

Agenda Item VI. Discussion of Criteria for Program Inclusion in Housing First

Homeless Coordinating and Financing Council meeting April 9, 2019

Housing First and Substance Use Disorder Treatment

In discussions with Council members and the Interagency working group, the question of how Housing First should apply to sober living facilities has been raised. For individuals with substance use disorders (SUDs), effective treatment may include residing in a setting that requires sobriety as a condition of living there. While not all residents of sober living facilities are homeless or at risk of homelessness, requiring sobriety as a condition of residence or evicting residents for noncompliance with the sobriety requirement appears to violate the Housing First requirements of SB 1380.

The US Department of Housing and Urban Affairs (HUD) issued a “Recovery Housing Policy Brief” to address this issue. (<https://www.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf>) This policy brief uses the term “Recovery Housing” to include both sober living and recovery housing programs, and defines Recovery Housing as “housing in an abstinence-focused and peer-supported community for people recovering from substance use disorders.” (page 1) The intent of the policy brief is to provide clear guidance regarding the expected and effective operation of these programs in order to strengthen performance and improve outcomes. Two key paragraphs explain how HUD views Recovery Housing programs:

“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.”

“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.” (page 2)

HUD encourages CoCs to consider the following in analyzing the role of Recovery Housing in their communities:

- 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 resources; and
- how it can provide meaningful choice to people experiencing homelessness with SUDs who are in all stages of recovery.

The Policy Brief continues:

“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 SUDs.” (page 3)

Finally, HUD states its expectation that all recovery Programs have the following (among others) 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;
- relapse is not treated as an automatic cause for eviction from housing or termination from the program—research indicates 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 a temporary lapse; and
- participants who determine 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.

Base on this, it seems reasonable to provide a limited exception to Housing First requirements for sober living facilities as long as they (1) are part of a continuum of options provided for SUD treatment, (2) are chosen by the individual rather than required, (3) have minimal barriers to entry, and (4) provide assistance in accessing other housing and service options should a person decide they no longer wish to reside in a sober facility or they are evicted for more than a temporary relapse.