



## Successfully Connecting People Affected by Opioid Use to Housing: Central City Concern in Portland, Oregon

USICH's recent brief, [Strategies to Address the Intersection of the Opioid Crisis and Homelessness](#), was developed in partnership with our federal interagency working group focused on this issue. Among its strategies, the brief identified the importance of removing barriers to housing for people affected by opioid use, including people participating in medication-assisted treatment. USICH will be exploring, through an occasional series of interviews and articles, how different agencies and organizations support successful housing outcomes and recovery for people who have experienced the effects of both opioid use disorders and homelessness.

In this article, we present the perspectives and experience of Rachel Post, public policy director for the nonprofit Central City Concern (CCC) in Portland, Oregon. Prior to stepping into her current role, Rachel designed and secured funding through the federal Collaborative Initiative to Help End Chronic Homelessness (CICH) for CCC's Housing First team and was the director of the CICH grant at Colorado Coalition for the Homeless for two and a half years.

As Rachel noted to us: "Like many communities across the nation, Portland, Oregon, is grappling with an alarming use of opioids. Central City Concern treats every person exiting homelessness as an individual and addresses their unique needs for recovery, health care, housing, and employment." In her dialogue with USICH, Rachel describes how CCC provides people with the choice of a range of housing programs, including Recovery Housing options.

In late 2015, the Department of Housing and Urban Development (HUD) published a [policy brief](#) with the intent "to provide clear guidance regarding the expected and effective operation of the subset of HUD-funded Recovery Housing programs, in order to strengthen performance and improve the achievement of outcomes by these programs."

The brief also explored how "Recovery Housing, when administered in a manner consistent with this brief and in a community that has adopted the principles of Housing First communitywide, can be a part of a larger community approach grounded in choice for people who are experiencing homelessness and have substance use disorders."

**USICH: Can you tell us about CCC's approach, and the range of housing options you provide to assist people affected by substance use, including opioids, and other challenges?**

**Rachel Post:** The success of our client's engagement with CCC is based on the foundation of choice. We promote high-quality substance use disorder treatment, which is founded on counseling, peer mentoring, and strong social supports—with medication-assisted treatment (MAT) for those who choose it. We call this our "Housing Choice" model, which has helped us meet the diverse needs of our clients, by employing both Recovery Housing and Housing First approaches. Additionally, 10 years ago, CCC learned about the value of comprehensive evidence-based-practice-supported employment programming. Our continuum of employment programming serves over 800 individuals a year and helps place over 500 people exiting homelessness and incarceration into diverse jobs across the Portland Metro Area. Many of the people we serve through our Recovery Housing will not qualify for

SSI or SSDI, and so we know that we must assist them in income acquisition to help them successfully enter the workforce and exit government-funded programming.

In the late 1970s, CCC began helping vulnerable individuals with substance use disorders. For our clients who were requesting environments that would support their abstinence, we quickly recognized the value of alcohol- and drug-free housing. Today, of our 1,800 managed or owned units, nearly 1,000 are operated as Recovery Housing for individuals and families seeking recovery and treatment, including those who choose MAT. Still, the need far exceeds the capacity for these kinds of units.

CCC also manages units dedicated to a) clients participating in Housing First programs who receive intensive case management to stabilize their serious mental illnesses and co-occurring substance use disorders, b) Veterans, c) those exiting incarceration, and d) individuals living in very low income fair market units.

**USICH: Tell us a little more about your Recovery Housing units and outcomes you’re achieving.**

**Rachel:** We offer Recovery Housing opportunities both as transitional and permanent housing options. In a recent quarterly assessment of those exiting transitional Recovery Housing, we found that 76% exited for permanent housing having completed outpatient alcohol and drug treatment. These are astonishingly high rates; higher than the national average completion rates for residential or outpatient treatment.

Because this model uses SAMSHA-recognized evidence-based-practice-supported employment and benefits acquisition, 64% of those exiting had either earned income or a stable source of financial support from benefits or government entitlements. Data also represented that 100% of people who exited 12 months’ prior remained in recovery and retained their housing.

In the fall of 2016, HUD issued a [case study](#) highlighting CCC’s Recovery Housing program, and more recently the Surgeon General’s report, [Facing Addiction in America](#), recognized the importance of Recovery Housing in sustaining people’s recovery over time.

**USICH: What does CCC think are the key components of successful Recovery Housing programs for people with opioid use disorders?**

**Rachel:** Entry into this housing is proactively chosen by the tenants themselves, often by individuals whose substance use behavior has interfered with their housing tenure and resulted in lengthy eviction histories. Critical components to providing quality Recovery Housing for those with opioid use disorders include:

- Integrated healthcare, specialty addiction and mental health services, and supported employment that is easily accessed and coordinated either on-site or at nearby locations
- 24/7 independent access to housing
- Relapse prevention programs to help people maintain housing
- Peer mentorship

When individuals do relapse while living in this housing, they are not immediately asked to leave but rather are supported to re-engage with the sub-acute detoxification center, inpatient or outpatient treatment, based on

their assessed level of need. Those who choose not to engage may eventually be asked to leave, but are extended opportunities to return in the future if they desire.

**USICH: Can you tell us more about the roles of peer mentors?**

**Rachel:** We have found that peer mentorship is of enormous value. Peer mentors—from case managers and counselors to front desk staff members—are there every step of the way to guide and support participants in their efforts to recover and rebuild their lives. Nearly half (46%) of CCC employees self-identify as being in recovery, and one-quarter of employees are graduates of the organization’s programs. They occupy jobs at all levels of the organization, from front line staff to directors of \$3 million programs. These individuals’ personal experiences with homelessness, substance use treatment, incarceration, and successful reintegration are critical to helping to deeply engage participants and show them that success is possible.

**USICH: Can you tell us more about how CCC works with people affected by the use of opioids or other substances who choose to enter one of your other housing developments?**

**Rachel:** We employ a harm reduction model for those who are actively using and not yet ready to engage in addressing their substance use disorders. Our unique blend of staff—who are certified addiction counselors, qualified mental health specialists, and peers in recovery—help individuals reflect on their hopes for their future to build momentum toward the action phase of the stages of change. Staff use compassion, but also find opportunities to highlight the natural consequences of behaviors resulting from active use that interfere with housing tenure, reunification with family, and advancing out of despair and towards a life of hope.

It’s exciting to see how our peer providers interrupt the hopelessness that a lot of people with years on the streets have about a better future. Oftentimes, these are the staff who are demonstrating in real time that recovery is possible and what it can look like beyond addictions, incarceration, and despair. It’s so powerful to see one’s former street buddy or cell mate in recovery, with a meaningful job, a home, and a family.

All we can do is create the optimal circumstances for people to choose recovery, and support them if and when they are ready. We see people die from their addictions, but we also see people choosing a recovery pathway, and sometimes those individuals choose to leave their harm reduction housing to move into recovery housing. Most importantly, we never give up. You never know when someone might be ready to pursue recovery.