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Introduction
ATR grantees design service arrays to address the needs of their target populations, often among the most vulnerable of people with substance use disorders (SUDs). Grantees face a multitude of challenges in supporting the recovery journey of such individuals. Recovery requires a safe and affordable place to live in an environment in which substances are not being used.

The community-based system of care for people with SUDs is predicated on and rooted in the value of delivery of services and supports in the most appropriate environment of the person’s choice. For many individuals with SUDs, the ability to obtain and maintain a place to live in their community and that supports their recovery is often compromised, usually for multiple reasons.

A number of grantees have established voucher-supported options to meet this essential need. Although they have various names like recovery housing, supportive housing, and supervised housing, most have limited capacity and often only short-term support due to ATR program fiscal constraints. Grantees use a variety of national and local models and approaches in developing and implementing these voucher options. Different types of housing reflect individuals’ needs for support as they progress along their chosen recovery paths. Supervised/supportive housing may be a beginning for some, with peer-run housing as a next step. Both provide structure and support to individuals in the home. Of course, individuals in recovery may live independently at any point in their recovery; however, structured recovery housing offers support and stability to those who need it. For example, the U.S. Department of Housing and Urban Development (HUD) offers permanent supportive housing and Housing First models that address homelessness as the...
Department defines it, but it is important to note that these models are not appropriate for people in recovery from addiction because they allow alcohol.

With the ongoing integration of behavioral health services into the traditional medical system, the growing recognition of the value of recovery support beyond ATR, and the clear need for an expanded array of immediate, short-term, and long-term living options that meet the needs of their populations, ATR grantees are increasingly involved in discussions with new stakeholders about housing and service options for people with SUDs. Key questions often include—

• How can ATR successfully develop and implement options for a variety of needs?
• How can these options be supported, leveraged, and expanded beyond ATR?
• To what extent can ATR participate in and support an array of immediate, short-term, and long-term housing and service options for individuals enrolled in the ATR program?

What’s in This Technical Assistance Package?

In this TA package, readers will learn about the following:

• Potential partnership opportunities to expand the array, capacity, and quality of housing options.
• Issues, concerns, and requirements regarding housing options, including recovery housing.
• A sample tool to assess an individual’s housing and service support need.
• Housing options for individuals recovering from SUDs, which include supervised/supported and peer-run/peer-supported housing programs, and independent living.
• Grantee examples of how ATR vouchers are being used for recovery housing options.

How To Use This Information

ATR grantees are continually seeking services critical to supporting recovery. The array of clean, safe, affordable, and sober housing options is usually limited and often difficult for individuals with SUDs to obtain. One of these options, recovery (or supportive) housing is often not funded due to challenges in the development, implementation, and financial supports of this option. This TA package will help grantees determine their appropriate role in supporting recovery housing options in their communities and identify staff opportunities that could expand other housing possibilities for ATR participants.

Part 1: Partnerships and Collaborative Opportunities

The role of safe and affordable housing options with appropriate levels of services in supporting recovery is clearly recognized both in SAMHSA’s definition of recovery (see sidebar) and in research. In one study using a randomized sample of individuals assigned to either a recovery home or usual outpatient care or self-help groups, Jason et al. (2006) found that individuals in recovery homes had significantly lower rates
of substance use and incarceration at the 24-month follow-up. Additionally, individuals assigned to recovery homes had significantly higher monthly incomes compared to individuals in usual care ($550 more per month), suggesting that not only is this environment contributing to improvements in outcomes related to substance use, but also to livelihood and psychosocial factors. In another study, Polcin et al. (2010) examined 18-month outcomes for 55 individuals receiving outpatient treatment combined with residence in sober living housing. Analysis of measures for alcohol and drug use, arrests, and days worked showed significant improvement at each 6-month interval. Additionally, the Addiction Severity Index showed significant improvement on legal and employment scales.

The development of clean, safe, and affordable housing options within a community is often guided by a number of Federal, State, and local initiatives and grant opportunities. These efforts are usually organized by agencies with extensive experience in financing, constructing, and managing this limited, high-demand resource.

For example, HUD supports an array of housing opportunities through its Continuum of Care and Section 8 Housing Assistance programs. Both of these programs are designed to support the development of an array of housing options and rental subsidies to eligible low-income families and individuals with disabilities, which includes people with SUDs. However, people with SUDs are often not identified as a priority population for these scarce resources and due to some Federal and/or State definitions of disability that people with SUDs often do not fit, people in addiction recovery have had difficulty accessing Medicaid, vocational rehabilitation services, or Section 8 Housing. Furthermore, although many people in early recovery are without stable living conditions, their situations may not fit HUD’s definition of chronic homelessness. If funds are available, ATR may need to provide resources to address this disparity.

In order to help establish the recovering population as a priority for housing resources, ATR staff can use HUD’s annual requirement that community housing development entities complete an application, review, and renewal process for their programs as an opportunity to educate these entities on the needs of people in recovery from SUDs and advocate for increased attention to and resources for this population. Additionally, grantees can use this opportunity to collaborate with appropriate entities to identify and provide resident services and supports that will strengthen the ability of people in recovery to remain in these housing options.

Other ways ATR grantees can collaborate on the expansion of housing options for individuals with SUDs include—

- Working with mental health authorities to increase housing for individuals with co-occurring disorders.
- Working with substance abuse authorities to identify housing options being supported with Federal and State funding.
- Working with the recovery community to identify housing needs and potential development partners.
- Supporting the development and implementation of quality housing options through short-term rental subsidies.
- Partnering with national organizations (e.g., Oxford House, Inc., National Association of Recovery Residences) to identify local partners to implement and monitor housing and housing standards.
- Using ATR voucher funds to provide necessary supports and services to individuals to improve their ability to maintain housing options.

Because housing is a fundamental component of recovery, ATR staff may find themselves at the table with many governmental and private entities with strong housing development and management experience but limited understanding of SUDs and the recovery process. To best identify and focus these partnership and collaboration opportunities, ATR staff can use the chart on page 4, titled Potential Partnership Opportunities, to aid in collecting and analyzing core information from these agencies, such as resources, needs, and priorities. A downloadable version of this chart can be accessed in Part 6: Additional Resources.
### Part 2: Housing 101—Bricks and Sticks

As noted in the last section, a number of governmental and private entities are dedicated to the expansion of an array of housing options, affording ATR grantees opportunities for partnership and collaboration to meet the needs of their program participants. These housing partners must pay attention to a number of parameters that shape and define their projects.

The chart on page 5 is designed to provide ATR staff with an overview of these elements, including key factors and considerations.

For ATR grantees who are considering expanding their service array to include recovery housing options, this chart can also be used as a checklist of elements that will need to be addressed to assure successful implementation of this service. Furthermore, for those grantees that have already expanded their service array to include recovery housing options, links to two additional resources are included in Part 6: Additional Resources—the Massachusetts Housing Study and the NARR Handbook.

### Part 3: Choosing the Most Appropriate Housing in Recovery

Finding suitable recovery housing and keeping individuals engaged in the service are daunting tasks. There is no one-size-fits-all solution for individuals in recovery, who are likely dealing with challenges in every aspect of their lives—financial, social, environmental, and legal—due to their past substance use. The best place to live depends on an individual’s level of recovery readiness. Group living is also beneficial for some individuals. Living with others who are practicing abstinence and recovery habits can provide a positive environment for people as they take on responsibilities within the group and become accountable to others. The goal of every person in recovery, however, is to achieve independent, sober living. Three types of housing are noted in this section that meet individuals where they are on their recovery path: (1) supervised/supported housing, (2) peer-run/peer-supported housing, and (3) independent living (people living on their own).
### Elements, Key Factors, and Considerations Chart

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<thead>
<tr>
<th>Elements</th>
<th>Key Factors</th>
<th>Considerations</th>
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</thead>
<tbody>
<tr>
<td>Laws, Zoning, Covenants, Restrictions, Housing Quality Standards (HQS)</td>
<td>- Dictates property usage, occupancy limits, and onsite service provision</td>
<td>• Possible necessity of legal intervention to resolve “Not In My Back Yard” (NIMBY) and “Not On Planet Earth” (NOPE) issues</td>
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<td></td>
<td>- Multiple levels of jurisdiction</td>
<td>• Adopting HQS standards for all housing options</td>
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<td></td>
<td>- Must comply with Federal laws, such as the Americans with Disabilities Act (ADA), Civil Rights Act, and Fair Housing Act/Fair Housing Amendment Acts</td>
<td>• ADA Title III, Section 42, noting “religious groups are not covered”</td>
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<td></td>
<td>- HQS for HUD properties</td>
<td>• Fair Housing Act of 1968’s inclusion of ADA guidelines for disability definition and protections; also serving as basis of judicial limits on licensure and regulation by State for some housing options</td>
</tr>
<tr>
<td></td>
<td>- McKinney-Vento Homeless Assistance, which supports collaboration efforts and provides funding opportunities</td>
<td>• HUD’s definition of disability’s inclusion of individuals with SUDs, differing from the Social Security definition</td>
</tr>
<tr>
<td>Affordability</td>
<td>- Affordable housing is housing at or below 30% of monthly income, inclusive of utilities</td>
<td>• Identification of Federal, State, and other funding for initial and ongoing rent supports</td>
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<td></td>
<td>- National average monthly rent for a modest one-bedroom rental unit: $758 and $655 for a studio/efficiency</td>
<td>• Affordable housing stock’s lack of environment conducive to recovery efforts</td>
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<td></td>
<td>- Upfront costs</td>
<td>• Issues with credit</td>
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<tr>
<td>Landlord/Tenant Relations, Rights, and Responsibilities</td>
<td>- Binding legal documents</td>
<td>• Issues regarding a criminal background</td>
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<td></td>
<td>- Enumerates rights and responsibilities of each party</td>
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<td></td>
<td>- Vehicle for dispute resolution within the court system</td>
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<tr>
<td></td>
<td>- Notices and process requirements for evictions mandated by court system</td>
<td></td>
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<tr>
<td>Liability Insurance Requirements</td>
<td>- Two types of liability coverage:</td>
<td>• Due-process protections only available for lease holders</td>
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<td></td>
<td>- Damage to facility</td>
<td>• Rights, responsibilities, and protections for individuals not on the lease being governed outside of the landlord/tenant process</td>
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<td></td>
<td>- Incidents with residents</td>
<td>• Housing with third-party leases that can legally enforce immediate evictions for house-rule violations</td>
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<tr>
<td></td>
<td>- Costs driven by location and use</td>
<td></td>
</tr>
<tr>
<td>Housing and Housing Management Costs</td>
<td>- Costs to develop, manage, and maintain housing options</td>
<td>• State requirement for insurance risks:</td>
</tr>
<tr>
<td></td>
<td>- Cash flow analysis, initial and ongoing</td>
<td>- Exposure and management</td>
</tr>
<tr>
<td></td>
<td>- Ongoing rental supports (e.g., Section 8, 811, 202, Shelter Plus Care), though individuals with SUDs often not identified as a priority</td>
<td>- Limiting to providers</td>
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<tr>
<td></td>
<td></td>
<td>- Risk-management strategy of separating housing from services</td>
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</tbody>
</table>

Housing and Recovery: What ATR Grantees Need to Know
Supervised/Supported Housing

Supervised/supported housing provides a safe, structured environment, often suitable for those just out of treatment and beginning to make the transition back into their community. With full-time staff, supervised housing activities help residents identify and examine the behavior or circumstances that have contributed to their addiction. These programs eventually help residents to regain their sense of independence and allow them to seek employment and participate in daily life routines conducive to sober living.

Effective supervised/supported housing may include—

- Written policies and procedures that establish house rules and requirements, including how resident compliance is monitored and consequences for violating the rules and requirements.
- Trained staff, which may include a house manager (someone who is available to residents 24 hours per day/7 days per week, is mainly on site, and conducts daily site visits), a housing coordinator (someone who is off site but monitors housing activities daily), and/or a resident or consulting clinician.
- Programs that allow residents to participate in daily living, physical, and leisure activities.
- Information on community resources for individuals recovering from SUDs.
- If residents are receiving State funding for supervised housing, a small program fee may be applied to cover utilities, phone, or other amenities.
- Documentation of certified home inspection, annual fire inspections, and regulated staff inspections of living quarters to ensure residents’ safety.

Peer-Run/Peer-Supported Housing

Like supervised/supported housing, peer-run/peer-supported housing provides a safe, structured environment with its own house rules and requirements. The difference is that the facility is operated by peers in recovery with democratically elected housing staff. Run by individuals with lived experience, this type of housing increases residents’ decision-making capabilities and ownership of their decisions, strengthening their sense of independence and belonging in their community. Individuals who pay their rent and stay clean and sober can reside in peer-run housing for as long as they want.
Effective peer-run/peer-supported housing may include—

- Written house mission and rules that establish a safe, sober-living environment for all residents.

- A self-run, financially self-supported house with democratically elected representatives.

- A “cluster” of peer-run homes in the same location to comprise a supportive peer community while fostering independent living.

- Regular business meetings for residents to exchange information, discuss house-related issues, address problems, and vote on larger issues.

- Access to peer recovery support services, either in the home or in the community.

- Sober social activities and events.

- Documentation of certified home inspection, annual fire inspections, and regulated staff inspections of living quarters to ensure residents’ safety.

Independent Living (People Living on Their Own)

A key accomplishment in any successful recovery is reaching the goal of independent living. As individuals regain their sense of self, becoming more independent in their thinking, decision making, and daily routines, they may desire to live on their own in permanent housing. Whether living on their own or with their families, individuals who are capable of independent living may still need counseling or other support to help them with their recovery. They can seek supportive services to help them gain more independence and stability while on their recovery journeys. In independent living, people are responsible for their own cost of living and contribute some of their income toward rent. Some will be eligible for housing subsidies, as noted in Part 2. Others who are more financially stable and ready to live without further third-party financial assistance in their recovery may be able to find affordable housing on their own.

Successful independent living may include—

- Independent permanent housing for which individuals provide for their own cost of living and contribute to their rent at least partially, with additional funds coming from subsidy programs or private sources.

- Relationship building with a public housing authority or other representative to ensure successful independent, sober living.

- Availability of counseling or other recovery support services as needed.

- Steady employment for financial stability.

Part 4: Grantee Examples

The successful implementation of recovery housing options has been part of several ATR projects during both ATR 2 and ATR 3. This section contains information from the directors of three ATR projects that have implemented recovery housing. The section includes—

- A description of housing and service options in each ATR program.

- The rationale behind each grantee’s recovery housing model.

- The outcomes of each grantee’s recovery housing services.

- Things to consider about recovery housing as a support service.

State of Washington

ATR funding for the State of Washington, which operates in six counties—Yakima, Snohomish, King, Clark, Pierce and Spokane—is limited to supporting recovery services. Therefore, ATR funds support faith-based and Oxford House living with recovery service options. The State has more than 150 recovery housing options, of which 80 percent are Oxford House and 20 percent are faith based. In Washington, the county sets aside a monthly amount that is contributed to recovery housing based on an individual’s recovery plan. Each plan includes 6 months of case management, which is 30 percent of the voucher. ATR pays the first and fifth month of recovery housing (i.e., 2 months total), with residents paying their own rent for the other months. Oxford House requires that a resident has a job. ATR
Oxford House refers to any house operating under the “Oxford House Model,” a community-based approach to addiction treatment. Oxford Houses provide an independent, supportive, and sober living environment. Each house is based on three rules: no substance use is allowed, the house is run democratically, and each resident pays his or her equal share of expenses. Weekly business meetings are held to discuss issues that the house may be facing. Each Oxford House is autonomous, except in matters affecting other houses or Oxford House, Inc.

also provides a $200 incentive to clients who remain in recovery housing for 5 months, and these funds are generally used to purchase other recovery support services.

If something happens to government funding, we have Oxford Houses that can run on their own. I would encourage new organizations to build local resources that solve local problems and empower them to build their own future. Anything to build local resources is where I go.

—Vince Collins, Project Director
Washington ATR

Project Director Vince Collins notes that additional recovery supports and services are identified using a management team from the chapters of the Oxford Houses. At a recent meeting, this team identified the need for dental services and parenting classes. These services were developed and are now provided to ATR participants, typically in off-site locations convenient for house residents. In addition to these services, Washington ATR provides critical daily living skills supports for individuals with limited experience in such basic areas as personal hygiene and clothing care.

Washington ATR is dedicated to building the recovery-oriented systems of care model by linking the Oxford House model to community coalitions so that individuals will have more access to recovery support services. The State also supports six staff members dedicated to Oxford Houses, who assist with problem solving, finding of properties, and similar issues.

Oxford Houses have clear rules regarding the use of alcohol and drugs by residents. Mr. Collins explains that the ATR project delegates and stays out of any eviction-for-cause actions by the house: “If someone is put out by Oxford House on the 5th of the month, and they want their money back, they will come to us, and we tell them, ‘You have to work with Oxford House.’ We do not intervene. Oxford House reports these incidents to us because we require accountability from Oxford House.”

According to Mr. Collins, research on Oxford Houses suggests that if residents remain housed at least 5 months, their chance for recovery increases. Therefore, the ATR project has adapted its model to those parameters. Washington ATR’s Government Performance and Results Act (GPRA) data indicate that the housing and employment retention outcomes are high. For example, Washington ATR has served 2,000 homeless clients who were housed at the time of the 6-month GPRA follow-up. The success of the ATR model has been noticed by Washington’s Department of Corrections, which is copying the model and giving vouchers to people who are coming out of the system as part of early release.

State of Missouri

Missouri ATR is the only source of funding for recovery support services within the State. Staff use the National Association of Recovery Residences (NARR) standards in establishing their ATR housing options and are exploring opportunities to support the expansion of NARR into the State. The NARR Housing Development Primer is provided in Part 6: Additional Resources.

It’s so clear to us that people with substance abuse problems need housing. People that come out of correctional facilities need a place to stay. People that come out of clinical treatment stabilization need housing. There are people in [our State] that are not housed, homeless, or bouncing around from house to house with their addiction. The way to turn them around would be a good place to stay.

—Mark Shields, Project Director
Missouri ATR
Currently, Missouri ATR offers two types of housing options under its voucher system: peer housing and supervised housing. Two housing options were established because some participants need a high level of supervision, but others need less supervision that can be accomplished with limited staffing. Peer housing is Missouri ATR’s peer-run-peer-supported housing option, operating under a set of approved house rules with weekly house meetings. Supervised housing has 24-hour supervision by ATR-approved provider and staff.

Missouri’s housing options are all designed around being in recovery, being independent, moving out, getting a job, paying for housing on your own, and being successful in life. Each housing program provides services, all are transitional housing, and all the services are pretty intensive.

—Mark Shields, Project Director
Missouri ATR

To be eligible for either housing option, clients must be participating in an ATR recovery support program or an ADA-certified and contracted clinical treatment program, or have been officially referred for re-entry coordination by the Department of Corrections. Each agency makes its own arrangement with individual clients about staying at the facility past the time when State reimbursement ends. An agency may not charge rent for any day it bills ATR for housing.

Missouri ATR Project Director Mark Shields offers this example of a partnership opportunity when housing and support services are included as part of the ATR array.

We have some programs in the Branson, Missouri, area under a national organization called Church Army USA. It’s a faith-based model that provides a lot of residential housing sprinkled around the community. All residents are involved in spiritual and financial programs and working, and the program model is that they hope people stay for a year and then transition to another housing program.

Church Army USA does not use ATR funding for housing but provides recovery support services through the ATR voucher to residents in their housing units. All of the residents go to a Church Army USA facility for services, which is physically separate from their residences.

Church Army USA is a reputable program and partners well with the Missouri ATR program. The separation of housing and service and supports has been especially beneficial to the State when issues of NIMBY come up in a community where Church Army USA is planning to expand operations because the State’s authority is limited only to the facility providing services and does not extend to the housing facility. This separation of the living facility from the service facility has helped overcome community resistance to these critical service expansions.

Participant and provider feedback regarding Missouri ATR’s housing options points to success. Mr. Shields notes that a key challenge in obtaining data that document the success of Missouri’s supportive housing options is that the GPRA outcome measure on housing does not consider stability in recovery housing as a successful housing outcome. Instead, it focuses exclusively on independent living as the measure of success. For many participants using the supportive housing option in Missouri ATR’s program, more time and support are needed to reach the ideal goal of independent living.

Colorado ATR

Colorado ATR includes a supportive housing option coupled with a variety of supports and services under a bundled fee. Colorado ATR supports the first 2 months of housing and uses an array of agencies, including faith-based organizations, to provide this service. Most supportive housing options have a resident capacity of three to five individuals. These small providers often require a great deal of initial and ongoing technical support, training, and monitoring to successfully meet ATR program standards of care. Moreover, supportive housing programs must meet liability insurance standards, including verification of occupancy and licensing requirements, and a housing inspection based on national housing quality standards.
Colorado ATR staff chose to implement a supportive housing option beginning in ATR 2, due to a clear lack of service continuum options. Since the SUD treatment system only funds up to 3 days of residential treatment, upon completion of this treatment episode, individuals would return home without transitional housing options, typically to living environments that were not conducive to recovery. ATR funds are used to fill this critical gap. Under its current system, Colorado uses Substance Abuse Prevention and Treatment Block Grant funds for clinical treatment services only; therefore, recovery support services are funded solely by ATR.

Project Director Bert Singleton reports that ATR’s supportive housing service has resulted in positive outcomes at both the individual and service system levels. Colorado ATR staff review the GPRA outcome measures for supportive housing residents and programs but face the same data collection challenges Missouri ATR staff experience. Additionally, Colorado ATR staff conduct customer satisfaction surveys and focus groups with individuals who are currently or were formerly enrolled in ATR. Their successes in supportive housing based on these measures have highlighted the need for additional housing and support options in the SUD treatment system in general. Mr. Singleton is therefore working with Colorado’s Single State Agency to identify block grant funds for allocation to these options as the State refines the Medicaid service package that will be available under health care reform.

Mr. Singleton shares the following valuable insights for colleagues in other ATR projects who are considering the implementation of supportive housing options in their service array:

- Limit the length and time of the support. In Colorado, ATR 2 funded 4 months of supportive housing but cut that to 2 months for ATR 3, because

that seemed to better support individuals’ immediate needs while encouraging the first steps toward housing self-sufficiency.

- Carefully monitor and audit providers. Most of Colorado ATR’s supportive housing providers have good intentions but lack knowledge and skills. Colorado ATR staff spend much time providing one-on-one training and TA.

- Note that some partners may prefer to spend funds on clinical treatment rather than recovery support services, such as supportive housing options. Colorado ATR used collaborative opportunities with probation and parole to train on the value of recovery support services.

- Assure that supportive housing providers have program income beyond ATR funds.

- Work with focus groups, which can provide great insight into what is working and not working at both system and provider levels.

- Remember, despite any challenges, that supportive housing works.

**Part 5: Conclusion**

ATR grantees have successfully implemented housing options supported with voucher funds by capitalizing on a variety of partnership opportunities and embracing best practices that address both the affordability of the housing and the service needs of the residents. Helping a person in recovery secure housing in the community facilitates not only the healing of that person but also repair of the social fragmentation of the community caused by the individual’s substance use. The range of housing options available is suited to people in recovery whether they are immersed in 12 Step programs or on a different path toward sobriety. Making these options accessible and affordable will help them overcome their addictions; embrace sober, independent living; and participate as successful members of their communities.
Part 6: Additional Resources


Snohomish County Self-Sufficiency Matrix: http://www.co.snohomish.wa.us/documents/Departments/Human_Services/OHHCD/Applications/Housing/Self-SufficiencyMatrix.pdf

Endnotes:


