RECOVERY HOUSING POLICY BRIEF

I. Introduction and Intent

As communities implement strategies to end homelessness, they need to be able to provide effective housing and services options for people experiencing homelessness who have diverse challenges and service needs, including substance use disorders. Those strategies should be effectively integrated within each community's overall approach, strategies, and systems for addressing substance use. HUD's Office of Special Needs Assistance Programs (SNAPS) funds over 1,600 projects across the country through its Continuum of Care (CoC) Program that report serving people with chronic substance use disorders, including projects funded as both transitional housing and permanent supportive housing; of those, over 600 report that they serve this population exclusively. In some cases, these programs target and focus on a specific priority population, such as families with children or persons with a history of chronic homelessness.

Recipients operate these projects with a range of philosophies and practices, varying levels of formality and accreditation, and an array of quality and achievement of outcomes. Some recipients operate their projects using *Housing First* and harm reduction practices, some are treatment-oriented transitional housing programs, some might refer to themselves as "sober-living environments," and others refer to themselves as "Recovery Housing." This Policy Brief focuses on sober-living and *Recovery Housing* programs and simply uses the term *Recovery Housing* throughout.

The intent of this Policy Brief is to provide clear guidance regarding the expected and effective operation of the subset of HUD-funded *Recovery Housing* programs in order to strengthen performance and improve the achievement of outcomes by these programs. Programs serving this population that are not currently operating with the practices and policies described within this brief, or do not currently meet the standards described here, should use this brief as a guide for making changes within their programs.

It is not HUD's intent that CoC's consider this brief as HUD's mandate on how CoCs should prioritize *Recovery Housing* programs within the CoC. Rather, HUD is encouraging each CoC to analyze the following to inform *their* prioritization decisions:

- current inventory of housing opportunities;
- needs within its jurisdiction (geographic area);
- expressed preferences of people being served;
- performance of all programs to determine the appropriate mix of housing options and to ensure the most effective use of CoC Program resources; and
- how it can provide meaningful choice to people experiencing homelessness with substance use disorders who are in all stages of recovery.

For the purposes of this Policy Brief, HUD is defining *Recovery Housing* as housing in an abstinence-focused and peer-supported community for people recovering from substance use issues. Typically, residents choose to actively participate together in

community activities focused on supporting recovery. Many *Recovery Housing* programs include a high percentage of staff in all areas of the organization that are in recovery themselves. Not only does this type of staffing advance the goals of the program through peer support, but it provides program participants, in some cases, with an opportunity to become employed in a mission-oriented work environment. This creates an environment that benefits both the organization and the individual program participants.

Although this Policy Brief focuses on *Recovery Housing*, it is important to note that research has found that housing models that are operated with *Housing First* practices have demonstrated their effectiveness in achieving housing stability for people with serious mental illnesses, and for those who have experienced chronic homelessness including many with active substance abuse disorders. Because of that strong evidence, HUD is encouraging communities to continue to expand the supply of housing models, including permanent supportive housing, that embrace *Housing First* and that use harm reduction practices, and HUD continues to place a policy priority on such practices within its CoC Program Competition.

Notwithstanding its emphasis on a *Housing First* approach, HUD also recognizes the importance of providing individual choice to support various paths towards recovery. Some people pursuing recovery from addiction express a preference for an abstinence-focused residential or housing program where they can live among and be supported by a community of peers who are also focused on pursuing recovery from addiction–environments that are provided by *Recovery Housing* programs. However, supporting individual choice must also mean that a community is ensuring that housing options are available for people at all stages of recovery, including people who continue to use drugs or alcohol. HUD is emphasizing that unless court ordered, CoC Program-funded projects should not require any homeless person to enter *Recovery Housing* or be offered or provided this type of program as the only housing option, but rather should offer them choices. In providing such choice, HUD is encouraging communities to ensure that all projects serving people with chronic substance use disorders support a life in recovery through the following four dimensions:

1. **Health**–Overcoming or managing one's disease(s) or symptoms–for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if an individual has an addiction problem–and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
2. **Home**–A stable and safe place to live.
3. **Purpose**–Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
4. **Community**–Relationships and social networks that provide support, friendship, love, and hope.[1]

[1] *SAMHSA's Working Definition of Recovery*. http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf

II. Expected and Effective Operation of HUD-Funded Programs Serving People with Substance Use Disorders

As with any HUD-funded programs serving people with substance use disorders, *Recovery Housing* programs should be designed and operated in a manner well-tailored to the needs and challenges of the people being served and should be effectively integrated within each CoCs' overall approach, strategies, and systems for addressing substance use. When implemented in a manner consistent with this brief, HUD believes *Recovery Housing* models: can provide a high degree of quality and positive outcomes for the program participants; can fulfill a unique and specific role within a community's homelessness services and behavioral healthcare systems; and can help provide meaningful choice in housing settings for people with substance use disorders. HUD considers the following to be a core set of criteria that HUD-funded programs serving this population should meet:

- residents entering CoC and ESG funded programs must be homeless according to HUD's homeless definition;
- program design should be low-barrier and based on evidence-based practices and models;
- core outcomes should emphasize long-term housing stability and minimizing returns to homelessness in addition to the personal recovery goals of program participants;
- policies and operations should ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- policies and operations should optimize autonomy and independence in making life choices;
- as appropriate, the programs receive the highest levels of national, State or local accreditation and licensure;
- program recipient is partnering with and leveraging resources through mainstream systems, including those funded through the U.S. Department of Health and Human Services (e.g., Medicaid, Community Health Centers, Ryan White, Substance Abuse Prevention and Treatment Block Grant);
- programs serving families with children have an appropriate range of services for all members of such households and are partnering with mainstream systems, including TANF, child welfare systems, that serve families with children;
- programs successfully help people move into permanent housing destinations if and when they exit the program; and
- programs are of high quality and performance, with performance measures in place that take into account the needs and challenges of the population being served.

CoCs and recipients of CoC and ESG Program funding that are serving this population should review the criteria in this brief and determine the extent in which CoC-funded programs are consistent with these standards and consider making program design changes. HUD is encouraging all communities to closely review the treatment/recovery program models used by HUD-funded programs and, to the extent they do not meet the standards outlined in this brief and are unwilling to make program design changes, consider reallocating those funds to a new project that will either follow the expectations for programs serving people with substance use disorders as described in this brief or that will implement a different housing model prioritized within the community.

Diverse funding streams and leveraging of mainstream resources is also a critical component of a successful and sustainable *Recovery Housing* program. HUD is also encouraging communities and CoCs to explore options for attaining funding sources for supportive services, including funding from mainstream healthcare systems that can support the operation of *Recovery Housing* programs. As part of this effort, CoCs should determine if there are strategies available for reducing utilization of CoC funding for such services in order to expand the total supply of housing options for people exiting homelessness within their jurisdictions. For example, Central City Concern in Portland, Oregon supports its activities through a variety of income sources including: HUD CoC Program funds for housing related costs; Medicaid (it is a Federally Qualified Health Center); and HHS programs and local funding sources (City, County). This diversity within its funding portfolio allows for a comprehensive system of care for its program participants, who have access to in-house resources to help meet the health and psycho-social needs often linked to long-term substance abuse.

III. Expected and Effective Operation of Recovery Housing for Persons Experiencing Homelessness

Recovery Housing is a housing model that uses substance use-specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction, typically emphasizing abstinence. The personal recovery journey is different for everyone, and some people who experience homelessness and who are pursuing recovery express a preference for a housing environment that is abstinence-focused and uses a peer-driven community to support recovery.

In the CoC and ESG programs, *Recovery Housing* may be provided as transitional housing[2] or, for people with more severe disabling conditions who are in need of long-term housing and assistance, as permanent supportive housing. While there are some

[2] While ESG and CoC funding requires these programs to be time-limited, e.g., 24 months, ideally the time a person moves on from this type of Recovery Housing will be resident-determined, not program-determined.

differences between expectations for transitional and permanent supportive housing programs, described below, HUD expects all *Recovery Housing* programs to have the following defining characteristics and effective practices:

- program participation is self-initiated (there may be exceptions for court ordered participation) and residents have expressed a preference for living in a housing setting targeted to people in recovery with an abstinence focus;
- there are minimal barriers to entry into programs, so that long periods of sobriety, income requirements, clean criminal records, or clear eviction histories are not required for program entry;
- generally, housing is single-site because of the benefits of the creation of a Recovery Oriented Community, but may include other housing configurations;
- residents have personal privacy and 24/7 access to the housing, with community space for resident gatherings and meetings;
- holistic services and peer-based recovery supports are available to all program participants;
- along with services to help achieve goals focused on permanent housing placements and stability, and income and employment, programs provide services that align with participants' choice and prioritization of personal goals of sustained recovery and abstinence from substance use;
- relapse is not treated as an automatic cause for eviction from housing or termination from a program–research indicates[3] that relapse prevention and management can be an important part of homelessness prevention for many program participants–therefore, the program includes relapse support that does not automatically evict or discharge a program participant from the program for temporary relapse;
- discharge from transitional housing or eviction from permanent supportive housing should only occur when a participant's behavior substantially disrupts or impacts the welfare of the recovery community in which the participant resides; however, the participant may apply to reenter the housing program if they express a renewed commitment to living in a housing setting targeted to people in recovery with an abstinence focus;
- participants who determine that they are no longer interested in living in a housing setting with an abstinence focus, or who are discharged from the program or evicted from the housing, are offered assistance in accessing other housing and services options, including options operated with harm reduction principles; and
- permanent housing programs must also abide by all local and State landlord-tenant laws that govern grounds for eviction.

[3] Substance Abuse Treatment for Adults in the Criminal Justice System http://www.ncbi.nlm.nih.gov/books/NBK64124/

Recovery Housing programs typically provide a progression of supports throughout the recovery process. Programs focused on addiction treatment and recovery that are short-term tend to provide more intensive supports, particularly at the beginning of the recovery process, while longer-term programs tend to provide fewer supports.

Recovery Housing programs differ significantly from residential treatment programs that typically include a medical component, 24 hour supervision, mandatory services, and a highly structured environment over a relatively short period of time (usually around 90 days). Participation in such a residential treatment could precede participation in a *Recovery Housing* program, but is not required. Residents in *Recovery Housing* programs may be participating in outpatient treatment programs, and access to residential treatment may also be provided to assist a participant in a *Recovery Housing* program who has relapsed.

IV. How Do HUD-Funded TH and PSH Recovery Housing Programs Differ?

Transitional and permanent supportive housing both may be considered a *Recovery Housing* model, but include significant differences and typically focus on different populations. CoCs and *Recovery Housing* programs within their jurisdictions should work together to develop written standards to define appropriate access to and discharge of a program participant from the program for disrupting the welfare of the recovery community.

Transitional Housing (TH) *Recovery Housing*:

- includes the core elements described in Section II and Section III of this brief, but expected outcomes should emphasize exits to permanent housing and the development of positive relationship;
- is less restrictive than in-patient treatment settings but often includes 24 hour staff, access to ongoing treatment options, high level of services and supports available and offered by both peers in recovery and professionals, and required periodic meetings with a case manager;
- is generally time-limited, usually with a maximum stay of 24 months (but may be shorter depending on the program);
- participants could have a lease, but must at least have an occupancy agreement;
- in cases of relapse, the program may hold the unit of the program participant for up to 90 days so that the program participant can receive other treatment services and retain their housing;
- may serve people with disabling conditions in addition to addiction, but having such a disabling condition is not required.

Permanent Supportive Housing (PSH) *Recovery Housing*:

- is less structured than TH Recovery Housing, and includes the core components described in Section II and Section III of this brief;
- is targeted to those persons experiencing homelessness in recovery from substance use disorders who choose a setting that will provide ongoing services and peer support because a substance use disorder or a co-occurring disability impedes their ability to live independently;
- generally includes services available to all program participants, although participation in services should not be a condition of tenancy;
- is not time limited;
- program participants have a lease and programs must operate in full compliance with local landlord-tenant laws, including laws governing eviction processes;
- in the cases of relapse, the program may hold the unit of the program participant for up to 90 days so that the program participant can receive other treatment services and retain their housing; and
- expected outcomes should emphasize housing retention and income progression, as well as sustained recovery.

V. Housing First and Recovery Housing–How Can They Work Together?

Recovery Housing, when administered in a manner consistent with this brief and in a community that has adopted the principles of *Housing First* communitywide, can be a part of a larger community approach grounded in choice for people who are experiencing homelessness and have substance use disorders. HUD strongly encourages CoC's to adopt a system-wide *Housing First* orientation that removes barriers whenever possible and that addresses the housing needs of people at all stages of recovery. When operated in a manner consistent with this guidance, *Recovery Housing* might not be in conflict with this approach so long as entry into the program is based on the choice of the program participant. Unless court ordered, no recipient should require a person to enter *Recovery Housing* or only provide this type of program as a housing option. Where a person experiencing homelessness with a substance use disorder indicates that their preference is to live in a community that uses a peer community to support sobriety, *Recovery Housing* is an appropriate option. For example, while a *Recovery Housing* program is otherwise low barrier, programs can limit entry to persons who are not currently using drugs or alcohol and are committed to living in a housing setting with peers who are committed to abstinence and have chosen the program and its design. **The key is that the program participant has sought out this type of program as their preferred choice for supporting their personal commitment to their sobriety and holistic recovery.**

In fact, *Recovery Housing*, as described in this brief, shares several core elements consistent with the *Housing First* approach including:

- minimal barriers to entry;
- person-oriented and respects resident choice–the resident is choosing a housing setting focused on supporting sobriety/abstinence which uses a peer community to support them in their individual decision to pursue sobriety; and
- failure to participate in formal service programs is not cause for eviction, although actively participating in community-led activities, such as attending resident meetings, is often expected in recovery housing.

Recovery Housing can and should be a component of any CoC that needs this type of resource to prevent and end homelessness in its community. *Recovery Housing*, however, should be offered by the CoC in proportion to the client need and desire for such an option within the community. Communities should ensure that their housing programs accept and serve people at all stages of recovery, including people who are still using alcohol or drugs.

Organizations that operate successful *Recovery Housing* programs may also operate other programs and housing units that target persons experiencing homelessness with substance use disorders, but which emphasize harm reduction practices–likely in units not located on the same site as its *Recovery Housing*. Within an effective system for addressing the needs of people with substance use disorders, program participants should be able to choose to move to the living environment best aligned with their preferred choice. In support of residential stability and ending homelessness, CoCs should promote flexible polices that allow individuals and families to transition from one living environment to another even when the projects are not owned or sponsored by the same organization.

VI. What Outcomes Should Recovery Housing Programs Include?

HUD-funded transitional housing and permanent supportive housing projects are subject to program and system level performance measures, including the rate at which program participants obtain or remain in a permanent housing situation. However, at the local level CoCs should use caution when comparing other TH or PSH programs to *Recovery Housing* programs, especially for the purposes of prioritizing funding. *Recovery Housing* is intended to support recovery from addictions, including recovery for people with severe substance use disorders; therefore, it could take longer to achieve permanent housing, employment, and stability outcomes than for other programs, but those outcomes should still be clear expectations for all programs. Although re-entry into transitional housing after relapse could adversely affect permanent housing placement outcomes, HUD is encouraging flexible practices regarding relapses.

HUD will continue to provide and refine guidance on program- and system-level outcome measures that account for unique models like *Recovery Housing*. In the meantime, communities can develop local measures that are appropriate to the model,

and which focus on the change in condition of program participants between program entry and exit. Below are some examples to consider:

- **Housing Stability–**In TH *Recovery Housing*, exits to stable permanent housing should be a primary focus of outcomes measured. For PSH Recovery Housing, maintenance of that housing should be a primary focus of outcomes measured.
- **Income–**Obtaining and maintaining employment and/or increasing income is a positive outcome.
- **Sobriety–**An increase in number of days sober in comparable periods before and after treatment or across two equal treatment periods is a positive outcome. Alternatively, a decrease in the number of days of relapse in comparable periods could be measured.

HUD and the U.S. Interagency Council on Homelessness also intend to provide more guidance regarding the alignment of *Recovery Housing* programs within communities' overall approach, strategies, and systems for addressing substance use.

VII. Resources

- Substance Abuse and Mental Health Services Administration: www.samhsa.gov/ (see Recovery and Recovery Support and Bringing Recovery Supports to Scale Technical Assistance Center Strategy)
- Recovery.org: www.recovery.org/topics/recovery-homes/
- National Alliance for Recovery Residences: www.narronline.org
- CSH: Substance Use and Housing National Leadership Forum Convening Report: www.csh.org/resources/substance-use-and-housing-national-leadership-forum-convening-report/#sthash.LFSMh5B4.dpuf
- World Health Organization Quality of Life Measures: www.who.int/mental_health/publications/whoqol/en/
- Recovery Capital Scale: www.ncbi.nlm.nih.gov/pmc/articles/PMC2211734/
- Public Service Use and Costs Associated With NY/NY III's Supportive Housing For Active Substance Users: www.casacolumbia.org/sites/default/files/files/public-service-use-and-costs-associated-with-nyny-IIIs-supportive-housing-for-active-substance-users.pdf
- Project Based Housing First for Chronically Homeless Individuals with Alcohol Problems: Within Subjects Analyses of 2-Year Alcohol Trajectories: http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300403