Missouri Coalition of Recovery Support Providers

Effective: July 1, 2019

Temporary Operating Procedure: The Use of Medications in Accredited Recovery Residences

Purpose: The purpose of this temporary operating procedure is to general guidance on the use of medications in accredited recovery residences in Missouri.

- 1. This document does not represent legal advice; recovery housing providers are encouraged to seek legal advice regarding their own policies.
- 2. Accredited Recovery Residences create policies and practices regarding medications that;
 - a. Follow applicable state and federal laws including non-discrimination
 - b. Promotes safe storage and administration of medications
 - c. Supports recovery
 - d. Supports self-determination and multiple pathways of recovery
- 3. While "medication assisted treatment" (MAT) refers to three FDA approved and evidence-based pharmacological approaches to treating OUDs: full agonist (e.g., methadone), partial agonist (e.g., buprenorphine), and antagonist (e.g., naltrexone), this policy concerns all medications taken as prescribed by a physician for a behavioral health disorder.
- 4. "Medication assisted recovery" refers to using a FDA-approved medication to address a substance use disorder, and emphasizes a person's commitment to engage with abstinence-based recovery supports.
- 5. People in recovery from a behavioral health disorder using medications as prescribed for behavioral health disorders are considered individuals with a disability, thus they fall under the protected classes of the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA). Recovery housing operators are required to make reasonable accommodations for people who are prescribed medications for a behavioral health disorder.
- 6. Prohibiting residency in a recovery house solely on the basis of taking certain prescribed medications is referred to as a "blanket ban" or "categorical exclusion" and was recently found to be discriminatory under the ADA (U.S. Department of Justice, 2018)
- 7. Accredited Recovery Residences should describe the minimum level of functioning of individuals who are acceptable for their recovery house. For instance; psychosis, suicidality, continuation of substance using or seeking behavior are examples of legitimate reasons to prohibit an individual from residency in a particular recovery house.
- 8. Accredited Recovery Residences should have policies in place describing their safe storage of medications that have diversion potential.

- 9. Accredited Recovery Residences should have policies in place describing monitoring of medication administration of medications that have misuse and /or diversion potential.
- 10. Accredited Recovery Residences may require all prescribed medication be prescribed and managed by one physician with which they have releases signed for collaborative communication.
- 11. Accredited Recovery Residences that operate at a peer run or monitored level may lack the capacity for safe storage and monitoring of medications.
- 12. Accredited Recovery Residences that lack the capacity for safe storage and monitoring of medications must maintain collaborative/referral relationships with other recovery residence providers and other types of housing providers in order to facilitate referral.
- 13. All Accredited Recovery Residences must assure naloxone is available and accessible and provide periodic training to staff and residents in administration.

(U.S. Department of Justice, 2018) Settlement agreement between the United States of America and Charlwell Operating, LLC, USAO#2018CV00025 & DJ# 202-36-306 C.F.R. (2018).

MAT in Recovery Residences, NARR August 2018

Best Practice guide: MAT and Recovery Housing, Ohio Recovery Housing

Helping Recovery Residences Adapt to Support People with Medication-Assisted Recovery, March 2019 https://narronline.org/wp-content/uploads/2019/03/NARR-C4-NCBH MAR-RH-Brief.pdf