



Increasing Access to Housing for Homeless Individuals with Substance Use Disorders

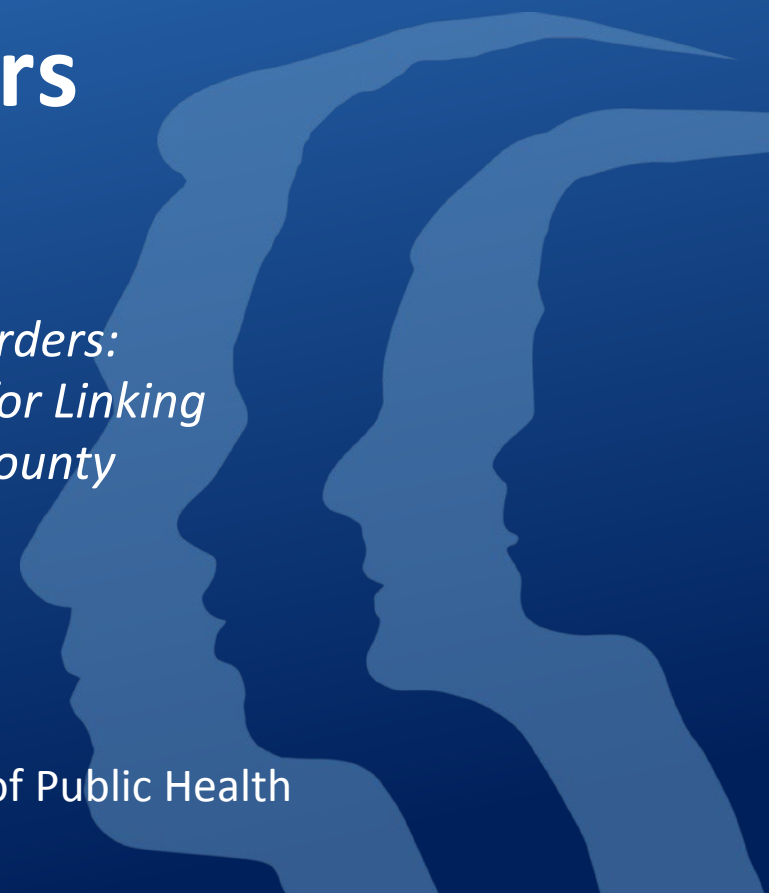
*Introduction to Housing and Substance Use Disorders:
Navigating the Coordinated Entry System (CES) for Linking
Homeless Patients into Housing in Los Angeles County*

June 16, 2017

Clinical Services and Research Branch

Substance Abuse Prevention and Control

County of Los Angeles Health Agency & Department of Public Health



Why is Housing Important for Individuals with SUDs?

- Safe and stable living environments are essential to the recovery process for individuals with SUDs.



- Homeless or unstably housed individuals with SUDs are at greater risk of relapse and not completing treatment.
 - Treatment completion is one of the single most important predictors of recovery for individuals with SUDs.



- **Increasing access to housing options for patients with SUDs both during and after treatment improves the likelihood of successful recovery.**

Data on Homeless SUD Patients in LA County (FY 2014-15)

- **Total of ~50,000 SUD treatment admissions in FY2014-15**
 - **Homeless at *Admission* for Specialty SUD Treatment Services**
 - Approximately one-fifth (18.3%) of individuals admitted to SUD treatment reported being homeless* at intake.
 - Slightly more than half (51.5%) for patients admitted to residential treatment programs reported they were homeless* at intake.
 - **Homeless at *Discharge* from SUD Treatment Services**
 - Nearly two-thirds (63.9%) reported they were still homeless* at discharge.

***Note:** During 2014-15, SAPC homeless definition included people who are “staying with family or friends.”





Systems-level Changes in the Specialty SUD System Related to Housing

- **Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver (known locally in LA as START-ODS) will increase access to treatment and ancillary services for eligible patients.**
- **Patients seeking SUD treatment services will be assessed for level of care placement using the ASAM criteria.**
 - Residential treatment services will require authorization by Utilization Management staff at SAPC – residential lengths of stay are expected to decrease.
 - Being homeless does not by itself mean a patient is eligible for residential treatment.
- **Patients experiencing homelessness need access to housing throughout the continuum of SUD care, whether it's while they are in outpatient treatment or during aftercare (e.g., recovery support services).**

New Services Available to Facilitate Housing Linkages

- **START-ODS is making new services available to help SUD providers link patients to housing:**
 - Case management
 - Funded by DMC
 - Case managers will work with patients to determine housing and service needs and link them to appropriate housing, including SAPC's Recovery Bridge Housing and housing options available through CES
 - Recovery Bridge Housing (RBH)
 - “Optional” benefit; NOT funded by DMC
 - SAPC will conduct pilot and offer RBH as a benefit within the DMC-ODS Waiver supported by non-DMC funding, including Measure H





Recovery Bridge Housing – Background

- Historically, homeless and low-income patients with SUD have had limited access to recovery residences, which have been mostly self-pay.
 - Payment for recovery housing is currently available only for perinatal and a small number of drug court patients.
- **Initially, SAPC will pilot the RBH benefit through current contracted treatment providers with experience providing recovery housing.**
 - SAPC will monitor and oversee RBH to ensure quality and adherence to requirements.
- RBH aligns with spirit of American Society of Addiction Medicine (ASAM) Criteria for patients to be placed in least restrictive environment necessary to meet their biopsychosocial needs.

RBH Benefit Description

- **RBH pairs payment for recovery residences with concurrent treatment in outpatient (OP), intensive outpatient (IOP), Opioid Treatment Program (OTP), or Outpatient Withdrawal Management (OP-WM) settings.**
 - **Target population:** Homeless adults who belong to a priority population (see next slide) and are in need of stable, safe living environment in order to best support their recovery from a SUD
 - **“Abstinence-based”**
 - New definition of abstinence excludes FDA-approved medications for addiction treatment (e.g., methadone, buprenorphine) → RBH providers should not turn away patients on MAT.
 - **RBH must be authorized by the Utilization Management (UM) Unit at SAPC, who may authorize up to 90-day stay* per calendar year for eligible adults.**

*Perinatal patients eligible for extended lengths of stay





Priority Placement in RBH

Homeless adult patients receive priority for placement in RBH, including:

- Chronically homeless
- High utilizers of the health system (including physical/mental health/SUD)
- Perinatal patients
- HIV/AIDS patients
- Intravenous Drug Users
- Homeless Individuals Stepping Down from Residential SUD Treatment
- Certain non-AB 109 criminal justice patients without housing funded through criminal justice system
- Transition Age Youth (18-25)
- Lesbian, gay, bisexual, transgender and questioning (LGBTQ) populations

Note: Undocumented homeless adult patients who meet the prioritization criteria listed above are eligible for placement in RBH



Foundational Principles of RBH

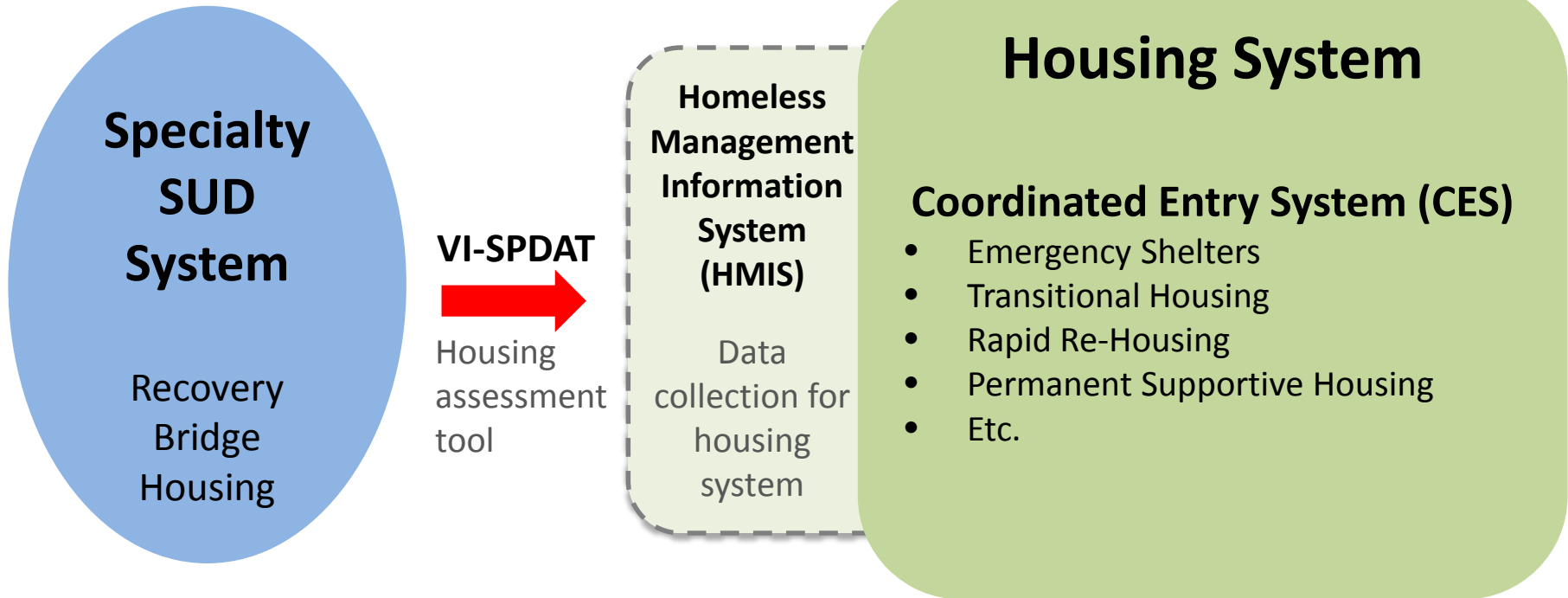
- Patient chooses **abstinence-focused housing**.
- Program should **emphasize personal recovery goals of participants and long-term housing stability**.
- Program design should establish **minimum barriers for entry**.
- Program **must meet or exceed National Association of Recovery Residences (NARR) standards of care** <https://narronline.org/affiliate-services/standards-and-certification-program/>
- **Relapse is not treated as an automatic cause for eviction.**
 - Lapse vs. Relapse
- Programs are required to **help patients transition into permanent housing options**.

Improving Access to Housing

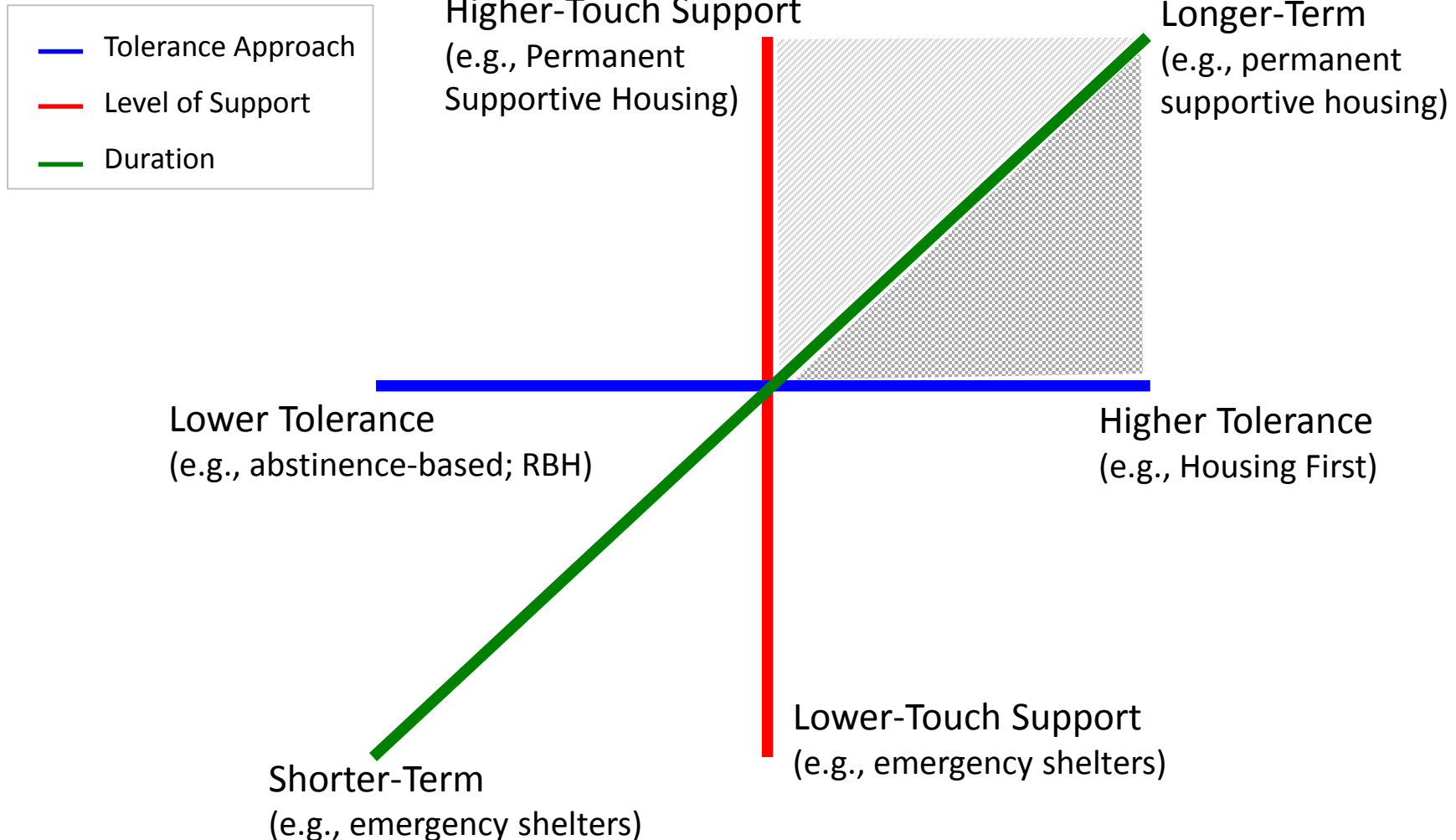
- **SAPC plans to improve access and linkages to housing choices for patients in recovery from SUDs by:**
 - Expanding housing available within the specialty SUD system (Recovery Bridge Housing)
 - Expand access to housing options outside the specialty SUD system
 - Training providers on navigating the housing system via the Coordinated Entry System (CES)
- **All patients experiencing homelessness should be assessed for housing needs and linked to appropriate housing for which they may be eligible through the specialty SUD system and/or CES**



Integrating Housing into the Specialty SUD System



Continuum of Housing for Patients in Recovery – People with SUDs have different housing needs & preferences





Accessing Housing Options

- All homeless patients should be referred to a SUD case manager to assess for housing and service needs using the assessment tool known as the **Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)**
 - SUD case manager needs to conduct VI-SPDAT as soon as possible after patient enters treatment to match patient to appropriate housing for which they may be eligible
 - Data from VI-SPDAT needs to be entered into **Homeless Management Information System (HMIS)**
- SUD case manager should work with patient to develop discharge plan, including plan for housing, as soon as patient enters treatment.

Today's Training Goals

1. Discuss how Substance Use Disorder (SUD) providers can link patients into housing options for which they may be eligible through the SUD system of care (Recovery Bridge Housing, or RBH) and the Coordinated Entry System (CES)
2. Describe the procedures that need to be in place and the staff training requirements for your agency to link patients into housing through CES
3. Describe how your agency can work with your local CES partnerships to assist in making linkages into housing

