



Budgeting for Results

Department of Human Services Division of Substance Use Prevention and Recovery

**Illinois Oxford House Independent Living Initiative
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 model¹ 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 more 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 – Illinois Oxford House Independent Living Initiative Program

The number of people in Illinois with opioid use, alcohol and marijuana dependence, and other substance 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 2019³. Substance use disorder (SUD) treatments have continued to evolve and improve alongside a growing set of challenges. Recovery housing, a sober living facility, can be an important step in treatment and recovery.

Oxford Houses are a specific type of recovery housing. Oxford House is a non-profit corporation working to duplicate the Oxford House recovery home model nationally. The Oxford House model has core principles that the recovery home be self-supporting, democratically run, drug free and allow residents an unlimited stay.⁴ The Illinois Department of Human Services-Division of Substance Use Treatment, Prevention and Recovery (IDHS/SUPR) provides start-up loans to establish Oxford Houses. IDHS/SUPR has given 62 Oxford House start-up loans since 2011.⁵ There are 48 Oxford Houses in Illinois in 2020.⁶

The Illinois Oxford House Independent Living Initiative program supports a sober living environment for people addressing substance use disorders. Oxford Houses are self-supporting. The residents pay their own rent. IDHS/SUPR provides start-up loans which are repaid within a year. Oxford Houses are democratically run, there are no paid operators or managers and the Houses require no license from the state. Residents elect house leadership to delegate chores and monitor their own behavior. Oxford Houses range in size, anywhere from six to fifteen residents. There are houses for men, women, and women with children.⁷

The Illinois Oxford House Independent Living Initiative program under IDHS/SUPR 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. The philosophy and make-up of the Oxford House 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.⁸

- Recovery Residences are one point for people on the continuum of recovery from SUD
- The Oxford House is a low-cost, evidence-based model for long-term alcohol and drug-free housing for people in recovery
- The population of Recovery Residences have co-occurring issues such as homelessness and mental health needs

³ <https://idph.illinois.gov/OpioidDataDashboard/>

⁴ https://www.oxfordhouse.org/userfiles/file/purpose_and_structure.php#structure

⁵ <http://www.dhs.state.il.us/OneNetLibrary/27896/documents/RecoveryHousingEnvironmentalScan.pdf>

⁶ <http://www.oxfordhouse.org/pdf/il>

⁷ https://oxfordhouse.org/userfiles/file/questions_and_answers.php#q3

⁸ <http://www.williamwhitepapers.com/>

Recent budget appropriations and expenditures presented in Table 1 are exclusively on the Oxford House Loan program within IDHS/SUPR.

Table 1: Illinois Oxford House Independent Living Initiative program Appropriations and Expenditures by Fiscal Year (\$ thousands)

Oxford

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Appropriated ¹	\$421,511	\$383,446	\$414,128	\$414,128	\$423,142	\$723,283
Expended	\$406,511	\$338,446	\$399,128	\$394,111	\$401,142	\$563,988

1. There is no statutory appropriation specific to Oxford Houses. IDHS/SUPR budgets and establishes the amount in provider contracts.

A majority of IDHS/SUPR funding for SUD treatment and recovery is based on the American Society of Addiction Medicine (ASAM) criteria which organize treatment and recovery into levels of care. However, Oxford Houses are funded as a program separate from ASAM levels of care. Oxford Houses in Illinois can apply for start-up loans. The program has a 96% payback rate.⁹ The appropriations and expenditures above are exclusively for administration of the Oxford House loan program.

Using national literature and program information gathered with IDHS/SUPR, BFR matched the Oxford House Loan 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.¹⁰ More information on the evidence base for the Oxford House Model can be found in the SPART section of this report.

⁹ Provided by the Illinois Department of Human Services.

¹⁰ Further program profile and meta-analysis information available at: <https://www.wsipp.wa.gov/BenefitCost/Program/718>

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	Illinois Oxford House Independent Living Initiative Program¹¹
Optimal Benefits	\$1,866
Real Cost (Net) per participant	\$696
Benefits – Costs (Net Present Value)	\$1,170
Benefits/Costs (OROI)	\$2.68
Chance Benefits Will Exceed Costs	52%
SPART Score	82, Effective

The optimal return on investment calculated by BFR on the Illinois Oxford House Independent Living Initiative program determined that for every one dollar spent by IDHS/SUPR, \$2.68 of future benefits from increased employment and reduced crime could be realized by program participants, Illinois taxpayers and crime victims.

¹¹ 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 – Illinois Oxford House Independent Living Initiative

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 Oxford House Model aligns with NARR Level 1 Peer-Run housing. Administrative costs and loan repayment rate 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 employment¹². 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. IDHS/SUPR could not provide education data on Oxford House residents. Benefits related to earnings via employment for participants were not included in this benefit-cost analysis.

The annual costs and benefits for the IDHS/SUPR Licensed Recovery Home program can be seen below in *Figure 1*. 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.

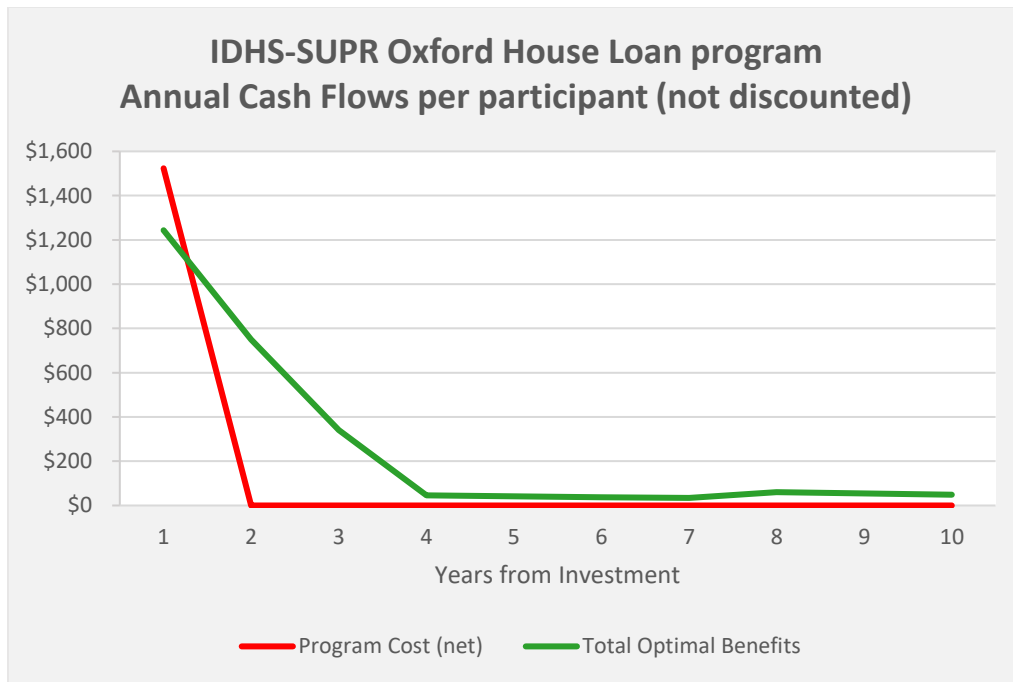
The green line shows total program benefits. As illustrated, the program benefits exceed the program costs beginning in the first year of investment. Although not depicted in *Figure 2*, BFR projected the program benefits out 50 years and found that optimal expected program benefits are \$2,360 when 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 decreased crime in society, lower state health care costs and participant mortality. Benefits related to earnings via employment for participants was not included in this benefit-cost analysis because IDHS/SUPR could not provide education level data on Oxford House residents. Mental health treatment outcomes were also not included in this report. Based on additional data that will be obtained from future studies this

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888149/>

program will be reevaluated to determine outcomes in other result areas.

Figure 1



The IDHS/SUPR Oxford House Loan program accumulates benefits over time to various groups. The benefits to Illinois are based mostly on decreased substance use disorder for program participants, avoided state medical costs and avoided private costs incurred as a result of fewer crime victims. The private victimization costs include lost property, medical bills, wage loss, and the pain and suffering experienced by crime victims.

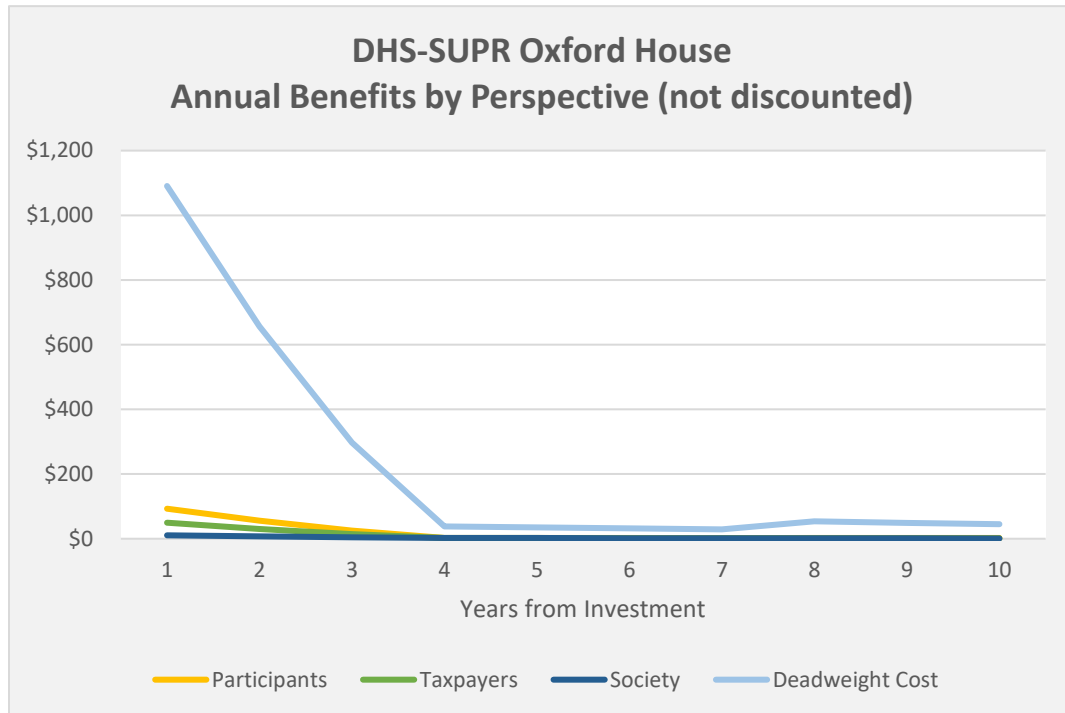
Better outcomes for participant employment as opposed to alternative available treatments lead to increased tax revenue for the state and a decreased need for taxpayer services.

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.

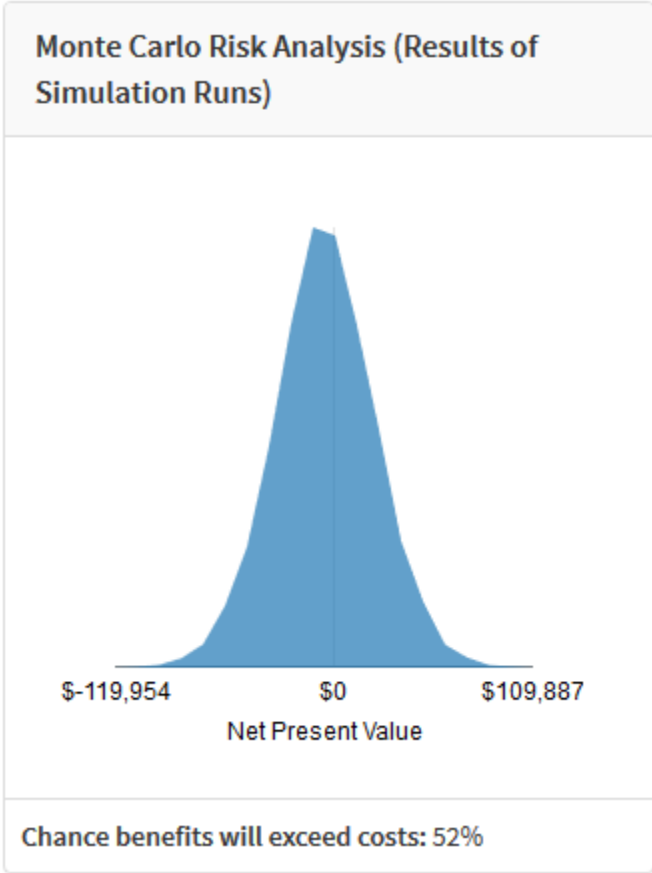
Figure 2 below illustrates how benefits accumulate to different Illinois stakeholders. The majority of benefits come from future avoided indirect deadweight costs. The remaining benefits come from avoided victimization costs in society and taxpayer costs. National research studies support the existence of benefits related to earnings via employment for participants. IDHS/SUPR could not provide education data on Oxford House residents, so these benefits were not included in this benefit-cost analysis.

Figure 2



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 3* shows the range of OROI resulting from running the simulations. The optimal program benefits exceeded the program costs in 52 percent of the simulations.

Figure 3



Section 3

State Program Assessment Rating Tool

State Program Assessment Rating Tool (SPART)
Licensed Recovery Homes
444 – Department of Human Services

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 an assessment of the performance of state agency programs. Points are awarded for each element of the program including: Program Design and Benefit-Cost and Performance Management/Measurement. 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

Is this program mandated by law? Yes ___ No X¹³
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) run the Oxford House Loan program but does not directly run any Oxford House. IDHS/SUPR contract with non-profit Project Management Organizations (PMO) to manage loan repayment and provide wrap-around services. Oxford House is a national model of recovery housing managed by the Oxford House non-profit corporation. Data collection, performance management based on data, and facility oversight are administered by the contracted PMO.

Key Performance Measure	FY 2017	FY 2018	FY 2019	FY 2020	Reported in IPRS Y/N
Number of Oxford Houses	54	59	64	64	N

¹³ The Substance Use Disorder Act ([20 ILCS 301](#)) requires DHS to fund a “comprehensive” range of SUD services including recovery support, but Oxford Houses are not specified.

Part 2: Program Design and Benefit-Cost

Total Points Available: 55
Total Points Awarded: 50

Question	Points Available	Evidence Level	Points Awarded
<p>2.1 What is the program evidence level?</p> <ul style="list-style-type: none"> - Evidence Based 25pts - Theory Informed 15 pts - Unknown Effect 0 pts - Negative Effect -5 pts <p>Describe the evidence base reviewed.</p>	25	Evidence Based	25

Explanation: The National Association of Recovery Residences defines four levels of recovery residences, with varying levels of staffing and services. The Oxford House model aligns most closely with NARR Level 1.

The most rigorous research on sober living houses has focused on the Oxford House model. Oxford Houses are a particular type of chartered recovery house that are democratically operated by residents. A large portion of the literature on Oxford Houses in particular has come out of a research group at DePaul University.¹⁴ 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.

Unlike IDHS/SUPR-licensed Recovery Homes, Oxford Houses have no paid staff. Oxford Houses place an emphasis on peer-led counseling, though residents are encouraged to attend meetings offsite rather than having groups hosted within the residence. 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).¹⁵

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

¹⁴ <https://csh.depaul.edu/about/centers-and-institutes/ccr/oxford-house/Pages/default.aspx>

¹⁵ 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	Yes/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	15

Explanation:

Oxford House is a national organization that provides standards and support for individual Oxford Houses. The program is not monitored or licensed by IDHS/SUPR, and once the start-up loans are repaid the individual Oxford Houses are independent of the state. IDHS/SUPR does not have performance data on Oxford Houses beyond the start-up period and cannot provide measures similar to their Licensed Recovery Home program.

Core Components of the Oxford House Model

- 1) Recovery residences provide 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.¹⁶
- 2) A second core component of effective recovery residences is sufficient treatment duration. A core component of Oxford House Model is that individuals can stay as long as they want at an Oxford House as long as they pay rent and abstain from Alcohol and other drugs.
- 3) 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 this increases 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.
- 4) A final component of the Oxford House Model is democratic organization and resident empowerment. Much of the research cited throughout this report has underscored the importance of the peer-led organizational structure of Oxford Houses. According to Oxford House corp., “Oxford Houses are democratically self-run by the residents who elect officers to serve for terms of six months. In this respect, they are similar to a college fraternity, sorority, or a small New England town. Officers have fixed terms of office to avoid bossism or corruption of egalitarian democracy.”¹⁷

¹⁶ Groh et al, 2009.

¹⁷ https://oxfordhouse.org/userfiles/file/questions_and_answers.php#q3

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)	Partial	5

Explanation:

Although, performance data is not currently collected about the Oxford House locations by IDHS/SUPR, performance oversight of the Oxford House Loan program is contracted to non-profit Project Management Organizations (PMO). PMO’s average 160 hours per month per enrolled Oxford House for system support and development activities.

Through Kalimba House, IDHS/SUPR provides start-up loans and stipends for new Oxford Homes. As the Project Management Organizations (PMO), Kalimba provides technical assistance, recovery support services and new home development for two years for each new home while the residents are paying back the loan to the state. IDHS/SUPR monitors Kalimba House and the new homes for positive outcomes. SUPR works diligently with Kalimba to review their data collection process and to ensure that they are collecting data that is useful for predicting outcomes for the success of the residences and the houses. IDHS/SUPR will continue to provide technical assistance to Kalimba House to improve their data collection and utilizes the assistance of the national Oxford House, Inc. as well as national researchers in the field of recovery residences to enhance their data collection.

According to the IDHS/SUPR Oxford House Procedure Manual;

“IDHS/SUPR loans each new Oxford House up to a \$4,000 two-year loan, recipients must lease a IDHS/SUPR-approved property in a safe, alcohol and drug free community where transportation is readily accessible, and the prospect of gainful employment is near public transportation. IDHS/SUPR then works with the [managing organization] to provide oversight of the loan and its repayment during the two-year period.

Each house is required to enroll as an Oxford House chartered site , in which the house members agree to three conditions: (1) the group must be democratically self-run, following the procedures of the Oxford House Manual, (2) the group must be financially self-supporting and pay all its own bills, and (3) the group must immediately expel any resident that returns to using alcohol and/or illicit/illegal drugs.

During the two-year IDHS/SUPR loan period, Recovery Support Services are made available to residents. Recovery Support Services provided by the Oxford House lead agency may include development of a recovery plan, recovery

coaching, linkage to self-help meetings, employment coaching and other supports.

In addition, the IDHS/SUPR Project Management Organization (PMO) has an ongoing Systems Development role, which involves assisting Illinois communities to forge partnerships and alliances that support Oxford Houses, as well as identifying key resources for individuals in recovery. To accomplish this, the Project Management Organization engages the community through education about what Oxford Houses are and how successful they have been, as well as aggressive outreach and recruitment strategies, both the recruitment of landlords to rent to Oxford Houses as well as residents to live in them.”

Question	Points Available	Yes/Partial/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: 32

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:

The Project Management Organization (PMO) provides IDHS/SUPR with a monthly grid report on the number of Oxford Houses open, the number of loans outstanding, and percent of active loans in default (currently none).

IDHS/SUPR timely and credible loan performance information from their PMO.

Question	Points Available	Yes/Partial/No	Points Awarded
3.2 Do the performance measures focus on outcomes?	5	Partial	2

Explanation:

The performance information that IDHS/SUPR has asked the PMO to report is related to loan repayment outcomes and not program performance outcomes. Since IDHS/SUPR relies on evidence-based support that Oxford House is a national model of recovery housing managed by the Oxford House non-profit corporation, there is an assumption post start-up period that the Oxford House is run according to national standards and will achieve the intended outcomes.

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	No	0

Explanation:

The performance measures do not include data on program implementation. The only data that IDHS/SUPR collect considers Oxford House locations and loan repayment.

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	Yes	5

A large portion of the literature on Oxford Houses in particular has come out of a research group at DePaul University.¹⁸ Much of this research studies Oxford Houses located in Illinois (specifically the Chicago area), and this work is referenced by IDHS/SUPR in some of their materials about other recovery housing grant and loan programs. One of the RCTs referenced 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, but significantly also showed positive outcomes of increased employment¹⁹.

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	Yes	5

Explanation:

IDHS/SUPR is working to grow the Oxford House loan program to meet increasing demand for this level of Recovery Housing. IDHS/SUPR works with its PMO to use data to find and sustain new Oxford Houses in Illinois.

¹⁸ <https://csh.depaul.edu/about/centers-and-institutes/ccr/oxford-house/Pages/default.aspx>

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888149/>

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	Yes	5

Explanation:

IDHS/SUPR does not collect performance data on the Oxford House program. However, the agency contracts with a Project Management Organization (PMO) to adapt program implementation. The PMO is intended to provide continuous support; monitoring during monthly chapter meetings, making site visits when the house is struggling with membership, and responding to special circumstances.

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 number of Oxford Houses in Illinois is not yet a part of the Illinois Performance Reporting System. However, the number is publicly reported elsewhere. IDHS/SUPR uses the number of Oxford Houses as a performance metric.

Concluding Comments

The Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR) runs the Oxford House Independent Living Initiative loan program but does not directly run any Oxford House. IDHS/SUPR contracts with non-profit Project Management Organizations (PMO) to manage loan repayment and provide wrap-around services. Oxford House is a national model of recovery housing managed by the Oxford House non-profit corporation. Data collection, performance management based on data, and facility oversight are administered by the contracted PMO. As a consequence of the department's reliance on an external management entity, data gathering was delayed as the BFR Unit attempted to determine the proper custodian of the data.

Final Program Score and Rating

Final Score	Program Rating
Effective	82

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

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.²⁰

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.

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.

²⁰ <https://www.ncbi.nlm.nih.gov/books/NBK32789/>

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Section 4

Supplemental Materials

Program Profile

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