

**COMPENDIUM OF HOUSING MODELS THAT MEET THE NEEDS OF PERSONS WITH COD
PROPOSED FRAMEWORK
Revised Draft June 20, 2006**

Introduction

Strategy 5.2 of California's Action Plan for Co-Occurring Disorders (COD) calls for the development of a compendium of housing models that meet the needs of persons with COD. This draft document reflects the work of the Housing Subcommittee of the Co-Occurring Disorders Joint Action Council (COJAC). Subcommittee members have identified a range of permanent and transitional housing models that can be effective for people with COD. Some of these models may be more or less effective for some target populations than others.

In making choices about where to invest resources to expand the availability of housing for people with COD, policymakers and other stakeholders will want to consider which models are designed to meet the needs of which target population(s), the outcomes that can be expected, and other issues that have been identified. In most communities a range of options will be most responsive to the needs and preferences of consumers.

PROGRAM MODEL - PERMANENT	DEFINITION & IMPORTANT CHARACTERISTICS	TARGET POPULATION(S)	DOCUMENTED OUTCOMES	ISSUES (e.g. licensing, quality, other concerns)	RESOURCES For more information
<p>Permanent Supportive Housing</p> <p>(as defined by CSH and consistent with fidelity model for permanent supportive housing currently under development by SAMHSA)</p>	<p>Housing is permanent & affordable (tenants pay 30-50% of income for rent)</p> <p>Range of settings including apartment buildings, apts, SRO's</p> <p>Services are flexible and participation is voluntary (NOT a condition of tenancy) Primary focus of services is housing stability & other goals (recovery) set by tenant</p> <p>Tenant holds lease and normal responsibilities of tenancy</p> <p>Particularly in "Housing First" models, no requirements / expectation that tenants will achieve sobriety or engagement in mental health treatment before moving into housing. Housing is provided first, and services are made available / connected to housing.</p> <p>Response to relapse = intensify service engagement & motivational enhancement efforts; eviction only for lease violations (not use per se)</p>	<p>All 4 quadrants COD</p> <p>People who are homeless or at risk of homelessness and unable to get and/or keep housing without supportive services</p> <p>Priority populations:</p> <ul style="list-style-type: none"> o Chronically homeless people with disabilities o Transition aged youth o People re-entering community from criminal justice systems o Homeless families with disabilities and/or involved in family reunification 	<p>Housing stability: 80% or more maintain housing for at least 12 months</p> <p>Reductions in hospital emergency room and inpatient services use (50% +/-)</p> <p>Reductions in use of crisis services for MH or AOD problems (e.g. psych emergency / inpatient, detox, etc)</p> <p>Increased employment</p> <p>Family reunification</p>	<p>Federal and/or local housing quality standards apply</p> <p>Subject to landlord-tenant law</p> <p>Hard to fund services for tenant populations who are not eligible for MHSA "full service partnerships"; especially difficult for "serial inebriates" and quadrants 1 & 3</p> <p>Federal homeless program funding available for housing costs of new projects serving chronically homeless adults with disabilities (often COD), but federal funding for services costs of these projects is very limited or unavailable</p> <p>Scattered site programs may create burdens to neighbors / community if adequate services not available</p> <p>Staff in these programs often serve people with severe COD but may not be integrated into ongoing training opportunities available to staff in MH & AOD treatment systems</p> <p>Current state law makes supportive housing exempt from licensing under specific circumstances.</p> <p>Depending on the federal program funding the housing, HUD drug-free housing and one-strike rules <i>may</i> require (or allow) housing providers to deny housing or evict persons with current or past drug use in housing or drug-related criminal activity.</p>	<p>www.csh.org</p>

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<p>Permanent Supportive Housing (PSH) – program models implemented by some providers in CA and other states</p>	<p>Same as above BUT with some or all of the following modifications:</p> <p>Participation in some supportive services is required as a condition of tenancy and/or eligibility for ongoing housing subsidy</p> <p>“Clean & sober” supportive housing projects incorporate strong culture of sobriety as condition for entry and maintaining housing</p> <p>Response to relapse = intensify service engagement efforts and linkages to substance abuse treatment; eviction if use continues</p>	<p>Some of the same target population(s) as in other supportive housing ...</p> <p>More likely to meet the needs & preferences of individuals who are seeking treatment or ongoing support after a period of treatment for substance use problems, and those who need to maintain sobriety as condition imposed by criminal justice or child welfare systems.</p> <p>High level of structure may work for a minority of chronically homeless individuals with COD but not for majority.</p> <p>May not be accessible to those with COD in quadrant 4 who are not engaged in treatment outside crisis settings. May be effective for those in quadrant 1, 2 & 3 with high level of commitment to sobriety</p>	<p>Housing stability rates somewhat lower than PSH with voluntary services (approx 60% of tenants remain for 1 year or more)</p> <p>Increased employment</p> <p>Family reunification</p>	<p>Not consistent with SAMHSA fidelity model under development</p> <p>Service participation requirements as a condition of tenancy are not consistent with preferences of most consumers</p> <p>Service participation requirements and restrictions on private use of alcohol may be hard to enforce under local landlord-tenant law</p> <p>In some parts of the state Shelter + Care programs use this modified supportive housing model and require that each tenant participate in supportive services as a condition of eligibility for tenancy or rent subsidy.</p> <p>Depending on the federal program funding the housing, HUD drug-free housing and one-strike rules <i>may</i> require (or allow) housing providers to deny housing or evict persons with current or past drug use in housing or drug-related criminal activity.</p> <p>Services should be consistent with SAMHSA IDDT fidelity model</p>	

PROGRAM MODEL – usually transitional	DEFINITION & IMPORTANT CHARACTERISTICS	TARGET POPULATION(S)	DOCUMENTED OUTCOMES	ISSUES (e.g. licensing, quality, other concerns)	RESOURCES For more information
Sober Living Environments (SLE)	<p>Houses or apartments shared by individuals committed to sobriety; housing is usually rented but may be a private owner who sponsors the project and rents to members of sober living household</p> <p>Tenant-run; peer support among graduates of substance abuse treatment</p> <p>Generally no paid staff / no public funding</p> <p>Response to relapse = tenant expected to move out</p>	<p>Usually single adults with a commitment to sobriety at time of move-in</p> <p>Most effective for those in quadrant 2 with high level of commitment to sobriety</p>	Some outcomes have been reported in research conducted by UCLA re: Prop 36	<p>No oversight by any public agency in most counties; some counties may provide oversight tied to funding</p> <p>Rents unsubsidized – costs may be very high and/or bedrooms shared</p> <p>Significant concerns have been raised about quality and fidelity to “sober living model” in some communities.</p> <p>CAARR has developed minimum standards</p> <p>In LA County a new Sober Living Coalition has been working with patients rights organization to establish quality standards and safeguards</p>	<p>www.caarr.org</p>

PROGRAM MODEL - TRANSITIONAL	DEFINITION & IMPORTANT CHARACTERISTICS	TARGET POPULATION(S)	DOCUMENTED OUTCOMES	ISSUES (e.g. licensing, quality, other concerns)	RESOURCES For more information
<p>Transitional Housing – special needs models</p>	<p>Housing created as “aftercare” to support clean & sober living environment for graduates of residential treatment programs.</p> <p>Range of housing settings including shared apartments, dorms, or single family homes</p> <p>Time limits usually 9-12 months; in some counties residents sign leases or program participation agreements; in some programs there is no lease</p> <p>Some “transition-in-place” models involve transitional supportive services and/or short term rent subsidies in a housing unit (e.g. privately owned apartment) where the tenant can continue living (with a lease) after program participation ends</p> <p>Primary focus of services is maintaining sobriety / recovery and support for community re-integration (e.g. employment, family reunification, permanent housing, etc.)</p> <p>Response to relapse = tenant expected to move out or must participate in treatment intervention</p>	<p>Graduates of treatment programs who are committed to sobriety and need ongoing support for a time-limited transition period</p> <ul style="list-style-type: none"> ○ Particularly for women completing treatment and needing a place to live & support during family reunification <p>Some programs operate as “step down” from higher levels of care for acute mental health and/or AOD crises (e.g. following inpatient hospitalization)</p> <p>May be alternative to hospitalization and/or diversion from jail for person with COD who is homeless or in unstable housing.</p>	<p>Note: COJAC housing subcommittee members have been invited to share information about outcomes from evaluations of transitional housing programs</p>	<p>Time limits or other criteria for placement in transitional programs may require people to move if their needs / diagnoses change or when they reach a time limit. If appropriate, affordable housing is not available, tenants with most substantial disabilities (e.g. quadrant 2 or 4) and/or barriers to employment may experience homelessness or ongoing housing instability.</p>	

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<p>Transitional Housing –models developed for homeless adults and/or families</p>	<p>Similar to transitional housing special needs models described above BUT services may focus more on assisting residents to obtain permanent housing and skills needed for maintaining housing and financial stability, employment, parenting</p> <p>Range of housing settings including apartments, or shared single family homes</p> <p>Service participation and/or participation in activities specified in a service plan (e.g. employment search or training; housing search) often a requirement of residency</p> <p>Time limits usually 18-24 months; usually there is a lease or program participation agreement</p> <p>Some “transition-in-place” models (see above) allow tenants to remain in housing without moving after program participation ends</p> <p>Usually prohibit use of alcohol or other drugs. Response to substance use = tenant expected to move out or must participate in treatment intervention</p>	<p>Most frequently designed for homeless families and/or transition aged youth who are homeless or at risk of homelessness (e.g. when they leave foster care)</p> <p>May have limited capacity to serve people with more serious COD; maybe more appropriate for quadrant 1</p>	<p>Note: COJAC housing subcommittee members have been invited to share information about outcomes from evaluations of transitional housing programs</p> <p>Programs have a responsibility to ensure that residents exit transitional housing to permanent housing. In 2005 60% of households leaving transitional housing moved directly to permanent housing (National data from HUD)</p>	<p>See above about time limits. Without adequate affordable housing available, transition to what?</p>	

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Affordable Housing - may be service enriched	<p>Usually housing developed and operated by non-profit owners or public housing authorities, or privately owned housing with rent subsidies that allow tenants to pay approximately 30% (no more than 50%) of their income for rent</p> <p>Services are <u>not</u> specifically focused on MH or AOD problems – OR services with this focus are provided through outreach / linkage in locations where many active or potential consumers live</p> <p>Typical services include child care; employment supports; computer lab; social / recreational activities; linkages to community services & other resources</p>	<p>Target population is usually defined by income (e.g. for those with incomes under 30% of AMI) – not disability</p> <p>In some locations / programs there may be a priority for homeless individuals / families and/or people with disabilities</p> <p>Appropriate for any person / family who has successfully used treatment services and supports to stabilize COD problems and/or established linkages to ongoing community supports.</p>	Vast majority of homeless families who receive a housing subsidy do not return to homelessness – even if they have MH and/or AOD problems	<p>Shortage of appropriate, affordable housing may leave some people with COD facing a choice between living in settings that offer more supportive services (and restrictions) than they need, OR living in bad places that undermine their recovery.</p> <p>Federal law gives local public housing authorities substantial discretion to exclude or evict households in which a family member has a history of drug-related activity. These one-strike rules create barriers to housing for some people with COD.</p>	<p>www.nlihc.org</p>