

# Beyond Treatment

## Understanding the Impact of Supporting Recovery at Second Chance Opportunities

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Prepared for:



**Second Chance Opportunities, Inc.**

[www.SCOAlbany.com](http://www.SCOAlbany.com)

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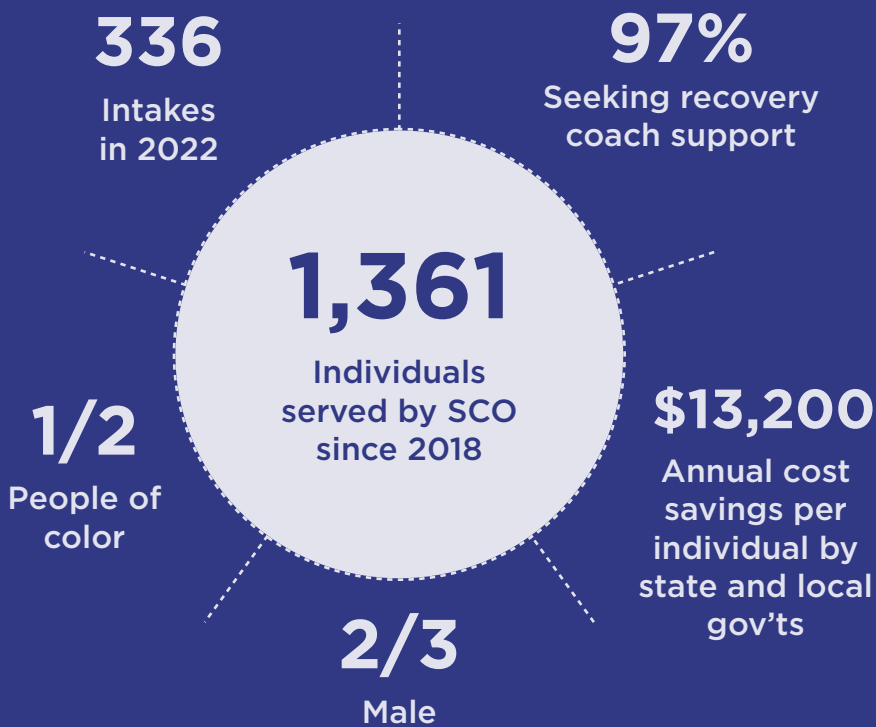
## Beyond Treatment *Understanding the Impact of Supporting Recovery at Second Chance Opportunities*



Individuals in recovery from substance-use disorder face a number of challenges in maintaining their sobriety. They must build new connections with a community of people that will be supportive of their sobriety. Many individuals face barriers to securing employment, such as lack of identification, inconsistent employment histories, or criminal justice involvement. People in recovery must find housing in a safe environment that enables abstinence but face impediments like financial insecurity that make such housing difficult to obtain. Every individual working to maintain their recovery has a unique history and set of obstacles they must work to overcome.

Second Chance Opportunities (SCO) is an organization built over two decades that supports individuals in their recovery journeys. Headquartered in Albany, New York, they offer a range of wraparound services to address the needs of people in recovery from substance-use disorder. SCO formed in 2001 when a group of people with lived experience of the barriers individuals in recovery face started to work together to help others overcome these barriers. They saw a need for sober housing among people leaving treatment and started offering recovery-focused housing rentals in Albany. In 2014, they recognized the challenges individuals faced in finding employment and established a janitorial services company to create recovery focused jobs that help individuals develop professional skills, achieve financial security, and move into their next career phase. In 2018, SCO opened its doors as a recovery community center. It offers coaching to individuals in recovery, sober programming and community building for people in need, and works to build awareness about addiction and recovery across the broader community.

The Rockefeller Institute of Government was commissioned by SCO to measure the impact of its recovery community center, employment services, and recovery housing on individuals it works with and the broader community. This report explores the work of SCO and the role it plays in the Capital Region, with a focus on its efforts since opening as a recovery community center in 2018. It provides an overview of the individuals served by SCO, presents information about the wide range of services offered, discusses the development of employment opportunities, and details the role housing plays for individuals who work with SCO. Ultimately, the scope of services offered by SCO—while it is clearly defined here—is flexible to the needs of an individual and is catered to each person on a case-by-case basis. The report concludes by discussing the fiscal impacts SCO creates by supporting individuals in recovery and preventing active use.

# SCO Impacts



 Housing	 Employment
<b>81</b> Tenants served in recovery housing in 2022	<b>185</b> People working on SCO janitorial contracts (2022)
<b>154</b> Tenants served since recovery housing established	<b>\$3.8</b> Total payroll in 2022 (millions)
<b>18.7</b> Length of average stay (months)	<b>\$21.60</b> Average hourly wage

Key findings of this report include:

- 1,361 individuals have been served by SCO since 2018 with 336 intakes in 2022. Two-out-of-three individuals are male; approximately half are people of color.
- 97 percent of those served are seeking recovery coach support. This is a mentor who is themselves in recovery that helps individuals navigate their individual journey through recovery.
- 81 tenants served in recovery housing in 2022. 154 people have used recovery housing since it was established. The average stay is 18.7 months.
- 185 people worked on SCO's janitorial contracts in 2022 for a total payroll of \$3.8 million and an average hourly wage of \$21.60.
- \$13,200 in costs saved annually by state and local governments for every individual who maintains their recovery and avoids active use.

## Who Does SCO Serve?

Second Chance Opportunities (SCO) has been working with people in recovery for two decades. It began as a group of friends offering recovery housing to people in need of sober living and support and later expanded to include a janitorial company that offers employment opportunities. In 2018, SCO opened a recovery community center that works with hundreds of individuals. The opening of the community center marked the start of the current iteration of SCO, with updated intake procedures designed to collect detailed information on the people they serve, their backgrounds, and their needs moving forward.

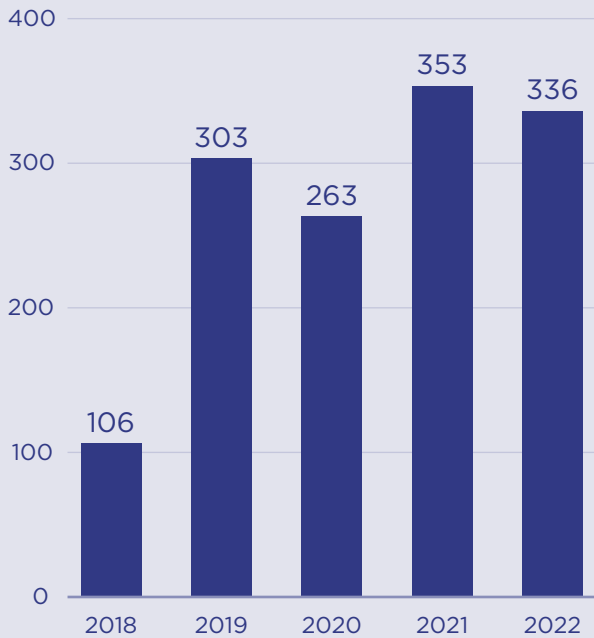
A note on terminology: SCO leadership and staff use person-centered language to refer to the people to who they offer services. Instead of clients, people are referred to as individuals. We use this language in our report. The term individual refers to a person who has completed an intake form.

While SCO has a long track record of working with and advocating for individuals in recovery, this report primarily focuses on the period of 2018 through 2022. These five years represent the current iteration of the organization. To better understand the individuals served by SCO, the Rockefeller Institute reviewed the information they provided upon intake. When appropriate, we compare SCO demographic information with 2019 data on New York from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set (TEDS).<sup>1</sup> This is a census of admissions to and discharges from publicly-funded substance-use treatment facilities

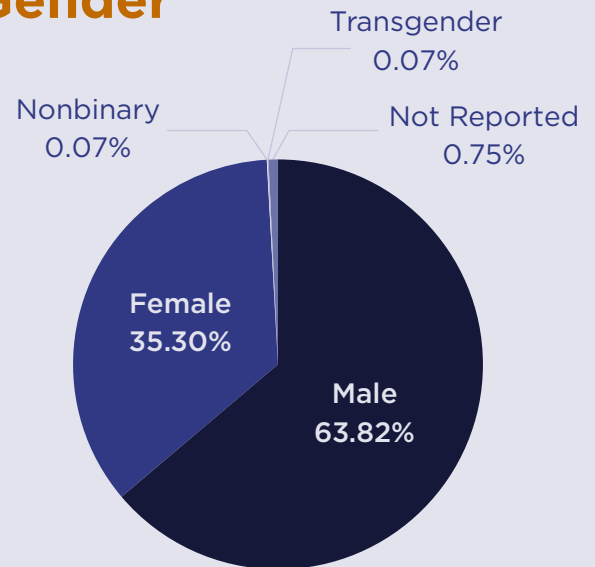
The next section provides an overview of the summary demographic intake data provided by SCO, including information on age, gender, educational attainment, justice involvement, family situation, employment, race/ethnicity, most requested services, and substance use history for the 1,361 individuals served from 2018 to 2022.

# Overview of SCO Intake

## Total Intakes



## Gender

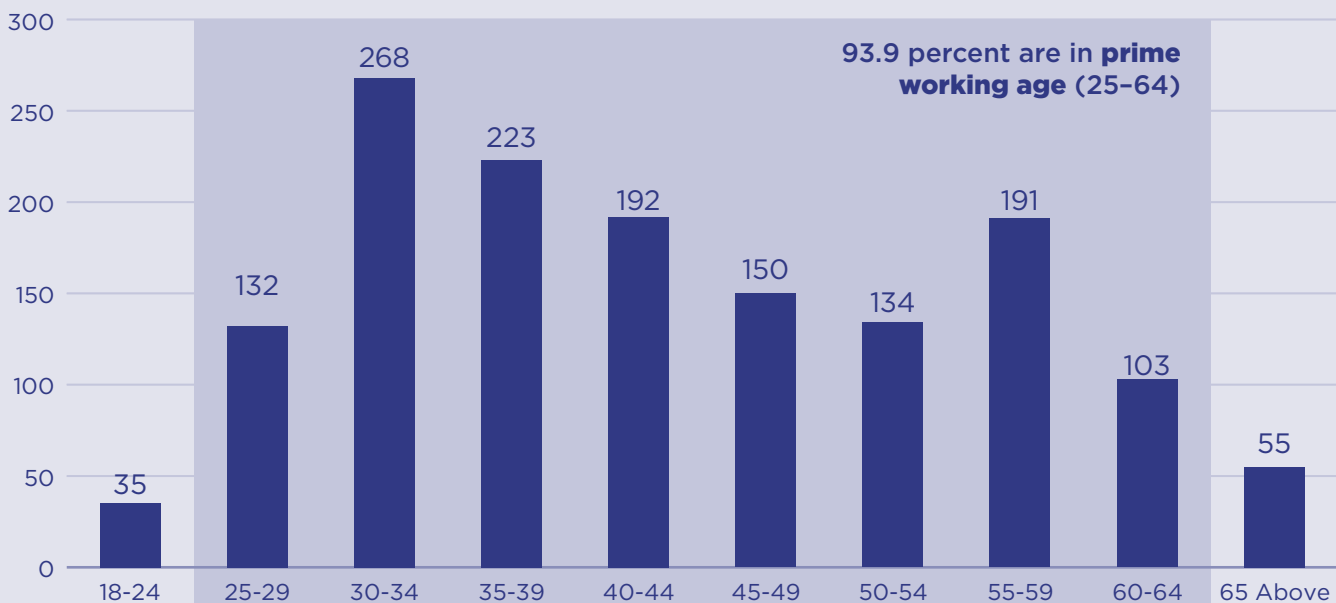


Almost two-thirds of individuals working with SCO are male. In the state overall, 72.4 percent of individuals entering treatment are male and 27.6 are female.

## Age

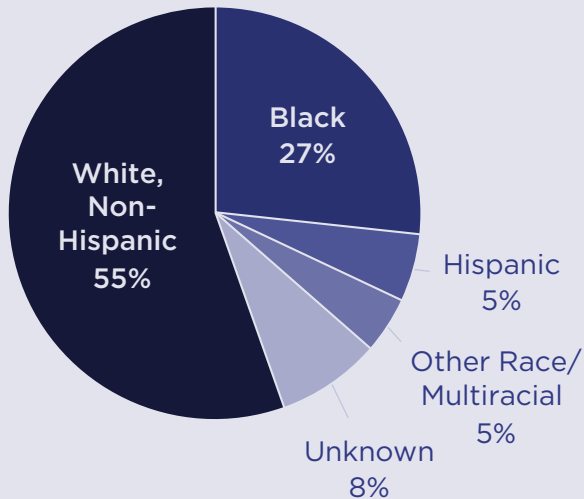
Mean: **43.3 years**    Median: **41 years**

Individuals completing intakes with SCO are slightly older than reported treatment figures. The median age in New York is the late 30s. SCO intakes are less likely to be under the age of 30 (11.3 percent vs. 24.2 percent).



# Overview of SCO Intake

## Race/Ethnicity



NOTE: While SAMSHA does not collect ethnicity information, the available data suggest that SCO's intakes are representative of New Yorkers who enroll in treatment. Across the state 27.3 percent are Black and 52.3 percent are white.

## Justice Involvement



**67%**

Reported current or previous **involvement with criminal justice system**

**16%**

Reported **pending charges**

**21%**

**On probation**

**9%**

**On parole**

Further, 11 percent of intakes have a **criminal conviction**, 15 percent have **pending criminal proceedings**, 14 percent are involved with **drug court**.

## Employment

**80%**

**Unemployed** at time of intake

**63%**

**Seeking employment**

## Family Situation



**56%**

**Have children**



**17%**

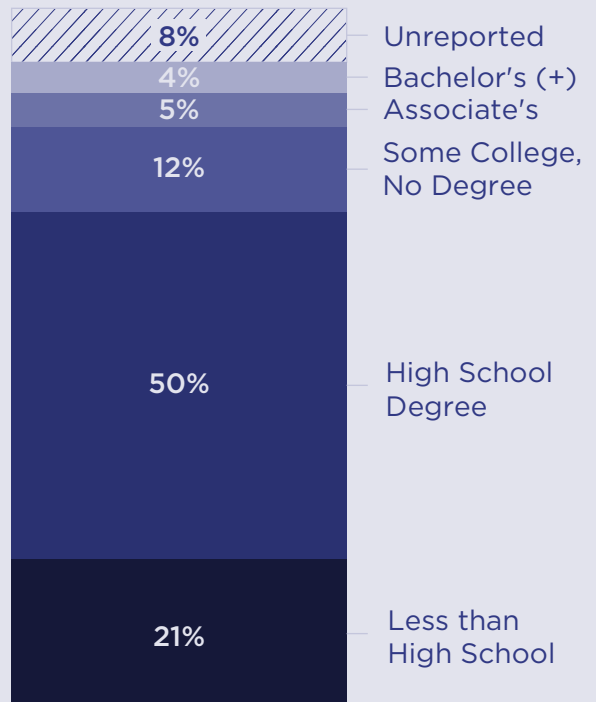
**Required to pay child support**



**9%**

**Married or in domestic partnership**

## Educational Attainment



# Overview of SCO Intake

## Substance Use History

Alcohol was the most commonly reported substance used at time of SCO intake. According to SAMSHA, alcohol use was reported in 41.6 percent of New York treatment admissions (19.1 percent only and 25.8 percent as a secondary drug).

A third of New York treatment admissions identified opioids as the primary substance use at time of admission.

### Reported Substance Use at Time of SCO Intake

Alcohol	64.1%
Stimulants with Abuse Potential (including methamphetamine and cocaine)	60.4%
Marijuana/Cannabinoids	57.8%
Opioids	46.5%
Other	10.3%

# 75%

Report **substance use in more than one category**

# 83%

Have attended **inpatient treatment**

# 82%

Have attended **outpatient treatment**

## Most Requested Services

At time of intake every individual identifies the assistance and services they require to support their recovery. Almost all respond that they want to work with a peer recovery coach. Employment placement and housing are the second and third most requested.

Recovery Coach Support	96.9%
Employment	63.1%
Housing	44.5%
Mental Health Services	23.6%
Forms of ID needed	20.4%
Medical Care	18.4%
Financial Counseling	15.1%
Legal Assistance	14.8%
Health and Wellness Services	13.3%
Childcare	12.7%
Food	12.7%
Hygiene needs	12.3%
Furniture	12.2%



# SCO's Recovery Community Center

## Why Recovery Support Matters

Substance-use disorder (SUD) is a chronic, rather than an acute, mental and behavioral health condition. Many of the characteristics of SUD—including the social, genetic, and personal factors that have been found to affect both substance use and response to treatment of SUD—are analogous to other chronic illnesses including diabetes, hypertension, and asthma.<sup>2</sup> Like most chronic illnesses, treatment is complex, ongoing, and often not permanently successful. Substance-use relapse rates one year after treatment range from 40 to 60 percent.<sup>3</sup> Results from longer-term studies (five years or more) found approximately 50 percent of people achieved recovery or remission after receiving care in a treatment center.<sup>4</sup> Research has found that individuals who received long-term treatment or support had a greater chance (23.9 percent) of abstaining or remission than those who received shorter standard treatments.

Despite the evidence that the length of treatment has a positive impact on outcomes, the median length of stay in treatment programs has been shortening. Between 2016 and 2020, the length of stay in outpatient treatment fell from 81 to 57 days. Similar trends were seen in long-term residential treatment: stays fell from 46 days in 2016 to 38 days in 2020.<sup>5</sup> The shortened timeline may not provide individuals enough time to develop the skills and competencies necessary for life after treatment, including: building social supports, securing employment, and finding housing. Post-treatment recovery support services, like those provided by SCO, have emerged to fill in some of the gaps left by shortened treatment periods and, for many, have become a critical element of the continuity of care necessary to prevent SUD relapse.

## Recovery Support Services

The emergence of recovery support professionals and organizations is not only a response to changes in the treatment of SUD; these groups and individuals provide long-term supports to individuals in recovery from SUD that are outside of the traditional treatment landscape of medical stabilization and therapy. The role of recovery coaches (also referred to as peer recovery support specialists, recovery advocates, and many other titles) has developed from a longer history of “mutual help” organizations, including 12-step programs, recovery sponsors, and support groups common in both SUD treatment and recovery, as well as treatment and management of other chronic illnesses, both mental and physical.<sup>7</sup>

Recovery coaches exist in the space between formal treatment and traditional mutual help relationships, such as a 12-step program sponsor. Unlike sponsors, coaches are trained to provide a variety of support services to individuals in recovery, including information, emotional support, and practical guidance on navigating housing, employment, medical services, and the criminal justice system. Similar to sponsors, and unlike professional therapists or treatment providers bound by specific medical ethics rules that prevent sharing personal experience, recovery coaches have a different standard of practice and are encouraged to use their own lived experience to help individuals to navigate the diverse pathways to and through recovery and to recognize and manage the stressors that could lead to relapse.

SAMHSA describes recovery as a process through which individuals improve their health and wellness to live self-directed lives with four major dimensions: health, home, purpose, and community. Peer workers develop core competencies in order to help individuals across those four dimensions. SAMHSA recommends that the activities of recovery coaches and other peer support workers fall into 12 core competencies:

1. Engage in collaborative and caring relationships by reaching out to engage with peers across the full recovery process and actively listening to their emotions and needs.
2. Encourage a role in the community, celebrating efforts and accomplishments, and providing concrete assistance.
3. Share their lived experiences of recovery, including their ongoing personal efforts at improvement and overcoming obstacles.
4. Personalize their support based on the values, culture, process of recovery, and personal needs of the individual they work with.
5. Actively support recovery planning by helping individuals set future goals, develop strategies to achieve those goals, and provide resources and guidance related to decision-making on treatment and support services.
6. Provide links to resources, services, and supports.
7. Provide information about skills related to health, wellness, and recovery.
8. Help peers manage crisis and identify distress.
9. Value and support communication, using person-centered language and active listening.
10. Support collaboration and teamwork with colleagues, mental and physical health providers, and family.
11. Promote leadership and advocate for peers with knowledge of relevant resources and laws.
12. Promote growth and development of their own skills and the skills of others through ongoing training and mentorship.

Peer recovery support workers should be guided by five principals in working with individuals: they should be recovery-oriented, person-centered, relationship-focused, trauma-informed, and all support services should be voluntary.<sup>6</sup>

These one-on-one peer recovery services are often provided through a larger organization, such as a recovery community center (RCC), which provides wraparound services and programming aimed to support recovery in addition to coaching. Recovery centers can help secure housing and employment, connect individuals to necessary medical care, and navigate social services. They are designed to help individuals identify and overcome the barriers they face in maintaining their recovery. These centers also offer educational, advocacy, and outreach activities to raise their profile for all members of the community.

While emerging from the long history of SUD mutual help organizations, recovery community centers and recovery coaches/peer recovery support specialists are relatively new distinctions. SAMHSA launched a recovery community services program focused on providing social supports for recovery in 2002.<sup>8</sup> As a relatively new development, there is a limited but growing body of evidence on their effectiveness. The preliminary findings from the research suggest that participation in recovery support positively affects substance-use outcomes. Studies suggest that recovery support services lower substance use, reduce hospitalization rates, and increase post-discharge adherence.<sup>9</sup>

The evidence for peer recovery support services (PRSS) is stronger. Although these roles have only been formalized over the past two decades, substantial research—both quantitative and qualitative—has found positive impacts.<sup>10</sup> Statistical studies have found evidence of positive impacts of peer recovery support in increasing the likelihood that individuals continued or moved into the “next step” of treatment, including entering treatment after an ER admission or walk-in clinic visit, completing a detoxification program, continuing to aftercare treatment after detoxification, and joining a 12-step program after detoxification. Quantitative analysis has found that peer recovery support services are more effective in supporting people with co-occurring mental disorders and SUD. Effectiveness is also enhanced when peer support is offered in combination with community-based SUD programs like RCCs. There have been promising qualitative studies that examine both effectiveness of interventions, using individual interviews and focus groups to identify how peer recovery support works, and best practices. A study of addiction peer mentorship in a hospital setting found that peer mentors have an important “translation” role.<sup>11</sup> In the medical landscape of SUD treatment and recovery, peer mentors are able to facilitate communication between medical staff and individuals in treatment, translating medical recommendations for the individual and helping them describe their lived experiences, promoting a greater understanding of their specific needs and stressors among staff.

As peer recovery support services have evolved, organizations have been working to establish best practices and high-quality training for recovery coaches and other peer support professionals. Since 2015, SAMHSA has led an effort to identify exactly what skills and knowledge recovery coaches need to be successful based on the best available evidence and have used that research to establish their core competencies.<sup>12</sup>

## Recovery Centers Help Build Recovery Capital

The benefits of recovery community centers and recovery coaches can be viewed through the lens of recovery capital. Recovery capital is defined as the “breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe AOD [Alcohol and Other Drugs/SUD] problems.”<sup>13</sup> People build many types of capital over their lifetimes. This includes financial capital (savings and housing), human capital (education, skills, and health), and social capital (social skills, family relationships, friendships, group memberships, and community standing). Recovery capital bridges all of these. An individual who is economically secure, has the skills for gainful employment, has access to health services and medical care, and has a supportive community of family and friends that can draw on all of those resources to maintain their recovery when confronted with stressors that may trigger relapse.

Recovery community centers are in a unique position to support individuals to build and maintain multifaceted recovery capital. They work with individuals to overcome barriers to building financial capital by offering assistance with job placement and with acquiring the social security card or ID paperwork required for employment. They can also provide housing or referrals for housing. Additionally, RCCs can assist in building human capital through GED programs, job skills training, or applying to post-secondary education. They can also assist in applying for Medicaid, SSDI, health insurance, and make referrals for medical care.

Perhaps, the most critical type of recovery capital that recovery centers foster is social capital. Recovery centers are hubs for people in recovery who are supportive of others in recovery. They offer programming to help individuals build interpersonal relationships that center on the individual’s recovery. They offer programs to help individuals connect with their family members, provide social outlets to build recovery-centered friendships, and can even help develop recovery-friendly hobbies. Unlike 12-step meetings and mutual help societies that focus only on direct recovery, RCCs host social events such as trivia nights, holiday parties, and barbeques that allow people to socialize in the absence of substances. Recovery centers are also critical leaders in community-based recovery capital. They are aware of the broad landscape of addiction treatment in the community and are able to connect individuals with the resources that work best for them. They also work to educate the community in an effort to remove the stigma from addiction.

## Recovery Needs of People at SCO

Most individuals who come to SCO have been referred by treatment centers or drug court, but word of mouth referrals are not uncommon. Based on the survey completed at the time of intake, nearly all individuals (94 percent) have previously been in treatment and the vast majority (82 percent) were in inpatient treatment at some point before coming to SCO. Additionally, two-thirds (66.9 percent) reported current or previous involvement with the criminal justice system; 11 percent of intakes have a criminal conviction, 15 percent have pending criminal proceedings, 14 percent are involved with the drug court, 21 percent are on probation, and 10 percent are on

parole. In general, people coming into the SCO recovery community center have three to six months of sobriety under their belt. About 60 percent of individuals report how they heard about SCO in their intake form. Responses include referrals from specific treatment centers, individual counselors and therapists, drug court, probation and parole officers, friends, family members, 12-step meetings, brochures, online, and SCO presentations.

Recovery coaching is the backbone of SCO and nearly every individual (96.7 percent) who completes the intake form requests recovery coach support. As many have recently completed treatment or been involved in the criminal justice system, they are looking to connect with a peer who can assist them in navigating the post-treatment recovery process. After employment and housing services (covered in a subsequent section of this report), individuals are next most likely to report seeking guidance connecting to resources necessary to maintain recovery. This includes access to healthcare, including mental health services (23.7 percent), medical care (19.7 percent), and health and wellness services (15.1 percent). They also request assistance that is required to achieve economic security, including getting their identification reissued (22.0 percent), financial counseling (17.2 percent), and legal assistance (16.8 percent). Others ask for assistance in securing basic needs, such as food (14.8 percent) and hygiene (14.3 percent).

Ultimately, every individual who comes to SCO is different and has their own unique challenges. The SCO staff work with each person to provide the assistance they require. Interviews with SCO staff, leadership, and stakeholders were conducted to get a sense of the breadth of services offered.

## SCO's Recovery Support

### Peer Recovery Coaches

Recovery coaches are people who are in longer-term stable recovery and are committed to helping others through the process of recovery. Recovery coaches, who are certified by New York State Office of Addiction Services and Support (OASAS), are experts with training and lived experience in recovery.<sup>14</sup> SCO employs a team of recovery coaches who were interviewed for this report. One coach described the team's role as "providing the support we wished we had access to in our own recovery journeys."



After contacting SCO, individuals who are interested in recovery support services participate in a phone screening with the intake coordinator. The goal of the conversation is to understand the individual's history and current needs. This includes their history of substance use, treatment, medical diagnosis, family situation, criminal justice history, and current needs. By understanding the person's experience and history, the SCO team can identify the major immediate

needs of an individual, such as housing, employment, and healthcare, as well as the less acute hurdles that individuals may be facing in order to achieve their longer-term recovery goals.

The extensive interview at intake also helps pair individuals with a recovery coach that has experience relevant to their situation. This can mean pairing individuals who have been in recovery for a shorter period of time and may have more stressors in their life with a coach who specializes in that, or it can mean pairing an individual with a coach who has the same specific lived experience. For example, an individual interested in working to regain custody of their children will be matched with a recovery coach who has been through that process and understands both the practical steps of navigating family court as well as the emotional impact of the process.

The first two core competencies for peer workers identified by SAMHSA discussed above are “engaging in collaborative and caring relationships” and “providing support,” which are the basic functions of SCO recovery coaches. Each coach has a caseload of 30–40 individuals at a time and there are calls, texts, and meetings on a regular basis to check in on people. The goal is to understand where individuals are in their day-to-day lives and to be supportive. The coaches want to hear about emergencies and struggles that individuals are facing and find ways to address them without relapse. Coaches visit job sites to identify if an individual is struggling at work and help them process their challenges constructively. One coach regularly checks in on individuals in SCO housing. They make sure rooms are tidy and orderly because cleaning up after yourself is a life skill and an important part of self-care. Inexplicably messy spaces can indicate a relapse. If individuals are facing medical challenges they visit them in the hospital and check in on them.

The third SAMHSA core competency category, “sharing lived experience of recovery,” was regularly emphasized by SCO staff as a critical component of recovery coaching and recovery support. One of the recovery coaches, who has previously worked as a credentialed alcoholism and substance-abuse counselor (CASAC), said that they believed they were more effective in supporting recovery when they were able to talk about their own experience and relate directly to the difficulties of the individual they are working with. In addition to the recovery coaches, other staff members at SCO are open about their own recovery process and serve to inspire hope in others.

SCO recovery coaches also actively work to “personalize peer support,” “support recovery planning,” and “support collaboration and teamwork” (core competencies four, five, and 10). The coaches huddle twice a week in meetings where they share updates from their caseload. The goal is to identify any hurdles individuals may be facing in their recovery and provide extra support if necessary. Coaches try to find out about changes in employment, living situations, family challenges, or other events that could trigger a relapse for someone in recovery. Coaches give each other advice on how best to support individuals through various stressors and life events. They also all have different social and professional networks and can seek out personalized referrals or advice for the individuals they work with and “advocate” for them (core competency 11). In some cases, they may even recommend that an individual change recovery coaches if there is another coach who is uniquely positioned to help an

individual through a life event.

Recovery coaches also work with people in recovery to help them develop a recovery wellness plan. For someone who wants to start attending 12-step or other mutual support meetings, a coach will talk with them beforehand to help them understand what to expect. This is an important step in addressing the social anxiety and PTSD that meetings can trigger. Coaches will research meetings that could work best for the individual and bring them to and support them in their first meetings while they get acclimated. There is good reason to believe 12-step meetings attended with a recovery coach may be more effective than simple referrals to meetings. People who receive “intensive referrals” to 12-step programs in that they are connected directly with a group member who agrees to take them to a meeting are more likely to continue attending after six months compared to those who get traditional referrals to meetings.<sup>15</sup> Further, research has found that more supportive environments in self-help meetings reduce drop out.<sup>16</sup>

Coaches also connect with people in local treatment centers. They meet with people and let them know about the recovery resources available to them. They often bring individuals they are working with to come and share their experiences. Hearing the stories of people a few months into recovery can be valuable to people in treatment who are trying to envision what life could look like for them after a few months of recovery.

### Programming

















Since May 2019, SCO’s recovery community center has offered regular weekly programming and events. This programming includes support groups for individuals in recovery and their families. There are also a number of social events throughout the month open to everyone in the community. SCO regularly offers workshops on important skills like financial literacy and training for recovery professionals.

### Support Programming

As discussed above, peer-based mutual support groups have long been a critical component of many individuals’ recovery wellness plans. These groups offer the fellowship and guidance of other individuals working on maintaining their recovery. The

*An example of peer support programming offered by SCO in the month of February:*



Mon	Tue	Wed	Thu	Fri
		1  Registration opens TODAY at: <a href="http://amazingracetorecovery.org">amazingracetorecovery.org</a>	2 Women's Rap 10:30-11:30 am 	3 Java Drop-In 10-11 am 
6  Brunch & Brushes 12-1:30pm	7  Empire State Plaza Convention Center 8am-3pm	8	9  Men's Group 5:30-7 pm	10 Java Drop-In 10-11 am 
13  Paint & Chip 5:30-7pm	14  Valentine's Day	15  Y12SR 6:30-8pm	16 Women's Rap 10:30-11:30 am 	17 Java Drop-In 18 Financial Wellness with Kellie Roe! 10-11am *call for details 
20  Classed	21  FOR-Albany 5:30-7 pm	22  Speaker Jam 5:30-7pm	23  Men's Group 5:30-7 pm	24 Java Drop-In 10-11 am
27	28			

most well-known of these groups are member-led 12-step support groups including Alcoholics Anonymous, Narcotics Anonymous, and Heroin Anonymous.<sup>17</sup> SCO does not offer 12-step meetings because they are readily available in the community. Rather than replicating this resource, SCO strives to help individuals seeking 12-step recovery support find the meetings that best meet their needs and help them engage. Meetings held by these organizations follow specific processes and have their own terminologies. For many people in recovery with social anxiety, this structure can be intimidating and serve as a barrier to getting the support needed. Meetings all have their own characteristics as well, so it can be difficult for individuals in recovery to identify the meeting that would be the best fit for them.

SCO offers peer support groups for people at all stages in their recovery process including those who are still in traditional inpatient or outpatient treatment. The Men's Group meets every other week in a less structured environment than a 12-step meeting. Over pizza, participants watch a short motivational video and have an opportunity to speak about what they have seen and what is going on in their lives. There are no rules as to when and how people can share or the types of advice they can ask for beyond being respectful and supportive of each other. The Women's Rap group has a similar goal and encourages women to get together and discuss their goals and experiences as well as any hurdles they encounter. SCO's peer support groups are a place where individuals can discuss topics that are considered taboo in treatment, such as personal relationships, sex, toxic relationships, and parenting. These meetings are open to individuals at all stages of treatment and recovery and strive to provide mentorship both to those in early and long-term recovery. SCO Speaker Jam is a regular event that provides attendees an opportunity to share their stories in a slightly more formal setting. In addition, SCO offers more targeted support groups for populations such as family members, individuals dealing with grief, and veterans, and programming such as yoga for 12-step recovery.

*There is an extraordinary thin line between social; recovery/peer support; and recovery enhancement skill building. For instance "gift wrapping" something is so simple and small, but has so much attached to it. The emotions of where you have been for the last five, ten years of holidays. Never having had a sober holiday, let alone with family. Never having the money or thoughtfulness of buying someone a gift. So even though it is a "social" event, it is very much "peer support" and recovery skill building. Because when we are our best selves this is what we do during the holidays, we show gratitude to those we love and share our lives with by getting them a little something and wrapping it.*

*Recovery Coach*



## Social Events

One challenge to recovery is building a social network that centers recovery and is expressly supportive of abstinence. To help individuals with this need, SCO offers multiple monthly social events through the recovery community center that would not be out of place in any traditional community center. One popular event is “Paint n’ Chip” where people in recovery, as well as their friends and family, get together to complete a painting. As one recovery coach said, “People don’t think about what is going on in their life when they are painting.” There are trivia nights, coffee drop-ins, sports talks, knitting groups, spades tournaments, Christmas wrapping parties, and hump day socials. In addition, Super Bowl parties, Thanksgiving dinners, and holiday parties provide substance-free celebrations for people who need a sober space. Social events are open to people in recovery and their friends and families.



## Professional Development

SCO is an important resource for recovery professionals in the Capital Region. The Recovery Community Center offers training and development for individuals in recovery and the professionals that work with them. In 2022, SCO staff offered trainings on implicit bias, cultural competence, microaggression and racism, harm reduction pathways, and trauma-informed care.

Recovery coach breakfasts provide a regular opportunity for the coaches to connect and support one another. In their professional lives, coaches are focused on supporting others in their recovery. These coaches must also continually work to maintain their own recovery and well-being. The group is open only to professional peers. These breakfasts are a safe environment in which they may talk openly about the work they do and the challenges they face.

SCO has also created the New York State Association of Peer Professionals (NYSAPP). The organization is for certified peer recovery advocates/coaches and other professionals. The organization was created to advocate and elevate policy proposals and legislation that would support the development of the peer recovery profession.

## Additional Programming

In addition to all of the supports and programming noted above, SCO coordinates programming designed to help individuals and the general community develop important life skills. For example, local banks offer informational sessions to assist with financial literacy and each spring there is a tax preparation workshop. The Recovery Community Center also offers general wellness training and programming such as flu shots and classes on meditation. SCO regularly provides training to the general public on naloxone for harm reduction.

## Community Resource

SCO's main focus is to assist people in building and maintaining their recovery, but part of building recovery for many people is getting them into treatment and otherwise connected with services beyond SCO's scope of provision. As such, SCO's goal is to be a one stop community resource for addiction and SUD issues. SCO routinely receives calls and visits from people looking for assistance securing treatment for themselves, a friend, or family member. SCO staff have developed a wide network of SUD treatment providers and resources and will work to place these individuals in an appropriate facility quickly. In 2022, SCO helped 174 people find a placement in a treatment facility. Approximately 75 percent of these placements are individuals who were not previously affiliated with SCO. The remaining quarter are individuals who completed the intake procedure and over the course of their recovery decided they needed to pursue additional treatment.



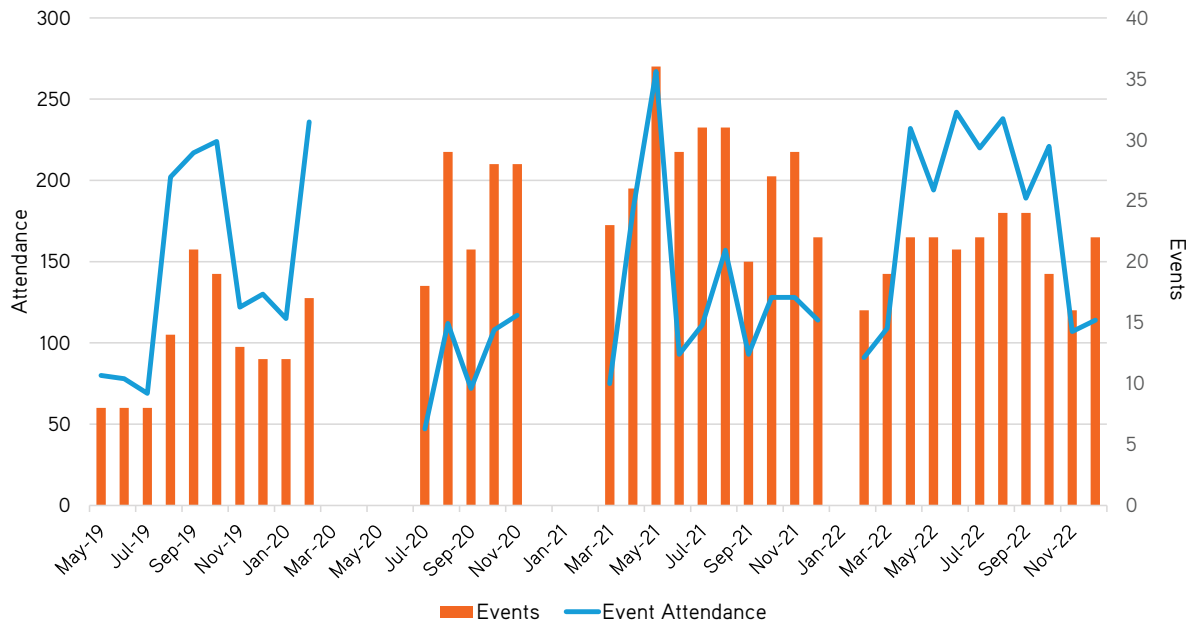
SCO has a number of public facing events including Recovery in the Park, a day of celebration for all things recovery related. These events support the recovery community but are also designed to normalize SUD treatment and recovery. The goal is to get the general community to view SUD as a medical condition, like asthma, that doesn't have the same kind of stigma. An additional benefit of these public-facing events is that it gets SCO's name out there so when an individual realizes they need to seek SUD treatment for themselves or others, they have an idea of where to start and who to call.

SCO is also the home of Friends of Recovery Albany County (FOR-Albany), an advocacy organization. They monitor the state of treatment and recovery resources in the region. They also host events open to the general public to make the community aware of resources. They have held events at Siena College, University at Albany, and other institutions and community organizations. Their goal is to fight the stigma of addiction and recovery and make people aware of the resources that are there if they need them in the future.

## Recovery Community Center Impact by the Numbers

SCO's Recovery Community Center started offering programming in May 2019. In the 3.5 years since the community center opened, it has worked to continue offering recovery coaching services and events in the midst of the COVID-19 pandemic. There were periods in which the office closed and programming was offered virtually. Records for these months are more limited and may not be representative of the SCO activities. [Figure 1](#) presents information on the total number of events and attendance since the center opened its doors for programming.

FIGURE 1. Events and Attendance, 2019–22

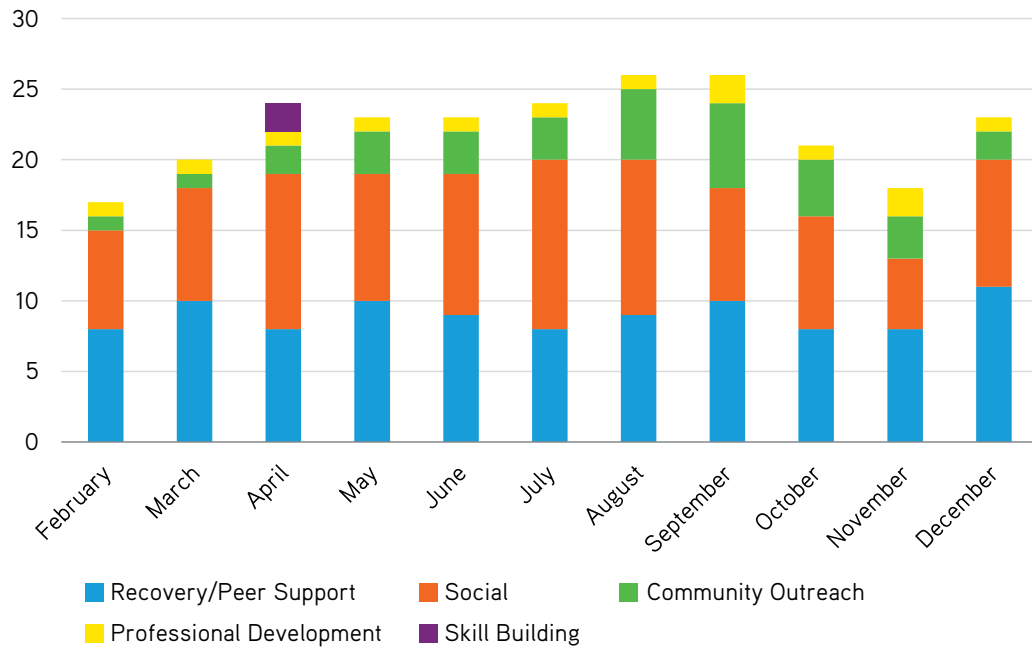


NOTE: Includes only months the center was fully operational for in-person activities.

Figure 2 provides a breakdown of the types of programming offered on a monthly basis. It is important to note that programming offered doesn't always fit neatly into one category. Activities offered to recovery support professionals serve two purposes: they offer peer support to people working on their recovery and also professional development. Similarly, some social events serve a dual purpose as well. A holiday craft project allows people to work on a project in a social environment and get the peer support they need as they work through the emotions that celebrating the holidays invokes.

Since May 2019, in the months the center was fully operational, it averaged 104 office visits. This includes individuals coming in to meet with recovery coaches and community members seeking assistance or support, such as a connection with treatment facilities or other services. It could also include other SUD professionals attending a meeting. The center hosts an average of 21 events a month with an average of 145 event attendees. Event attendees include individuals receiving recovery support services, family members and friends offering support, individuals in treatment attending programming, or members of the general community.

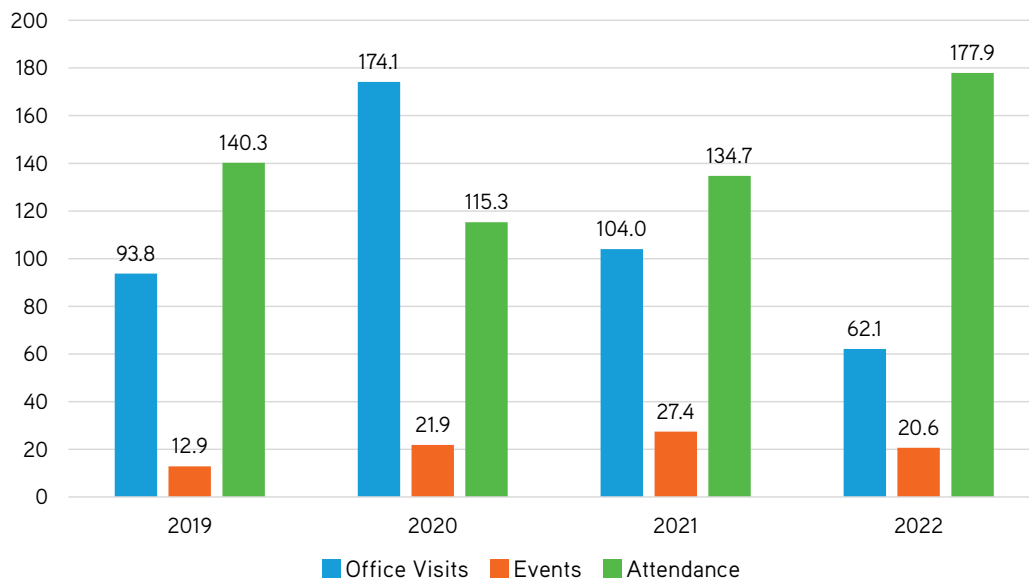
FIGURE 2. SCO Programming by Category, 2022



NOTE: Includes only months the center was fully operational for in-person activities.

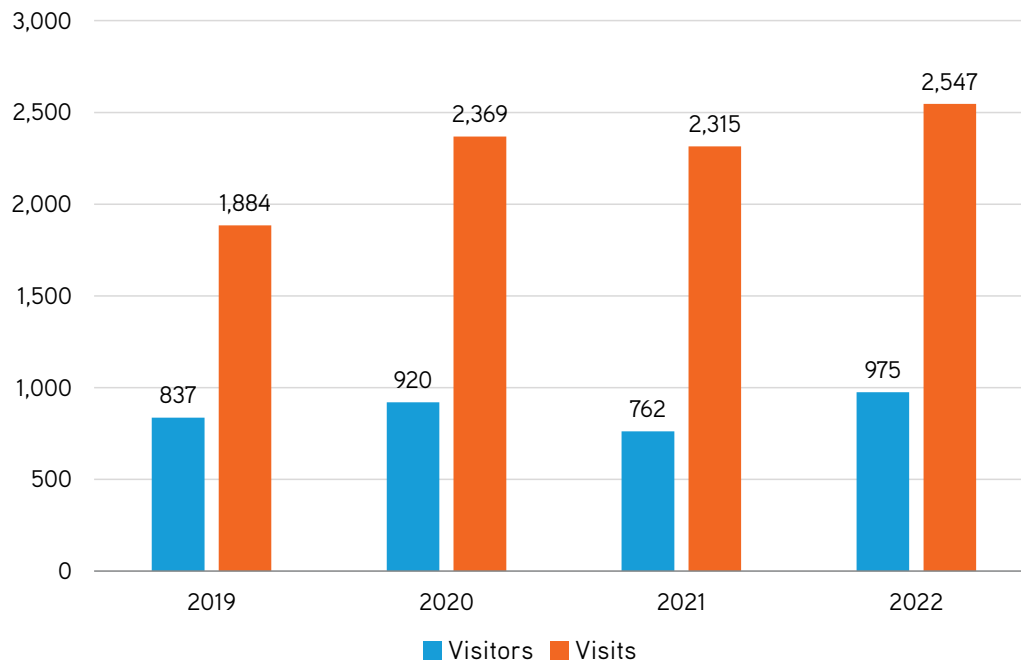
Since 2019, SCO has averaged 874 unique visitors annually between office visits and event attendance. These 874 individuals have made an average of 2,279 visits to the office or events. This means that the average person who has signed in at SCO has visited 2.6 times a year.

FIGURE 3. Average Monthly Engagement



NOTE: Includes only months the center was fully operational for in-person activities.

FIGURE 4. Individual Usage at SCO



To understand patterns of usage we explore how often visitors engaged with SCO through office visits or event attendance. Just over half of people who visited SCO in 2022 attended only once. There was also a core group of individuals who were frequent users of SCO’s services. There were 151 individuals who visited five or more times in 2021, logging 1,275 office visits and events. This distribution suggests that SCO is serving a dual function. It is reaching the broader community with its events open to the general public that encourage people to engage one or two times annually. And, SCO is offering more intensive engagements for individuals receiving direct recovery supports.

TABLE 1. 2022 Visitors by Frequency of Visits

Number of Visits	Individuals	Share of All Individuals	Total Visits	Share of All Visits
1	550	56.4%	550	21.6%
2	155	15.9%	310	12.2%
3 to 4	119	12.2%	412	16.2%
5 to 9	111	11.4%	708	27.8%
10 to 19	37	3.8%	474	18.6%
20 or More	3	0.3%	93	3.7%

# Housing Impacts

## Why Housing Matters

Access to stable housing is a pivotal factor in physical and mental health, as well as SUD recovery. Homelessness and housing insecurity can exacerbate mental illness, make it more challenging to access critical treatment, and secure or maintain employment. The stress caused by the struggle to pay rent and the threat of eviction can lead to substance misuse and increase vulnerability to addiction.<sup>18</sup> Furthermore, experiencing homelessness is predictive of subsequent drug use.<sup>19</sup> Of the roughly half million Americans who experience homelessness on any given night, over a third have an alcohol or other drug (AOD) use disorder.<sup>20</sup> While housing itself is critical, the environmental conditions of the housing are also important. Living with others in active use is detrimental to people in recovery. People in recovery need to be able to find living arrangements where their sobriety can be supported.



## Barriers to Housing for Individuals with SUD

Individuals with SUDs face a range of barriers to finding and maintaining stable housing. Those with SUDs are also often prevented from obtaining public housing or rental assistance. The US Department of Housing and Urban Development (HUD) policy requires local public housing authorities (PHA) to reject anyone applying for public housing or rental subsidy programs (such as Section 8 vouchers) if they have been “evicted from public housing in the last three years for drug-related criminal activity,” or even if they are using a controlled or illicit substance that the PHA considers to be a detriment to “the health, safety, or right to peaceful enjoyment of the premises by other residents.”<sup>21</sup> These rules not only bar individuals from obtaining public housing or rental assistance, but they also apply to any household with a member who meets either of these criteria.<sup>22</sup> Moreover, as strict as these HUD policies are, most PHAs, which have significant discretion in the enforcement of HUD regulations, implement bans that are even more stringent than required by federal law.<sup>23</sup> The result is that people with SUD may be cut off from family members supportive of their recovery if those family members live in public housing.

Renting from more traditional landlords involves overcoming a number of barriers. Applicants are subject to a background check and there are often blanket bans for individuals with histories of justice involvement, irregular employment histories, or bad credit. In addition, renting requires deposits upfront. These factors make it challenging to find affordable housing in safe neighborhoods.

## Recovery Housing

Recovery housing refers to supportive living environments designed to promote recovery from substance-use disorder.<sup>24</sup> These arrangements fall under the larger umbrella of supportive housing offered to individuals with disabilities, chronic health conditions, and the elderly.<sup>25</sup>

Residents in recovery housing are required to abstain from substance use and are strongly encouraged or required to maintain involvement in 12-step groups or other social support programs. These facilities have been referred to as sober living, sober homes, or recovery homes. Recovery housing differs from transitional housing or halfway homes in critical ways. Recovery-focused supportive housing is permanent as long as residents pay rent and follow the rules, providing longer-term security. In general, tenants have control over their daily schedule and come and go as they please just as they would in traditional housing. Many recovery housing programs are financially self-sustaining meaning they are supported by the rents paid by residents and do not require government funding for operations.



Ultimately, recovery housing is designed to help individuals in recovery build the social and human capital they need to maintain their sobriety. Living with peers also in recovery can provide social support and connect individuals with their community. Recovery housing has clearly defined rules and expectations. House members are expected to abstain from substance use. They are expected to pay rent and fees on a schedule. Housing has clearly defined rules regarding abstinence and expectations of responsibility for maintaining their home.

Another key feature of recovery housing is that it is designed to be affordable. Often when people are new to recovery they face financial instability. The affordable rents allows residents to learn to manage personal finances, pay debts, and acquire financial capital. Because residents can stay as long as they need, they have an extended time period to achieve financial stability providing a solid foundation in their next stage of recovery.

Models for the managing of recovery housing can vary greatly. Some are part of a larger organization that runs multiple houses, while others are independent. Some are affiliated with treatment programs and offer support upon transition from treatment into recovery. Others are informally managed by individual landlords wishing to support people in recovery. They vary widely in terms of the number of people served, from a handful to dozens. Houses have varying requirements for participation in recovery support programs, employment, and pre-entry sobriety.<sup>26</sup> Models of recovery housing well studied in the literature include Oxford Houses and Sober Living Houses in California.<sup>27</sup> While the research into these living arrangements is still preliminary, often relying on small samples, evidence has demonstrated that such arrangements have positive impacts on short- and longer-term recovery and employment.

## Housing Situation of Individuals SCO Serves

On their intake form, 42.9 percent of individuals requested housing services. Nearly one-fifth of incoming individuals (16 percent) reported homelessness in the six months prior and 19 percent reported that they did not currently have a safe place to live. After recovery coach support and employment, housing was the most requested service.

Individuals working with SCO seeking housing services face many of the barriers to traditional renting common to those in SUD recovery discussed above. A significant majority (82 percent) of individuals seeking housing have had some involvement with the justice system, with 20 percent on probation, 11 percent on parole, and 14 percent with pending legal proceedings at the time of intake. A majority of individuals (66 percent) seeking housing have a mental health diagnosis and a significant minority are seeking mental and physical health services—39 percent and 43 percent, respectively.

Individuals seeking housing services are also likely to lack the employment and proof of income or references necessary for traditional rentals. The vast majority of individuals (82 percent) seeking housing began using before the age of 18 and 84 percent have spent time in inpatient treatment. Additionally, only 15 percent report that they are employed and 80 percent are unemployed and looking for work. Some individuals do not even have the identification documents necessary for renting, with 38 percent of those seeking housing also looking for help securing an ID. Many individuals seeking housing have other financial commitments, including 44 percent who have children and 20 percent who are currently paying child support.

## SCO's Recovery Centered Housing

SCO offers rental housing to individuals in recovery from substance-use disorder. There are 13 properties in a centrally located residential neighborhood in Albany, New York, within walking distance to important amenities, including grocery stores and public transportation. Tenants share a single apartment or house with two to three other individuals. Each tenant rents a bedroom that comes with furniture, new linens, and toiletries. Because everything is provided, moving in can be easy and requires no upfront costs.

Recovery is the primary goal of SCO housing, which means that rental agreements look different than traditional landlord-renter arrangements. Renters are required to sign a document that details the Terms of Use. The first paragraph of the agreement states:

It is our goal to provide you with a safe and sober environment in order for you to continue on your journey through recovery.

Tenants agree to seven terms of the housing, five of which are focused on supporting the sobriety of the tenant and their housemates. The housing is designed to be a sober environment and there is no tolerance of any alcohol or drug use at any time. Tenants who are unable to uphold this agreement and return to active use are referred back to a treatment facility by SCO staff. Those who pursue treatment are welcome to return to housing upon completion of the program. Tenants who are participating



in outpatient treatment are offered housing as long as it complies with the clinical recommendations of their treatment program. If tenants choose not to reengage with treatment, however, they will be asked to vacate within 24–48 hours. When signing the agreement, tenants waive their right to a standard eviction process and understand the consequences of substance use. SCO staff estimate that tenants pursue treatment approximately 90 percent of the time.

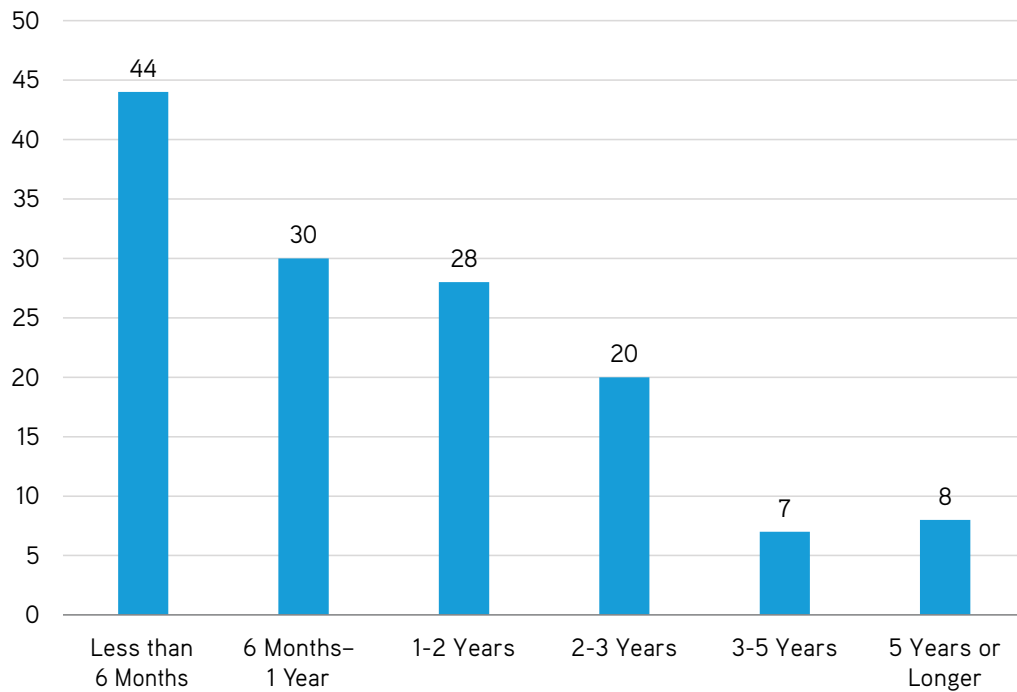
In addition to maintaining their own sobriety, tenants are expected to report housemates who return to active addiction to SCO staff. This term is designed to protect the integrity of the sober environment. While visitors are allowed, they are also expected to remain free of drugs and alcohol and any overnight guests must be cleared by SCO staff to prevent guests from moving in. Finally, tenants are required to engage with the recovery center twice a month and maintain communication with their recovery coach to ensure they are supported in their sobriety.

SCO believes that reliable housing is critical to recovery and financial uncertainty should not be a barrier. SCO does not require upfront payment of first and last months' rent or a security deposit, which can be significant financial barriers to securing housing. The rent charged will not exceed 35 percent of someone's monthly income and takes into consideration other financial obligations, such as child support. Once tenants have secured full-time employment, often through SCO, rent can be adjusted accordingly. Another key factor is that rent is determined on an individual basis and not based upon a roommate situation. If there is a vacancy in the apartment, the tenant is not responsible for any additional rent, reducing another source of financial insecurity. Unlike other recovery housing programs, SCO is not self-sustaining through rental incomes but is supplemented through revenues generated through janitorial services (discussed further below). These multiple streams of income allow SCO to remove the financial barriers to housing.

## SCO Housing by the Numbers

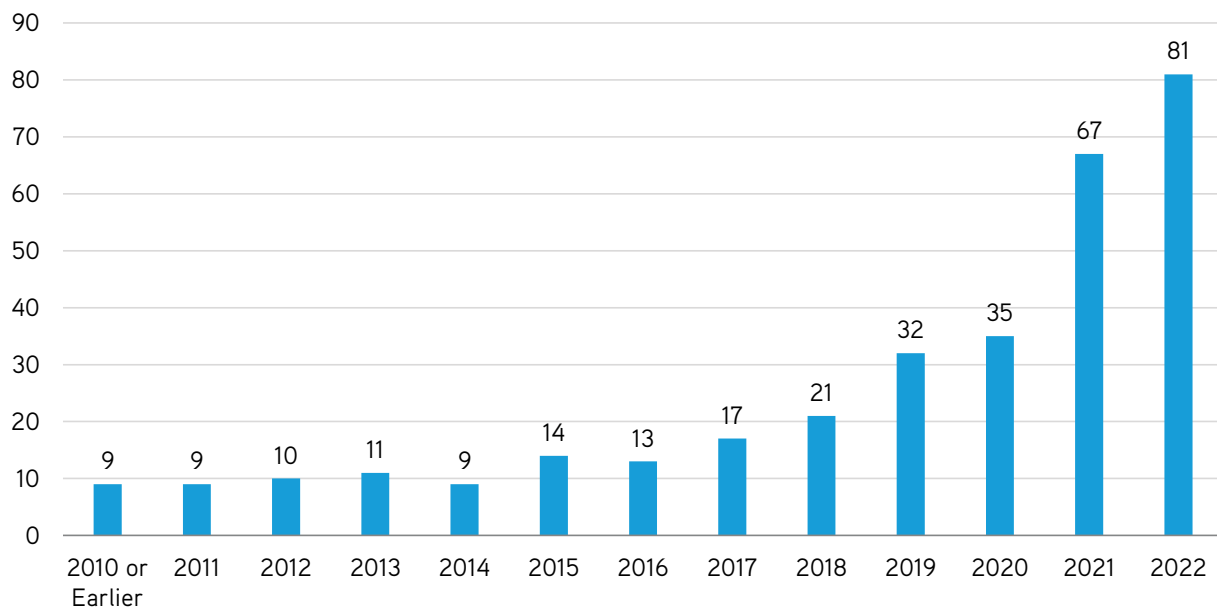
Since 2001, SCO has provided housing to 154 individuals in recovery. The length of stay in recovery housing ranged from one month to over 12 years. The average length of stay was 18.7 months (9.5 month median). The first months of recovery are among the hardest as individuals work to adjust to new housing, employment, and build a network of support. This can be seen through a comparison of longer tenants with the individuals with a stay of less than six months. Approximately a third of tenants stay in SCO housing less than six months. Of these short-term tenants, nearly half relapsed, with 10 individuals pursuing additional treatment and 12 disengaging from SCO. The other half (23 of 45 short-term tenants) were still in recovery and actively engaged with SCO. Tenants who made it through the first six months had an average stay of 26.3 months (16 month median) and 75 percent had maintained their recovery (69 of the 92).

FIGURE 11. Length of Stay in SCO Housing



SCO is currently offering housing to 54 individuals (42 in recovery and 12 of their family members). The number of people served by SCO’s recovery housing has grown steadily over the past five years as the organization expanded its capacity. Over 2022, SCO hosted 81 tenants at some point over the year.

FIGURE 12. Tenants Served Annually by SCO



When evaluating the effectiveness of the housing program, SCO considers four categories or outcomes:

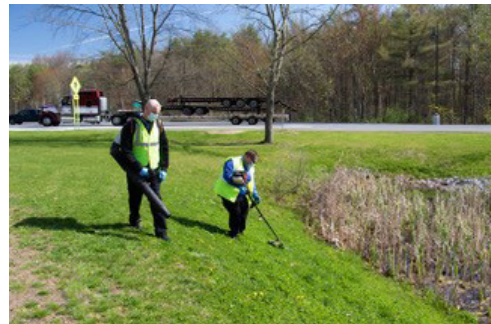
- Current tenant of SCO housing who is abstinent from substance use or on Medication-Assisted Treatment (MAT).
- Former tenant who maintained their abstinence and moved out into their own housing or reunited with family.
- Tenants who reengaged with treatment. These individuals relapsed while living in SCO housing, but agreed to seek treatment and continue to work on their recovery and will be eligible for housing in the future.
- A tenant who relapsed while in housing and refused to reengage.

SCO considers the first three to be successful outcomes because the individuals are continuing to work towards achieving a sustained recovery. Of the individuals who were SCO tenants since 2010, 80 percent have had a successful outcome. Of the 81 tenants served in 2022, 96 percent fall into one of the first three categories.

## Employment Impacts

### Why Employment Matters

Employment is a critical component of SCO's recovery support. For individuals in substance-use disorder (SUD) recovery, employment is one of the best predictors of positive long-term post-treatment outcomes. Those with employment are more likely to have lower rates of recurrence, higher rates of abstinence from drugs and alcohol, and lower rates of criminal justice involvement.<sup>28</sup> Employment offers improve quality of life and enable a more successful transition from long-term residential treatment back into the community.<sup>29</sup>



Jobs provide direct economic benefits that enable financial stability. In addition, work provides individuals in recovery with structure and opportunities for social engagement, particularly with non-substance users who can serve as role models. Work can also reinforce an individual's commitment to recovery by giving them something of value that could be lost if they were to return to active substance use.<sup>30</sup> Studies have shown that, posttreatment, work is associated with a higher likelihood of reducing substance use and maintaining sobriety. Employment is particularly important for those that did not have steady work prior to treatment. Of those who have completed SUD treatment, individuals that improved their relative employment circumstances (for example, increased hours worked, earned higher wages, or missed fewer days of work) relative to their pretreatment employment circumstances were more likely to have successful recovery outcomes than their post-recovery peers whose employment circumstances deteriorated or stayed the same.<sup>31</sup>

## Barriers to Employment

Though employment has been shown to have positive effects on short- and long-term SUD recovery outcomes, individuals who have an SUD are less likely to be employed than those who do not. Employment rates among individuals in SUD treatment or exiting treatment are generally low, ranging from 15 to 35 percent.<sup>32</sup> In contrast, overall employment rates (as a percentage of the entire population over the age of 16) in the past two decades have ranged from a low of 51.3 percent at the height of the COVID-19 recession to a high of 63.4 percent in the months prior to the Great Recession.<sup>33</sup> Moreover, a 2014 Substance Abuse and Mental Health Service Administration (SAMHSA) survey found that while 9.5 percent of adults aged 18 to 64 employed full-time had an SUD, 16.8 percent of unemployed adults had an SUD.<sup>34</sup> Individuals with an SUD often face barriers to finding and maintaining employment in the traditional workforce. Individuals who use drugs or alcohol regularly are more likely than those who do not to have been involved in the criminal justice system, which, in turn, has been shown to be an accurate predictor of worse employment outcomes, such as those related to employment status and income.<sup>35</sup> Other barriers to employment for individuals with SUD include lack of relevant job and interpersonal skills, ongoing disordered substance use, employers' lack of understanding of SUD, stigmas against people with SUD, and poor work history, among others.<sup>36</sup> All of these factors make it challenging for individuals in recovery to find high-quality employment.

## Employment Situation of Individuals Served by SCO

Based on data from their intake assessment forms, individuals working with SCO are on the low end of the employment rate spectrum for people in SUD recovery. Over the past six years, 15 percent of individuals who filled out an intake form reported that they are employed and 62 percent reported that they are seeking employment assistance services. The need for employment appears to be one of the main factors that drives individuals to seek out SCO.

Individuals working with SCO's employment services face many of the barriers to employment common to those in SUD recovery discussed above. A significant majority (74 percent) of individuals have had some involvement with the justice system with 22 percent on probation, 11 percent on parole, and 15 percent with pending legal proceedings at the time of intake. A majority of individuals (62 percent) seeking employment have a mental health diagnosis and a significant minority are seeking mental and physical health services—32 percent and 23 percent, respectively.

These individuals are also likely to have unstable living conditions which make both finding and maintaining a job difficult. Eighty-one percent have been in inpatient treatment, 53 percent are looking for housing services, and 17 percent experienced homelessness in the past six months. Many individuals seeking employment are also seeking services that support employment including childcare (24 percent), financial counseling (24 percent), and legal assistance (25 percent).

## Recovery Centered Employment

Individuals in recovery need to center their wellness in all aspects of life and reduce unnecessary stress and uncertainty. To meet the employment needs of the individuals they serve, SCO operates a janitorial services company that creates employment opportunities in an environment that supports long-term success. The objectives for an individual in their first job in recovery is to learn to show up on time, dress appropriately, and interact positively with others.

SCO strives to create a work environment that will be supportive of individuals who need supports in reestablishing their lives. People in recovery need to be focused on their physical and emotional well-being and minimizing financial and work stress can be critical in helping them achieve their goals. Janitorial work is a natural match, as one recovery coach noted, "There is nothing stressful about vacuuming." Once assigned to a regular janitorial contract that is a good fit for the individual, the work schedule is consistent and the tasks assigned are well-defined and achievable over the course of a shift. Upon completion of the shift, the employee has immediate gratification of a job completed. Workers do not need to stress about unexpected interactions with coworkers, they do not have to adjust to frequently changing work schedules, and their pay is consistent, which assists them in achieving financial stability and learning household management.

SCO has created a workplace that integrates support for employees in recovery. Nearly 90 percent of the workforce are people in recovery who understand that maintaining sobriety is their top priority. SCO supervisors have completed the same training available to recovery coaches and are aware of best practices for supporting those in recovery and warning signs to look for. In addition, SCO recovery coaches visit employees on jobs sites and are in regular contact with supervisors to identify any potential challenges early on so that each employee is in an environment that will promote their success.

Ultimately, employment through SCO's janitorial contracts is intended to be a stepping stone to future permanent employment. While working for SCO, workers establish a track record of reliability, learn the principles of financial management, and have flexibility to pursue training for future employment opportunities.

## SCO Employment Opportunities

SCO is a member agency of the New York State Industries for the Disabled (NYSID). Through this partnership, SCO is granted contracts with state and local government customers through New York's preferred source program. The preferred source program was created to advance social and economic goals related to the employment of New Yorkers with disabilities through the offering of designated commodities and services. State agencies are encouraged to purchase goods and services from providers who will commit to at least 75 percent of labor hours being provided by individuals with disabilities (including people recovering from substance-use disorder) at a rate negotiated by the Office of General Services.

SCO has over 30 contracts across the Capital Region. This includes regular cleaning contracts at locations such as the Stratton Air Force Base, Million Dollar Beach Welcome Center, The Egg, and Empire State College. SCO workers stepped up in response to the COVID-19 pandemic and took on a number of additional customers, including the vaccination and testing sites in the Capital Region. While NYSID contracts with public entities that represent the bulk of SCO’s business, they also provide cleaning services for local nonprofits, a theater, and a car dealership.

**By the Numbers**

SCO has offered janitorial services since 2012. Over the past decade, it has dramatically expanded the employment opportunities it offers. Between 2012 and 2021, SCO has employed 354 individuals. The average employee worked for SCO over two calendar years, but nearly a quarter of employees earned wages during three calendar years.

*TABLE 2. SCO Janitorial Services’ Employment*

Year	Employees	Total Hours	Total Pay	Average Wage
2017	37	20,490	\$304,456	\$14.86
2018	76	57,739	\$939,904	\$16.28
2019	128	104,821	\$1,811,450	\$17.28
2020	135	147,389	\$2,775,087	\$18.83
2021	156	165,525	\$3,254,513	\$19.66
2022	185	173,833	\$3,755,048	\$21.60

Since 2017, the SCO labor force has grown fivefold. The total number of hours worked has grown by nearly 750 percent. In 2022, the average employee worked 151 hours a month. SCO employees are offered full-time work if they want it with only a handful opting to work on a part-time basis. The jobs offered by SCO are intended to be temporary. As employees advance in their recovery, they are encouraged by the coaches to consider longer-term career goals and take the actions required to achieve them. Ultimately, SCO expects employees to eventually pursue permanent employment elsewhere.

The total pay over the same period has grown from roughly \$300,000 to nearly \$3.8 million dollars. The average hourly wage earned has grown from \$14.86 in 2017 to \$21.60 in 2021, which is equivalent to over \$42,000 annually. SCO employees earned a 37 percent premium over the average annual wage for janitors and cleaners in the Capital Region (\$15.77).<sup>37</sup>

## The Economic and Fiscal Benefits of Recovery Support

SCO and other recovery centers generate positive economic impacts in their community. A traditional economic input-output analysis would explore the economic activity generated as the \$3.8 million in wages SCO pays to their employees. While not insignificant, the value of this economic activity is dwarfed by the negative fiscal impacts SCO's program is successful in preventing. Every individual in sustained recovery is an individual no longer incurring the personal and social costs of SUD. To better understand the impact of SCO and other recovery community centers, we explore the negative economic impacts generated through SUD.



Substance-use disorder creates a large financial burden for those struggling with addiction, their families, the healthcare system, state and local services, and society as a whole. A recent study conducted by the White House's Council of Economic Advisors estimated that the opioid epidemic cost the US economy \$625 billion annually.<sup>38</sup> This estimate includes \$72.3 billion in costs incurred associated with nonfatal opioid misuse. This figure also includes estimates of increased healthcare and substance-abuse treatment costs, criminal justice costs, and wages unearned as individuals can't fully participate in the labor market. A follow-up study by the American Enterprise Institute distributed these costs across the US based on opioid-related mortality rates, healthcare costs, criminal justice costs, and worker productivity. The authors estimated individuals, businesses, and governments in New York incurred over \$630 million in costs to address nonfatal opioid misuse in 2015.<sup>39</sup>

Using the economic consequences of SUD to assess the benefits associated with treatment is not a new approach. Likewise, exploring the fiscal benefits associated with treatment is not a new phenomenon. A 2014 National Institute on Drug Abuse (NIDA) guidebook reported that every dollar invested in addiction treatment programs yields a return of \$12 when considering the reduction in drug-related crime, criminal justice costs, and healthcare-related expenses.<sup>40</sup> A recent study explored the cost-effectiveness of medication-assisted treatment (MAT) and treatment add-ons finding that interventions to address opioid-use disorder resulted in a lifetime cost savings of \$25,000 to \$105,000 per person.<sup>41</sup>

The bulk of literature examining the economic impacts of addiction have focused on opioid-use disorder. The interest in this specific topic has been driven by policymaker interests in understanding, quantifying, and addressing the opioid epidemic. Individuals who work with SCO are more likely to report abuse of alcohol, stimulants, and marijuana than opioids. Still, the costs associated with addressing opioid-based SUD represent a reasonable estimate for estimating the fiscal impacts of other substance-use disorders. An older report estimated the economic cost of excessive drinking reached \$223.5 billion in 2006, including \$24.6 billion in healthcare costs (\$34.8 billion in 2022 dollars) and \$37.6 billion in criminal justice and public safety

costs (\$53.3 billion in 2022 dollars), suggesting that alcohol-use disorder generates negative consequences similar in scale to the opioid epidemic.

The most recent data available on the economic burden of the opioid crisis is from 2017 and has been published by researchers at Centers for Disease Control. The report, published in 2021, is an updated version of a well-cited report estimating the impacts for 2013. These studies have been the basis of estimates generated above. The study includes estimates for the following costs:

**Healthcare costs** are based on the annual costs incurred by individuals with an OUD diagnosis in their records. This includes direct costs associated with treatment of the disorder such as medical interventions of nonfatal overdoses. It also includes the costs of treatments not directly related. For example, individuals with an SUD diagnosis have more office visits than those without.

**Crime-related costs** include those associated with police protection, the legal and adjudication system, correctional facilities, and property lost due to a crime.

In total, the study identified \$49.7 billion spent in 2017 to address the healthcare needs, substance abuse treatment, and criminal justice consequences of the opioid epidemic. In 2017, the National Survey of Drug Use and Health reported 2.11 million individuals with opioid-use disorder (OUD).<sup>42</sup> This means that this \$49.7 billion represents \$23,536 in costs per individual with OUD. Of this total, a significant portion is funded through state and local governments, including Medicaid, state and local substance abuse treatment programs, police protection, judicial expenses, and correctional facilities. State and local governments paid \$27.9 billion to address the direct consequences of the opioid epidemic or \$13,242 per individual with OUD.

For every person in sustained recovery, state and local governments save an average of \$13,200. It is important to know that this figure only includes the healthcare and criminal justice savings. The true value is likely much higher when you consider social services and foster care expenses avoided as a result of recovery. It also does not take into account the additional productivity an individual in recovery can accomplish. In recovery, individuals can better sustain employment, earn higher wages, have greater economic security, and contribute more in taxes. There are also additional non-monetizable human and community impacts, such as improved outcomes for children and families.

Since 2018, SCO has worked with 1,361 individuals. If the recovery coaching and mentorship, housing, and employment services have helped half of these people maintain recovery, it means an annual savings of \$8,982,600 realized by local communities and New York State government.



**TABLE 3. Costs Associated with Opioid-Use Disorder and Fatal Overdose, United States 2017**

(in millions of 2017 dollars)

<b>Healthcare</b>	<b>\$31,308</b>
Private Insurance	\$12,902
Medicare	\$3,170
Medicaid	\$11,142
Champus/VA	\$1,124
Other	\$820
Uninsured	\$2,151
<b>Substance Abuse Treatment</b>	<b>\$3,534</b>
Federal	\$844
State and Local	\$2,326
Private	\$365
<b>Criminal Justice Costs</b>	<b>\$14,819</b>
Police Protection	\$6,209
Legal and Adjudication	\$2,819
Correctional facilities	\$5,445
Property Loss	\$347
<b>Lost Productivity (Nonfatal)</b>	<b>\$31,311</b>
<b>Lost Productivity (Fatal Overdose)</b>	<b>\$68,694</b>
<b>Reduced Quality of Life (Nonfatal)</b>	<b>\$390,003</b>
<b>Value of Statistical Life Lost</b>	<b>\$480,737</b>

SOURCE: Florence et al., 2021.

## Conclusion

Substance-use disorder (SUD) is a chronic condition that can require support and care past initially successful treatment. For individuals working to maintain their sobriety and abstinence, there can be a large gap between acute treatment to cease use and living a life in recovery. Second Chance Opportunities has developed a unique wraparound model to support individuals in all stages of life in recovery. SCO is a recovery community center, recovery housing provider, and a janitorial services company. Across these three separate components and their broader network, SCO can be a one-stop source for any resource or service for individuals in recovery, their families, and their community.

There is significant research on the impact of each individual component of SCO's model. Studies of peer support programs have found they increase the probability of maintaining sobriety and barriers to employment and housing can increase the risk of relapse and substance use. But, ultimately, the process of maintaining and navigating recovery from SUD is highly individualized, with each person in recovery finding what works best for them. As a result, recovery and recovery supports have been less

formally implemented and studied compared to treatment strategies, which can result in less funding when there is less concrete proof of success. Individuals and society pay a high cost for individuals in active use. Improving access to and the effectiveness of recovery supports for individuals upon completion of treatment can assist them in maintaining their sobriety, prevent them from reengaging in active use, and support their life goals beyond simply maintaining sobriety.

SCO's multifaceted approach to recovery services is unique and in high demand. Demographic data on the individuals SCO has worked with shows the diversity in background and challenges faced by people seeking assistance in their recovery. This report demonstrates how recovery coaching, housing, and employment services can be integrated to support individuals building a recovery-centered life. By having recovery coaches integrated into housing and employment, they can help individuals meet all of the challenges they face. Individuals can build a network of mentors, coworkers, roommates, and friends all equally focused on recovery. The findings of the report demonstrate how SCO has grown its operations to meet the needs of individuals in recovery and the broader community in the Capital District.

This first study of SCO shows that the organization is successful in helping individuals overcoming employment and housing barriers traditionally faced in recovery. The report demonstrates that the programming and coaching being offered in the recovery community center is being utilized by individuals. The findings suggest that SCO's model is worthy of additional study to determine if the integration of multiple services yields higher benefits than approaches focused exclusively on support, housing, or employment, and to assess the impact of SCO's work on the maintenance of sobriety. Still, the early findings presented here suggest that SCO's innovative approach is having a positive impact on the individuals they serve and the broader community.



# ENDNOTES

## Endnotes

- 1 *Treatment Episode Data Set (TEDS): 2019 (Revised). Admissions to and Discharges from Publicly Funded Substance Use Treatment* (Rockville, MD: Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, 2021), [https://www.samhsa.gov/data/sites/default/files/reports/rpt35314/2019\\_TEDS\\_3-1-22.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt35314/2019_TEDS_3-1-22.pdf). More recent data from 2020 is also available. However, due to COVID-19, public health measures likely impacted access to treatment in 2020. We looked at 2019 as a more representative baseline year.
- 2 A. Thomas McLellan, et al., “Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation,” *Journal of the American Medical Association* 284, 13 (2000): 1689–95, <https://doi.org/10.1001/jama.284.13.1689>.
- 3 Myriam Beaulieu, et al., “A systematic review and meta-analysis of the efficacy of the long-term treatment and support of substance use disorders,” *Social Science & Medicine* 285 (2021): 114289, ISSN 0277-9536, <https://doi.org/10.1016/j.socscimed.2021.114289>.
- 4 William L. White, *Recovery/Remission from Substance Use Disorders: An Analysis of Reported Outcomes in 415 Scientific Reports, 1868–2011* (Philadelphia Department of Behavioral Health and Intellectual disability Services and the Great Lakes Addiction Technology Transfer Center, 2012), <https://www.chestnut.org/resources/d24c6ad0-a63c-49df-84a6-5f4e81d6d4db/2012%20Recovery-Remission%20from%20Substance%20Use%20DisordersFinal.pdf>.
- 5 “Treatment Episode Data Set (TEDS),” Substance Abuse and Mental Health Services Administration (SAMHSA), accessed February 27, 2023, <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>.
- 6 “Core Competencies for Peer Workers in Behavioral Health Services,” Substance Abuse and Mental Health Services Administration (SAMSHA), updated December 7, 2015, [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/core-competencies\\_508\\_12\\_13\\_18.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf).
- 7 William L. White, “Peer-Based Addiction Recovery Support: History, Theory, Practice, and Scientific Evaluation Executive Summary,” *Counselor* 10, 5 (2009): 54–9, <https://www.chestnut.org/Resources/e661edae-4f7d-4564-aace-2f022d11864/2009PeerRecoverySupportMonographExecutiveSummary.pdf>.
- 8 Linda Kaplan MA, et al., “Introduction: The Recovery Community Services Program,” *Alcoholism Treatment Quarterly* 28, 3 (2010): 244–55, <https://doi.org/10.1080/07347324.2010.488522>.
- 9 Ibid.
- 10 Three meta-studies/literature reviews have been published in an attempt to give an overview of the evidence on the effectiveness of PRSS and have found generally positive effects with the caveat that the manner and context of these services substantially affects their success.  
  
David Eddie, et al., “Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching,” *Frontiers in Psychology* 10 (2019): 1052, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585590/>.  
  
Sharon Reif, et al. “Peer recovery support for individuals with substance use disorders: assessing the evidence,” *Psychiatric Services* 65, 7 (2014): 853–61, <https://doi.org/10.1176/appi.ps.201400047>.  
  
Ellen L. Bassuk, et al., “Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review,” *Journal of Substance Abuse Treatment* 63 (2016): 1–9, <https://doi.org/10.1016/j.josat.2016.01.003>.  
  
All three reviews note that two theoretical advantages of PRSS—the flexibility of recovery coaches to tailor their approach to each individual and the extent to which PRSS are delivered along with other treatment and support services—are methodological challenges to identifying the “direct causal effect” of a specific PRSS methodology or program alone.
- 11 Devin Collins, et al., “‘If It Wasn’t for Him, I Wouldn’t Have Talked to Them’: Qualitative Study of Addiction Peer Mentorship in the Hospital,” *Journal of General Internal Medicine* (2019): 1–8, <https://doi.org/10.1007/s11606-019-05311-0>.

- 12 "Core Competencies for Peer Workers in Behavioral Health Services," Substance Abuse and Mental Health Services Administration (SAMSHA), 2018, <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>.
- 13 William Lee White and William Cloud, "Recovery capital: A primer for addictions professionals," *Counselor* 9, 5 (2008): 22–7, [https://www.researchgate.net/publication/291781390\\_Recovery\\_capital\\_A\\_primer\\_for\\_addictions\\_professionals](https://www.researchgate.net/publication/291781390_Recovery_capital_A_primer_for_addictions_professionals).
- 14 "Become a Certified Recovery Peer Advocate," New York State Office of Addiction Services and Supports, accessed February 27 2023, <https://oasas.ny.gov/recovery/become-certified-recovery-peer-advocate>.
- 15 Christine Timko, Anna DeBenedetti, and Rachel Billow, "Intensive referral to 12-Step self-help groups and 6-month substance use disorder outcomes," *Addiction* 101, 5 (2006): 678–88, <https://doi.org/10.1111/j.1360-0443.2006.01391.x>.
- 16 John F. Kelly and Rudolf Moos, "Dropout from 12-step self-help groups: Prevalence, predictors, and counteracting treatment influences," *Journal of Substance Abuse Treatment* 24, 3 (2003): 241–50, [https://doi.org/10.1016/s0740-5472\(03\)00021-7](https://doi.org/10.1016/s0740-5472(03)00021-7).
- 17 Dennis M. Donovan, et al., "12-Step Interventions and Mutual Support Programs for Substance Use Disorders: An Overview," *Social Work in Public Health* 28, 3-4 (2013): 313–32, <https://doi.org/10.1080/2F19371918.2013.774663>.
- 18 Rajita Sinha, "Chronic Stress, Drug Use, and Vulnerability to Addiction," *Annals of the New York Academy of Sciences* 1141, 1 (October 2008): 105–30, <https://doi.org/10.1196/annals.1441.030>.
- 19 Timothy P. Johnson and Michael Fendrich, "Homelessness and Drug Use: Evidence from a Community Sample," *American Journal of Preventive Medicine* 32, 6 (June 2007): 211–8, <https://doi.org/10.1016/j.amepre.2007.02.015>.
- 20 Friedner D. Wittman, Douglas L. Polcin, and Dave Sheridan, "The Architecture of Recovery: Two Kinds of Housing Assistance for Chronic Homeless Persons with Substance Use Disorders," *Drugs Alcohol Today* 17, 3 (2017): 157–67, <https://doi.org/10.1108/2F12-2016-0032>.
- 21 "Eligibility Determination and Denial of Assistance," in *Housing Choice Voucher Program Guidebook* (Washington, DC: US Department of Housing and Urban Development, 2019), [https://www.hud.gov/sites/dfiles/PIH/documents/HCV\\_Guidebook\\_Eligibility\\_Determination\\_and\\_Denial\\_of\\_Assistance.pdf](https://www.hud.gov/sites/dfiles/PIH/documents/HCV_Guidebook_Eligibility_Determination_and_Denial_of_Assistance.pdf).
- 22 Tamar Chukrun, et al., "By Perpetuating Substance Use Disorder Stigma, Public Housing Policy Causes Harm," *Health Affairs*, July 22, 2022, <https://www.healthaffairs.org/content/forefront/perpetuating-substance-use-disorder-stigma-public-housing-policy-causes-harm>.
- 23 Marah A. Curtis, Sarah Garlington, and Lisa S. Schottenfeld, "Alcohol, Drug, and Criminal History Restrictions in Public Housing," *Cityscape: A Journal of Policy Development and Research* 15, 3 (2013): 37–52, <https://www.huduser.gov/periodicals/cityscape/vol15num3/ch2.pdf>.
- 24 Douglas L. Polcin, "Communal Living Settings for Adults Recovering from Substance Abuse," *Journal of Groups in Addiction & Recovery* 4, 1-2: 7–22, <https://doi.org/10.1080/15560350802712355>.
- 25 Ehren Dohler, et al., *Supporting Housing Helps Vulnerable People Live and Thrive in the Community* (Washington DC: Center on Budget and Policy Priorities, 2016), <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>.
- 26 Amy A. Mericle, et al., "Sober living house characteristics: A multilevel analyses of factors associated with improved outcomes," *Journal of Substance Abuse Treatment* 98 (2019), 28–38, <https://doi.org/10.1016/j.jsat.2018.12.004>.
- 27 Leonard A. Jason, Bradley D. Olson, and Karen J. Foli, *Rescued Lives: The Oxford House Approach to Substance Abuse* (England, United Kingdom: Routledge, 2014) <https://www.routledge.com/Rescued-Lives-The-Oxford-House-Approach-to-Substance-Abuse/Jason-Olson-Foli/p/book/9780789036315>.  
Friedner D. Wittman and Douglas Polcin. "The Evolution of Peer Run Sober Housing as a Recovery Resource for California Communities," *International Journal of Self Help & Self Care* 8, 2 (2014): 157, <https://doi.org/10.2190/sh.8.2.c>.

- 28 *Substance Use Disorders Recovery with a Focus on Employment, Evidence-Based Resource Guide Series* (Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), 2021), 4, <https://store.samhsa.gov/product/Substance-Use-Disorders-Recovery-with-a-Focus-on-Employment/PEP21-PL-Guide-6>. Ronald C. Kessler, James S. House, and J. Blake Turner, "Unemployment and Health in a Community Sample," *Journal of Health and Social Behavior* 28, 1 (March 1987): 51–9, <https://www.jstor.org/stable/2137140>. Alexandre B. Laudet, "Rate and Predictors of Employment Among Formerly Polysubstance Dependent Urban Individuals in Recovery," *Journal of Addictive Diseases* 31, 3 (August 9, 2012): 288–302, <https://doi.org/10.1080/10550887.2012.694604>.
- 29 Nancy M. Petry, et al., "Engaging in job-related activities is associated with reductions in employment problems and improvements in quality of life in substance abusing patients," *Psychology of Addictive Behaviors* 28, 1 (2014): 268–75, <https://psycnet.apa.org/record/2013-13278-001>.
- 30 Laudet, "Rate and Predictors of Employment."
- 31 Ethan Sahker, Saba Rasheed Ali, and Stephan Arndt, "Employment recovery capital in the treatment of substance use disorders: Six-month follow-up observations," *Drug and Alcohol Dependence* 205, 1 (December 1, 2019), <https://doi.org/10.1016/j.drugalcdep.2019.107624>.
- 32 Clyde B. McCoy, Mary Comerford, and Lisa R. Metsch, "Employment Among Chronic Drug Users at Baseline and 6-Month Follow-Up," *Substance Use & Misuse* 42, 7 (2007): 1055–7, <https://doi.org/10.1080/10826080701409982>. Jerome J. Platt, "Vocational Rehabilitation of Drug Users," *Psychological Bulletin* 117, 3 (1995): 416–33, <https://doi.org/10.1037/0033-2909.117.3.416>.
- 33 "Employment–population ratio, seasonally adjusted," U.S. Bureau of Labor Statistics, accessed July 26, 2022, <https://www.bls.gov/charts/employment-situation/employment-population-ratio.htm>.
- 34 "10.8 Million Full-Time Workers Have a Substance Use Disorder," Substance Abuse and Mental Health Service Administration (SAMSHA), August 7, 2014, <https://www.samhsa.gov/data/sites/default/files/NSDUH-SP132-FullTime-2014/NSDUH-SP132-FullTime-2014.htm>.
- 35 Tyler N. A. Winkelman, Virginia W. Chang, and Ingrid Binswanger, "Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use," *JAMA Network Open* 1, 3 (2018): e180558, <https://doi.org/10.1001/jamanetworkopen.2018.0558>. Sriram Chintakrindi, et al., "An Examination of Employment and Earning Outcomes of Probationers With Criminal and Substance Use Histories," *Sage Open* 5, 4 (2015): 1–19, <https://doi.org/10.1177/2158244015616662>. Devah Pager, "The Mark of a Criminal Record," *American Journal of Sociology* 108, 5 (March 2003): 937–75, [https://scholar.harvard.edu/files/pager/files/pager\\_ajs.pdf](https://scholar.harvard.edu/files/pager/files/pager_ajs.pdf).
- 36 Sigurdur O. Sigurdsson, et al., "Barriers to Employment among Unemployed Drug Users: Age Predicts Severity," *The American Journal of Drug and Alcohol Abuse* 38, 6 (2012): 580–7, <https://doi.org/10.3109/00952990.2011.643976>. R. Thomas Sherba, et al., "Employment services and substance abuse treatment," *Journal of Substance Abuse Treatment* 87 (April 2018): 70–8, <https://doi.org/10.1016/j.jsat.2018.01.015>. Substance Use Disorders Recovery with a Focus on Employment, SAMHSA, p. 5.
- 37 "May 2021 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates," Occupational Employment and Wage Statistics, US Bureau of Labor Statistics, accessed July 27, 2022, [https://www.bls.gov/oes/current/oes\\_10580.htm](https://www.bls.gov/oes/current/oes_10580.htm).
- 38 *The Underestimated Cost of the Opioid Crisis* (Washington, DC: The Council of Economic Advisers, November 2017), <https://trumpwhitehouse.archives.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf>.
- 39 Alex Brill and Scott Ganz, *The Geographic Variation in the Cost of the Opioid Crisis*, AEI Economic Working Paper 2018-03 (Washington, DC: American Enterprise Institute, March 2018), [https://www.aei.org/wp-content/uploads/2018/03/Geographic\\_Variation\\_in\\_Cost\\_of\\_Opioid\\_Crisis.pdf](https://www.aei.org/wp-content/uploads/2018/03/Geographic_Variation_in_Cost_of_Opioid_Crisis.pdf).
- 40 *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)* (Bethesda, MD: National Institute on Drug Abuse, 2014), <https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf>.
- 41 Michael Fairley, et al., "Cost-effectiveness of Treatments for Opioid Use Disorder," *JAMA Psychiatry* 78, 7 (2021): 767–77, <https://doi.org/10.1001/jamapsychiatry.2021.0247>.
- 42 "2018 NSDUH Detailed Tables," Substance Abuse and Mental Health Services Administration (SAMSHA), August 20, 2019, <https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>.



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