



A Bridge to Long-Term
Recovery:

Building

Meaningful

Collaboration

Recovery Support Services &
Low Income Housing Sector





GETTING TO THE BRIDGE

As policymakers overseeing Recovery Support Services (RSS) look for the most strategic and cost-effective ways to build the strongest programs and networks to ensure the best outcomes to assist persons who suffer from addiction challenges, they should set their sights on vibrant partnerships with low-income housing providers and advocates.

Thanks to the understandings gained from the growing Social Determinants of Health (SDOH) movement, those efforts can quickly lead to a productive roadmap addressing holistically the person-centered needs of RSS participants, and highlight the long-term benefits of stable, affordable housing on this population. Only with clear pathways to the permanency and stability associated with safe, affordable and commonly supportive housing, will recovery supports and in particular residential treatment and recovery housing become a Bridge to Long Term Recovery.

THE BRIDGE SUPPORTS

The SUPPORT ACT of 2018 (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act)¹ is bringing new, abundant resources to community leaders working to address the opioid crisis.² Those resources offer additional opportunities for RSS including treatment expansion, increased access to Medication Assisted Treatment, overdose prevention, and more trainings for addiction treatment professionals in best practices in behavior change.

A new series of policy briefs from CSH will offer solutions on leveraging added funding from SUPPORT and other sources to develop a system that integrates health and housing to maximize community resources. The series will highlight:

- Descriptions of best practices and examples of system driven linkages in communities nationally
- Brief descriptions of the proposed 'braids' in the needed 'braided funding streams'
- Best practices at the intersection of Recovery Support Services, Child Welfare and the Housing sector
- Descriptions of best practices and examples of program models in communities nationally

¹<https://www.congress.gov/bill/115th-congress/house-bill/6>

²<https://www.congress.gov/bill/115th-congress/house-bill/6>

THE STRONGEST BRIDGES

The ideal system ensures that all persons in the community receive the appropriate services and successful housing interventions that support their recovery. Reaching that ideal will require data sharing and analytics as the foundation of partnerships. These analytic results allow each community to drive the use of public and private sector resources to create new and needed linkages, projects and programs between RSS systems and affordable and supportive housing providers. These data and analytically-based partnerships also can track joint outcomes and impact for each system and for the community at large.

In addition, as the Behavioral Health system embraces the model of Recovery Oriented Systems of Care³ and then transitions resources from institutional to community settings, linkages to a continuum of housing options becomes more and more critical.

System, program and person-centered tethers are needed between affordable and supportive housing resources and recovery support services and addiction treatment. Together, these separate systems as one seamless system can maximize the impact of each community's affordable housing and supportive housing, and better target resources to populations that are a priority for RSS as well as the housing sector.



IT'S NOT A BRIDGE TOO FAR

Thanks to the SUPPORT ACT of 2018 and newer Medicaid resources and waivers encouraged by the federal Center for Medicare and Medicaid Services (CMS), treatment capacity will increase in communities across the country. Many of those treatment options will include temporary, short-term housing like halfway houses or residential treatment. Two out of four of the American Society of Addiction Medicine (ASAM)'s levels of care include treatment that also acts as short-term housing. However, the crucial longer-term housing piece of the road to recovery is too seldom raised in discussions among policymakers.

Developing and strengthening formal linkages between RSS, addiction treatment and affordable and supportive housing providers can open up more successful pathways to recovery for vulnerable people. Although supportive housing systems are already woefully under capacity across the country, new partnerships can and will help spur additional development.

A recent CSH Needs Assessment focused solely on supportive housing supply and demand, estimates an additional 40,000 units of supportive housing must be created nationwide to address the needs of persons with addiction challenges⁴. CSH is not aware of similar estimates for recovery housing, or short term and/or long term rental assistance for people with addiction challenges, but the affordable housing crisis is well documented.⁵ Without affordable housing as a foundation for recovery, the chances increase that persons will cycle through a variety of costly treatment, institutional, homeless and justice environments without positive impact for the person in recovery or community at large.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes the importance of linking formal treatment, RSS to housing options and community integration.⁶ The landmark NY/NY III evaluation found that eighty-eight percent of supportive housing tenants who were experiencing chronic homelessness and substance misuse disorders remained housed and more stable after one year. Although few rigorous studies exist that specifically target a population struggling through addiction challenges, several analyses and examinations do bear out the benefits of stable, supportive housing throughout the recovery process.

Linkages to housing can be developed through new partnerships with state housing finance agencies, local housing authorities and state and local "Continuums of Care" (COC) that organize community resources around ending homelessness. With a new emphasis on community-based services, behavioral health system decision-makers are reaching out beyond their traditional networks to the affordable and supportive housing providers in their regions. By partnering and advocating with affordable and supportive housing leaders nationally and locally, communities can help build a bridge to true integration for persons suffering from multiple disabilities including addiction.

³https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf

⁴<https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2018/07/Addiction-10-7-16.pdf>

⁵<https://nlihc.org/gap>

⁶<https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/affording-housing-models-recovery>

The SUPPORT Act of 2018 includes a variety of resources that can help develop RSS and housing partnerships.⁷

As of January 2019, twenty-nine states are implementing or have requested CMS to allow federal Medicaid support for addiction treatment in residential programs with more than 16 beds.⁸ States have received funding from SAMHSA for the State Targeted Response to the Opioid crisis (Opioid-STR) that can be used for “increasing access to treatment, reducing unmet treatment need and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD).”⁹ States have additional resources through the State Opioid Response (SOR) grants.¹⁰ These grants can be used to reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorders. States hard hit by the opioid crisis like Indiana, Kentucky and Pennsylvania have used these resources to partner with housing sector leaders to create housing options for people to support their recovery.

The homelessness response sector, locally called the COC, has incorporated a model of “Coordinated Entry” into their system that includes an assessment of housing needs and allocation of resources to persons prioritized by that system, all under the umbrella of collaboration and resource-sharing. Because many COCs have extensive experience bringing different decision-makers, providers and services together to address the needs of the whole person, they are a possible starting point for behavioral health systems to connect to a partnership with a wide array of community programs.

Strategic partnerships with entities such as COCs, and the advent of new financing opportunities, open up new avenues to expand a community’s capacity to serve persons with addiction related challenges and housing instability.

FRAMEWORK FOR A STRONG BRIDGE TO STABILITY & RECOVERY

Communities find themselves at various stages of cross-sector partnerships between the health and housing sectors. Some are just exploring, others at the beginnings of working together, and then a few have well-

established partnerships already in place. Those beginning a partnership anew should build on existing alliances and infrastructure to leverage relationships that ultimately create the housing and services platforms that best serve the community and persons with addiction challenges. With that in mind, CSH recommends the following activities to create and/or strengthen needed collaboration between sectors:

I. Data Collection, Sharing and Analytics

Communities have strong data regarding how many people are facing homelessness, but somewhat weaker data on how many are experiencing addiction challenges. Communities commonly do not know how many people are experiencing both housing instability and addiction challenges. Advocates and peer support staff often highlight how vital stable housing is to supporting people in recovery. States can prioritize the capturing of data to underscore this thinking even in their contracts with Medicaid Managed Care Organizations (MCO), strongly encouraging or even requiring MCOs and/or health care providers to screen for homelessness and/or housing stability. When data collection is occurring, matching between systems can further illuminate the housing and addiction intersection, thereby driving how much attention and resources state and local leaders focus on this cross-cutting issue. Regular data sharing and analytics is a low level resource yet intensive way to bring together the key partners and track impact and progress. CSH is working with a variety of communities to implement our Frequent Users Systems Engagement (FUSE) model that emphasizes data collection, sharing and analytics, and is serving as a foundational basis among systems.¹¹

II. Educate Each Sector About the Other

As the housing and RSS sectors recognize the need for partnerships, a learning process begins for each regarding the other. Each learns the other sectors’ priorities, funding streams, programs and acronyms. Innovative local leaders are intentionally bringing together these sectors for education and ultimately relationship building. The emergent field of ‘health and housing’ is in an exploratory phase and with the influx of new interest and resources, the addiction services and housing sectors can further lead the way by embracing this natural connection.

III. Joint Strategy, Program and/or Policy Reform Development

As cross-sector groups become more common, with data analytics results to drive them, they will develop more joint strategy, program and policy reform activities. Cross-sector data matching will educate the Medicaid financed portion of the recovery support services sector to better learn exactly how common housing instability and homelessness are among the people they serve. Pilot programs that include braided funding will be a first step, but will not take to scale the needed interventions.¹² The extent of the problem and the opportunity for health impacts will drive the next phase of innovative program development. As each sector grapples with the affordable and supportive housing capacity limitations in communities, a joint policy and advocacy agenda can be developed to pursue more development and supply.

IV. Strategically Align, Coordinate or Integrate Systems for Maximum Impact

The RSS and housing sectors reflect some similar processes and services. Both sectors are using screening and assessment to determine need. Both sectors offer resources that include at least short-term or transitional housing and services to help individuals meet their life goals. When sectors better understand the other, and as greater need is apparent and funding limits are reached, the pressure to reduce redundancies will increase and ensure that individuals who move between multiple sectors can be successfully served. New best practices will, and are, being developed between systems at the person, program and systemic levels to ensure effectiveness and the efficiency of interventions.

WHAT’S NEXT

CSH will issue its next brief describing best practices and examples of system-driven linkages in communities nationally. In the meantime, if you would like to learn more about the expertise CSH brings to the table around supportive housing, resources, working with COCs, Medicaid, MCOs, data, building partnerships, our FUSE model or any other aspect concerning the bridge building you face, please do not hesitate to contact Marcella Maguire at marcella.maguire@csh.org.

⁷<http://nasadad.org/wp-content/uploads/2018/11/SUPPORT-Act-Section-by-Section-Summary-11.9.18-1.pdf>

⁸<https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/#Table5>

⁹<https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/state-grant-programs#opioid-str>

¹⁰<https://www.samhsa.gov/grants/grant-announcements/ti-18-015>

¹¹ <https://www.csh.org/fuse>

¹² <https://www.impact.upenn.edu/something-new-pathways-housing-pa/>