The Next Evolution of Residential SUD Care: Blending Home, Facility-Based Treatment

By Ashleigh Hollowell | August 25, 2025

This is an exclusive BHB+ story

Once unheard of at scale, in-home health and telehealth have now become a new normal for many care modalities.

As scale widens and scope deepens among these delivery models in the mental health space, could it change the way addiction treatment is practiced for good?

Some experts think so. With these changes, residential substance use disorder (SUD) treatment stays could become shorter, more hybrid-facing and evolve into a new place on the care continuum.

Aware Recovery Care launched its in-home substance use treatment program in 2011. Fourteen years later, CEO Roy Sasenarine says there are between 800 and 900 actively engaged at-home patients at any given time, with an average length of "stay" around 230 days.

"We allow people to stay where they are, in their home with their loved ones and treat them there," Sasenarine told Behavioral Health Business. "From an economic standpoint, it allows them to keep their families going. They're still allowed to work. From a business standpoint, businesses aren't suffering because they're losing productivity in their employees. It's comfortable versus going to an in-person facility, and we can actually surround them on an ongoing basis... For us, it's about building that infrastructure so that they will have sustained recovery as a result."

Where clinically appropriate, care at home can save providers, payers and patients on health care costs and also reduces disruptions to managing their life. Since the pandemic-era catalyst of telehealth and virtual health advancements, a 2024 study found that patients and caregivers have expressed an increased desire for in-home, post-acute care and especially for patients who experience socioeconomic hardships. The same is true for behavioral health and addiction treatment patients.

Of course, in-home SUD treatment isn't right for every patient and largely depends on their acuity level. Aware Recovery uses the standard criteria from the American Society of Addiction Medicine (ASAM) to evaluate the appropriate level of care for patients. If Aware's clinicians deem a patient fit for its in-home recovery program, a clinician does an assessment, gauges the patient's level of commitment, asks about the patient's support systems and families, home environment and given participation expectations.

Patients are expected to attend therapy at least once a week. They are also provided support for care coordination as needed and have access to nurse practitioners and family therapy.

While there will always be a place and a need for residential SUD treatment, Sasenarine explains, in-home care is also a unique opportunity to help patients in recovery adapt back to life at home in a more carefully monitored way that doesn't necessarily happen once they leave a physical facility.

"I've always had an issue with how the industry discharges people from a higher level of care, we send them right back to their home, and we expect them to live like nothing has happened," Sasenarine said. "No one has actually taught them how to live in that environment again. Where our specialty comes in is ... we teach them how to exist in the community while still getting the clinical treatment they need, because ultimately, they have to live in that space. Our goal is to teach them how to resist the temptations and stay on the trail."

Across the board, executives from the likes of Discovery Behavioral Health, the Hazelden Betty Ford Foundation, Lionrock Recovery (acquired by Brighnside Health in 2024) and AdCare Rhode Island told BHB that technology and changing patient preferences are poised to change how residential treatment is delivered.

Ideally, with the right guardrails in place, home therapy could be widely used as a step-down from residential, partial hospitalization or intensive outpatient programs to ensure patients have support as they re-enter their day-to-day realities.

"I know many in-home programs have very high success rates because of the longevity of treatment that they are receiving, and a lot of the in-home programs also work with family members," Nicole Paliotti, executive director of AdCare Rhode Island, an American Addiction Centers treatment facility, told BHB. "In-home treatment may actually even be for those who have gone through residential and have completed a step-down [program] like an IOP, and are just looking for that continuation of care."

Integrating these levels of care, though, is what would make a bigger impact across the industry, according to Dr. Joseph Lee, president and CEO of the Hazelden Betty Ford Foundation, one of the largest nonprofit addiction treatment providers in the U.S.

"I think just like you see with inpatient psychiatric care, there's always going to be a need for different levels of care," Lee said. "But I think how well integrated those levels of care are with the greater health care systems and recovery communities matters. The longitudinal outcomes of these programs are going to be really important."

At-home SUD treatment does hold promise for hyper-personalized treatment plans, but some of the success of these in-home programs will ultimately depend not only on integration, but also on the clinical profile of the patient, Lee explained. Should more at-home SUD treatment programs expand and become a primary model for treatment, he worries about the loss of a key ingredient in recovery: connection.

"I think addiction is really interesting. Of course, everybody wants minimal disruption in their lives," Lee told BHB. "We have to do work to keep balancing that with what their real clinical needs are for good outcomes. It's possible that there are some people who prefer in-home services for various reasons, but actually what they need is connection with a larger community. And maybe they are isolated, and you can't fault them. There's no way for them to know beforehand that that's what they need... I'm not saying this care can't be done in different venues, but the fellowship, the being seen, is such a fundamental part of getting people into a long-term recovery trajectory."

While this may be true, Ashley Loeb Blassingame, co-founder and former chief communications officer for Lionrock Recovery, a for-profit, online addiction treatment provider, said historically getting people into residential treatment for recovery has only happened "when their proverbial leg was falling off" because of the life disruption it causes to stop everything else, which she says is "the worst way to treat any condition."

Insurance companies are also to blame, Blassingame told BHB, because of dialing up the costs of care – a major deterrent for many who might otherwise seek treatment in any capacity.

"I think that's what's happening, is you have these converging factors where residential care is really expensive, it requires a heavy lift to provide it, to get reimbursed for it, to be a network for it," Blassingame said. "And then you have other options where people's lives can be less interrupted. They can also address their triggers and some of the life things that go on. They can address them with care while the things are going on, as opposed to scrubbing them out, teaching people how to handle them and then pushing them back into that setting."

At-home SUD treatment as a standalone method instead of residential treatment would require stringent guardrails, evaluations of the home environment, someone who still visits the patient at home regularly and clear collaboration between clinicians, family members, nurse practitioners and medication management teams, Paliotti stressed. But of course an in-hospital or residential setting must be used for detox no matter what.

"I do think it's a mix of both. I do think ideally a hybrid model where there's an in-home component [is key], so you have either a clinician or a peer recovery coach going to the home," Paliotti said. "Maybe part of that is meeting with your therapist virtually. It's not for me to say what the ideal model is for people, but I do think a hybrid approach is a good way to go."

Given the ongoing workforce shortages both across health care in general, but especially when it comes to behavioral health, Paliotti expects to see growth both of in-home, hybrid addiction treatment models and in telehealth.

Rachel Everett, president of the substance use division at Discovery Behavioral Health, underscored this.

"I can see a place for hybrid," Everett told BHB. "I can also see a place where perhaps in-home care helps lead to a shortened length of stay inside of an inpatient facility."

Discovery Behavioral Health, is a provider of residential and outpatient mental health, SUD treatment and eating disorder care across 16 states.

Everett predicts that the revolution of AI tools may also bridge an important gap in SUD care, promoting growth of and use cases for in-home models over time.

"I do think that the use of technology is really where we're headed in that space – and being able to have the accountability with the patients who are receiving care in-home is going to be pivotal," Everett said. "The integration of the AI is allowing us to learn our patients' patterns and tones. Sometimes, when you're doing virtual care ... you can miss things. You miss things in a virtual setting that you would pick up with somebody tangibly in front of you. It's easier when you can see them, feel them, touch them, hear them and watch how they're moving. I think AI will help us bridge that gap."

Companies featured in this article:

AdCare Rhode Island, Aware Recovery Care, Discovery Behavioral Health, Hazelden Betty Ford Foundation, Lionrock Recovery

Ashleigh Hollowell

Ashleigh Hollowell is a professional journalist who has spent her career covering a range of local news, contributing to independent magazines and trade publications, and providing in-depth national health care reporting. Her work has appeared in Becker's Hospital Review, VentureBeat, Popfugue, MSN Singapore, and related outlets. She received her bachelor's degree from Colorado State University-Pueblo and her master's from Syracuse University. In her free time, she volunteers with local organizations, enjoys hiking, reading, and yoga.