



# HUD Policy Brief: Understanding the Impact and Potential for Health Centers



## Recovery Housing Policy Brief

### Introduction

Health centers are increasingly addressing the social determinants of health for their patient population through partnerships and linkages to local housing and service resources. The importance of these partnerships is particularly relevant for those individuals and families that have substance abuse disorders that are either precariously housed or homeless. The Substance Abuse and Mental Health Services Agency (SAMHSA) estimates that 35-40% of all individuals experiencing homelessness in the U.S. are living with a substance use disorder, and that approximately 50% to 70% of persons who are homeless with mental illness misuse substances.<sup>i</sup> HUD recognizes the need for housing solutions for those with substance use disorders and through HUD's Office of Special Needs (SNAPS) funds over 1,600 projects across the country through the Continuum of Care (CoC) Program<sup>ii</sup> to provide temporary and permanent housing solutions for this population with over 600 projects that solely serve those with substance use disorders.<sup>iii</sup>

In December of 2015, HUD released a policy brief that focused on a particular type of substance abuse housing intervention, *Recovery Housing*. In the brief, HUD defines *Recovery Housing* "as housing in an abstinence-focused and peer-supported community for people recovering from substance abuse issues."<sup>iv</sup> The HUD Brief seeks to distinguish *Recovery Housing* from more common (or traditional) residential treatment programs. Residential treatment programs are defined as programs that typically have a medical component with participation in mandatory services in a highly structured environment that is of a short duration where *Recovery Housing* is a housing model that support those in recovery that want an environment free of substance use. *Recovery Housing* can support those leaving a treatment program or assist those who may relapse while in housing back into treatment programs if needed. HUD emphasizes the need for a range of housing options for those experiencing homelessness with substance abuse issues and the importance of choice in how one wants to move forward with recovery.

### Policy Brief Intent and Expectation

The intent of the HUD Brief is to outline expectations of how HUD funded *Recovery Housing* should be designed, operated, and integrated in a Continuum of Care's system of addressing substance abuse disorders and other vulnerabilities impacting the population facing homelessness and housing instability. An individual's choice should govern whether a homeless household enters into *Recovery Housing* and this type of housing should not be the sole option in any system. HUD believes that the *Recovery Housing* model can produce positive outcomes and meet specific needs of those with substance abuse disorders within a homeless system, when both choice and a core set of criteria and characteristics are clearly defined and followed.

Some of the core criteria that HUD outlined for *Recovery Housing* in the Brief included:

- Program design that is low-barrier and uses evidence-based practices;
- Outcomes focus on long-term stability and minimize return to homelessness;
- Operations ensure individual rights; and
- Leverages mainstream resources.

For a full explanation of Core Criteria and Characteristics in the brief go to:  
<https://www.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf>

Examples of the defining characteristics that HUD outlined for *Recovery Housing* in the Brief included:

- Participation is self-initiated;
- There are minimal barriers to entry;
- There is 24/7 access;
- Services are available to all program participants;
- Relapse is not treated as an automatic cause for eviction or termination; and
- Eviction or discharge should only happen when a participant severely disrupts the recovery community;

*Recovery Housing* can be implemented through either a Transitional Housing (TH) (time limited up to 24 months) or Permanent Supportive Housing (PSH) (non-time limited/permanent) model. With *Recovery Housing* HUD recognizes that there are differences between these models. The CoC should develop written standards that include the core criteria and characteristics, and also includes uniqueness of each of the models. For example standards for TH could include 24 hour staffing patterns and high level of services and supports, while PSH includes services but participation in services is not a condition of tenancy.

The end goal of the Brief is to provide guidance to help communities and homeless systems have standardization and quality *Recovery Housing* with outcomes that focus on housing stability, obtaining and maintaining income, and sobriety as part of the system to meet the needs for those who choose that path in recovery.

## Housing First and Recovery Housing

Although the HUD Brief has a focus on *Recover Housing*, which is based on substance-free environments, HUD continues to have a firm commitment to **Housing First**<sup>v</sup> practices for homeless on a system-wide level and continues to have policy priorities to employ such practices through funding in the CoC Program Competition.

**Housing First** is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent

Although it may seem that *Recovery Housing* would be at odds with a Housing First approach, *Recovery Housing* that is **aligned with the HUD Brief guidance** (including minimal barriers to entry and flexibility in eviction and termination for lack of program participation) and is **based on client choice** can work within a Housing First system as **one** of the options for those that are homeless that have substance use disorders. HUD encourages communities to operationalize Housing First in their homeless system and to lower and remove barriers to housing for those in all stages of recovery. Quality *Recovery Housing* can be as a component in the system.

## Health Center Connections

The Brief highlights the need for a comprehensive system of care approach for participants in *Recovery Housing* which includes Medicaid funded services through Health Centers. Having an understanding of *Recovery Housing* and how it can work within your local community provides another resource for Health Centers to collaborate and address the health needs of patients with substance abuse disorders. Partnerships between Health Centers and providers of the *Recovery Housing* can connect homeless individuals with substance use disorders with the housing and services that they need to support them in their recovery. Roles for health centers can take a variety of progressively engaged models including:



### **Health Center Highlight: Center City Concern, Portland OR**

Center City Concern (CCC) is a non-profit serving people experiencing or at risk of homelessness, poverty, and those that have addictions. CCC is a health center, has over 1,600 units of housing and has eleven (11) sites where tenants can receive healthcare and recovery services. CCC administers supportive housing that is Housing First and also offers *Recovery Housing* in Alcohol and Drug Free Community (ADFC) units. These units provide for those that choose, a peer-supported environment that is drug and alcohol free. ADFC units are operated as both transitional and permanent housing.

CCC *Recovery Housing* is based on the core criteria and characteristics outline in the HUD Brief. The housing is intended for those who have made the choice to be in a recovery environment and uphold Housing First principles by not requiring them to enroll in support services. Residents can stay as long as they need and receive services within a recovery framework. Before moving in residents must show a commitment to recovery by abstaining for 90 days before entering, they must maintain a drug and alcohol free environment, and participate in recovery programming.

CCC measures outcomes and impacts of their *Recovery Housing* primarily using metrics of housing stability and sobriety. More than two-thirds of the residents of transitional ADFC units move from transitional to permanent housing. Of ADFC permanent housing residents, 87.7 percent remain in the recovery housing program for at least one year. The average length of stay in permanent ADFC housing is 3.7 years, although several residents have remained for decades.<sup>vi</sup>

For more on HUD's Center City Concerns case study go to:

<https://www.huduser.gov/portal/casestudies/study-10172016.html>

## **ABOUT CSH**

CSH has been the national leader in supportive housing for over 25 years. We have worked in 48 states to help create stable, permanent homes for individuals and families. This housing has transformed the lives of over 200,000 people who once lived in abject poverty, on our streets or in institutions. A nonprofit Community Development Financial Institution (CDFI), CSH has earned a reputation as a highly effective, financially stable organization with strong partnerships across government, community organizations, foundations, and financial institutions. Our loans and grants totaling over \$700 MM have been instrumental in developing supportive housing in every corner of the country. Through our resources and knowledge, CSH is advancing innovative solutions that use housing as a platform for services to improve lives, maximize public resources, build healthy communities and break the cycle of intergenerational poverty. Visit us at [csh.org](http://csh.org) to learn more.

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<sup>i</sup> SAMHSA- Homelessness and Housing <https://www.samhsa.gov/homelessness-housing>

<sup>ii</sup> Continuum of Care Program, HUD Exchange, <https://www.hudexchange.info/programs/coc/>

<sup>iii</sup> Recovery Housing Policy Brief, December 2015, <https://www.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf>

<sup>iv</sup> Recovery Housing Policy Brief, December 2015, <https://www.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf>

<sup>v</sup> Housing First in Permanent Supportive Housing, July 2014, <https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

<sup>vi</sup> Portland, Oregon: Central City Concern Administers Recovery Housing, <https://www.huduser.gov/portal/casestudies/study-10172016.html>