



# Substance Use, Recovery, and Housing:

*Working together to provide support and choice*

**Becky Vaughn**

*VP of Addictions and  
Member Services*

**NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH**

■ STATE ASSOCIATIONS OF ADDICTION SERVICES ■

*Stronger Together.*



Thank you for what you do!



# Hill Day

June 7, 2016







30%

2/3





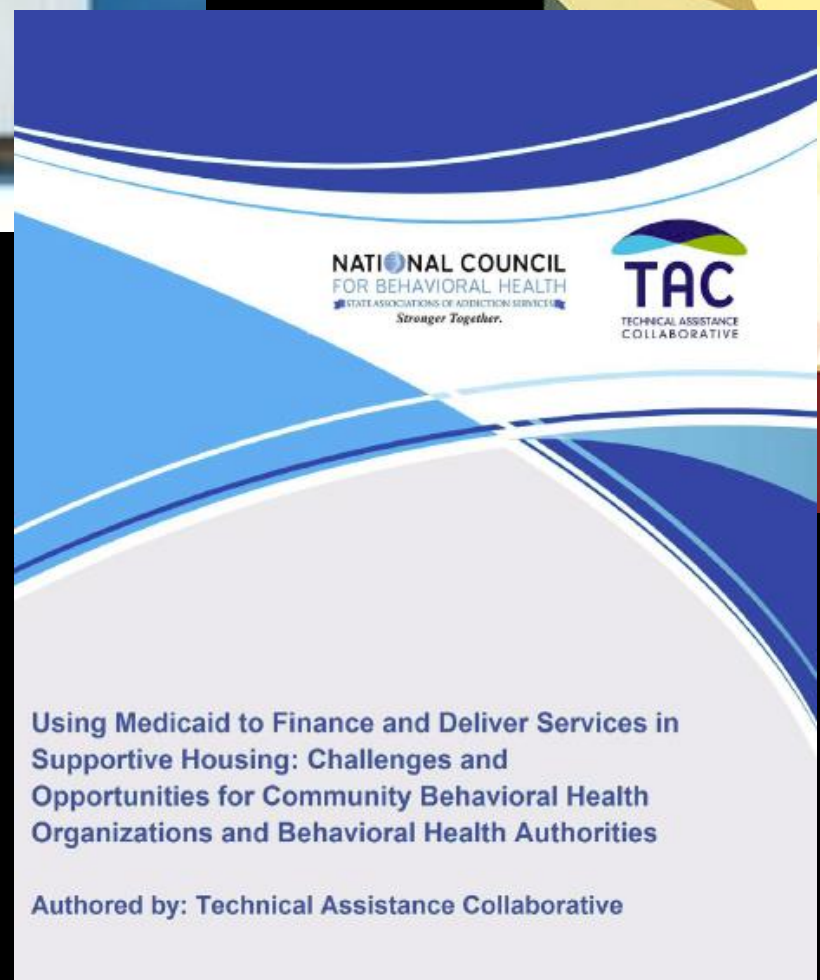
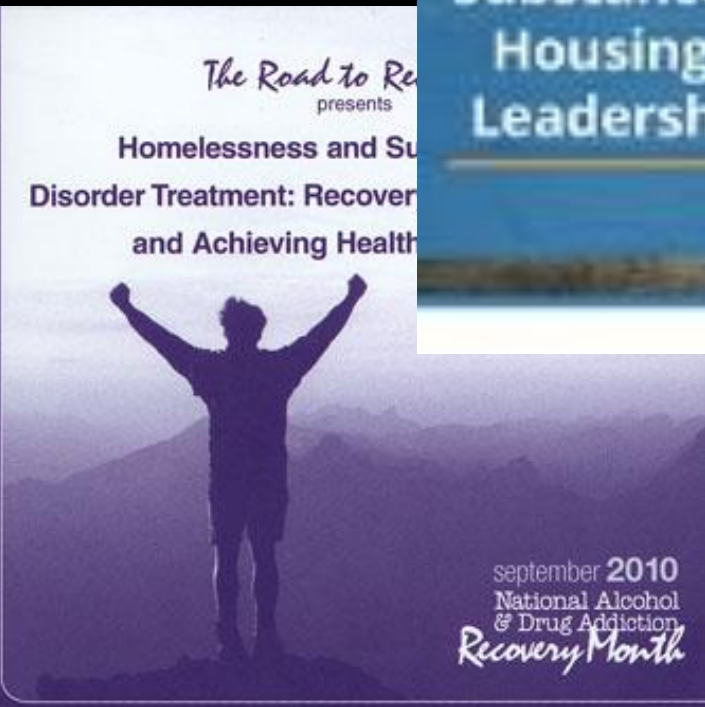
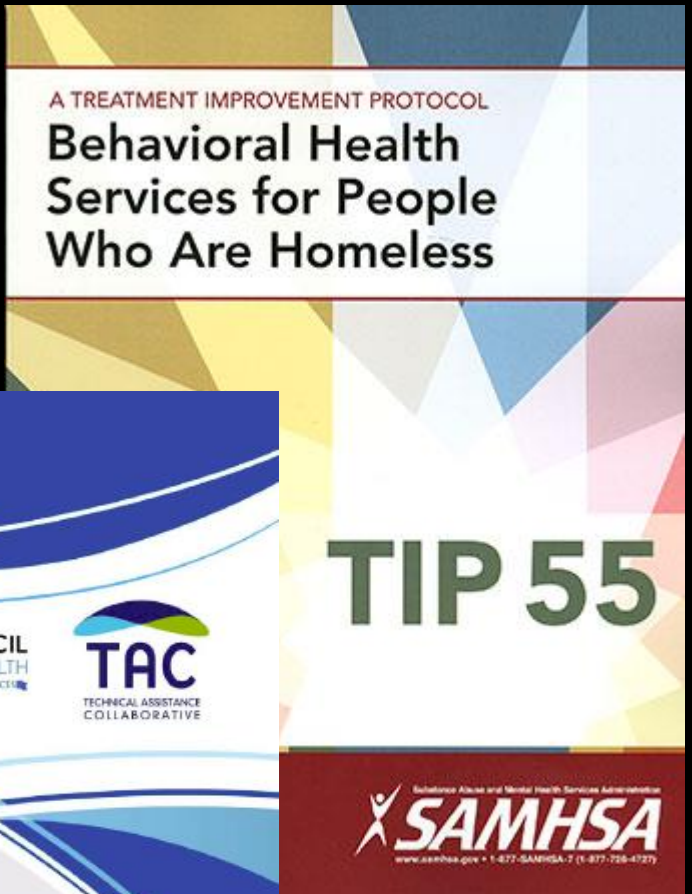


Housing  
First!!!



No,  
Recovery  
Support!!





# Substance Use and Housing National Leadership Forum

Learning Objectives | October 2, 2014  
Washington, DC



# Common Language

treatment

Housing  
Choice

recovery

Person-  
centered  
care

Recovery  
Housing

Supportive  
housing

Harm  
reduction

\$  
\$  
\$

Data Systems

Fee for Service

Regulations

Competitive

Inadequate

**Recognizing Housing as a platform for recovery is not simply about putting a roof over someone's head to meet basic needs**

and achieving long-term wellness and recovery goals

# Housing Options

affordable, mainstream housing where people can be safely housed and motivated toward recovery at their own pace



recovery-focused housing where people who are actively seeking sobriety can find safety in an alcohol- and drug-free setting

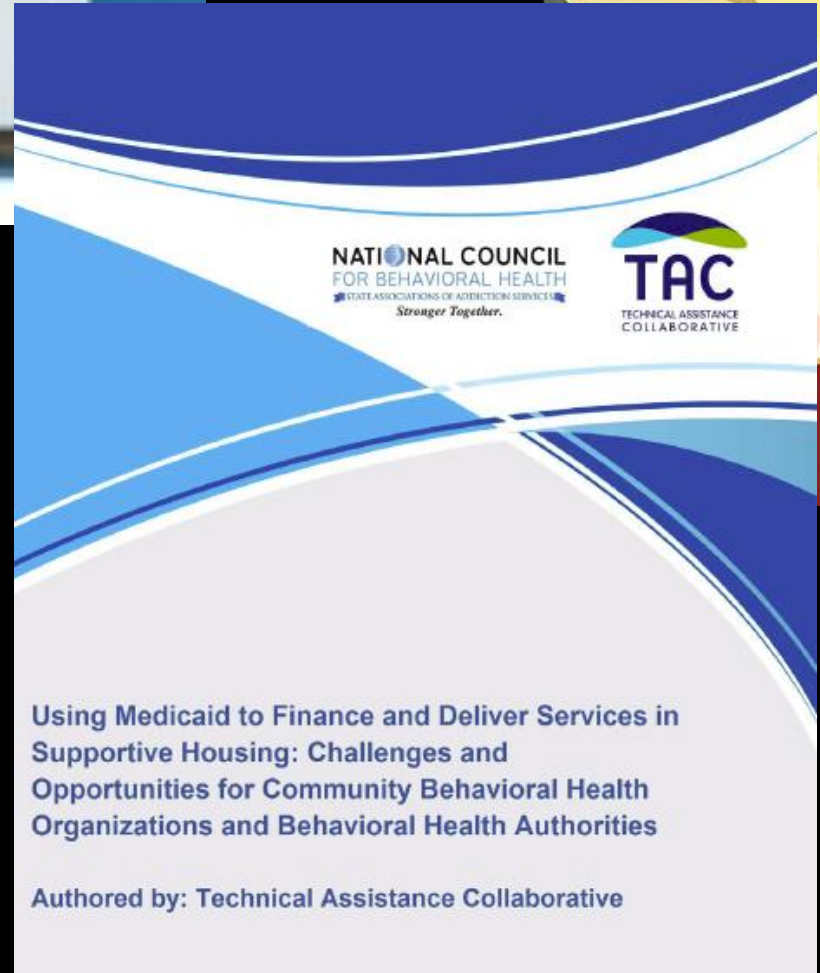
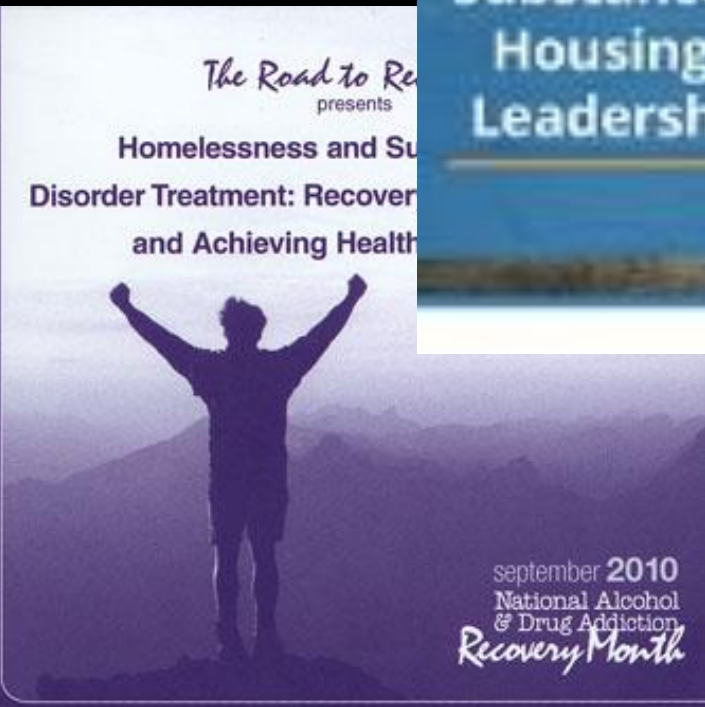
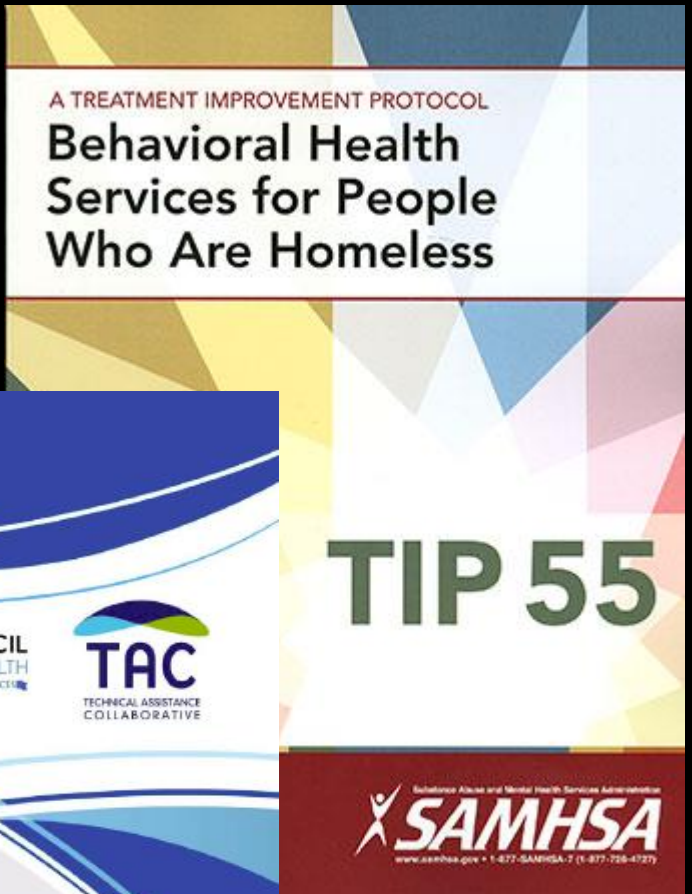




The background of the slide is a faded, light blue-tinted image of the United States Capitol building in Washington, D.C. The building's iconic dome and neoclassical architecture are visible, though the image is semi-transparent to allow the text to be read clearly.

Congress to allocate **\$2m** to the NIH  
to fund 3 to 5 research projects on  
recovery housing

1. randomized trials
2. long-term outcome studies
3. cost-effectiveness studies
4. studies that isolate the most potent ingredients of the recovery housing model of recovery support.



# Recovery Housing Policy Brief



# Clear guidance

**Defined:** housing in an abstinence-focused and peer-supported community for people recovering from substance use issues

**“Recovery Housing” means housing** for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance.

Communities should ensure that all projects serving people with SUDs support a life in recovery to include these dimensions:



# Operations for People with SUDs

1. Low barrier, evidence –based
2. Emphasize housing stability and recovery goals
3. Rights of privacy, dignity, respect, freedom from coercion and restraint
4. Optimize autonomy and independence
5. Highest levels of national, State, and/or local accreditation/licensure
6. Move to permanent housing as they exit

# Operations of RH for homelessness

1. Transitional, but if time-limited/resident-determined, not program-determined
2. Generally single-site
3. Personal privacy and 24/7 access
4. Recovery goals include housing stability, employment
5. Relapse is not automatic cause for eviction
6. Upon leaving offer assistance in accessing other housing
7. Different from Residential treatment programs



# How do they differ?

Transitional Housing

Permanent Supportive Housing

# How can they work together?

*HUD strongly encourages CoC's to adopt a system-wide **Housing First** orientation. When operated in a manner consistent with this guidance, **Recovery Housing** might not be in conflict. The key is **CHOICE**.*

# Outcomes

*Community CoCs can develop local measures that are appropriate to the model.*

Housing Stability

Income

Sobriety

**1978 to 1983:** HUD budget authority shrank from \$83 billion to little more than \$18 billion (in 2004 constant dollars) and shelters opened throughout the United States.

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# House Passes FY 2015 HUD Bill with Significant Cuts to HOME and Other Housing Programs

JUNE 11, 2014



On June 10, the House passed by a vote of 229 to 192 its FY 2015 Transportation, Housing and Urban Development, and Related Agencies (T-HUD) appropriations bill, [H.R. 4745](#).

The House adopted several housing-related amendments during consideration of the bill. The House accepted by voice vote an amendment offered by Representative Sean Duffy (R-WI) to increase by

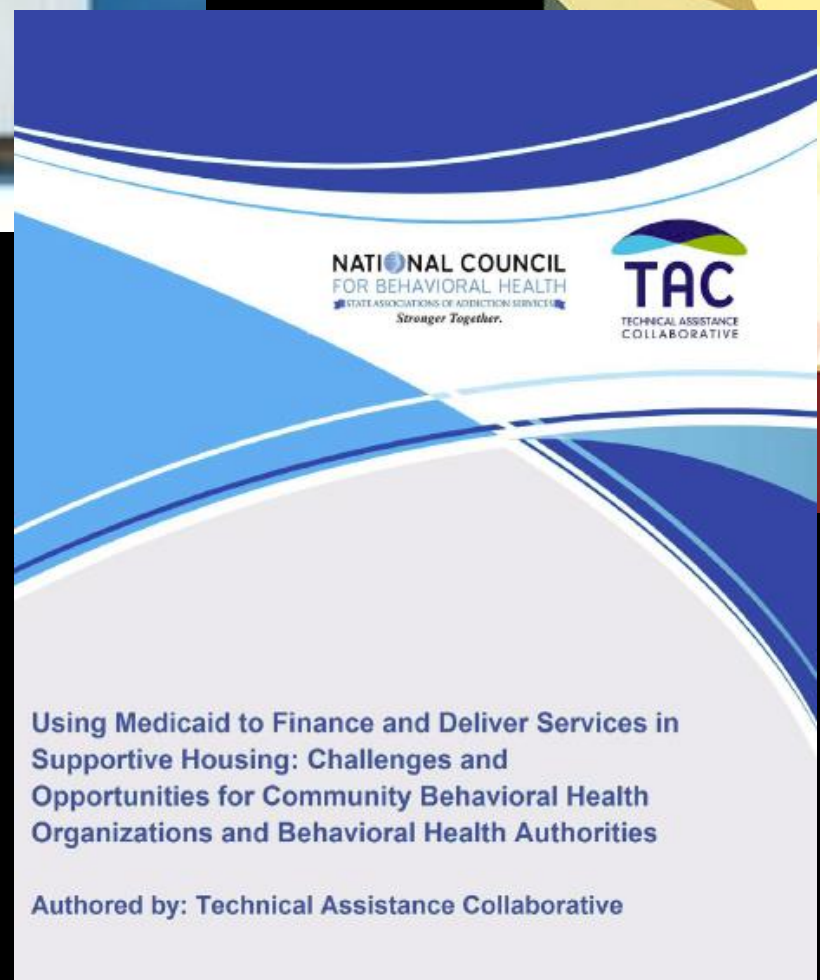
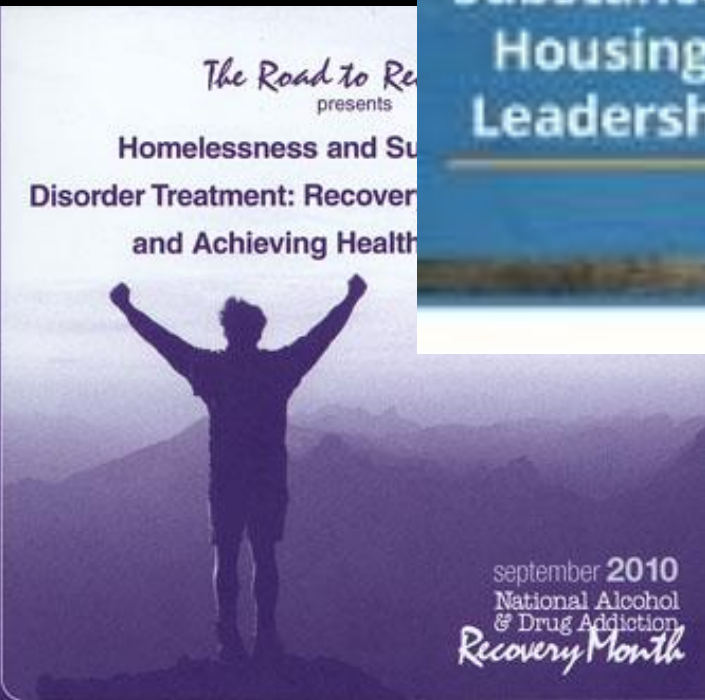
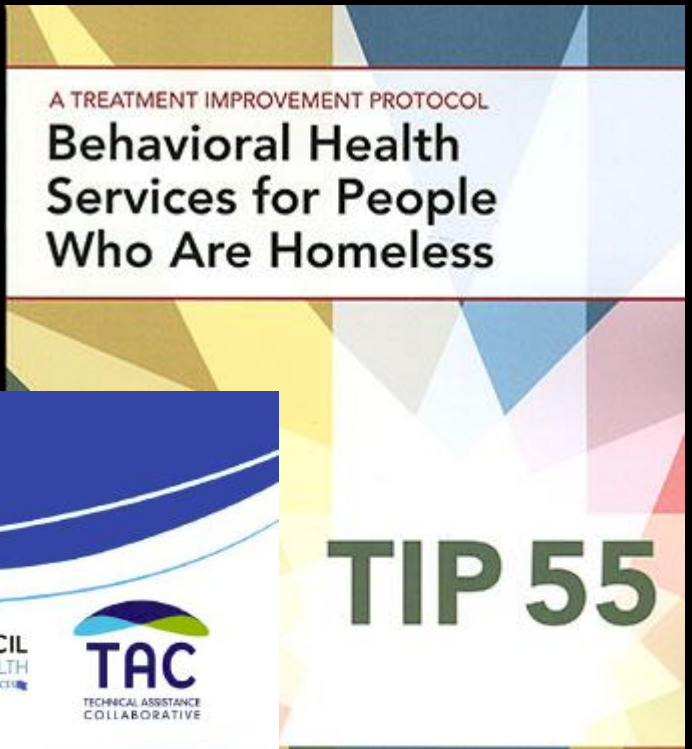
\$10 million the funding available within the homeless assistance grants program for the Rural Housing Stability Assistance Program. It also accepted an amendment offered by Representative John Conyers (D-MI) to increase by \$2 million the funding available within the homeless assistance grants program for the national homeless data analysis project.

## Newsroom

[HFA News](#)[Housing Headlines](#)[NCSHA Blog](#)[Press Policy](#)[Press Releases](#)



Congress to restore funding to **1978** levels  
and provide **\$100m** annual allocation to  
HUD for recovery housing subsidies for  
people who are experiencing  
homelessness or need affordable housing  
assistance





NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH  
STATE ASSOCIATIONS OF ADDICTION SERVICES  
*Stronger Together.*



**Using Medicaid to Finance and Deliver Services in  
Supportive Housing: Challenges and  
Opportunities for Community Behavioral Health  
Organizations and Behavioral Health Authorities**

**Authored by: Technical Assistance Collaborative**



# Currently...

*Public behavioral health authorities and community behavioral health organizations are recognizing the critical role of permanent affordable housing in supporting individuals' recovery from MI and/or SUDs.*

Yet...

*access to an array of community-based services matched with permanent affordable housing for people with MI and/or SUD remains a major challenge.*

# Olmstead vs L.C. 1999



2011 DOJ guidance defining integrated settings



SAMHSA PSH EBP Kit



ADA/Olmstead violation suits



2013 HUD guidance with methods for scattered-sites



# Olmstead vs L.C. 1999



Section 811 Project Rental Assistance (PRA) requires partnering with Medicaid



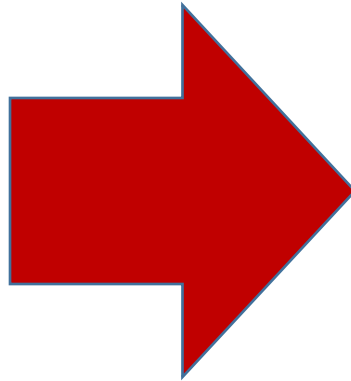
HUD's move to CoC funding for housing-specific costs and prioritization of chronic homeless



***Culminating in need to better leverage Medicaid funding***



Housing-related services have historically been financially supported with program-based funding through contracts



Providers will need to adapt to reimbursement for services based on individual needs in a Medicaid environment



*Direct support to assist  
individuals prepare for and  
transition to housing,  
as well  
as successfully maintain housing  
after move-in.*



3

*broad categories  
of services which  
may be included  
in an individual's*

*person-centered care plan*

# 1. Housing as integral, but non-essential

*community-based services that are typically long-term in nature and designed to assist people with serious and long-term disabilities live successfully in the community*

# 1. Housing as integral, but non-essential

*Housing-related interventions may be embedded into existing and routinely covered services*

1. Intensive outpatient programs (IOP)
2. Assertive Community Treatment (ACT)  
community support
3. Psychiatric rehabilitation
4. Direct services case management

## 2. Pre-existing or Emerging Condition

*Existing targeted support/treatment that enable people to move into/live in own home.*

1. personal care
2. home health
3. specialized care for chronic conditions
4. supported employment
5. Critical Time Intervention(CTI)
6. respite/crisis prevention
7. stabilization

# 3. Support for Integrated Settings

*Existing ongoing supports received from*

1. community or housing support staff
2. peers
3. recovery support groups (AA/NA)
4. wellness
5. community-based organizations

**as their own agents of change**  
**pursuing self-defined goals**  
**building on their own personal**  
**assets and capital**



Prevention  
Promotion



Intervention  
Treatment



Recovery  
Support



Housing



National Council for Behavioral Health


# NATCON CONFERENCE

April 3-5, 2017

Seattle, WA

Becky Vaughn, VP of Addictions  
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**Knowledge is  
knowing that a  
tomato is a fruit,  
Wisdom is not  
putting it in a fruit  
salad.**

Miles Kington