Budgeting for Results

Department of Human Services

Division of Substance Use, Prevention and Recovery

Licensed Recovery Homes Program Report

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Introduction

The statute that created Budgeting for Results (BFR) states that in Illinois, "budgets submitted, and appropriations made must adhere to a method of budgeting where priorities are justified each year according to merit" (ILCS 20/50-25). The BFR Commission, established by the same statute, has worked since 2011 to create and implement a structure for data-driven program assessment useful to decision makers. The BFR framework utilizes the Results First benefit-cost model[1] and the State Program Assessment Rating Tool to produce comprehensive assessments of state funded programs.

The Pew-MacArthur Results First Initiative developed a benefit-cost analysis model based on methods from the Washington State Institute for Public Policy (WSIPP). The Results First model can analyze programs within multiple policy domains, including: adult crime, juvenile justice, substance use disorders, K-12 and higher education, general prevention, health, and workforce development.

The State Program Assessment Rating Tool (SPART) combines both quantitative (benefit-cost results) and qualitative components in a comprehensive report. It is based on the federal Program Assessment Rating Tool (PART)[2] developed by the President's Office of Management and Budget and has been modified for Illinois use. The SPART provides a universal rating classification to allow policy makers and the public to easily compare programs and their performance across results areas.

Methods

BFR begins each assessment by examining an Illinois program's design and assessing its implementation. Each program is then matched with an existing rigorously studied program or policy in the Results First model. BFR completes a comprehensive review of related program literature to inform the matching process.

Each rigorously studied program has an effect size determined by existing national research that summarizes the extent to which a program impacts a desired outcome. The effect size is useful in understanding the impact of a program run with fidelity to established core principles and best practices.

The Results First benefit-cost model uses the effect size combined with the state's unique population and resource characteristics to project the optimal return on investment (OROI) that can be realized by taxpayers, victims of crime, and others in society when program goals are achieved.

The SPART contains summary program information, historical and current budgetary information, the statutory authority for the program, and performance goals and measures. The SPART tool consists of weighted questions which tally to give a program a numerical score of 1-100. Numerical scores are converted into qualitative assessments of program performance: effective, moderately effective, marginal, and not effective.

[1] https://www.pewtrusts.org/en/projects/pew-macarthur-results-first-initiative

[2] https://georgewbush-whitehouse.archives.gov/omb/performance/index.html

Section 1

Program Overview

Program Overview – Licensed Recovery Homes Program

The number of people in Illinois with opioid use, alcohol and marijuana dependence, and other illicit drug use disorders has increased over the past decade. Fatal overdoses in Illinois from heroin and other opioids have nearly doubled during the last five years, from 1,203 in 2014 to 2,098 in 2019[3]. Substance use disorder (SUD) treatments have continued to evolve and improve alongside a growing set of challenges. Recovery housing can be an important step in treatment and recovery. The Illinois Department of Human Services-Division of Substance Use Prevention and Recovery (IDHS/SUPR) Licensed Recovery Homes are rules-based structured housing facilities which can include staff-led activities, peer-led groups or other organized operations that are focused on maintaining sobriety for people in early recovery and those who have finished a substance use disorder treatment.[4]

The IDHS/SUPR Licensed Recovery Home program is for the treatment and recovery of people addressing substance use disorders, many of whom increasingly have co-occurring issues such as homelessness and mental health needs. Recovery Homes licensed by IDHS/SUPR are alcohol and drug-free housing with support services. People who use Recovery Homes need a higher level of monitoring and assistance because they are recently out of treatment and early in their recovery. Licensed Recovery Homes have an operator and manager who ensure a sober environment, provide treatment options, and supply referrals. The manager and operator do not live on site, one operator may work with many homes, whereas each home has their own manager.

- Recovery Homes are IDHS/SUPR licensed facilities aimed at people who have recently completed SUD treatment or are in early recovery
- Recovery Homes are one point for people on the continuum of recovery from SUD
- The clients in Recovery Homes have co-occurring issues such as homelessness and mental health needs

The IDHS/SUPR Licensed Recovery Home program is organized within the framework created by the National Association of Recovery Residences (NARR). NARR Recovery Residences are structured by level of support, based on the amount and type of administration, level of support services offered and category of residence[5]. The philosophy and make-up of the IDHS/SUPR Licensed Recovery Home program, and recovery housing in general, is established strongly on the work of William White, Emeritus Senior Research Consultant at Chestnut Health Systems / Lighthouse Institute and past chair of the board of Recovery Communities United. [6]

Recent budget appropriations and expenditures presented in Table 1 are exclusively on the program Licensed Recovery Homes within IDHS/SUPR.

Table 1: Licensed Recovery Home Program Appropriations VS Licensed Recovery Home Program Expenditures by Fiscal Year

	FY 2018	FY 2019	FY 2020
Appropriated	$12,032,881	$13,495,801	$ 14,094,359
Expended	$11,768,383	$13,035,936	$ 13,929,540

[3] https://idph.illinois.gov/OpioidDataDashboard/

[4] http://www.dhs.state.il.us/OneNetLibrary/27896/documents/RecoveryHousingEnvironmentalScan.pdf

[5] https://narronline.org/wp-content/uploads/2016/12/NARR_levels_summary.pdf

[6] http://www.williamwhitepapers.com/

A majority of IDHS/SUPR funding for all SUD treatment and recovery is based on the American Society of Addiction Medicine (ASAM) criteria which organize treatment and recovery into levels of care. Service providers are reimbursed for treating a client. However, Licensed Recovery Homes are funded as a program separate from ASAM levels of care. The appropriations above include all IDHS/SUPR funding, but the expenditures are exclusively on Licensed Recovery Homes.

Using national literature and program information gathered with IDHS/SUPR, BFR matched the Licensed Recovery Home program with the program profile "Sober Living Houses" in the Results First benefit-cost model. This profile is based on national research on a variety of Recovery Home programs offered to people recently out of SUD treatment or in early recovery.[7] More information on the evidence base for the Licensed Recovery Homes can be found in the SPART section of this report.

The major takeaways from this analysis can be found in Table 2 below along with the program's comprehensive SPART score.

Table 2: Report Summary

Illinois Department of Human Services, Division of Substance Use Treatment, Prevention and Recovery	**Licensed Recovery Homes[8]**
Optimal Benefits per participant	$67,595
Real Cost (Net) per participant	$3,226
Benefits – Costs (Net Present Value)	$64,369
Benefits/Costs (OROI)	$20.95
Chance Benefits Will Exceed Costs	**89%**
SPART Score	**83, Effective**

The optimal return on investment calculated by BFR on the Licensed Recovery Home program determined that for every dollar spent by IDHS/SUPR, $20.95 of future benefits from increased employment and reduced crime could be realized by program participants and Illinois taxpayers.

[7] Further program profile and meta-analysis information available at: https://www.wsipp.wa.gov/BenefitCost/Program/718

[8] The optimal benefits are the benefits the program can expect to achieve if run with fidelity to best practices or core principles. Benefits per participant are projected over fifty years after program participation. The per participant real costs of the program are the sum of its direct and indirect costs, minus the cost of treatment as usual. The benefits and the costs are discounted to present value. The benefit/cost ratio is the optimal return on investment (OROI) Illinois can expect from implementing the program with fidelity.

Section 2

Benefit-Cost Results

Benefit-Cost Results – Licensed Recovery Homes

The Results First benefit-cost model uses the effect size determined by the program profile for "Sober Living Homes." The Sober Living Home program profile aligns most closely with NARR Level 1 and Level 2 housing. The Licensed Recovery Home program aligns with NARR Level 2 supportive housing. Costs were provided by IDHS/SUPR.

Studies that contributed to the benefit-cost analysis for this program include three randomized controlled trials (RCTs) comparing outcomes for NARR Level 1 Oxford House residents with participants assigned to usual care. Usual care may include treatment or self-help group involvement, in which Oxford House residents may also engage. One of these RCTs also included a second treatment group assigned to a NARR Level 2 Therapeutic Community: a more intensive, time-limited residential community. A fourth RCT included a usual care control group, a group assigned to NARR Level 2 recovery housing (not Oxford House), and a group assigned to NARR Level 2 recovery housing plus an outpatient program using reinforcement-based treatment behavioral counseling.

One of the RCTs recruited 150 individuals in the Chicago metropolitan area who completed treatment at alcohol and drug abuse facilities, over half of which were women. The participants were randomly divided between Oxford Houses and community-based aftercare services (Usual Care). Nearly 90% of the participants were tracked throughout the two-year study. The results showed positive outcomes toward decreasing substance use, but significantly also showed positive outcomes of increased employment[9]. Budgeting for Results was able to monetize the effect of participant's earnings via employment by using Licensed Recovery Home program population education data provided by IDHS/SUPR.

The annual costs and benefits for the IDHS/SUPR Licensed Recovery Home program can be seen below in Figure I. For this program, all costs are incurred in the first year while benefits accrue over time. The red line depicts annual program costs. The cost per person for the IDHS/SUPR Licensed Recovery Home program includes IDHS/SUPR staff time and staff training.

The green line shows total program benefits. As illustrated, the program benefits exceed the program costs beginning in the first year of investment. Although not depicted in Figure II, BFR projected the program benefits out 50 years and found that optimal expected program benefits per participant are $67,595 when discounted to present value. The benefits accrue consistently throughout the program participant's life.

The return on investment from the benefit-cost analysis calculates the benefits from deceased crime, earnings via employment, lower health care costs and participant mortality. Other benefits related to mental health treatment are not included in this report. Based on additional data that will be obtained from future studies, this program will be reevaluated to determine outcomes in other result areas.

[9] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888149/

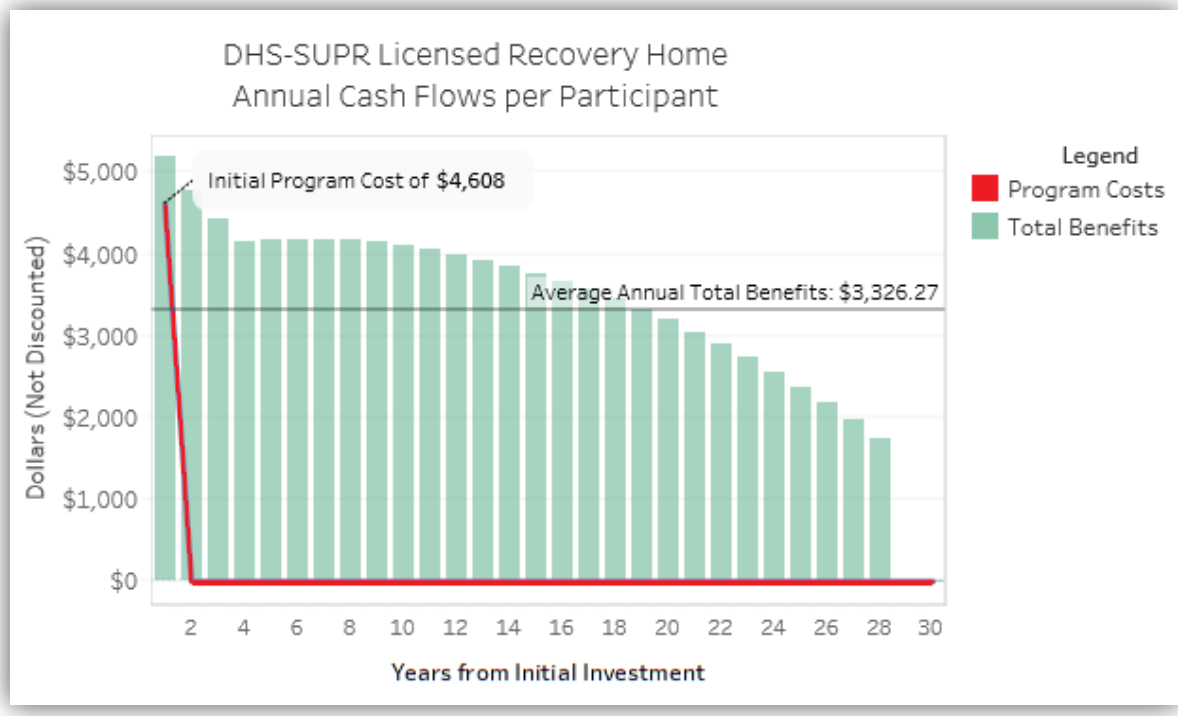


Figure I - Annual Cash Flows Per Participant

Figure I illustrate the trends for annual program costs and total benefits per participant starting with the year of initial investment. Note that the initial program cost occurs only in year one with an expenditure of $4,608. The average annual total benefits over the next 30 years is $3,326.27. The breakeven point occurs before year one ends, and the program benefits are reaped for almost 30 years after the initial investment.

The IDHS/SUPR Licensed Recovery Home program accumulates benefits over time to various groups. The benefits to Illinois are based mostly on increased earnings via employment of the program participant, decreased substance use disorder, avoided state medical costs, and avoided private costs incurred due to fewer crime victims. The private victimization costs include lost property, medical bills, wage loss, and the pain and suffering experienced by crime victims.

Better outcomes for participant employment as opposed to alternative available treatments lead to increased tax revenue for the state and a decreased need for taxpayer services.

Additional indirect benefits accrue to society as well. When tax revenue is spent on one program, it has an opportunity cost of revenue that cannot be spent on other beneficial programs and services like public safety or economic development. Money that is taxed is also not available for private consumption and investment. The indirect benefits of making effective, economically efficient investments to reduce criminal recidivism are quantified within the Results First model using the Deadweight Cost of Taxation. This inefficiency creates both a benefit and a cost in this model – the initial spending on the program generates a cost. Savings for Illinois due to reduced crime decrease the deadweight cost of inefficient government taxation and spending. The deadweight cost of initial program spending is subtracted from indirect benefits in the first year.

Figure II below illustrates how benefits accumulate to different Illinois stakeholders. The majority of the benefits for the participant come from increased earnings due to employment and decreased mortality due to illicit drug use. Taxpayers mainly benefit from increased taxable income and decreased future spending (deadweight cost).

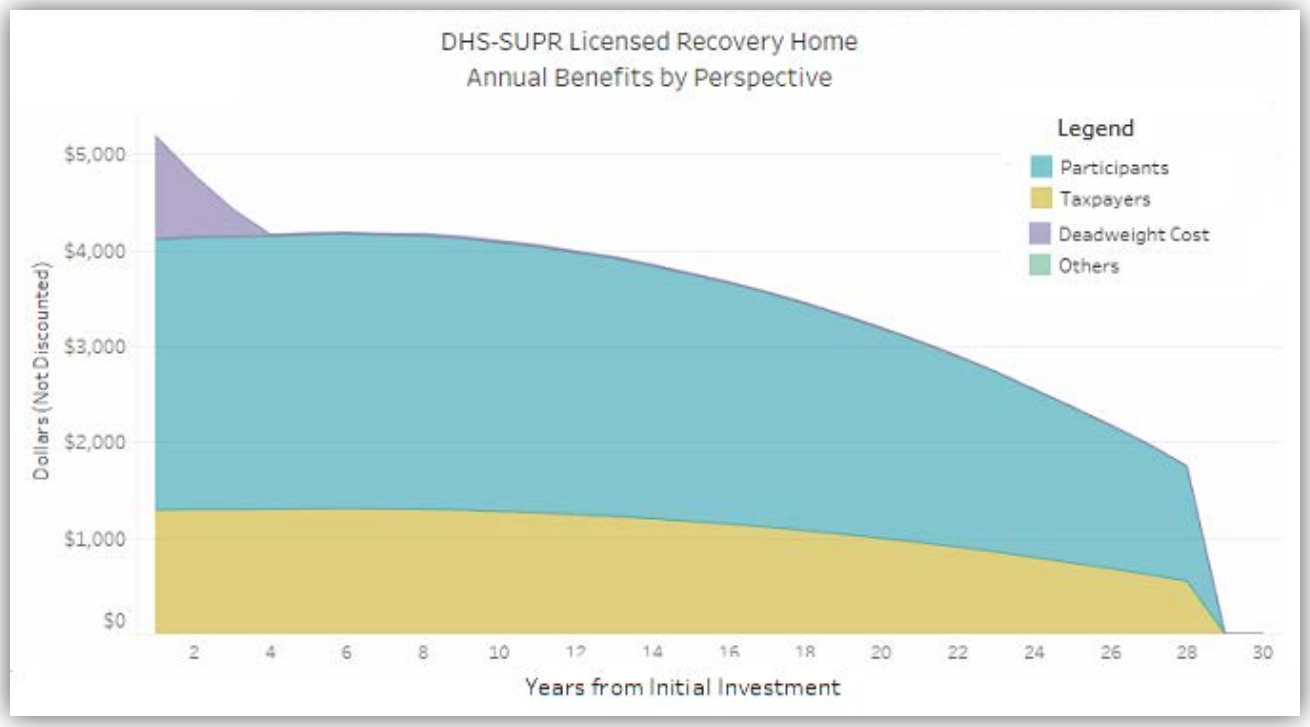
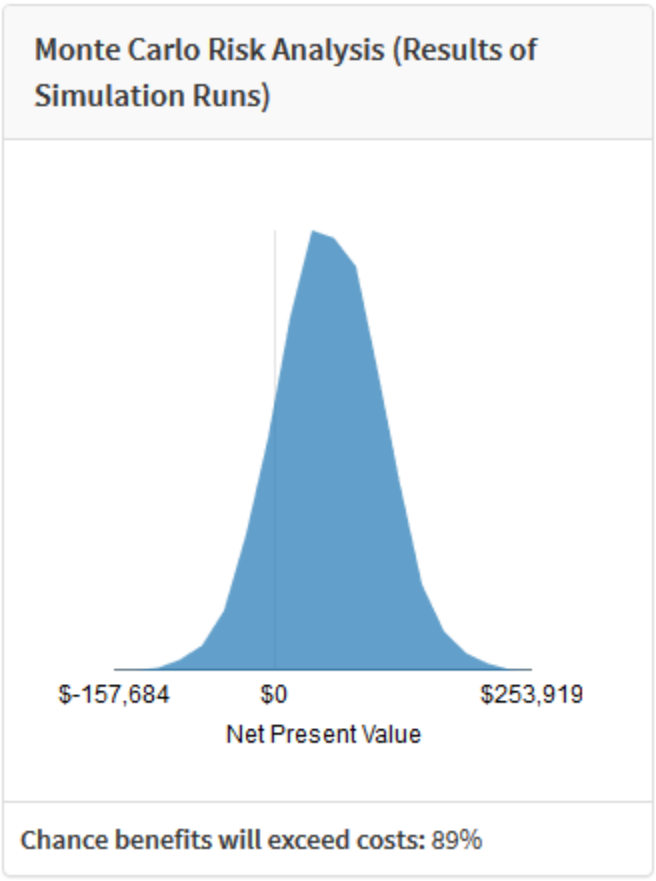


Figure II – Annual Benefits by Perspective (Not Discounted)

Figure II illustrate the annual benefits for program participants, taxpayers, others, and deadweight costs. Most of the benefits for the participant come from increased earnings due to employment and decreased mortality due to illicit drug use. Taxpayers mainly benefit from increased taxable income and decreased future spending (deadweight cost).

All program benefits are predictive, and there is uncertainty when forecasting future outcomes. To help account for the uncertainty, BFR runs each benefit-cost analysis 10,000 times with random variations in the costs and benefits. The histogram in *Figure III* shows the range of OROI resulting from running the simulations. The optimal program benefits exceeded the program costs in 89 percent of the simulations.

Figure III - Monte Carol Risk Analysis (Results of Simulation Runs)



Section 3

State Program Assessment Rating Tool

State Program Assessment Rating Tool (SPART)

This report was compiled by the Budgeting for Results Unit of the Governor's Office of Management and Budget with the support of the Department of Human Services (DHS). The SPART is the culmination of six years of research and development to create an integrated program evaluation tool that incorporates both quantitative and qualitative elements. It is modified from the federal Program Assessment Rating Tool (PART).

The introductory section of the SPART contains summary program information such as statutory authority and performance measures. An evaluability summary highlights Illinois-specific program design or agency implementation factors that contributed to the complexity of conducting the program evaluation.

The SPART tool consists of weighted questions, which tally to give a program a numerical score of 1-100. Numerical scores are converted into four categories of program performance: effective, moderately effective, marginal and not effective. Weighted questions are divided into two sections: Program design and benefit cost analysis, worth up to 55 points; and performance management/measurement, worth up to 45 points. Full points are awarded if a program meets all the elements of the question. Partial points are awarded if the program meets the majority of the question elements, or if the program manager(s) have developed and implemented a plan to correct deficiencies so that the majority of the elements will be fulfilled within the next fiscal year. Once the points awarded for each question are tallied, a final program score is computed. This combined with benefit-cost analysis through Results First establishes an overall rating of the program's effectiveness, which can be found on the final page of this report.

Part 1: General Information

Program: Licensed Recovery Homes

Agency: 444 – Department of Human Services

Is this program mandated by law? Yes __ No __X[10]__

Identify the origin of the law: State __ Federal ___ Other ___

Statutory Cite: ___The Substance Use Disorder Act (20 ILCS 301)____

Program Continuum Classification: _____ Recovery _____

Evaluability

Provide a brief narrative statement on factors that impact the evaluability of this program.

The Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR) does not directly run the Licensed Recovery Homes. The Licensed Recovery Homes are owned and administered by private organizations. Data collection, performance management based on data, and facility oversite are progressing as the Licensed Recovery Home program grows in Illinois. Over the past decade, IDHS/SUPR has worked with the recovery home service providers to promote stronger qualifying credentials on SUD, mental health and homelessness for managers at Licensed Recovery Homes.

Key Performance Measure	FY 2017	FY 2018	FY 2019	Reported in IPRS Y/N
See Key Performance Measures in the Supplemental Information Section				No

[10] The Substance Use Disorder Act (20 ILCS 301) requires DHS to issue licenses to Recovery Homes, but does not require any associated funding. The act requires the department to fund a "comprehensive" range of SUD services including recovery support, but Recovery Homes are not specified.

Part 2: Program Design and Benefit-Cost

Total Points Available: 55

Total Points Awarded: 45

Question	Points Available	Evidence Level	Points Awarded
2.1 What is the program evidence level? - Evidence Based 25pts - Theory Informed 15 pts - Unknown Effect 0 pts - Negative Effect -5 pts Describe the evidence base reviewed.	25	Theory Informed	15

Explanation: The National Association of Recovery Residences defines four levels of recovery residences, with varying levels of staffing and services. IDHS/SUPR licensed Recovery Homes align most closely with NARR Level 2.

While this report is on Recovery Homes, the most rigorous research on sober living houses has focused on the Oxford House model, which aligns with NARR Level 1. Oxford Houses are a particular type of chartered recovery house. A large portion of the literature on Oxford Houses in particular has come out of a research group at DePaul University.[11] Much of this research studies Oxford Houses located in Illinois (specifically the Chicago area), and this work is referenced by DHS in some of their materials about other recovery housing grant and loan programs.

IDHS/SUPR-licensed Recovery Homes have paid staff, unlike Oxford Houses. Oxford Houses place a similar emphasis on peer-led counseling, though residents are encouraged to attend meetings offsite rather than having groups hosted within the residence. For these reasons, Oxford Houses in Illinois do not seek IDHS/SUPR licensure and are therefore not eligible for contract funding. The Oxford House model was included in the U.S. Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP).[12]

Although IDHS/SUPR licensed Recovery Homes are closely related to the evidence-based Oxford House model, questions exist as to whether the evidence in support of this model can be applied to other types of recovery residences, which provide differing levels of support and target clients at different stages of the recovery process. Limited research exists on the NARR Level 2 category of staffed recovery residences. BFR staff reviewed several observational studies on non-Oxford House sober living houses in California. These studies did find positive outcomes but were based on before-and-after comparisons of program participants, not on comparison with a randomized control group. Due to the limitations of applying Oxford House research to other recovery residences and the need for more rigorous research on the level of recovery residences licensed by IDHS/SUPR, BFR considers this program theory informed.

[11] https://csh.depaul.edu/about/centers-and-institutes/ccr/oxford-house/Pages/default.aspx

[12] NREPP was retired in 2018, but the historical entry can be found at: https://web.archive.org/web/20180625175124/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=223

Question	Points Available	Full/Partial/No	Points Awarded
2.2 To what extent is the program implemented and run with fidelity to the program design? Describe the core components of the program as designed and as implemented in Illinois.	25	Partial	20

Explanation: One important component of recovery residences is providing a supportive, recovery-oriented social network for residents, including participation in self-help groups such as 12-step groups. Research has suggested that the combination of recovery residences and self-help groups may support recovery better than either approach alone, although it is difficult to isolate the effects of recovery residences without self-help groups, since most recovery residences mandate or strongly encourage self-help group participation.[13] In conformance with this component, IDHS/SUPR licensed Recovery Homes are required to provide peer-led community gatherings at least five times per week.

A second core component of effective recovery residences is a common thread across many behavioral health interventions: sufficient treatment duration. Unlike residential treatment centers, recovery residences generally do not have a maximum length of stay or target "completion" date. Instead, clients are encouraged to move toward independent living at their own pace. IDHS/SUPR Recovery Homes appear to have fidelity to this component. According to the IDHS/SUPR Contractual Policy Manual[15] for FY2020, the daily reimbursement rate for Recovery Home – Adult is $54.8214. At a median cost of $3224.30 the average length of stay would be about 60 days.

Research on Oxford Houses emphasizes the resident-financed structure of these residences. The primary benefit of this structure is to reduce public costs, which makes unlimited lengths of stay more feasible. However, some researchers also connect resident employment and rent payment with increased self-sufficiency and self-esteem that can support recovery. IDHS/SUPR subsidizes costs for many Recovery Home residents through contracts with the Recovery Homes. While these facts increase public costs compared to resident-financed homes, it also may increase access for low-income clients. Unlike substance use disorder treatment services, recovery residences are not covered by private insurance or Medicaid, so IDHS/SUPR is the only avenue of subsidy for clients who cannot pay for themselves.

A final component of many successful recovery residences is democratic organization and resident empowerment. Some research has expressed concern about recovery residences that are run in a top-down "strong manager" style, with little input from residents.[15] It is possible that the IDHS/SUPR requirement for a house manager could cut against this component. However, many recovery residence managers do recognize the importance of resident empowerment and solicit resident engagement through resident councils or other mechanisms.

[13] Groh et al, 2009.

[14] https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/SUPR/2020/SUPR_Contractual_Policy_Manual_for_FY_2020.pdf

[15] Polcin and Henderson, 2008.

Question	Points Available	Yes/Partial/No	Points Awarded
2.3 To the extent that the program did not receive full points in question 2.2, has the program been adapted responsibly according to competing best practices in the field, or have modifications been made due to under-resourcing or for other reasons?	(15)	Yes	5

Explanation: As discussed above, while subsidizing resident costs rather than relying on a resident-financed structure increases costs, it also increases access for low-income residents who may be in earlier stages of their recovery and not yet able to support themselves. IDHS/SUPR's contribution is particularly important since private insurance and Medicaid do not generally cover recovery residences.

Similarly, while democratic organization may support recovery through increased resident engagement and empowerment, there are also arguments in favor of requiring qualified house managers. Recovery Home operators and managers are required to be certified or have a certain amount of experience in substance use disorders and recovery support. This requirement helps ensure that managers are educated in current best practices in recovery, such as Medication Assisted Recovery (MAR) for clients in recovery from opioid use disorder. Many recovery residences have a strong culture of abstinence and are uncomfortable with allowing residents who are on MAR, which can create barriers.

Question	Points Available	Yes/ No	Points Awarded
2.4 If the program achieved full credit in question 2.2, can we expect the Optimal Return on Investment (OROI) for this program to be equal to or greater than $1 for each $1 spent?	5	Yes	5

Explanation:

See Section 2: Benefit-Cost Analysis.

Part 3: Performance Management/Measurement

Total Points Available: 45

Total Points Awarded: 38

Question	Points Available	Yes/Partial/No	Points Awarded
3.1 Does the program regularly collect timely and credible performance measures? Partial points may be awarded for an existing but not yet implemented plan for a performance measure regime.	10	Yes	10

Explanation: IDHS/SUPR collects performance measure data from treatment providers, including Recovery Homes, in the Division's Automated Reporting System (DARTS), which providers also use to submit claims data. IDHS/SUPR publishes these data annually on its website.[16] Recovery Home performance measures include measures on client engagement and retention, and client status at admission and discharge on measures such as employment, stable housing, criminal justice involvement, self-help group involvement, other supportive social interactions, and abstinence from alcohol and drugs. Most of the performance measures in this report are National Outcome Measures (NOMS), which are also reported to the federal government as part of IDHS/SUPR's federal block grant funding.

Question	Points Available	Yes/Partial/No	Points Awarded
3.2 Do the performance measures focus on outcomes?	5	Yes	5

Explanation: The outcomes reported reflect IDHS/SUPR's holistic approach to recovery. Data are reported not only on abstinence from drugs and alcohol, but also on other dimensions that are important to stable recovery, such as employment and housing.

Question	Points Available	Yes/Partial/No	Points Awarded
3.3 Do the performance measures include data on program implementation and fidelity to core principles?	5	Yes	5

[16] http://www.dhs.state.il.us/page.aspx?item=117108

Explanation: Performance measures for Recovery Homes include data on client length of stay, which is important as longer lengths of stay are associated with improved client outcomes. Data are also included on client engagement with self-help groups and other supportive social interactions. Encouraging and increasing such engagement is a core component of the sober living house model. It would be useful if IDHS/SUPR also collected information on the presence of structures for resident engagement and input, such as resident councils.

Question	Points Available	Yes/Partial/No	Points Awarded
3.4 Are independent and thorough evaluations of the program conducted on a regular basis or as needed to support program improvements and evaluate effectiveness?	5	Partial	3

Explanation: In 2018, a consulting firm issued a brief "environmental scan" report on recovery housing in Illinois, as part of the federal Cooperative Agreements to Benefit Homeless Individuals (CABHI) Project.[17] This is a small study that describes the recovery residence landscape in Illinois, the significant gap between the number of people exiting SUD treatment in Illinois and the number of available beds in recovery residences, and the challenges to increasing the quantity and quality of recovery housing. Given the limited scope of this report, more thorough independent evaluation would be desirable, particularly if it could contribute to the limited body of research on recovery residences that operate at the level of IDHS/SUPR licensed Recovery Homes.

Question	Points Available	Yes/Partial/No	Points Awarded
3.5 Does the agency use performance information (including that collected from program partners) to adjust program priorities or allocate resources?	5	No	0

Explanation: IDHS/SUPR has a limited number of performance measures related to its Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Block Grant (SABG) reporting. DARTS data are currently not very accessible within IDHS/SUPR, beyond the PDF reports that are also made available to the public. However, IDHS/SUPR is currently in the process of incorporating DARTS data into a Tableau dashboard. This project will make DARTS data more transparent and much easier to analyze. IDHS/SUPR plans to roll out this data visualization in stages, first to IDHS/SUPR staff, then to the rest of DHS, and eventually to other key stakeholders in state government and potentially the public.

[17] https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/cabhi-program

Question	Points Available	Yes/Partial/No	Points Awarded
3.6 Does the agency use performance information to adapt program implementation or take other appropriate management actions?	5	No	5

Explanation: IDHS/SUPR currently provides performance data collected in DARTS to provide feedback to providers about program management through yearly pdf reports with the intention that service providers improve outcomes based on that feedback. IDHS/SUPR hopes that the data visualization project described above will improve their ability to utilize performance data to take appropriate management actions.

Question	Points Available	Yes/Partial/No	Points Awarded
3.7 Are key performance measures for this program reported in the Illinois Performance Reporting System? Partial points may be awarded if key performance measures are not reported in IPRS but are made available to the public through other means.	10	Partial	5

Explanation The DARTS performance measures are publicly available on an annual basis. The entire IDHS/SUPR division is one program in IPRS, and the DARTS performance measures on drug and alcohol abstinence at discharge are reported in IPRS, as well as the percentage of clients who complete services. The measures reported in IPRS are for all SUD treatment levels combined. IDHS/SUPR has expressed discomfort with abstinence as the primary outcome measure for SUD treatment and recovery support services, because current best practices favor a more holistic view of recovery. It is therefore recommended that IDHS/SUPR report in IPRS more of their existing measures on other outcomes such as employment. It is also recommended that IPRS measures and programs be disaggregated to separate Recovery Home spending and outcomes from spending and outcomes for treatment facilities.

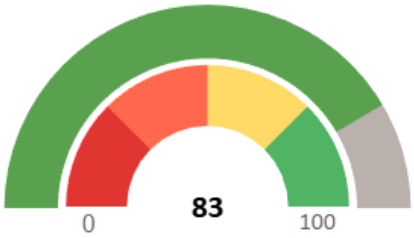
Concluding Comments

The Licensed Recovery Home program was adopted by DHS in 2010 to provide alcohol and drug-free housing for those in early recovery or who have completed substance use disorder treatment. The Illinois Licensed Recovery Home program profile "Sober Living Homes" is supported as effective in achieving positive outcomes for participants and the state by four randomized controlled trials.

IDHS/SUPR collects performance measures that are important to a participant's stable recovery, including living arrangements and employment at admission and discharge. Licensed Recovery Homes are privately run, making treatment and programming options variable to resource availability, staff training and resident need.

IDHS/SUPR provides information about how performance measures are currently used to adjust program priorities and resource allocation largely through its SAMHSA SABG reporting. IDHS/SUPR is currently in the process of incorporating DARTS program performance data into Tableau dashboards, creating additional transparency and ease of use in the future.

Final Program Score and Rating



Final Score	Program Rating
83	Effective

SPART Ratings

Programs that are PERFORMING have ratings of Effective, Moderately Effective, or Adequate.

- Effective. This is the highest rating a program can achieve. Programs rated Effective set ambitious goals, achieve results, are well-managed and improve efficiency. Score 75-100
- Moderately Effective. In general, a program rated Moderately Effective has set ambitious goals and is well-managed. Moderately Effective programs likely need to improve their efficiency or address other problems in the programs' design or management in order to achieve better results. Score 50-74
- Marginal. This rating describes a program that needs to set more ambitious goals, achieve better results, improve accountability or strengthen its management practices. Score 25-49

Programs categorized as NOT PERFORMING have ratings of Ineffective or Results Not Demonstrated.

- Ineffective. Programs receiving this rating are not using your tax dollars effectively. Ineffective programs have been unable to achieve results due to a lack of clarity regarding the program's purpose or goals, poor management, or some other significant weakness. Score 0-24
- Results Not Demonstrated. A rating of Results Not Demonstrated (RND) indicates that a program has not been able to develop acceptable performance goals or collect data to determine whether it is performing.

Please see www.Budget.Illinois.gov for additional information.

Section 4

Supplemental Materials

Supplemental Information

Glossary

Best Practices: Policies or activities that have been identified through evidence-based policymaking to be most effective in achieving positive outcomes.

Evidence-Based: Systematic use of multiple, rigorous studies and evaluations which demonstrate the efficacy of the program's theory of change and theory of action.

Illinois Performance Reporting System (IPRS): The state's web-based database for collecting program performance data. The IPRS database allows agencies to report programmatic level data to the Governor's Office of Management and Budget on a regular basis.

Optimal Return on Investment (OROI): A dollar amount that expresses the present value of program benefits net of program costs that can be expected if a program is implemented with fidelity to core principles or best practices.

Outcome Measures: Outcomes describe the intended result of carrying out a program or activity. They define an event or condition that is external to the program or activity and that is of direct importance to the intended beneficiaries and/or the general public. For example, one outcome measure of a program aimed to prevent the acquisition and transmission of HIV infection is the number (reduction) of new HIV infections in the state.

Output Measures: Outputs describe the level of activity that will be provided over a period of time, including a description of the characteristics (e.g., timeliness) established as standards for the activity. Outputs refer to the internal activities of a program (i.e., the products and services delivered). For example, an output could be the percentage of warnings that occur more than 20 minutes before a tornado forms.

Program Continuum Classification: Programs are classified based on the type of service being provided: promotion, prevention, treatment or maintenance. This classification is based on a continuum of intervention developed by the Institute of Medicine (currently known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine):

1. Promotion - Promotion interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, social inclusion and strengthen their ability to cope with adversity.
2. Prevention - Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.
3. Treatment - Interventions targeted to individuals who are identified as currently suffering from a diagnosable disorder that are intended to cure the disorder or reduce the symptoms or effects of the disorder, including the prevention of disability, relapse, and/or comorbidity.
4. Maintenance - The provision of after-care services to the patient, including rehabilitation to assist the patient's compliance with long-term treatment to reduce relapse and recurrence. [18]

Randomized Controlled Trial (RCT): A study that randomly assigns participants into one or more treatment groups and a control group. This is the most rigorous type of study, because the random assignment allows researchers to isolate the effects of treatment from other participant characteristics that may be correlated with receiving treatment in the absence of random assignment. However, RCTs are not feasible or ethical in every research setting.

[18] https://www.ncbi.nlm.nih.gov/books/NBK32789/

Results First Clearinghouse Database: One-stop online resource providing policymakers with an easy way to find information on the effectiveness of various interventions as rated by eight nation research clearinghouses which conduct systematic research reviews to identify which policies and interventions work.

Target: A quantifiable metric established by program managers or the funding entity established as a minimum threshold of performance (outcome or output) the program should attain within a specified timeframe. Program results are evaluated against the program target.

Theory Informed: A program where a lesser amount of evidence and/or rigor exists to validate the efficacy of the program's theory of change and theory of action than an evidence-based program.

Theory of Change: The central processes or drives by which a change comes about for individuals, groups and communities

Theory of Action: How programs or other interventions are constructed to activate theories of change.

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Key Performance Measures

Key performance measures are on the subsequent pages.