# Addiction Recovery and Housing: A Report from the 2016 National CSH Summit

JUNE 7, 2016

CSH
The Source for Housing Solutions

## Summary

On June 7, 2016 CSH invited a diverse group of national experts from the housing, homeless prevention, Substance Use Disorder (SUD) treatment, mental health, criminal justice and recovery fields for a special meeting on the topic of addiction recovery and housing. The primary goal of the convening was to engage participants in a thoughtful discussion around how CSH can work with our national and local partners to promote recovery in supportive housing and ensure that supportive housing is part of the continuum of recovery supports available for people living with addiction.

*"Recovery is more than the absence of something… it is the presence of connection with people and community"*

*- Jeff Olivet, Boston, MA*

The conversation built on the work accomplished at the National Leadership Forum on Substance Use and Housing, hosted by CSH and the National Council for Behavioral Health in October 2014, and explored a range of issues including the meaning of recovery and recovery-oriented care in supportive housing, the role of abstinence-focused housing for serving individuals experiencing homelessness, ways to address the stigma associated with addiction, and the need to engage the health care and criminal justice sector more meaningfully in this work. These discussions pointed to the rich diversity of experiences and insights at the meeting, all of which offered opportunities for deepening participants' collective understanding of the strengths and challenges we face in this work. The meeting also pointed to a number of key areas of consensus and recommendations, which are summarized below.

## Building Community

*"The starting point of recovery is community"*

*- James Ginsberg, Denver, CO*

There was strong consensus among the group that building community connection is critical to the recovery process and that more of this work is needed in supportive housing. While affordable housing and case management supports that connect tenants to critical health and social services are necessary to resolve someone's homelessness, neither of these are sufficient for promoting recovery. In order to promote more "recovery-oriented" care in supportive housing, there needs to be a stronger emphasis on services that help tenants build a sense of community belonging, both among tenants living in supportive housing and between tenants and their larger communities.

While we often think about housing stability as a necessary pre-requisite for social inclusion, housing security for individuals in recovery from addiction is also a function of one's community attachments—the sense that one belongs in a community and has a range of connections to local people and places to sustain this belonging. Participants spoke about the profound sense of loneliness among individuals experiencing homelessness and the challenge of separating individuals who have been living on the streets for several years from their primary social supports and networks in those settings when they move into housing. As many people in recovery note, loneliness is often a primary trigger for substance use. Promoting a sense of community can be especially challenging for individuals living in scattered-site units. Participants agreed that more research and evidence is needed to demonstrate the importance of fostering community attachment for promoting recovery and identifying best practices.

These conversations indicate that promoting supportive housing as a platform for recovery requires more than the provision of decent, safe and affordable housing with intensive case management services; it also requires a range of

informal social connections and supports to promote the experience of social inclusion and community belonging. One participant stated that supportive housing should be thought of as a "three-legged stool" that includes affordable housing, support services and community connection. While social supports, peer-delivered services and community building efforts are increasingly being integrated into supportive housing programs around the country, we must invest more heavily in these services and offer greater diversity in the range of supports available to tenants that enhance social connections and community integration. These efforts should involve not only community building activities, but also stronger efforts to create opportunities for employment, volunteering, civic participation and other ways that tenants can meaningfully connect to their neighborhood and larger communities.

Some specific recommendations that emerged from this discussion include:

- Providing peer-to-peer learning opportunities for supportive housing providers to learn from recovery housing providers on how to foster strong peer-supported recovery communities
- Incorporating community building as a core criteria within CSH's Dimension of Quality work
- Exploring innovative strategies – including online recovery communities and mobile recovery support groups – to increase social connectedness, networking and recovery support opportunities for supportive housing tenants living in scattered site settings
- Increasing communication, training and technical assistance efforts to promote the integration of employment, civic engagement and tenant/peer leadership opportunities in supportive housing programs

## Addiction and the Criminal Justice System

*"We can't just incarcerate our way out of addiction"*
*- Doug Bond, Los Angeles, CA*

Many participants noted that in order to effectively tackle the issue of addiction and homelessness in this country, we need to work with our federal, state and local partners to align drug policy with current addiction science and move away from ineffective, costly and inhumane policies that continue to treat addiction as a crime rather than a medical condition. Recently, more progressive reforms to drug policy and law enforcement practice that emphasize treatment over incarceration are being explored, fueled in large part by national conversations around the opioid and heroin epidemic, which has significantly impacted non-urban, white, and middle-class communities. While participants noted the controversial class and racial politics surrounding this national phenomenon, many recognized this as an opportunity to change the longstanding culture and institutional practice of criminalizing drug use. Most recently, the Comprehensive Addiction and Recovery Act (CARA) - one of the most expansive federal, bi-partisan legislation on addiction to date - was passed by Congress on July 13, 2016. This landmark opioid legislation seeks to expand prevention and education efforts while increasing access to evidence-based treatment and recovery support services, particularly for those involved in the criminal justice system.

Despite emphasis on notions of choice, self-determination and empowerment in the recovery process, participants noted the significant barriers faced by justice-involved individuals – those in the courts, incarcerated, reentering society or under community supervision - to pursue a self-determined path to recovery. Along with significant barriers to housing and employment for individuals with a criminal history, the widespread lack of sufficient prison or community-based treatment and recovery support programs for this population results in a cycle of untreated addiction, homelessness and incarceration. Furthermore, the slow acceptance of Medication Assisted Treatment as a legitimate pathway to recovery in the criminal justice system (including drug courts, correctional facilities and

community supervision programs) has led to the underutilization of life-saving addiction medications like Naloxone, methadone, or buprenorphine for this population.

The conversation highlighted innovative jail diversion programs – like the Law Enforcement Assisted Diversion (LEAD) Program and the Gloucester ANGEL program – where police departments are taking direct action to reduce incarceration and overdose-related deaths among individuals addicted to opiates and assisting them in connecting to treatment and other recovery supports. Participants praised these efforts and emphasized the need to replicate these programs more broadly across the country. In addition to jail diversion, participants emphasized the immediate need for greater investment in prisoner/jail re-entry programming and connecting these programs to housing. One participant, who served as a peer recovery coach for individuals with drug addictions in prison, noted the importance of integrating peer-delivered recovery supports more comprehensively into reentry programs and beginning these services while individuals are still incarcerated. Providing individuals with these supports and helping them build healthy, recovery-oriented connections while incarcerated may help prevent recurrence of drug or alcohol use once they return to their communities.

Participants also noted the positive direction of recent drug-crime sentencing practices and legislative initiatives – like the SAFE Justice Reinvestment Act – that seek to restrict the use of mandatory minimums, broaden the use of probation, and increase the discretion given to judges in sentencing nonviolent drug offenders. If passed, many of these policies can be applied retroactively to currently incarcerated individuals, allowing them to return to their communities. While encouraged about the shift in sentencing policy, participants also cautioned that homeless services, addiction treatment and community supervision systems are not prepared nor sufficiently coordinated in most communities to meet the housing, service and treatment needs of a mass influx of returning citizens.

Some specific recommendations that emerged from this discussion include:

- Highlighting and promoting innovative law enforcement initiatives that seek to reduce incarceration and increase access to treatment for people with addictions
- Increasing collaboration between local jail/prison systems and Coordinated Entry Systems to reduce discharges to homelessness
- Increasing advocacy and education efforts targeted at the criminal justice sector to raise awareness around addiction as a chronic disease and expand access to evidence-based treatment approaches, like Medication Assisted treatment, for justice-involved individuals in both correctional and community settings
- Increasing resources for re-entry programming and supports – including housing, employment, addiction treatment and peer-delivered recovery services – to help individuals transition successfully and safely back into the community

## Engaging the Primary Care Sector

*"Our future is entirely tied to Medicaid managed care but our priorities are not aligned… they don't pay for recovery outcomes; they pay for savings and HEDIS outcomes"*
*- Mark Ishaug, Chicago, IL*

At the heart of recovery-oriented systems is person-centered care that facilitates diverse pathways to recovery and provides real choice in the services and supports one receives. A key issue discussed during the meeting was how systems can work together to promote greater choice in treatment and housing options for people living with

addiction. However, many participants noted that to begin a fruitful conversation around promoting choice, we first have to address the fundamental problem of access to both treatment and affordable housing in most communities.

In almost every community, the need for SUD treatment and recovery supports far outstrips the availability, largely due to insufficient funding, payment design, and regulations on service delivery structure. In most communities, people have to wait weeks or even months to get access to the treatment they need. One participant noted how feelings of loneliness and desperation or hope and motivation that drive people with addictions to seek help are fleeting and that being able to provide "treatment on demand" is critical. More importantly, for someone with a serious opioid or heroin use disorder, even a week can mean the difference between a positive step toward recovery or a fatal overdose.

***"Addiction treatment has historically been the neglected 'step-child' of modern medical practice"***
*- Convening participant*

One participant noted that better integration of addiction services with primary care settings – including health clinics and hospitals – may help to both increase access to treatment and de-stigmatize addiction medicine. Despite recent progress, funding for treatment and recovery supports continues to be a lower priority for many policy-makers and is reflected in both public funding levels and coverage for services in private insurance plans, compared to other benefits. A representative from a managed care organization noted that while the Affordable Care Act and parity legislation provide an opportunity to expand the treatment continuum for SUDs, there is still a lot of work to do to translate policy into true access and choice in care for people with addictions. One primary issue impeding integrated care is the lack of provider incentives. Medicaid or insurance-based fee-for-service models that focus on specialized processes and procedures (e.g., HEDIS measures), rather than whole-person quality of care challenge integration and cross-sector coordination. Participants cited the need for more advocacy and outreach to managed care organizations around increasing access to addiction treatment and holistic recovery supports. To do so, we need more research on evidence-based interventions that promote recovery from addiction while reducing the cost of care.

Participants discussed the particular challenges that people experiencing homelessness face in accessing treatment and recovery supports. Many of these access issues stem from regulatory, medical liability and reimbursement policies that restrict where, how much and by whom treatment services can be delivered. Outreach and case management services – which are critical for individuals with SUDs, especially homeless populations - receive very little, if any, funding through treatment systems creating a significant bias toward site- or clinic-based treatment. Participants suggested that treatment systems could learn from trends in the mental health field, where services have shifted from clinic to home and community-based settings (e.g., ACT and supportive housing). These practice shifts have significantly reduced public costs while improving care and outcomes for individuals experiencing homelessness with a serious mental illness.

Some specific recommendations that emerged from this discussion include:

- Promoting greater integration between primary care and addiction services; providing training and education to primary care professionals around best practices in addiction medicine and community-based recovery supports
- Supporting education and outreach to managed care organizations to provide meaningful insurance coverage for addiction medications and increase their role in promoting recovery-oriented systems of care

- Increasing funding and dissemination of research to the healthcare field on evidence-based, cost-effective approaches to promoting long-term addiction recovery; using evaluation results to shift policies and reimbursement strategies that incentivize integrated, whole-person care
- Engaging treatment systems to incorporate more flexible, mobile, outreach-oriented and community-based treatment services that increase access to services for individuals experiencing homelessness, particularly those that are actively using

## Promoting Housing Choice

*"Supporting individual choice must mean that a community is ensuring that housing options are available for people at all stages of recovery"*
*- HUD Recovery Housing Policy Brief*

HUD's recent Recovery Housing policy brief urges communities 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". Participants unanimously agreed with this notion and repeatedly acknowledged the importance of promoting a broad and integrated continuum of housing options for people who are homeless and in recovery from addiction – including Recovery Housing, Housing First, scattered-site, single-site, transitional and affordable housing – as well as cross-system mechanisms that facilitate choice. However, despite general approval of the concept, participants were challenged by the question of how communities and systems can actually operationalize choice in a world of very limited housing resources.

Limited resources require communities to work collaboratively toward prioritization decisions. Participants noted the need to develop and disseminate tools and guidance to help communities assess client demand and desire for different housing models and services. Without clear guidance or data, prioritization decisions often fall prey to local politics and funding availability rather than meeting client needs. In addition, while a robust evidence base supports best practices in implementing Housing First models, participants noted the need for more research on the core elements of recovery housing that lead to improved outcomes for individuals and families with a long history of homelessness and severe substance use. In particular, we need to advance and evaluate more innovative models of recovery housing – like the one operated by Central City Concern - that incorporate key elements of housing first - minimal barriers to entry, individual leases, voluntary services and flexible relapse policies - which we know work well for homeless populations.

Participants also reflected on the meaning of choice and emphasized the importance of *informed* choice. Informed choice is a voluntary, well-considered decision that an individual makes on the basis of options, information, and understanding. The decision-making process should result in a voluntary and informed decision by the individual about what housing environment they move into. Toward that end, communities should consider mapping all available housing options so people understand what their options are. Currently, housing resources are not well integrated across sectors and access to housing can differ based on what system an individual encounters. Coordinated Entry Systems, administered by local homeless service systems, are attempting to address this issue but recovery housing options are not well integrated into these systems. Participants emphasized that housing choice is not something that can be achieved by one system alone; it requires multiple systems - including criminal justice, health care, homeless services, public housing, addictions treatment and other human service sectors - working together to leverage any and all resources available in a coordinated and integrated fashion.

Participants also noted the need for better collaboration between various housing programs in order to promote long-term housing permanency among people with addictions. Given the currently silo-ed nature of housing in most communities where residential treatment or transitional housing programs are not tightly linked to permanent housing options and recovery housing programs are not well connected to Housing First programs, people living with addiction are continually at risk of falling (back) into homelessness throughout their recovery process. In order to promote housing choice and stability over the life of the recovery process, systems need to coordinate resources, processes and policies to allow individuals and families to transition from one living environment to another as their needs and preferences fluctuate. In addition, participants noted the need to explore more flexible modalities of treatment and recovery support services that can be delivered in any setting (like supportive housing or therapeutic communities) so that tenants are not required to change residences to accommodate treatment needs.

Some specific recommendations that emerged from this discussion include:

- Developing tools and providing technical assistance to help communities assess client need and desire for various housing models including abstinence-based housing, Housing First models, single site housing, scattered site housing, transitional housing and affordable housing
- Identifying emerging best practices in Recovery Housing and supporting more research on models that promote housing stability, employment and other recovery outcomes for individuals with a history of chronic homelessness and severe substance use
- Increasing integration of Medication Assisted Treatment into primary care and in Recovery Housing and supportive housing programs
- Integrate recovery housing providers into Coordinated Entry Systems and increase coordination between residential treatment providers and recovery/supportive housing providers to improve continuity of care and housing
- Advocating to change HUD policies that prevent individuals exiting transitional Recovery Housing programs from accessing supportive housing or other permanent housing resources through Coordinated Entry Systems
- Promoting the practice of community-wide mapping of housing resources for individuals in recovery from addictions

## Addressing Stigma

***"The words we use to describe addiction are still very stigmatizing… these terms come with a high moral price-tag"*** *- Tom Hill, Washington, DC*

Another theme that arose frequently throughout the conversation was the need to address the social stigma attached to addiction, which remains one of the biggest barriers for individuals to access the resources, treatment and supports needed to address their substance use issues. While addiction research has helped to educate the public about addiction as a chronic disease, this notion is not fully reflected in our legal system, which continues to criminalize drug use; our health care system, which limits access to and payment for evidence-based treatments for substance use disorders; our housing policies, which deny the right of basic shelter to people with active addictions; or the language we use to describe addiction, which associates alcohol or drug use with filth or immorality.

Participants noted the need to change the language we use around substance use to reflect our new understanding of addiction as a medical condition. One person noted that the term "relapse", commonly used to describe a return to

using drugs or alcohol after a period of sobriety, is stigmatizing as it denotes a moral failing or "lapse" in judgment on the part of the individual and does not reflect the fact that addiction, like many other chronic diseases, involves cycles of recurrences and remission. In addition, despite the mounting evidence surrounding the effectiveness of Medication Assisted Treatment (MAT) for opioid use disorders, participants noted the persistent stigma associated with using these medications. Terms like "substitution" or 'replacement therapy" can imply that treatment medications such as methadone or buprenorphine are equal to street drugs like heroin. One participant noted a preference for the term "Medication Assisted Recovery" to clarify that patients in MAT are in recovery and taking a medication, not a drug. This stigma not only discourages many individuals from accessing these life-saving treatments, but prevents MAT from becoming a part of mainstream medication.

*"Even the term 'Medication Assisted Treatment' can be stigmatizing; we don't call diabetes or cancer care 'Medication Assisted Treatment', its medication"* - *Dr. Jim O'Connell, Boston, MA*

Clearly, despite the new science behind addiction, we have a long way to go before our society and our systems understand and treat addiction as a medical condition rather than a moral or behavioral issue. In order for us to advance our work in tackling the issue of addiction and homelessness in this country, it is imperative that this work is embedded in our collective effort to fight stigma. We can start by recognizing the power of words in perpetuating stigma and promoting the use of recovery-oriented language.

Some specific recommendations that emerged from this discussion include:

- Engaging peers in national advocacy efforts and using their voices and experiences to shift the culture and language around addiction
- Promoting the use of recovery-oriented language in our day-to-day work and conversations around addiction

## The Importance of Peers

"*Nothing about us without us*"- Ray Lay, Chicago, IL

Finally, a dominant theme that ran throughout the entire conversation was the critical role of peers in supporting recovery and the need to more meaningfully incorporate their voices and experiences not only in the delivery of services in supportive housing but also in building and advancing a national agenda for this work. In order to understand what recovery means and how we promote it, how we talk about it, and how we realize it, we have to learn from the experts who are living it. In addition, incorporating peers and their stories of recovery into this national advocacy work may be the single most effective way to help the general public and policy makers understand the nature of addiction and fight the long-standing stigma associated with addiction.

Recovery-oriented care is based on the belief that people with mental health issues, substance use disorders, and histories of homelessness and trauma can and do recover; that people in recovery can be a powerful support to one other in achieving long term recovery; and that peers should play a vital role in designing, delivering, and evaluating services. A growing number of supportive housing providers are harnessing the power of peer support and integrating them into their front-line operations. However, the conversation conveyed the need to push the industry beyond peer "tokenism" and embrace a true peer culture, where people in recovery are represented at all levels of the organization and system, from front line services to administration to executive management to community leadership. In addition, while peer support specialists have traditionally worked as volunteers, changes in treatment modalities and recognition of the importance of peers for supporting long-term recovery have led to a

professionalization of the role, including formalized training and state-wide certification, and the potential for paid employment in health and behavioral health systems.

Some specific recommendations that emerged from this discussion include:

- Incorporating the voice of people in recovery to inform our national advocacy and strategic planning efforts
- Incorporating tenant leadership and empowerment programming as a core part of CSH's Dimensions of Quality for supportive housing
- Providing trainings and technical assistance to supportive housing providers around leveraging the power of peers in supporting the community recovery process and helping organizations move beyond peer tokenism and toward a culture of peer leadership
- Supporting the professionalization of peers as recovery support specialists in the housing and health care workforce

## Conclusion

The Pre-Summit session brought together a diverse group of national experts in the areas of addiction recovery, homeless services, Recovery Housing, supportive housing, criminal justice, health care and substance use treatment for a powerful dialogue around promoting housing as a platform for addictions recovery. The conversation effectively engaged and reflected the varied expertise and experiences of all participants and covered a broad array of topics from community building to drug policy to healthcare integration and the power of peers. The conversation highlighted both the tremendous opportunities and intractable challenges we face in transforming our practices and our systems to achieve the full promise of Recovery Oriented Systems of Care.

The thoughtful recommendations that emerged from this convening will inform the collective efforts of CSH and our national partners to advance meaningful system changes at the federal, state and local levels to maximize resources, services and choices for people living with substance use disorders. Supportive housing must play a critical role in addressing the national crisis of homelessness and addiction in this country and promoting more recovery-oriented systems of care. In order to be successful in this work, the industry must advance with great, innovative leaps; it must move beyond bricks and mortar and beyond homelessness and housing stability to elevate supportive housing as a platform for tenant empowerment, success and long-term recovery. Toward these ends, CSH will focus our efforts on the following activities:

- Work with local communities and our federal and national partners to strengthen partnerships and collaboration between supportive housing providers, treatment systems and recovery communities
- Leverage our Dimensions of Quality and national certification program to drive more recovery-oriented, tenant-centered, and peer-driven services in supportive housing
- Provide training and technical assistance to supportive housing providers to integrate evidence-based recovery supports (employment, peer supports, Wellness Self-Management, Wellness Recovery Action Planning, etc.) and treatment modalities (e.g., MAT) more integrally into services
- Provide tools, resources and technical assistance to help communities assess housing needs and develop a broad and integrated continuum of housing options that remove barriers to housing while promoting various pathways to recovery for people with addictions

- Work with policy makers and funders to expand and evaluate promising models of Recovery Housing (as described in the HUD recovery housing brief) that meet the needs of individuals and families with a long history of homelessness and severe substance use
- Meaningfully engage the voices of individuals with lived experience of homelessness and addiction to inform CSH's strategic planning and national advocacy efforts around housing and substance use

# Pre-Summit Session
# Addictions Recovery and Housing

**June 8, 2016 2-5pm**
**Chicago, IL**
**Chicago Marriott Downtown Magnificent Mile**
**Room H, Fifth Floor**

## Meeting Agenda

**2:00pm – 2:10pm:** **Welcome and Introductions**

- Purpose of the meeting: *Janette Kawachi, Director of Innovations & Research, CSH*
- Introductions

**2:10pm – 2:30pm:** **Recent Progress**

- HUD and Recovery Housing: *Bill Block, Special Consultant on Homelessness, HUD*
- Medicaid Coverage of SUD Treatment/Recovery Supports: *Peggy Bailey, Director of the Health Integration Project, CBPP*
- SAMHSA Recovery Oriented Systems of Care: *Tom Hill, Senior Advisor for Addiction and Recovery, SAMHSA*

**2:30pm – 4:45pm** **Discussion: How do we promote recovery in supportive housing and ensure that supportive housing is part of the continuum of recovery supports available for people living with addiction?**

Facilitators: *Janette Kawachi, CSH & Ryan Moser, Managing Director, CSH*

a. How do we define "recovery" in supportive housing? How do we help addiction treatment systems and the recovery community understand the role of supportive housing in fostering recovery?
b. What does "recovery-oriented care" mean in supportive housing and for homeless services? How do we increase access to treatment and recovery supports for individuals (single adults, youth, families, ex-offenders, veterans, etc.) with SUDs experiencing homelessness or living in supportive housing?
**c.** What is the role of abstinence-focused supportive housing options for individuals experiencing homelessness? How can Continuum of Care systems integrate Recovery Housing options while adopting a system-wide *Housing First* approach?

**4:45pm – 5:00pm:** **Wrap Up and Next Steps**
*Janette Kawachi*

**5:30pm:** **CSH Summit Opening Reception**
Chicago Marriott Downtown Magnificent Mile, 7th floor Salon 111

**7:15pm:** **Networking Dinner hosted by CSH**
Francesca's on Chestnut: 200 E. Chestnut Street Chicago, IL 60611
Phone: 312-482-8800


## Pre-Summit Session
## Addictions Recovery and Housing
**Attendee List**

Erica Alexander
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DESC
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Ken Anderson
VP Business Development Government Solutions
Optum
Brush Prairie, WA

Peggy Bailey
Director of the Health Integration Project
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Roma Barickman
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Ed Blackburn
Executive Director
Central City Concern
Portland, OR

Bill Block
Special Consultant on Homelessness
U.S. Department of Housing and Urban Development
Seattle, WA

Doug Bond
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Amity Foundation
Los Angeles, CA

Dorothy Edwards
Peer Support Specialist/CSH Board Member
Housing Works
Los Angeles, CA

Christopher Galli
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Ohio department of rehab and correction
Columbus, OH

Gail Gilman
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James Ginsburg
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Jeff Olivet,
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