she remembers. Case workers tried to offer her support, but they were so overwhelmed by their caseload that Sara never got the help she really needed. Regardless, she knew she really wanted to get sober, so she jumped at the chance to move into a new sober house for women that had opened up nearby.

The first few weeks at Beacon House were an adjustment. She had to get used to the fact that she didn't have to wake up on someone else's schedule or go outside if she didn't want to. Soon she was set up with a mental health doctor, a primary care physician and treatment options at a methadone clinic for the time during which she was still trying to get clean. The new neighborhood was quiet, comfortable and safe. She found a real family there that never judged her and was always on the other end of the line if she needed anything. At Beacon House, Sara says, people "sit down and are willing to give you their time. Not a lot of people do that for free...I could be myself and not anything different and I felt respected." With the freedom to chart the course for her own recovery and a support system that held her accountable, Sara was able to break her patterns of using. It felt like she was starting a brand-new life where she was given "support, love, care and validation that [she] was a real person."

The desire to change came from within herself, but she credits Beacon House with saving her life. Now on a typical day, you'll find Sara working a few days a week for Amistad's Perry Center as a peer support counselor for the homeless who come through. One day while she was working, she noticed a woman doing her laundry and made a comment about how good it feels to have clean clothes when you're living on the street. The woman looked at her sideways and asked, "Well, how would you know?" Her ability to share her own experiences with drug use, mental health issues and homelessness makes her an effective and inspiring mentor for others going through similar challenges. While she no longer lives at Beacon House, the house manager will sometimes invite her back to speak with the women living there, and that makes her feel pretty special.

Resident interview #2: "Leah"

"If I didn't go to Patty's Place, I don't think I would have made it. That place really saved my life."

Leah is someone who thrives when she is taking care of the people around her. These days, she spends most of her time working two jobs, one at a lab where she makes COVID tests and another delivering food to houseless people living in hotels in the Portland area. That second job, she says, she would do for free. "I love my job. I just like being there. I'm not just responsible for myself now. I'm responsible for those 400 people in hotels who are hungry," she says. When she's not working, she's taking care of her family, especially her mom who has diabetes and suffers from alcoholism and complications related to her drug abuse. She runs errands for her sister who is also a recovering addict. This year, for the first time, she was able to hand her father \$500 of her savings to help with house payments. She's 38 now and has decided it's time to be responsible for herself and be there for the people around her.

Leah says that if you had met her two years ago, you wouldn't recognize the person standing in front of you today. She had just finished a prison sentence and had gotten out on

home confinement. For a short while, she was staying away from drugs and living at home. But soon thereafter, her sister was admitted to the hospital for open heart surgery. The stress of her sister's illness drove Leah back onto the streets, using again and weighing in at just 96 pounds. When she found herself back in jail, her family was actually relieved because they knew she would be safer there. After going in and out of prison for over nine years, she had never once gotten clean.

In the spring of 2020, she was due for probation and was introduced to Debbie, the Site Manager at Patty's Place. Her probation officer had warned Debbie that Leah wouldn't last longer than three weeks before she was back in prison. But this time, things would be different. When she first got there, she was struggling. She felt like she didn't have enough money for herself or to help her mom and her sister who were on the streets. When she slipped into old habits, she called Debbie. "Deb was really supportive. Everyone there, they knew me. They knew what I'd grew up with. I wasn't ashamed to tell them. It was safe there and nobody could come near me...I've never had that." Deb let her come home after that slip, but held her accountable to the promises she was making to herself. Through their conversations, Deb helped Leah trace the reasons why she had relapsed and set up structures to prevent it from happening again.

Ten months into her time at Patty's, Leah is gainfully employed, surrounded by a community she trusts and "just doesn't feel like using anymore." She's sober, doing things that feel personally productive and caring for family. She even has hope she'll be able to reconnect with her 18-year-old daughter who has been raised by Leah's cousin. She doesn't have to stay at Patty's anymore, but she's not in a rush to leave. Little things, like being able to hang photos on the wall, cook herself dinner and chill with her roommates while watching Netflix makes Patty's Place feel like home. And big things, like always knowing she has someone to call without fearing judgement, has made the community at Patty's Place feel like family. She's also paying the support she receives forward by helping other women at Patty's find work and providing the support and accountability they need to succeed in their

own recovery. She feels good where she is, but she's looking ahead, too. "This place has built me up enough that I've got goals," she says.

Leah wants her story to be shared so that we can all imagine how many other women's lives could be transformed by places like Patty's Place. She admits that "you can never put too much into recovery; it's a never-ending thing and it's always evolving." But her story stands as a testament to the fact that recovery residences that center trust, accountability, autonomy, and the right support systems, build an environment that makes it possible for women to heal.

One of the times that Leah was arrested and sent back to prison, she was picked because she was driving a car while on probation. She had been driving to get to a Medication Assisted Treatment (MAT) appointment, a treatment that she says she wouldn't still be alive today without. Portland only has three MAT treatment centers. Leah would like to urge policy makers and funders aware of how essential MAT has been for her recovery process and make more of them available across the state.

Interview Takeaways

At every step of the resident interview and survey process, a common theme came up. It centered on the importance of trust and power of personal relationships in helping people through their own individual recovery process. Amistad manages Beacon House and Patty's Place with a realistic outlook on the recovery process. They know that relapses will happen to most women over the course of their recovery journey. Because of this, they do not take away a resident's right to housing and, perhaps just as importantly, residents know that they always have someone who they can call and ask for help. They don't have to pretend, lie or evade. They can be honest with themselves and the people around them, and this fact is freeing. They are also surrounded by peers who have been through similarly traumatic experiences and so they know they can rely on one another for support and understanding. One of the women I interviewed recently chose to move out of Patty's Place

and move in with a household of roommates who also used to live there. The personal connections run deep and seem to live beyond a resident's tenure, with multiple women calling friends and staff at Patty's and Beacon "their family." The survey and interview processes underscore how absolutely essential the right housing model is for resident success. A program that centers trust and fosters relationship-building with staff and peers are key.

Conclusion

In this paper, we have explored the multiple layers that affect the lived experiences and quality of life outcomes for women living at two distinct recovery residences in and near Portland, ME. Our human ecological model for individuals in recovery included a macro layer which consisted of Partnerships & Policy, a meso layer which underscored the role of Place and a micro layer which explored the importance of Programs & People.

On the macro level, partnership-building and collaboration across the multiple sectors that serve the recovery community was the first step in making Patty's Place and Beacon House a reality. CHOM participated in collaborative efforts with diverse institutions through the Greater Portland Addiction Collaborative (GPAC). These institutions shared the common goal of addressing the root causes of substance use disorders and thereby shared an interest in making housing more accessible to people in recovery. Providing housing would help people in recovery avoid ricocheting through the various systems that the coalition represented, including emergency medical care institutions, the justice system, homeless service organizations and more.

This "new" housing option needed to provide housing quickly, to meet the urgent housing needs of people in recovery. It would have to set high expectations for residents but also allow them to determine their own path to recovery. It would not require residents to detox before arriving on site and would allow residents to undergo MAT while living there. This housing would also be affordable to residents and would not evict them in the event they could not pay. In order to make such housing options possible, CHOM and its partners had to get creative in finding funding sources. They also had to take on significant financial risks. Ultimately, they built Patty's Place and Beacon House and began working with Amistad to manage the programming on site.

This process highlighted the challenges of providing appropriate housing options for people in recovery. In order to institutionalize some of the successes and facilitate easier

development processes in the future, CHOM and its partners advocated for two bills that would institutionalize funding for such housing as well as build a sustainable platform for cross-sector engagement via a statewide FUSE Collaborative. Partnership building and policy engagement have and will continue to be essential for addressing the needs of the recovery community.

In addition to Policy & Partnerships, the residents of Patty's Place and Beacon House were affected by their physical context, the neighborhood and housing conditions that make up the meso level of our human ecological model for individuals in recovery. The residences were built with design features and within neighborhoods which create treatment ecologies that are conducive to the women's success. The neighborhood has all of the amenities and services that the women need, such as food stores, pharmacies and access to reliable transportation and green spaces. The houses are well-placed in that they are a distance from the parts of town where the women had previously used drugs. The houses themselves blend in with the surrounding neighborhood and offer residents a comforting sense of anonymity that preserves their sense of safety within the homes and encourages them to build community with fellow residents.

And, finally, residents' ultimate ability to improve their quality of life and stay accountable to their goals hinges on the effectiveness of the house programs and expectations as well as the personal relationships that are developed on site. It was clear that it is vitally important for residents to feel like they can trust one another and trust staff, that they need not hide who they really are. With nothing to hide, they feel less stressed, more relaxed, and more able to invest in their own recovery process. Ultimately, this research is a powerful endorsement of CHOM and Amistad's partnership and the ways in which they are serving women in recovery. Their efforts are not only transforming the lives of women who live at Patty's Place and Beacon House, but also the lives of people in recovery throughout the state.

This study has broad-reaching implications for the planning community to consider. The planning profession has not actively questioned how it can better serve this vulnerable population. Planners should consider the specific needs of the recovery community in a few key ways. First, zoning and the impacts of NIMBYism can affect whether recovery housing is sited in areas with access to services and low exposure to stressors. The location of recovery housing creates an individual's treatment ecology and so it is essential to consider how our land use policies are affecting individuals' ability to heal. As key actors in NIMBY debates, planners should use their position of power to advocate on behalf of the recovery community's right to locate in neighborhoods that are most conducive to resident success.

The siting of medical, legal and other supportive human services in a central location is essential. But, they should be sufficiently separated from areas which create opportunities for people in recovery to fall back into old habits. Planners should collaborate with service providers to understand how the locations of their facilities might encourage or hinder the recovery process.

That said, responsible land use cannot solve everything. The women at Patty's Place and Beacon House don't just feel safe in their housing because the neighborhood is nice. In fact, we found that their sense of connection to the broader community was not a primary need or goal in their recovery processes. Rather, they feel safe because they have built personal relationships with peers and know they aren't alone. They feel more stable because they will not lose their housing if they go off course in their recovery or if they are unable to pay. It is easier to stay accountable to recovery goals when one's basic needs are assured and when stressors are kept to a minimum. Thus, it is important to consider the full picture. We cannot design our way out of the opioid crisis. Thoughtful land use practices layered with the appropriate services and social support systems holds the key. The combination of human infrastructure and housing infrastructure builds a foundation of stability that the women at Patty's Place and Beacon House can firmly stand on.

In order to effectively integrate these themes, the various organizations that serve the recovery community must continue to collaborate and identify common goals and needs. Planners are inherently conveners of diverse stakeholders. They see the intersections across sectors and different areas of work. Building collaborative approaches to supporting the recovery community will serve to streamline the recovery housing development process in the future. Ultimately, this will require less guesswork and financial risk on behalf of organizations like CHOM. Cross-agency collaboration will ensure that we are holistically and efficiently addressing the root causes of the challenges that face people in recovery. Given the scale and intractability of the opioid epidemic, we need multi-lateral approaches, like Patty's Place and Beacon House, that build a foundation of stability and safety for people struggling with addiction.

APPENDIX A

Survey Participant Consent Form

Participant Consent Form

Amistad and Community Housing of Maine are asking you to participate in a project entitled “Finding Home.” This project is being conducted by Robyn Wardell, a graduate student of City and Regional Planning.

What is this study about and how will it be used?

Amistad and Community Housing of Maine (CHOM) are partner organizations that worked together to found Patty’s Place and Beacon House. Amistad helps manage programming and welcoming new residents. CHOM owns and manages the properties themselves. They are both interested in learning about your experiences prior to moving into your current residence and how living there has impacted you. They also want to understand what sets Patty’s Place and Beacon House apart from similar recovery housing options and how its unique qualities have affected your experience. The research will dive into the following overarching questions:

- What is the experience of residents prior to finding a home at Patty’s Place or Beacon House?
- What is the experience of residents once they move into Patty’s Place or Beacon House?
- What about Patty’s Place and Beacon House make them different from other recovery housing options and how do these unique qualities affect the experience of residents?

Depending on what we learn, the information that is collected may be used for some of the following:

- Make the case to policy-makers to provide more housing options like these ones
- Illustrate the power of Patty’s Place and Beacon House to prospective funders of Amistad and Community Housing of Maine
- Share successes and challenges with other organizations that provide similar housing options and services

Your participation & security

- Your participation is *completely voluntary*, meaning that you have the right to choose not to participate. If you *do* choose to respond to the survey, you may skip questions that you do not feel comfortable responding to.
- The information you share will NOT be associated with your name.
- The information that you share will NOT be shared with anyone (including but not limited to the police, probation officers or case workers).
- Site managers at Patty’s Place and site managers at Beacon House will only have access to the final survey analysis, not individual responses.
- Only Robyn Wardell will have access to your individual survey information via secure online storage.
- Following our analysis, all of the primary information shared will be destroyed.

- Overall results of the survey will be shared with Amistad and CHOM once they have been compiled and evaluated.
- The answers you provide will not affect the services you receive.

What will be asked of you?

Complete a survey over Zoom that will take approximately 15-20 minutes.

Potential risks

Our goal is to make sure that you feel safe and comfortable participating in this project. To be sure this is the case, we want you to be aware of any potential risks that your participation could entail.

- Some questions may ask you to think about challenging experiences you have had, which could create emotional distress. You can always stop and we will work to ensure that you have support.
- To answer some questions fully, you may share experiences you have had with the legal system or your use of substances. Your responses will not affect your services and will never be shared in association with your name.

Please see protections listed above to understand how we will mitigate these potential risks.

Benefits

We hope that this will also be a positive opportunity for you to share your story in your own words and reflect on where you have come from and where you see yourself in the future. Some indirect benefits of your participation might include having your story shared to improve public policy and funding related to providing more housing like Patty's Place and Beacon House. This may benefit you as well as other women in the area.

If you have questions:

Please contact either Robyn Wardell at rw598@cornell.edu or (248) 508-7593 or Debbie Brunner at any point during or following your participation in this project with any questions.

APPENDIX B

Survey Tool

SURVEY

- How long have you lived at Patty's Place or Beacon House? [Please select one]
 - Less than 1 week
 - 0-1 month
 - 1-6 months
 - 6-12 months
 - 1-2 years
 - 2+ years

EXPERIENCE BEFORE TO MOVING INTO PATTY'S PLACE OR BEACON HOUSE

- Prior to moving into Patty's Place or Beacon House, what goals did you have for your future? Where did you see yourself?
- Prior to moving into Patty's Place or Beacon House, did you experience any of the following barriers to finding housing? [Check all that apply]
 - Could not find affordable options
 - Did not meet sobriety requirements
 - Was using prescribed medications that were not allowed onsite
 - Had a criminal record
 - Was not permitted to seek housing because of controlling partner or boss
 - Did not know where or how to find housing
- How long was your most recent period of homelessness? (years and months)
- For how long have you experienced homelessness over the course of your lifetime? (years and months)
- During the 6 months prior to moving into Patty's Place or Beacon House, did you experience any of the following?
 - Live in an emergency shelter [yes / no]
 - If you answered yes, approximately how many nights did you spend in emergency shelters during that 6-month period?
 - Live in a place unfit for habitation (ie. outside)
 - If you answered yes, approximately how many nights did you spend in in a place unfit for habitation (ie. outside) during that 6-month period?
 - Receive medical care in an emergency room [yes / no]
 - If you answered yes, approximately how many times did you receive care in an emergency room?
 - Spend time in a correctional facility [yes / no]
 - If you answered yes, approximately how many days did you spend in a correctional facility during that 6-month period?
 - Experience an overdose [yes/no]

- If you answer yes, approximately how many times did you overdose?
- Participate in Medication Assisted Treatment (MAT)? [Yes / No]
- Receive care from a primary care physician [Yes / No]

QUALITY OF LIFE AT PATTY’S PLACE OR BEACON HOUSE

Since moving into Patty’s Place or Beacon House, how have the following factors changed? [Please circle the number that fits best]

- Amount of fun and leisure time
 - 5 - improved significantly
 - 4 - improved moderately
 - 3 - stayed the same
 - 2 - deteriorated moderately
 - 1 - deteriorated significantly

- Connection to friends
 - 5 - improved significantly
 - 4 - improved moderately
 - 3 - stayed the same
 - 2 - deteriorated moderately
 - 1 - deteriorated significantly

- Sense of belonging in the broader community
 - 5 - improved significantly
 - 4 - improved moderately
 - 3 - stayed the same
 - 2 - deteriorated moderately
 - 1 - deteriorated significantly

- Sense of personal safety
 - 5 - improved significantly
 - 4 - improved moderately
 - 3 - stayed the same
 - 2 - deteriorated moderately
 - 1 - deteriorated significantly

- Overall health and well-being
 - 5 - improved significantly
 - 4 - improved moderately
 - 3 - stayed the same
 - 2 - deteriorated moderately
 - 1 - deteriorated significantly

- Life skills and abilities
 - 5 - improved significantly
 - 4 - improved moderately
 - 3 - stayed the same
 - 2 - deteriorated moderately
 - 1 - deteriorated significantly

- Financial security
 - 5 - improved significantly
 - 4 - improved moderately
 - 3 - stayed the same
 - 2 - deteriorated moderately
 - 1 - deteriorated significantly

- Frequency of interaction with a primary care provider
 - 5 - significantly increased
 - 4 - increased moderately
 - 3 - stayed the same
 - 2 - decreased moderately
 - 1 - decreased significantly

- If applicable - Frequency of involvement with sex work
 - 5 - significantly increased
 - 4 - increased moderately
 - 3 - stayed the same
 - 2 - decreased moderately
 - 1 - decreased significantly

- Frequency of contact with family
 - 5 - significantly increased
 - 4 - increased moderately
 - 3 - stayed the same
 - 2 - decreased moderately
 - 1 - decreased significantly

- If applicable - Frequency of contact with your children
 - 5 - significantly less frequently.
 - 4 - less frequently.
 - 3 - stayed the same
 - 2 - more frequently.
 - 1 - significantly more frequently

- Sense of hopefulness
 - 5 - significantly increased
 - 4 - increased moderately
 - 3 - stayed the same
 - 2 - decreased moderately
 - 1 - decreased significantly

- Sense of self-confidence and self-esteem
 - 5 - significantly increased
 - 4 - increased moderately
 - 3 - stayed the same
 - 2 - decreased moderately
 - 1 - decreased significantly

- Frequency of use of substance of choice
 - 5 - significantly less frequently.

- 4 - less frequently.
 - 3 - stayed the same
 - 2 - more frequently.
 - 1 - significantly more frequently
- Since moving into Patty's Place or Beacon House, how has your experience seeking employment changed? [Please select one]
 - I have been more successful in seeking and finding employment.
 - My success in seeking and finding employment has stayed the same.
 - I have had less success in seeking and finding employment.

FACTORS AFFECTING YOUR QUALITY OF LIFE

- Please tell us how important the following factors have been for enhancing your experience at Patty's Place or Beacon House:
 - **Peer support services:** 1 (very important) - 2 (moderately important) - 3 (neutral) - 4 (not very important) - 5 (not important at all)
 - **Medical support services:** 1 (very important) - 2 (moderately important) - 3 (neutral) - 4 (not very important) - 5 (not important at all)
 - **Location and physical attributes of housing:** 1 (very important) - 2 (moderately important) - 3 (neutral) - 4 (not very important) - 5 (not important at all)
 - **Personal relationships you have with staff:** 1 (very important) - 2 (moderately important) - 3 (neutral) - 4 (not very important) - 5 (not important at all)
 - **Personal relationships you have with peers at Patty's Place or Beacon House:** 1 (very important) - 2 (somewhat important) - 3 (neutral) - 4 (somewhat unimportant) - 5 (very unimportant)
 - **Patty's Place and Beacon House policy to provide housing regardless of stage of recovery and welcome residents back if they relapse:** 1 (very important) - 2 (somewhat important) - 3 (neutral) - 4 (somewhat unimportant) - 5 (very unimportant)
 - **Patty's Place and Beacon House policy of allowing residents to set their own recovery schedule and treatment program:** 1 (very important) - 2 (somewhat important) - 3 (neutral) - 4 (somewhat unimportant) - 5 (very unimportant)
 - **Patty's Place and Beacon House policy not to evict residents regardless of their ability to pay rent:** 1 (very important) - 2 (somewhat important) - 3 (neutral) - 4 (somewhat unimportant) - 5 (very unimportant)
 - **Patty's Place and Beacon House ability to hold me accountable to my recovery:** 1 (very important) - 2 (somewhat important) - 3 (neutral) - 4 (somewhat unimportant) - 5 (very unimportant)
 - **Patty's Place and Beacon House ability to hold me accountable for making good choices:** 1 (very important) - 2 (somewhat important) - 3 (neutral) - 4 (somewhat unimportant) - 5 (very unimportant)
 - **Patty's Place and Beacon House structure and expectations:** 1 (very important) - 2 (somewhat important) - 3 (neutral) - 4 (somewhat unimportant) - 5 (very unimportant)
- Are there other important elements of your experience here that have positively affected you that you would like to share?

- Now that you are here, what goals do you have for your future? Where do you see yourself going forward?
- Is there anything else that you would like to share about your experience at Patty's Place or Beacon House?

Thank you so much for your time!

APPENDIX C

Interview Consent Language and Script

[All interviewees also participated in the survey process and received the consent language above for that portion of the process. The interview consent language was similar, but intentionally highlighted a key difference in this process: that their words and story would be shared as one rather than disaggregated amongst other responses.]

- My goal is to make sure that you feel safe and comfortable participating in this project. If you need any kind of accommodation or wish to stop participating, you may do so at any time.
- Our conversation today will take about 30 minutes to an hour.
- Your participation is *completely voluntary*, meaning that you have the right to choose not to participate and you are free to skip questions that you do not feel comfortable responding to.
- The information you share will NOT be associated with your name, but your experiences and reflections will be shared with staff at Amistad and CHOM and potentially with their partners and funders.
- I will be taking notes during the interview and will turn those notes into a narrative format after the interview. If I am interested in a specific quote, I may stop and confirm it with you so that you can be directly quoted.
- If you prefer, I can change details of your story so that you cannot be identified or so that you can reasonably deny that the story we share is about you.
- The answers you provide will not affect the services you receive.
- You will receive a \$50 Visa Gift Card after this conversation - I'm not sure how long it will take to process, but I have been in touch with Amistad to confirm the amount.

Can you provide a verbal consent to participating and having your reflections shared in the way I just described?

Interview questions:

1. Name:
2. Residence:
3. How long have you / did you live at Patty's Place or Beacon House?
4. Can you talk about a typical day in the life for you right now? How do you spend your time?
5. Prior to moving into Patty's Place or Beacon House, what did a typical day look like for you? How did you spend your time?
6. What was your experience of finding housing prior to moving into Patty's Place or Beacon House?
7. How is Patty's or Beacon the same or different from other places you have lived?
8. How would you describe the change in your quality of life you experienced after moving into Patty's or Beacon?
9. What aspects of your life at Patty's or Beacon were the most important for enhancing your quality of life?
10. Is there anything that you would change about your experience there?

11. If you could speak directly to people who have the power to change policies or provide funding for recovery housing options in Maine, what would you tell them? What would you want them to know?

BIBLIOGRAPHY

- American Planning Association. (2003). APA Policy Guide on Homelessness. American Planning Association.
<https://www.planning.org/policy/guides/adopted/homelessness.htm>
- Amistad. (n.d.). Our Mission. Amistad Peer and Support Recovery. Retrieved March 1, 2021, from <https://amistadmaine.org/our-mission-2/>
- Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of planners*, 35(4), 216-224.
- Chan, D. V. (2018). Examining Quality of Life for People with Disabilities Who Were Once Homeless. *Journal of Rehabilitation*, 84(4).
- City of Portland. (2008). Proposed R-5 Zoning Amendments for Infill Housing, Portland Maine. <http://www.portlandmaine.gov/DocumentCenter/View/3400/Cover-Memo?bidId=>
- Galster, G. C. (2000). *The impacts of supportive housing on neighborhoods and neighbors: final report*. Prepared by The Urban Institute for U.S. Department of Housing and Urban Development, Office of Policy Development and Research.
- Galster, G., Pettit, K., Santiago, A., & Tatian, P. (2002). The impact of supportive e, To Create the Frequent Users System Engagement Collaborative before the Joint Standing Committee on Health and Human Services.
<https://legislature.maine.gov/testimony/resources/HHS20210324Morales132610636515750621.pdf>
- Galster, G., Tatian, P., & Pettit, K. (2004). Supportive housing and neighborhood property value externalities. *Land economics*, 80(1), 33-54.
- Goetz, E. G. (2003). Housing dispersal programs. *Journal of Planning Literature*, 18(1), 3-16.
- Henwood, B. F., Matejkowski, J., Stefancic, A., & Lukens, J. M. (2014). Quality of life after housing first for adults with serious mental illness who have experienced chronic homelessness. *Psychiatry research*, 220(1-2), 549-555.
- Jacobson, J. O. (2004). Place and attrition from substance abuse treatment. *Journal of Drug Issues*, 34(1), 23-49.
- Kartman, L. (1967). Human ecology and public health. *American Journal of Public Health and the Nations Health*, 57(5), 737-750.
- Larimer, M. E., Malone, D. K., Garner, M. D., Atkins, D. C., Burlingham, B., Lonczak, H. S., ... & Marlatt, G. A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *Jama*, 301(13), 1349-1357.

- Mercy Hospital. (2016). Commitment to Action: Greater Portland Addiction Collaborative. Clinton Global Initiative. <https://www.clintonfoundation.org/clinton-global-initiative/commitments/greater-portland-addiction-collaborative>
- Micklow, Amanda C. and Mildred E. Warner, (2014). Not Your Mother's Suburb: Remaking Communities for a more Diverse Population. *The Urban Lawyer*, 46(4): 729-751.
- Morales, V. (2021, March 24). *Testimony of Rep. Victoria Morales presenting LD 475, Resolve to Create the Frequent Users System Engagement Collaborative*. <https://legislature.maine.gov/testimony/resources/HHS20210324Morales132610636515750621.pdf>
- National Academies of Sciences (NAS), E. (2018). *Permanent supportive housing: evaluating the evidence for improving health outcomes among people experiencing chronic homelessness*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25133>
- National Alliance to End Homelessness. (2016, April 20). Housing First. National Alliance to End Homelessness. <https://endhomelessness.org/resource/housing-first/>
- National Association of Recovery Residences (NARR). (2012). A Primer on Recovery Residences: FAQs. <https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf>
- National Institute on Drug Abuse. (2019). Opioid Summaries by State. National Institutes of Health. <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state>
- Ryan, Cullen. (2021). *Re: LD 475 Reslove, To Create the Frequent Users System Engagement Collaborative*. <https://legislature.maine.gov/testimony/resources/HHS20210324Ryan132606649736842269.pdf>
- Sisters of Mercy of the Americas. (n.d.). Welcome. Mercy Investment Services, Inc. Retrieved April 1, 2021, from <https://www.mercyinvestmentservices.org/>
- State Unanimously Supports Bellows Bill to Improve Addiction Recovery Services in Maine. (2019, June 11). Maine Senate Democrats. <http://www.mainesenate.org/senate-unanimously-supports-bellows-bill-to-improve-addiction-recovery-services-in-maine/>
- Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10, 282-298.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2021). Affordable Housing Models and Recovery. SAMHSA. <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/affordable-housing-models-recovery>

- Takahashi, L., & Dear, M. (1997). The changing dynamics of community opposition to human service facilities. *Journal of the American Planning Association*, 63(1), 79–93.
- Warner, M. E., & Zhang, X. (2020). Healthy Places for Children: The Critical Role of Engagement, Common Vision, and Collaboration. *International Journal of Environmental Research and Public Health*, 17(24), 9277.
- Wittman, F., Jee, B., Polcin, D. L., & Henderson, D. (2014). The setting is the service: How the architecture of sober living residences supports community based recovery. *International journal of self help & self care*, 8(2), 189. housing on neighborhood crime rates. *Journal of Urban Affairs*, 24(3), 289-315.