

County of Los Angeles
Substance Abuse Prevention and Control

Improving Access to Housing for Patients in Recovery from Substance Use Disorders

Los Angeles County is transforming its system of care for substance use disorder (SUD) treatment services under California’s Medi-Cal 2020 1115 Waiver demonstration project, which will increase access to treatment and ancillary services for individuals who are eligible for Medi-Cal. This vision paper describes how Substance Abuse Prevention and Control (SAPC) plans to improve access and linkages to a continuum of housing choices for patients in recovery from SUDs.

Background

Safe, stable, and supportive living environments are essential to individuals recovering from substance use disorders (SUD). Patients with SUDs who are unstably housed are at greater risk of relapse, and those experiencing homelessness, especially those who are chronically homeless, face serious challenges to their health and safety that make it especially challenging to reduce use or maintain sobriety. During FY 2014-15, 8,627 patients admitted to Substance Abuse Prevention and Control (SAPC) programs (18.3% of total admissions) reported they were homeless at the time of intake; among patients admitted to residential treatment programs, 51.5% reported they were homeless, while 37.8% of those admitted to residential medical detoxification programs reported they were homeless at intake. Approximately a third of these patients reported they had found housing by the time of their discharge, while nearly two-thirds reported they were still homeless. It should be noted that the SAPC definition of homelessness, which includes people who are residing with friends or relatives and are either at risk of or experiencing homelessness, is broader than the U.S. Department of Housing and Urban Development’s (HUD) definition of homelessness.¹

Homeless and unstably housed individuals with SUDs benefit from housing referrals that are appropriate to their needs in order to increase the likelihood of treatment compliance and recovery. Often, housing needs fall on a spectrum ranging from temporary, short-term, abstinence-based housing to provide a safe living environment during SUD treatment, to permanent supportive housing for chronically homeless individuals with more intensive health, behavioral health, and social needs. The Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver will result in greater access to SUD treatment and expand available services, such

¹ HUD homeless definition includes four categories: 1) **Literally Homeless**: individual or family who lives in a place not meant for human habitation or in an emergency shelter or is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; 2) **Imminent Risk of Homelessness**: Individual or family who will imminently lose their primary nighttime residence within 14 days and who lacks the resources to obtain other permanent housing; 3) **Homeless Under Other Statutes**: includes unaccompanied youth under 25 or families with children and youth who have experienced persistent instability (see terms and definitions for more information); and 4) **Fleeing/Attempting to Flee Domestic Violence**: An individual or family attempting to flee DV who has no other residence and lacks the resources or support networks to obtain other permanent housing.

HUD defines someone who is chronically homeless as “a person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months” (United States Department of Housing and Urban Development, 2016).

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as case management and recovery support services, which will help build stronger linkages to a variety of housing types for patients with SUDs as well as provide the support needed to help individuals maintain their housing and their recovery.

Housing: An Essential Component of Recovery

Housing that is secure and stable is one of the essential components of recovery, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). According to SAMHSA, recovery from mental disorders and/or SUDs is defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (U.S. Department of Health and Human Resources -- Substance Abuse & Mental Health Services Administration, 2012). Through the Recovery Support Strategic Initiative, SAMHSA has outlined four major dimensions that support a life in recovery:

1. Health: Overcoming or managing one’s disease(s) or symptoms – for example, abstaining from the use of alcohol, illicit drugs, and non-prescribed medications if one 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.

Housing choices for people with SUDs should help to facilitate and address these four key dimensions of recovery.

Continuum of Housing for Patients in Recovery

People with SUDs have different needs with regard to the type of housing that would work best for them, and it is imperative that individuals have a choice in terms of housing options in order to best meet their unique recovery needs. The shift in the recovery paradigm that increasingly views recovery as a lifelong process is also bridging the traditional philosophical divide in the SUD treatment field between “harm reduction” and “abstinence-based” approaches (Corporation for Supportive Housing, 2015).

Research demonstrates that people with SUDs tend to reduce their alcohol and drug consumption after moving into housing (Milby, 2005). The best level and types of housing and services are based on individual needs and preferences. While some SUD patients prefer to live in abstinence-focused housing to help support their recovery in sober living and recovery residence environments, others who are not yet ready or able to maintain abstinence prefer a low barrier, harm reduction housing approach that does not require abstinence.

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Achieving a fuller continuum of housing may require housing providers to better distinguish between a *relapse* – a prolonged episode of substance use during which the client is not interested or open to a therapeutic intervention, and a *lapse* – a brief return to substance use following a sustained period of abstinence, despite the patient remaining committed to recovery and demonstrating a willingness to re-engage with the recovery journey. Given the chronic and relapsing nature of SUDs, and the challenges of operating abstinence-based housing that is also interested in supporting their residents when they manifest symptoms of their condition, differentiating between a relapse and lapse may help housing providers decide when an individual can be appropriately maintained in an abstinence-based housing environment and when another housing setting may better meet the needs of their residents.

Regardless of the approach, it is clear that providing a continuum of housing options that encompasses a spectrum of approaches and services will best allow for the flexibility required to meet the varied needs of the SUD population.

Recovery Bridge Housing

Recovery Bridge Housing (RBH) is defined by SAPC as a type of abstinence-based, peer supported housing that combines a subsidy for recovery residences with concurrent treatment in outpatient (OP), intensive outpatient (IOP), Opioid Treatment Program (OTP) or outpatient withdrawal management (OP-WM) settings. RBH is often appropriate for individuals with minimal risk with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions. The services provided in RBH vary, and include peer support, group and house meetings, self-help, and life skills development. Treatment services cannot be provided in RBH.

In Los Angeles County, some RBH is operated by SUD treatment programs, while others are independently owned and operated. This housing is not licensed by any governmental body and cannot provide treatment services. In an effort to ensure higher quality residences and services, the National Association of Recovery Residences (NARR) developed a Standards of Care and a Code of Ethics for recovery residences. Local coalitions such as Sober Living Network (SLN) or California Consortium of Addiction Programs and Professionals (CCAPP) have adopted standards for their member recovery residences that align with NARR standards (National Association of Recovery Residences, 2015) and with general policy guidelines for Recovery Residences developed by the State of California (California Department of Alcohol and Drug Programs, 2006).

SAPC is developing Standards of Care for RBH that will be based on HUD’s guidance on the expected and effective operation of Recovery Housing programs and will build on the standards of care developed by NARR (United States Department of Housing and Urban Development).

Since RBH has been primarily funded via self-pay in the past, this was not a housing option available to most homeless patients with SUDs. However, along with the expansion of subsidies to cover the housing component of RBH, new benefits available through the DMC-ODS waiver,

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such as case management and recovery support services create an opportunity to expand the capacity of RBH and better support individuals while they are receiving treatment in OP/IOP/OTP/OP-WM settings, as well as to help them transition into an alternative housing placement following treatment. Patients experiencing homelessness, especially those who are chronically homeless or high utilizers of the SUD system of care, should be prioritized for placement into RBH and provided with intensive case management to help them stabilize and make the transition into permanent supportive housing as it becomes available.

Expanding the RBH benefit, along with other housing options, may reduce the costs to the SUD specialty care system, as well as other health systems (Los Angeles County Chief Executive Office). More importantly, research shows that providing homeless patients with SUDs with stable housing results in reductions in drug and alcohol use and improves overall health, both at the individual and community level.

Other Types of Housing for Patients with SUDs

While SAPC historically has provided subsidies for RBH for a limited number of perinatal and criminal justice-involved individuals with SUDs, most other types of housing – including permanent supportive housing for chronically homeless individuals – currently fall outside of the SUD system of care. With the increased focus on case management and care coordination with the DMC-ODS waiver, case managers will be required to help patients meet their housing needs. In addition to accessing RBH available in SAPC’s network, it will also be important for case managers to work closely with the Coordinated Entry System (CES) managed by the Los Angeles Homeless Services Authority (LAHSA) to assist patients with accessing a continuum of housing options including emergency shelter beds, rapid rehousing, and permanent supportive housing.

To this end, SAPC providers will need to be trained on the use of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to assess and triage homeless individuals based on their health and behavioral health needs to match them with appropriate housing and services outside of the SUD system of care. The VI-SPDAT is a necessary first step in order to access housing options beyond the RBH that will be available within SAPC’s network, in particular housing options through the Los Angeles County Department of Health Services (DHS) and the Department of Mental Health (DMH). Furthermore, case managers working within SAPC’s network will need to be trained on working with CES lead agencies to assist their homeless clients in gathering required documents and matching their needs with available housing based on their VI-SPDAT score.

Future Directions

SAPC recognizes the need to continue to develop and increase access to additional housing modalities, particularly by expanding access to a fuller continuum of housing options for SUD patients by expanding emergency shelter beds, abstinence-based RBH, housing accepting of harm reduction and housing first principles, and ensuring access to permanent supportive

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housing options that embrace the Recovery Housing model for individuals who prefer to live in abstinence-focused housing.

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