Washington State Health Care Authority

Substance Use and Recovery Services Plan Recommendation

Recommendation – Establish a funded statewide Continuum of Housing workgroup to develop a comprehensive housing plan that provides options for housing at the various points of intersection along the continuum of care for housing people who are currently using to those who are in recovery or seeking recovery, from immediate shelter to bridge/transitional housing through long-term permanent housing, including funding to provide stipends for participants and for implementation of pilot programs from the plan. The workgroup should center people with behavioral health conditions who have lived/living experience with homelessness and/or housing instability.

Bill Requirement(s) – This recommendation meets several considerations for the Substance Use Recovery Services Plan:
Bill requirement: Section 1(3)(a), (b), (e)

Workgroup proposal:

While we recognize that housing for current drug users is an essential step to fostering stabilization and recovery (SAHMSA definition), and the value of bridge housing, and the existing of effective models for both in WA, we also recognize that proposals in this area need to coordinate with efforts being proposed related to homelessness response, Trueblood housing initiatives, and improvements to Continuums of Care and Coordinated Entry.

Therefore, rather than forwarding a detailed plan, we propose a workgroup that would draft proposals to fill gaps in existing systems, to greatly increase the availability of bridge and permanent housing for people who use drugs and are unsheltered.

The workgroup should draft a proposal by July 1, 2023, for consideration in the 2024 state budget.

We recognize the need for (1) lived and living experience of being unsheltered, using drugs, and facing barriers to housing and/or participating in the homeless housing system; (2) technical expertise in designing and successfully operating low barrier bridge housing and permanent housing programs that are accessible to people who live unsheltered and use drugs or are in recovery from substance use disorder, including individuals with other high barriers (including mental illness and unlawful behavior); and (3) system design expertise. The workgroup should be open to all who wish to contribute their time and knowledge.

At a minimum, workgroup members should include:

- Individuals who encountered barriers in the shelter and homeless housing systems due to active drug use or being in recovery from substance use disorder
- Individuals who used shelter and/or homeless housing systems while actively using drugs or working on their recovery
- Individuals with expertise designing and operating bridge housing or temporary lodging for people with high barriers including current drug use
- Individuals with expertise bridging systems and designing systems to meet the needs of historically under-served populations
- Individuals with knowledge of current State investments in homelessness response
- Individuals with knowledge of Trueblood housing investments
- Individuals with knowledge of Continuums of Care/Coordinated Entry in homeless housing

The workgroup should also include active and ongoing representation and participation from organizations with experience successfully bridging gaps between housing and individuals impacted by mental illness, drug use, and criminal justice system involvement.

Such organizations include:

- Behavioral Health Housing Action Plan
- Washington State Health Care Authority
- Washington State Department of Health
- Washington State Department of Commerce
- Low Income Housing Institute
- The Washington Alliance for Quality Recovery Residences
- Public Defender Association (PDA) CoLEAD/JustCARE
- Evergreen Treatment Services REACH Program
- Downtown Emergency Service Center
- Plymouth Housing
- Catholic Community Services

Workgroup Considerations

The Continuum of Housing workgroup should consider, at a minimum, the following:

- Extending the Housing and Recovery through Peer Services program (HARPS)
- Expanding longer-term rental resources
- Building on the work from the Permanent Supportive Housing (PSH) advisory group, Behavioral Health Housing Plan, AHAB housing needs assessment, and other ongoing efforts to address housing needs
- Replicating the JustCARE model of immediate placement in bridge housing & creating permanent housing placements via coordination with Coordinated Entry teams (now being employed by King County Regional Homelessness Authority to respond to individuals living on state transportation rights of way under contract with the Department of Commerce)
- Creation of state or local long term housing voucher programs for up to 100% of housing costs
- Leveraging existing sources of funding for housing
- Crisis stabilization housing for those waiting for a withdrawal management/detox or an inpatient treatment bed
    - Outreach programs that assist individuals in accessing treatment often use motel/hotel vouchers while someone is waiting for inpatient treatment; however, these funds are not always available
- Housing for those who have an active drug addiction and/or a mental health disorder
- Recovery-supportive housing for those who are in recovery or seeking recovery from substance use disorder
- Master leasing as a strategy to address the affordable housing crisis
- Government-subsidized housing for persons receiving Medications for Opioid Use Disorder (MOUD) as part of active treatment (e.g., Kate's House model) Level 1 and Level 2 recovery residences.

    This is the registry of Level 1 and 2 recovery residences in Washington State.

    Counties with no Level 1 or 2 residences listed are: Jefferson, San Juan, Pacific, Lewis, Wahkiakum, Skamania, Klickitat, Ferry, Stevens, Pend Oreille, Lincoln, Adams, Whitman (no data available to confirm), Columbia, Garfield, Asotin
- Obtaining additional grant funding to expand current accredited and reputable operators to develop recovery residential options for the regions indicated above (counties with no level 1 or 2 residences, according to the online registry), and expand residential options into these areas for underserved and marginalized communities.

- Amending RCW 59.18.030 as part of transitioning individuals from long-term or supportive housing into permanent housing, such as by adding the underlined language provided in the two following examples:

  (5) "Criminal history" means a report containing or summarizing (a) the prospective tenant's criminal convictions, not including criminal convictions related to Unlawful Possession of Controlled Substances under RCW 69.50.4013 and pending cases, the final disposition of which antedates the report by no more than seven years, and (b) the results of a sex offender registry and United States department of the treasury's office of foreign assets control search, all based on at least seven years of address history and alias information provided by the prospective tenant or available in the consumer credit report

  OR

  (5) "Criminal history" means a report containing or summarizing (a) the prospective tenant's criminal convictions, not including all drug-related convictions and pending cases, the final disposition of which antedates the report by no more than seven years, and (b) the results of a sex offender registry and United States department of the treasury's office of foreign assets control search, all based on at least seven years of address history and alias information provided by the prospective tenant or available in the consumer credit report.

- Reducing financial barriers to securing permanent housing posed by the cost of housing applications, background checks, and move-in fees
- Models for connecting private property owners and managers with those who need affordable housing (e.g., Housing Connector)
- Expanding Housing First Model across Washington
  - Principles for Housing First temporary lodging or permanent housing investments:
    - **Non-congregate**: We learned during the pandemic that non-congregate lodging arrangements are in general calmer, more dignified, and more welcoming for many people with behavioral health conditions, than congregate shelter settings. Non-congregate bridge housing arrangements can include self-contained apartments, SRO-style accommodations, hotel-style accommodations, or tiny homes.
    - **24/7 availability**: Accommodations that require people to exit during the day foster instability, and force individuals into public areas, increasing vulnerability to physical harm; bridge housing should allow individuals to come and go, leave their belongings, arrange their own space, and count on having a place to return to
    - **Low barrier**: Subject to screening for current or past behaviors that would reasonably be viewed as posing a risk to program staff or other participants, housing or lodging should be offered and maintained regardless of criminal history, current drug use, or other behavioral health conditions
    - **Intensive Stabilization Support** ("meet people where they're at--but don't leave them there"): Low barrier doesn't mean accepting that people will just remain stuck in harmful patterns but will live indoors. That will doubtless be true for some and living inside is still preferable for them and for the surrounding community in nearly all cases. But, for most, intensive, trauma-informed on-site support can help to decrease ongoing trauma and vulnerability, create safety, allow the identification of barriers and trauma-based reactions, foster goal setting, increase hygiene, and work on barriers to housing, health, and economic

stabilization, including legal system coordination for those who have active court obligations. Many individuals who, at entry, would have been assumed to need long term permanent supportive housing (PSH--an essential but costly kind of housing for people who need on-site support), can live independently with or without a housing subsidy in scattered-site units in the private housing market or in public housing. Intensive case management on-site in bridge housing or temporary lodging can facilitate optimal permanent housing placements as individuals move on.

Definitions

Recovery *(as defined by SAMHSA):* A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery Housing *(as defined by SAMHSA[1]):* Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders.

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NOTE: In this recommendation, "recovery housing" refers to the SAMHSA definition above; we recognize that this has a more specific meaning in WAC 246-341-1112.

Recovery Residences *(as defined by National Alliance of Recovery Residences[2])*: "A sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems." The purpose of a recovery residence is to provide a safe and healthy living environment to initiate and sustain recovery – defined as abstinence from alcohol and other non-prescribed drug use and improvement in one's physical, mental, spiritual, and social wellbeing.

There are four levels of Recovery Residences, as defined by the National Alliance of Recovery Residences

a. Level 1: Democratically, peer-run recovery homes with no external supervision or oversight, often provided in shared environments such as single-family residences (e.g., Oxford Houses). At this level, residences determine which arrangements will most effectively meet their needs. Support services can include self-help, drug screenings, and house meetings, and residents have the flexibility to make their own arrangements for medication management.

b. Level 2: Monitored, sober living homes. These include residences that are often single-family or apartment-style living overseen by a House Manager or Senior Resident. These homes typically have at least one paid position (e.g., the Resident Manager), and

[1] housing-best-practices-100819.pdf (samhsa.gov)
[2] Microsoft Word - NARR FAQ & Research Project Master Long Version Final 09-20-2012a (narronline.org)

provide structured support services, predominantly facilitated by peer providers, for people in recovery to gain access to an interim environment where they can transition from treatment settings to a more home-like setting. These settings may or may not use drug screening to confirm abstinence.

c. Level 3 (licensed and certified by DOH): Low intensity (recovery house) services are clinically managed, low-intensity substance use disorder residential treatment services that provide individualized care and treatment with social, vocational, and recreational activities to aid in individual adjustment to recovery, relapse prevention, recovery skills development, and to aid in job training, employment, or participating in other types of community services. To become certified as a low-intensity recovery house, services must (a) provide no less than five hours per week of treatment services, and (b) conduct and document an individual service plan review at least monthly[3]

d. Level 4 (licensed and certified by DOH): Residential substance use disorder treatment services, which provide substance use disorder treatment for an individual in a facility with twenty-four hours a day supervision. Services include: (1) intensive inpatient services, (b) low intensity (recovery house) residential treatment services; and (c) long-term residential treatment services[4]

Concerns & Considerations

- In keeping with the broad SAMHSA definition of recovery, it's essential to engage and offer stabilization for individuals who aren't at a point that they can or will abstain from drug use, but whose harm to self and others can be reduced by providing secure and dignified non-congregate lodging, either permanent housing or "bridge housing," that permits intensive support teams to work with individuals to identify, address and shift barriers to recovery. Creating systems of engagement and care that presume traditional treatment, abstinence and/or sobriety, will, by definition, leave out huge numbers of those engaged in harmful drug use, diminish the perceived efficacy of the state's other investments, and will particularly miss most of those at highest exposure of law enforcement action and criminal legal system involvement. We must make a path for those who are currently using and not immediately ready to stop, to not be living in public, to live in comparative safety, and to have a strong support framework to begin to work on personal objectives, healing, and recovery (broadly defined). This is the logic behind Housing First.
- Placement in bridge/transitional housing often causes individuals to lose their homelessness status and therefore, their eligibility for many next step housing options. It will be important to explore barriers posed by homelessness definitions and possible solutions.
- Living in housing with individuals who are actively using can jeopardize the safety and well-being of those who are in early recovery. Therefore, it will be important to establish a full continuum of housing options to meet the needs of people who are in recovery or seeking recovery as well as those who are actively using. To protect other residents, many recovery homes have adopted a zero-tolerance approach to drug use. It will be important to explore ways that recovery homes can balance protecting the safety and recovery of all residents with providing an opportunity for individuals who have had a recurrence of use to stabilize and remain housed, including availability of crisis stabilization housing in the community that could

[3] Per WAC 246-341-1112
[4] Per WAC 246-341-1108

provide interim housing for an individual who is awaiting a bed at a withdrawal management/detox or inpatient facility or a return to the recovery home

- Expansion of Homeless Outreach services that represent their communities. We need to first reach the underserved and marginalized communities. Add additional funds to build peers for Homeless Outreach that represents BIPOC communities.

Collaboration with Existing Resources:

Currently Offered Housing Programs & Government Funding

- List of homeless shelters in WA State by city/county

- **HARPS and Trueblood Forensics HARPS**: Housing and Recovery Through Peer Services (HARPS) provides supportive housing services and short-term housing bridge subsidies to at risk individuals (people who are exiting, or at risk of entering inpatient behavioral healthcare settings).

- Through proviso 96 Expansion of Housing First services, HCA/DBHR/RSS is in the process of identifying 9 regions that will receive a grant.