

# **HOUSING AND SUPPORT SERVICES PLAN FOR LUCAS COUNTY CITIZENS RECOVERING FROM CHEMICAL DEPENDENCY**

## **----- EXECUTIVE SUMMARY -----**

142794

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## **Executive Summary**

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### **Introduction**

### **Scope of the Plan**

The purpose of this document is to develop a housing and support services plan. This plan will serve as an instrument in the design and implementation of long-term, supportive housing for people recovering from chemical dependency. The entire plan will reflect the continuum of supportive housing required for the recovery of chemically dependent people.

### **Purpose of Plan**

The results of this plan will recommend the investment and allocation of resources to encourage the development of additional supportive housing programs. Implementation of new projects, in conjunction with existing programs, is expected to complete a continuum of housing and support service opportunities within Lucas County.

### **Process**

In order to complete the plan as defined in the scope, the document included the collection of primary and secondary data. Primary data collection included:

- researching the resources in Lucas County for individuals who are recovering from substance addiction and preparing an inventory of those resources;
- conducting a needs assessment survey of people in Lucas County substance abuse programs;
- investigating local, state and federal regulations which impact the creation of housing and supportive services.

The secondary data collection included conducting a literature review of prior research in substance abuse and supportive housing.

### **Background**

As the research has indicated, vast changes have occurred in the delivery of substance abuse services, the availability of supportive housing and demography of people who are attempting to gain access to these services. It has been determined through research that there has been a rapid onset of drugs over the past ten years, especially with crack. As a result, the current plan will focus upon increasing or altering the present service delivery system and developing

additional housing resources.

These recommendations are based upon research conducted by Planning Concepts including: personal interviews with people in recovery; treatment staff and administration; review of the current literature and research; housing and support service data collection; and the assessment of housing and land use regulations. The sole purpose of the recommendations is to increase the availability of supportive housing options to Lucas County citizens in recovery from substance abuse.

## **Methodology**

The methodology used to prepare this plan included the collection of both primary and secondary data.

### **Secondary Research**

The following subjects were researched through journals, articles and other documents regarding:

- Relapse
- Recovery and Environmental Factors
- Motivation and Personality Factors
- Recidivism
- Change and Utilization of Community Resources
- Supportive Housing
- Costs of Homelessness Versus Benefits of Housing

### **Primary Research**

Primary research for this project was conducted to determine the needs and status of recovering Lucas County citizens in terms of present housing and support services.

Three primary research tools included:

1. Conducting an **inventory of community resources and continuum of supportive housing** to identify and review programs presently available for using and recovering substance abusers;
2. Conducting a **needs assessment** to determine housing and supportive service demands necessary for people recovering from chemical dependency;
3. Reviewing and assessing **local, state and federal regulations** to identify mandatory requirements surrounding housing and support services.

### **Inventory of Community Resources/Agencies**

In order to determine the housing and support service programs available for recovering substance abusers, an inventory of community resources in Lucas County was conducted. This inventory includes several non-profit agencies that provide housing and supportive services for people who are recovering from their addiction.

### **Needs Assessment Survey**

The most direct method to determine the needs and perceptions of recovering individuals is to survey the individuals. A non-random sample survey was conducted

using 100 Lucas County recovering substance abusers. Respondents were staying in various outpatient, transitional, long term residential, and criminal justice programs.

### **Local, State and Federal Housing Regulations**

Based upon the present regulations, the development of a supportive residential environment will necessitate the involvement of a number of regulatory agencies. Depending upon the location of a planned home, the type of supportive services provided on site, number of people occupying the dwelling, and the age of the occupants, a number of regulations will impact the development of a safe, drug-free living environment. These regulations include local zoning and building codes, fire safety codes, and licensing requirements by the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Health.

The Fair Housing Amendment Act of 1988, effective March 12, 1989, serves as the first legislation to bring people with disabilities under the protection of the federal fair housing law. This law will have a sweeping impact on land-use regulations affecting housing for people with disabilities. Many government imposed restrictions on the ability to open group homes or other housing for people with disabilities will be a violation of federal law (Mental Health Law Project, 1988). According to the Act, individuals in drug and alcohol recovery programs are a protected class. Depriving such individuals of housing, or evicting them would constitute irrational discrimination that may seriously jeopardize their continued recovery (H.R. Rep No. 711, 1988).

## **Data Collection**

### **Secondary Research - Literature Review**

Researchers agree that there is a lack of housing for low-income people. The end of the 1980s produced research indicating that efforts were necessary to increase the availability of housing within our nation. Shortfalls of up to 5 million units in comparison to just a sufficiency of units in the 1970s was apparent (Curtiss, 1991). People with chemical dependency problems have become overrepresented among the displaced, homeless population. They will continually recycle through the public systems if additional housing is not provided. "Losses of low-income housing especially suited to homeless people with alcohol and drug problems have been particularly severe," (Curtiss, 1991).

Another source of concern for the chemically dependent population is the loss experienced in the closing of units for chronic substance abusers within state mental institutions as well as private hospital programs. Funding has been decreased in a movement to promote community integration instead of institutionalization. Throughout the past decade it has become apparent that some form of managed housing on an affordable basis is necessary for recovering people, in order to obtain and maintain long-term clean and drug-free lifestyles without prominent chance of relapse.

In order to evaluate the present philosophy of supportive housing systems and provide additional options, an extensive literature review was conducted. The following topics were examined:

- Relapse
- Recovery and Environmental Factors
- Motivation and Personality Factors
- Recidivism
- Change and Utilization of Community Resources
- Supportive Housing
- Costs of Homelessness and Benefits of Housing

These topics will provide a foundation for the recommendations which result from this planning effort.

While not inclusive, this secondary research indicated that the successful recovery of substance abuse requires:

- a safe, structured, substance-free residential environment;
- an extended period of time (greater than six months) to live in this environment in order to gain the total package of skills to live independently;
- an extensive program designed to meet the needs of ex-offenders who are entering the community; and,
- programs designed to reinforce individual growth, control and self responsibility.

A person's environment plays a critical role in becoming substance free. But this is only one element in a multi-factored addiction. Other elements must be addressed through existing community support services.

### **Primary Research - Inventory of Community Resources in Lucas County**

A guide to community resources serving people who are recovering substance abusers in Lucas County has been developed as a result of conducting an inventory of area resources. The purpose of this inventory was to determine the availability of present services within the area. This guide is intended to provide a comprehensive listing of services for people with a chemical dependency within a single source.

Data has been gathered from 19 different resources for this guide. Each of the entries includes the following categories: Target Group/Capacity; Source of Referral; Funding; Overview/Program Components; Administration; and Contact Name(s). Each resource is a part of the continuum of care as defined below.

### **Primary Research - Continuum of Supportive Housing**

Individuals who desire recovery from chemical addiction have a number of opportunities for treatment and rehabilitation. Most people who have newly established drug-free, clean lifestyles live within a "Continuum of Supportive Housing." Specifically, the continuum provides opportunities within certain components and generally provides a step-by-step basis to continue rehabilitation.

### **Primary Research - Needs Assessment**

A needs assessment was conducted in order to obtain consumer generated data which may be used to support the development of supportive housing and treatment programs in Lucas County. Without such information, the accuracy of fulfilling the critical need may only be assumed.

An initial review of the secondary research revealed a number of factors related to substance abuse, including: environment, self control, demographics, cost, homelessness, crime and other related events. These statistics may be used to obtain a better understanding of the problem and its magnitude.

### **Local Impact and Services**

Assuming substance abuse in Lucas County is representative of national trends, it is possible to extrapolate the national statistics in order to obtain insight into the number of people affected locally. The 1990 Census results indicate that there were 462,361 residents in Lucas County. Based upon the national statistics reported above (pages 29 & 30), the following local calculations were generated for Lucas County.

- > 9,250 citizens (2%) who have an addiction to prescription drugs;
- > 11,100 citizens (2.4%) are addicted to cocaine;
- > 18,500 to 41,600 residents (4 - 9%) suffer from alcohol abuse.

Based upon prior research, the local cost attributed to substance abuse (alcohol and drug) due to reduced productivity, lost employment, accidents, treatment programs, legal assistance, law enforcement, and incarceration could *exceed \$527,400,000 annually.*

The Toledo - Lucas County Council for Human Services housing study, "Needed: More Than a Place to Sleep" reported that there are approximately 3,000 homeless individuals in Lucas County. Based upon national research, 35 to 45 percent of the homeless population have a chronic alcohol problem while 15 to 20 percent have chronic problems with other drugs. Utilizing these statistics locally would result in between 1,050 and 1,350 people who are homeless and suffering from chronic alcohol problems and 450 to 600 homeless people with chronic drug problems. These projected numbers illustrate the need for additional supportive housing.

The following is a table of the number of transitional/supportive beds available in Lucas County. The Lucas County Jail was included only to illustrate system capacity.

	<u>Men</u>	<u>Women</u>	<u>Shared</u>
<b><u>Public</u></b>			
Aurora Project	--	9	--
Cherry St. Mission	--	--	21
COMPASS	--	--	40
F.O.R.W.A.R.D.	--	6	--
Idle Time	8	--	--
Lucas Co. Jail	30	--	--
Open Door	8	--	--
St. Paul's	--	--	44
Salvation Army	40	10	--
SASI	5	5	--
Toledo Rescue Mission	--	--	16
Volunteers of America	--	--	68
Subtotal:	91	30	189
<b><u>Private</u></b>			
Talbot Outpatient	--	--	12
Toledo Hospital	--	--	34
Tennyson Center	--	--	14
Subtotal:	--	--	60
<b>TOTAL:</b>	<b>370</b>		

## Local Needs Assessment

The purpose of the needs assessment was to determine the following features:

- past living situations of the respondents, all of whom are recovering substance abusers;
- the forces influencing their substance abuse relapse; and



- the type of housing and support services respondents believe is necessary for a permanent recovery from substance abuse.

The results of the needs assessment were tabulated and various factors were evaluated in relationship to each other. The individual identities of respondents used for the assessment will remain anonymous.

Based on the assessment of this survey, it has been determined that individuals who are recovering from substance abuse desire independent housing with correlating supportive services. It is not perceived that they are requesting a highly structured and controlled environment, but rather permanent housing with services as needed. While a common theme is independence, people reported the desire to live with other people in recovery for support.

Presently, there are not any agencies that provide independent, supportive housing. Individuals who are recovering from substance abuse would like to make their future residence permanent. Thus, housing units must be in a safe and clean environment, away from their past living environment--free of drugs, crime and individuals who are still abusing substances.

Supportive services necessary for the people who are recovering must include on-call treatment staff, assistance in finding household amenities including furniture. Ancillary services such as assistance in money management, stress control, improving family relationships, parenting classes, work/study programs and self-help groups are also needed.

The responses of people in the criminal justice system reflect a number of conflicting characteristics. People did not believe their environment contributed to their relapse. But there was a strong desire not to return to their prior living environment. Individual responses could be a function of a person's lack of control over their drug treatment and present incarceration. These individuals are not participating in treatment by choice. Thus their responses may reflect hostility or lack of faith that there will be a viable alternative (substance abuse treatment, economic opportunity, employment, housing, etc.) for them upon release.

Although percentages somewhat differed between the four race groups, and among those in the criminal justice system, all populations basically desired the same housing and support conditions--ones that encourage and support total and permanent recovery.

### **Primary Research - Federal, State and Local Housing Regulations**

Access to safe, decent, stable, affordable housing is a universal human requirement. The lack of this necessary resource will adversely impact a person's ability to establish additional basic needs such as employment, job training or education, social benefits, and interpersonal relationships. People recovering from substance abuse also require a drug and alcohol free environment. Historically, local land use regulations and state licensing requirements have not encouraged or facilitated the development of supportive living environments in residential settings. Housing opportunities for special populations (i.e. people with disabilities and illnesses) have been perceived and regulated in a fashion different than traditional single family housing.

The purpose of this section is to examine the present land use and regulatory requirements which will be encountered in the development of housing for people recovering from abuse of drugs or alcohol.

## **Local Housing Regulations**

Housing regulations take the form of zoning and building codes in Lucas County. Adopted by cities, the county (building only) and townships (zoning only), the purpose of these regulations is to promote public health, safety and general welfare (State of Ohio, Department of Economic and Community Development, 1973). The general basis for zoning and land use regulation is to "maintain property values by assuring that incompatible uses will be kept apart... promote the public health and safety... and providing for more orderly development through lot size, set back lines, building height and population density" (Ohio Department of Development, 1986). Though not intended, it may be argued that these basic principals have worked to discourage the development of accessible, affordable housing in general, and for people with disabilities specifically. Through the guise of promoting public health and safety, and protecting property values, communities have denied people with disabilities housing opportunities simply based upon a perceived fear of people who are different.

## **Process for Building Occupancy**

The establishment of a continuum of housing options providing a supported living environment will require compliance with specific governmental regulations. The use of a building will require careful consideration and evaluation prior to making a commitment to acquire or enter into a lease. Building options or purchase agreements may be negotiated in order to investigate regulations and proposed sites in detail. In order to occupy a building three land use and building issues must be addressed: zoning compliance; building code requirements; and, occupancy permit. Resolution of these three issues may require extensive research, evaluation and project modification or may be only a formality depending upon the building, the proposed use and applicable codes.

## **Building Code Requirements**

A condition of purchasing or leasing a building should be that the physical building condition permits occupancy for the intended purpose. Because building code requirements vary with the intended use, size, age and condition of each building, it is not possible to provide a general list of code conditions which must be completed. This stipulation may be satisfied by having a building inspector or licensed contractor or architect inspect the structure prior to waiving this condition. A building failing to meet code requirements may still be considered if the required site improvements are anticipated and completed as part of the rehabilitation process. It is essential to have a complete understanding of the costs to be incurred in rehabilitating or operating the building prior to consummating the purchase or lease.

## **Occupancy Permit**

The final hurdle in establishing a supportive housing program is receiving the occupancy permit. This is the final validation that the zoning and building codes have been complied with and the structure may be operated as proposed. A temporary occupancy permit may be granted at the discretion of the building inspector, while final improvements are being completed.

These elements of the building occupancy process may vary dependent upon the type of

supportive housing program which is proposed. A general assessment may be that the more a program operates as a typical home and family, the less difficulty will be experienced in receiving the appropriate permits and making required building code improvements. The courts have held that people living together in a group home constitute a "family" as defined by the zoning ordinances and that the application of a "family" definition to exclude a group home is unconstitutional (Mandelker, 1988).

It is important to note that while some conclusions are drawn regarding the validity of present regulations, each applicant is responsible to work with the existing code or take legislative or judicial steps to amend these requirements. This plan will not serve as a tool to obtain regulatory relief from a governmental entity.

### **Zoning - City of Maumee**

The status of these residential regulations may limit the creation of a nontraditional family home within the City of Maumee. If such a proposal would be made, the current regulations are confusing enough to frustrate any potential development. The best alternative, in light of these restrictions, is to operate any program to coincide with the definition of a family, with supportive services available on an individual basis. This would appear to preclude the option of 24-hour professional staffing, etc.

### **Zoning - City of Oregon**

The common themes in Oregon's regulations are: operating a house as a single housekeeping unit; compensation for room and board; and the lack of permitted uses for specifically defined uses. If a program was operated as a family (sharing expenses and responsibilities) and with no permanent staff on site, then the opportunity would exist to locate the program in any single or multifamily zoning district, per these regulations. Otherwise, the code severely limits the opportunity to develop a continuum of housing options.

### **Zoning - City of Sylvania**

The major issues in Sylvania's regulations are the definitions of family and institution. These definitions and regulations appear to prevent more than five unrelated people from living as a single housekeeping unit. The definition of institution would also limit the options afforded to nonprofit housing corporations. These code requirements severely limit the opportunity to develop a continuum of housing options within Sylvania.

### **Zoning - City of Toledo**

Again, the definition of family does not overtly discriminate against people wanting to live together as a single household. But, based upon the specific regulations for each type of population (mental retardation, mental health and elderly) it appears that the City does not wish to promote the expansion of supportive housing. Thus, establishing a supportive halfway house for recovering substance abusers may not be viewed as a family, and permitted in any single family neighborhood.

## **Zoning - Townships in Lucas County**

All eleven Townships in Lucas County have zoning regulations. Only a small portion of Providence Township is zoned. Due to the diversity of the Townships, their zoning regulations vary in complexity and requirements. The urban townships have adopted more rigorous regulations than the rural townships. All the townships receive professional zoning and planning assistance from the Lucas County Planning Commission. The staff of the Planning Commission has attempted to create uniform regulations for the townships. Thus, there may be some similarity in how the townships regulate group living environments.

While these individual township regulations are diverse in the approach used to regulate supportive living environments, the common focus is their attempt to restrict the development of such housing options. Many of the townships that require conditional or special use approvals require a separation or distance requirements apparently to minimize impact on "normal" housing. Some townships attempt to regulate the number of unrelated adults living together in a single household by using a restrictive definition of a family. Based upon changes in the Fair Housing Act of 1968, the validity of these present regulations are in question.

## **Zoning - Summary**

The four cities and eleven townships in Lucas County all have zoning regulations which address in some manner the operation and location of group living environments. In an effort to develop a continuum of supportive housing for people in recovery from substance abuse, it is essential to have a clear understanding of the impact governmental land use regulations can have. While the enforcement of these local regulations may be contrary to newly adopted Federal regulations, jurisdictions will not likely amend these regulations unless legal action is pursued. The alternative to taking the legal route, is to work with the existing regulations, and design a residential program which will coincide with the definition of a family. This would permit housing operation and location within any single or multifamily neighborhood. This approach still runs the risk of creating concerns and fears from zoning officials and neighbors.

These regulations have evolved over the past years, but they have failed to keep pace with the present philosophy of supportive housing and with Amendments to the Fair Housing Act. Emphasis should be placed upon changing the regulations in order to provide increased housing options throughout the entire County, without necessitating individual legal challenges.

## **Data Analysis**

### **Local Impact - Supply versus Demand**

Within Lucas County there are a total of 370 detox/transitional/ supportive beds available (including the Lucas County Jail program). 16 percent (60) are private beds. Eight percent (30) of the beds are dedicated to women; while only nine adult beds are available to women and their children. The agency which serves this population, the Aurora Project, reports that they turn away an average of 27 women (plus children) per month because of insufficient housing resources. This dramatic illustration indicates that the existing supply of supportive housing is not meeting the need.

The impact of substance abuse upon residents in Lucas County may be extrapolated from national studies and statistics. All the current studies indicate that local substance abuse may be more significant than perceived. Estimated projections for Lucas County reveal that as many as:

9,250 citizens are addicted to prescription drugs;  
11,100 citizens are addicted to cocaine; and,  
18,500 - 41,600 residents suffer from alcohol abuse.

This summary does not reflect the total impact of substance abuse within Lucas County. The projected costs associated with this population exceeds \$527,400,000 annually. This includes substance abuse services, lost employment, reduced productivity, child/foster care, accidents, insurance claims, legal assistance, law enforcement and incarceration.

The local impact of substance abuse, from human and economic perspective, indicates a deep rooted need for additional prevention and supportive services. The existing service providers do not presently offer the volume of services to adequately meet this growing demand. Due to the lack of long-term supportive housing, the "revolving door" process within the criminal justice system, and detox and treatment centers continues. For this to change, an increased financial commitment will be necessary to cement the relationship between treatment facilities/supportive services and housing providers.

### **Needs Assessment: Results for Creative Planning**

Based upon the responses received from the housing and support service needs assessment, the following conclusions may be drawn in response to the impact environment has upon relapse, past living environments, identified future needs, and specific requirements for substance abusers within the criminal justice system.

#### **Assessment: Relapse**

- 57 percent of the needs assessment participants indicated that they had relapsed. *(Actual relapse rate may be higher due to false responses received from people who had charges pending and where sobriety was a condition of parole).*
- Of the 57 respondents who admitted they had relapsed, 72 percent contributed their

relapse to their past living environment.

- The highest percentage of relapse due to environmental factors occurred in people between the ages of 31 to 35 (72%) and those over 35 (100%).
- The environmental factors which enabled a persons relapse included the availability of drugs within the environment and living with people who actively abused drugs or accepted such behavior.

#### **Assessment: Past Living Environment**

- Approximately 50 percent of the white respondents and 59 percent of the black respondents considered their prior living environment not to be safe or drug-free.
- The amount of time a person lived at one location increases a persons' desire to return to the same residence. People residing in one location longer than five years, wanted to return; while those with less than three years of housing history in one location, wanted to move elsewhere.
- Respondents who paid more for housing indicated their intention of returning to their past living environment than those who paid less.
- 77 percent of the respondents indicated that they were satisfied or somewhat satisfied with self help support programs. Thus, such groups should be available to people in recovery.

#### **Assessment: Identified Future Needs**

When asked what it would require in order to live in the community and remain drug-free, the respondents listed receiving support services from a 12 step self-help program (95%); obtaining housing (93%); and, access to treatment staff 24 hours a day (88%). Thus, housing and structured, professional services are essential. The design of such a residential program depends upon funding and the ability to coordinate supportive services. The first initial step includes the creation of a transitional, supportive housing program, which will provide people with the foundation to become successful in their own home within six months to a year.

#### **Assessment: Criminal Justice**

- 54% of the people within the criminal justice system indicated that they wished to live with other recovering people.
- 46% of the people within the criminal justice system indicated that the environment was the primary cause for their relapse, while 70% of the general population stated that environment was the significant cause for their relapse.
- 28% of the people within the criminal justice system indicated that they wanted to return to their prior environment, while only 17% of the general population wanted to return to their former environment.

- The criminal justice respondents also listed access to substance abuse treatment staff as less important than the general population - 66% to 88% respectively.

### **Regulatory Impact**

Restrictions are placed upon the development of supportive housing options through the use of municipal and township zoning. The administrative and legislative creation and implementation of these laws have evolved from the premise to eliminate nontraditional single family housing from residential neighborhoods. Today, these regulations appear to conflict with the Fair Housing Act as amended.

The Fair Housing Act, as amended, prohibits:

- Regulatory land use controls to enforce special controls over housing for people with disabilities such as spacing or density requirements or special/conditional uses for group living environments for people with disabilities;
- Limiting the definition of the term "family" in order to restrict occupancy by relationship or number of people in single family neighborhoods.

## **Recommendations: Supportive Housing for Recovering People**

### **Program Design**

The management and operation of the housing must insure all members maintain clean and drug-free living. All residents must abstain from all drugs/alcohol with the understanding that a return to the use of such means eviction. Monitoring and self-supervised arrangements among the residents themselves should be encouraged.

### **Setting**

Quality of the setting is very important. A safe, physically secure, attractive, sociable and comfortable dwelling emphasizes the importance of maintaining drug-free, clean living. Easily monitored entrances/exits and controlled building boundaries; opportunities for socialization in specially designated rooms; sufficient storage space; areas for privacy; location away from communities consisting of high concentrations of drug/alcohol abuse, drug dealing activities; design for recreational activities, exercise and activity centers; access to public transportation, employment, shopping and medical/social service agencies are suggested guidelines to consider prior to developing a dwelling.

Assessment of the physical environment within the dwelling is necessary to evaluate private sleeping space; kitchen availability and proximity; adequate lavatory facilities, (number and accessibility); privacy which includes the availability of curtains and doors; and a stimulating, home-like environment with non-standard, decorative surroundings; good state of repair, cleanliness and modifications as necessary. All efforts should be focused upon creating a homelike environment.

### **Occupancy Term and Size**

Length of stay must be a consideration in designing supportive housing options. Long-term, open-ended or multi-year housing options should be available. Longer stays will permit additional reinforcement of sober living tools and a greater chance for success. The smaller the number of residents, the more likely it is that the benefits and supports from within the residence become stronger and more effective. Smaller number of occupants encourage more interaction and participation.

### **Policies and Procedures within Supportive Housing Establishments**

The physical and philosophical design of supportive housing program is dependent upon a number of related factors which are necessary for consideration before implementation or development. Policies and procedures in the daily workings of the household and new admission of individuals are the initial considerations to take into account before beginning a residence for recovering people. These documented, planned policies and procedures should be aimed at identifying, supporting and meeting the needs of people recovering from addiction. Considerable variation and creativity ranging from participation in household duties to the quality of interpersonal relations expected among residents should characterize the management of homes for recovering addicts. Without fiscal control over programs, it may be difficult to encourage proper program design and implementation. But, the following may be



used as guidelines for development of policies and procedures for all supportive service programs.

### **Admission Process**

Policies and procedures should include a specific description of the selection process for recovering people who apply for admission into the supportive housing facility. Owners should establish a process which distinguishes clients who are motivated to accept the challenge of recovery. It may also be helpful to use the following guidelines in establishing admission criteria:

- gain other residents' input regarding what should be requested of applicants;
- current members' participation in the interview process may also be helpful;
- creating a good match between the residents and the management rules is a large part of the art of successful residences, therefore, it is necessary to get and evaluate applicant's responses to the requirements of living in the supportive housing establishment;
- criteria such as completion of at least a detoxification program is necessary and at very best, a 14 to 28 day treatment program, to insure freedom from medical problems for applicants who have not been clean from alcohol/drugs for a lengthy time period;
- ability to pay rent must be established;
- complete understanding of rules and regulations of the household is necessary to insure applicants admitted are willing to comply with such;
- applicant must openly take responsibility for thoughts, feelings and behaviors and be willing to take personal responsibility for recovery;
- re-evaluate the selection process after a 3 to 6 month period to determine whether changes should be made based on problems experienced.

### **Treatment**

Owners must first decide if treatment will be provided within the residence and the nature of that treatment. This must also consider the ethical and legal implications of treatment provided. The treatment philosophy and goals for members of the household must be determined and should be compatible with the treatment philosophy of the substance abuse system. This includes consideration of the following:

- Treatment standards and regulations of state licensed facilities are specifically defined and may be pursued through contact with the local Alcohol and Drug Addiction Services Board. Specific requirements for state certification must be met.
- Optional treatment methods must be also considered in conjunction with the availability of funding for qualified staff to provide treatment activities and available.

Treatment options may include but are not limited to:

- group meetings to explore personal problems and the commitment to be clean and drug-free, to share emotional experiences in a family-like atmosphere;
- individualized counseling/therapy provided in-house by a qualified chemical dependency counselor, perhaps on a contractual arrangement with an area agency;
- 12-step self help group meetings which may take place on the premises, facilitated by a volunteer who is also recovering;
- outpatient and aftercare linkage for residents who can assume responsibility for obtaining the link and maintaining the contact with the community resource.

### **Expectations and Restrictions of Residents**

Admission to the supportive housing residence should include a full description of what is expected of residents, prior to acceptance of the placement. The resident's understanding of the expectations of living within the home must be documented to insure that residing there to gain control over one's personal life, is the common goal of both the owner and the applicant. This may be done by arranging a list of requirements and expectations for members of the home which requires the applicant's signature upon acceptance of the residence. Owners must formulate goals and expectations of people who live within the home. This will provide a reasonable structure of living in order to give recovering people the chance to make productive lifestyle changes. Requirements of residence may include:

- participation in program(s) of recovery as devised by a professional, probation officer, parole officer or between the owner and the applicant which includes active participation in self-help groups;
- residents are required to remain drug and alcohol free with the consequence of immediate dismissal if one chooses not to comply;
- residents must be willing to accept personal responsibility for caring for their own needs and the requirements of maintaining residency in the home;
- identification of household tasks required to make the house a comfortable place for all which may include cleaning, planning and cooking meals, grocery shopping, etc...;
- a code of conduct with defined standards of behavior, expectations regarding curfews, leaving the house, presence at meals, privileges, process of written warnings upon violation of rules, etc must be defined;
- participation in house meetings to discuss current issues of residing together as a household;
- visitor restrictions, i.e., visiting within designated areas and certain hours of the day only, sign-in sheets, etc;

- safety measures pertaining to fire and tornado procedures must be clear and understood;
- guidelines for use of the telephone;
- expectations of room upkeep, room monitoring/inspection activities pursued by owner/staff;
- method of resolution regarding issues resident would like to resolve, for example discussion with staff/owner and if decision is not satisfactory to resident, then 3rd party mediation committee is consulted with;
- written daily schedule of activities and expectations should be considered.

The opportunity to build self esteem and feelings of success may be achieved through an arranged system of "status" within the home. Giving the opportunity for one to achieve rank within the home may provide additional incentive to remain committed to the process of recovery. For example, the 414 House in Canada uses 4 levels of status: probationary (for newly admitted residents), junior residency (after 3 months of residence), senior residency (6 months residency) and finally reentry into the community. Recognizing a democratic process of voting on new issues or suggesting different ways of performing activities within the residence may also be helpful in building self esteem in each resident. The process which encourages input places value on what the residents have to contribute.

## **Expectations upon the Owner/Operator**

### **Crisis Management**

A process designed to intervene upon crisis situations may be helpful in teaching residents how to deal with life stressors. Previous sections of this plan for supportive housing reported relapse usually happens upon stressful events and is the result of resident's inability to cope. By providing a means for the residents to discuss stressful situations and divert the need for a return to drugs/alcohol, relapse may be prevented. The following are suggestions to address crisis as it arises:

- utilize and support the concept of 12 step self help groups, require individual residents participate on a regular basis;
- require the use of a sponsor within the community for residents to contact to crisis situations;
- post the telephone number for the local crisis agency in a visible place;
- encourage open communication between owner/staff/residents;
- encourage residents to learn to cope with problems and emotional pain in direct ways;
- positive attachments within the residence are important to create an atmosphere of support;

- assist residents in viewing a crisis as a growth process that can be converted into a positive constructive opportunity for life improvement;
- owners must be aware that crisis may reflect problems within the residence in need of attention and resolution.

### **Staff and Volunteers**

The roles of staff and volunteers vary and overlap from supervising activities to rousing people in the morning. These individuals may provide any number or none of the following services: group counseling sessions; phone answering; coordinate case management activities; process employer's requests for assistance with a specific employee; monitor activities within the residence by taking charge of the door and documenting observations of resident's behavior; perform admission interviews; and act as an advisor or a companion.

The less perceived monitoring status that exist between staff and residents, the more effective communication and interaction between the two entities is likely to become. A friendly, sociable climate is essential to provide a supportive atmosphere. Promotion of the residents' management of the home would likely be more effective in building the skills residents need to eventually live in a permanent, independent living situation. Residents' management of the household distinguishes it from what would otherwise be considered a residential treatment program or an institutional facility.

Supportive housing presents an opportunity for recovering people to receive support, feedback and insight from staff role models. This form of leadership though, must emphasize where decisions are made, who makes which decisions, which decisions are made by staff, which are made by residents and which are made by the owner. Supportive housing facilities need comprehensive guidelines and structure for participants and staff members to follow.

### **Ex-Offenders**

Principles governing the rehabilitation of ex-offenders who are recovering are basically comparable to the overall concept of providing supportive housing to recovering people who are not involved with the criminal justice system. The main difference may be that admission is court-ordered instead of voluntary, thus impacting the success of the recovery process. If one is court ordered into treatment or rehabilitation the person may not have taken personal responsibility for the addiction. Thus, the recovery process will most likely be unsuccessful once released from the criminal justice system. Intervening upon release on a voluntary basis, increases the chances for success substantially and success becomes comparable with other recovering individuals not involved in the criminal justice system. Offenders typically have a difficult time keeping rules and abiding by regulations. Therefore, it is considered necessary to integrate them into a new environment which is socially acceptable (if them, and them with the environment) while dissolving their old ties to the environment that promoted addiction.

The following factors, in addition to all the previously noted information, should be considered upon devising a plan to accept ex-offenders who are recovering, into supportive housing establishments:

- the recovering person should be removed from common drug abusing groups into groups which encourage a clean and sober lifestyle, thus supportive

housing establishments;

- people served should be those whose common goal is reformation and recovery from addiction with the willingness to abstain from drugs/alcohol/crime;
- a common goal must include taking personal responsibility for own behavior, that they are there to think about and focus on their own behavior;
- group cohesion and feelings of belonging are also important factors to achieve positive outcomes in recovery;
- status and/or rank within the residence to promote achievement and success and replace the desire to gain prestige within the environment of addiction is also recommended.

### **Community Resource Utilization**

An important part of any plan of recovery are the primary services extended to residents to insure development of skills to help them function in independent living situations. Supports and services should be a primary consideration in developing a supportive housing model. A large number of recovering people lack basic skills which enable them to lead productive lifestyles including finding employment, coping, money management and recreation. Supportive services may refer to any number of services which address physical, social, economic and political supports. Addressing development of all these skills will lead the recovering person to a self-sufficient lifestyle with adequate social and economic skills to be successful in the transition from the supportive living arrangement to independent, permanent living. Living together in a supportive housing environment will help promote change and increase coping abilities and lifestyles in general to eventually enable residents to cope with their feelings and all environments.

The following guidelines are recommended in order to facilitate linkage with community resources to aid recovering individuals in developing basic living skills:

- collaboration between service providers and housing providers;
- establishment of links with health and social services providers and neighborhood supports;
- provide the opportunity for rewarding, productive activity. This may be accomplished through promoting vocational training, educational assistance, employment opportunities, etc... This may be achieved through meetings with local community agencies who provide these services and establishment of formal links between the residence and the agency. This may also be achieved through informing residents of the availability of possible resources, enabling residents to choose for themselves and take personal responsibility in improving current lifestyles.
- discourage isolated activities among newly admitted members, encourage newly admitted members find a long-term resident to lean on through the process of adjustment in a new environment;

- may consider using volunteers who have achieved long-term clean and drug-free living skills to coordinate groups and other activities within the home;
- continually point out the residence is an opportunity to change lifestyles and the common goal is to leave the home and live as productive member of society;

## **Housing Development**

The creation of new supportive housing options for people in recovery from substance abuse requires consideration of typical real estate development factors. A central premise in all housing development is to create a product that will attract people. This concept is just as, or more, important for supportive housing, as it is for market rate, owner-occupied housing. People in recovery must feel that their housing is secure, safe, convenient to commercial services, affordable, and non-institutional in design and function. Aside from there site-specific factors, there are a number of organizational factors which also need to be considered including ownership, operation, management and funding. All of these must be considered when developing additional housing resources.

The following discussion highlights each factor. Recommendations for each housing development factors are based upon the experience of Planning Concepts in establishing housing programs and are solely intended to increase the availability of housing options.

## **Housing Ownership**

Housing ownership and all types of corporate structure must be determined in order to access available funding, coordinate supportive services, and maintain long-term control over the housing.

An initial question is who should own supportive sites? The answers are many: existing treatment facilities, non-profit housing corporations, private for-profit corporation and individuals or all of the above. Presently, there are no standards or preference for housing ownership. It is a mixture of private and public programs. While there is no mandate to significantly change this situation, the following recommendations are intended to increase housing options.

- Housing should be owned by a non-profit corporation [501(c)(3)]. This corporation should have a contract or affiliation agreement with a provider(s) of supportive services.
  - A non-profit housing corporation will have the ability to use available private and public funding to increase all housing options.
  - There may be a number of issues which are in conflict between tenant treatment and occupancy. Staff from a treatment program may not have the ability to enforce occupancy issues (i.e. rent payment, tenant behavior and expectations, etc.).
- If the decision is made not to own, but rather lease housing, then the corporate structure of the lease holder is less of an issue. There is still a need for a contract if supportive services are provided by a third party.

## **Operation and Management**

A clearly defined operation and management plan must be prepared for a supportive housing environment. Since there is no special model for a successful supportive program, the following is a general list of issues which need to be determined.

- Structure of the housing operation and management. What are the responsibilities of the housing owner/lease holder versus the provider(s) of supportive services?
- Establish a tenant screening process. Who will administer this process? What criteria will be used for accepting or rejecting placements?
- Develop minimum tenant responsibilities within the home (i.e. cleaning, cooking, maintenance, etc.).
- Eviction criteria.
- Specific and detailed operational, maintenance and management costs.

## **Location**

Successful supportive program must be located in safe, secure areas where people in recovery will be permitted to remain substance free. Philosophically, these locations should be in neighborhoods less impacted by drugs. Realistically, all neighborhoods are vulnerable to crime and drugs, but an effort should be made not to locate supportive housing in known neighborhoods with high crime and drug sales.

Aside from this general premise, there are a number of locational issues to be considered including:

- Housing should be integrated within the community in a non-intrusive fashion. No special events or identification should be made which will draw attention to the homes.
- The home should be accessible to commercial and community services including stores, restaurants, medical services, educational facilities, etc.
- Housing should be located within close proximity (less than one-quarter of a mile) to public transportation.

## **Summary**

The development a supportive living environment requires the coordination of services and housing development. The recommendations are intended to provide the foundation for the development of additional housing and supportive service resources. These individual issues must be addressed on an individual site-by-site basis based upon the intended tenants.