



County of San Diego
Health and Human Services Agency
Adult/Older Adult Behavioral Health Services

San Diego Alcohol and Drug Services (ADS)
Housing and Services Report

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About CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions.

About Focus Strategies

Focus Strategies is dedicated to helping communities improve efforts to end homelessness by using local data to shape program and system design using a "systems thinking" approach. Our passion is helping communities empower themselves with the information and tools needed to end homelessness strategically. Focus Strategies is excited to work with communities to build on what works and reconsider what can be improved in light of local data and national research.

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Executive Summary

Substance use disorders have a profound impact on individuals, family members and the community at large. This report outlines key considerations in understanding and responding to the housing needs of low-income individuals with substance use disorders in San Diego County. We describe the range of available housing assistance and treatment options to meet the needs of the approximate 34,000 individuals in San Diego County living at or below the Federal Poverty Level with a substance use disorder, as well as the more specific housing needs for the approximate 2,700 individuals who are homeless and report chronic substance use.

Key findings from focus groups with Sober Living Owners, Residential Treatment Providers and Sober Living Residents highlight the importance of safe and affordable housing in achieving treatment and recovery goals. In addition, focus group participants universally commented on the importance of employment and/or disability income in opening the doors to housing stability for people with substance use disorders, with strong support expressed for the availability of employment programs and supports which could create further opportunities for self sufficiency.

Finally, a summary of housing and services recommendations is included, outlining the need for creative solutions to both the housing and service needs of people with substance use disorders, such as: short-term and long-term rental assistance options; increased collaboration between key community stakeholders; education opportunities to improve the quality of housing and services in our community; strategies to reduce barriers to housing; efforts to increase access to employment opportunities, benefits and transportation; efforts to centralize housing search assistance as well as opportunities to gather additional data in the community.

Chapter 1: Purpose of the San Diego ADS Housing & Services Report

There are currently more than twenty million Americans afflicted with drug addiction. Addiction is physically, mentally, and emotionally devastating. Death at a young age is not uncommon. It is estimated that drug-related deaths are higher than any other non-natural cause – with more than 365 people in the United States dying daily as the result of drugs. More Americans die as the result of drugs than of any other preventable health problem.¹ Drug-related deaths throughout the United States have more than doubled since the 1980's. The numbers in San Diego County are slightly lower than those in the rest of the country but still concerning since there has been a consistent increase over the past six or seven years.² In 2009, drug-related deaths were the number two cause of death in the County preceded only by cardiovascular disease. In an article published in 2010 the Deputy Medical Examiner for San Diego County reported that “drug-related

¹ David Sheff, *Clean: Overcoming Addiction and Ending America's Greatest Tragedy*, (Boston, New York: Houghton Mifflin Harcourt, 2013), xvi.

² Glen Wagner, M.D. *San Diego County Department of the Medical Examiner: 2011 Annual Report*, http://www.sdcountry.ca.gov/me/docs/SDME_Annual_Report_2011.pdf (2012)

deaths in the county have increased 85 percent over the last 10 years,” a figure primarily driven up due to overdoses from prescription pain relievers³

Addiction is pervasive, affecting those addicted and their families, friends, employers, co-workers and society at large. Those closest to the addict experience the trauma created by drug addiction as they watch their child, parent, sibling, or friend sink further and further into a world where obtaining and using drugs becomes the driving force behind every action. Author and family member, David Sheff, wrote:

“...my son’s addiction wasn’t destroying only him. It was destroying our family. It was destroying me. I couldn’t function. I couldn’t work, couldn’t take care of the rest of my family. Nic repeatedly disappeared – a day and a night, two days, a week – and I’d be out of my mind with worry. I couldn’t sleep.”⁴

In addition to personal impacts, addiction has a severe economic impact on the community as a result of incarceration and emergency room visits. In 2011, approximately three out of every five individuals arrested in San Diego County tested positive for an illicit substance.⁵ According to data collected from the Drug Abuse Warning Network (DAWN) between 2004 and 2010 there was a 94% increase in drug related emergency department visits in the nation. It is estimated that approximately 51% of the emergency department visits in 2010 involved non-medical use of pharmaceuticals; 50% involved illicit drugs; and 29% involved alcohol.⁶ A report published in 2002 for San Diego County estimated that the “total cost of alcohol and drug use in San Diego County in 1998 was \$3.9 billion.”⁷ The estimated cost to the community included those costs related to negative health consequences, crime, direct service costs, and the indirect social costs of lost productivity. The analysis also found that costs associated with alcohol use were greater than those associated with drug use as a result of health impairment and lost productivity; drug use was associated with higher criminal justice costs. Furthermore, in 2006, the San Diego Healthcare Safety Net Report indicated that stakeholders identified substance use disorder services as the weakest services in the County safety net.⁸

The purpose of this report is to identify the housing and services needs for individuals served by the County Alcohol and Drug Services Administration. This report answers the question, “**What are the evidence-based practices to house and serve low-income people with substance use disorders?**” Underlying this question are interrelated issues that define this report:

1. There are homeless people with a substance use disorder who lack both a home and treatment, and for whom there is an evidence-based solution.

³ Kenny Goldberg, *Medical Examiner: Drug Related Deaths Up 85 Percent Over Decade*, <http://www.kpbs.org/news/2010/aug/25/medical-examiner-drug-related-deaths-85-percent-ov/> (Aug 2010).

⁴ David Sheff, *clean: Overcoming Addiction and Ending America’s Greatest Tragedy* (Boston, New York: Houghton Mifflin Harcourt, 2013), xiii.

⁵ SANDAG CJ Bulletin, September 2012

⁶ Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, 2010: National Estimates of Drug-Related Emergency Department Visits*. HHS Publication No. (SMA) 12-4733, DAWN Series D-38. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

⁷ Analysis of the Economic Costs of Alcohol and Other Drug Use and Abuse in San Diego County, October, 2002

⁸ Abaris Group, *San Diego Healthcare Safety Net Report*, <http://www.abarisgroup.com/project-sites/san-diego-county-healthcare-safety-net-study> (2013)

2. Some people may be precariously housed⁹ whose treatment outcomes may be improved in a different housing environment.
3. Many housing and services/treatment models exist, some of which have grown out of consumer feedback and concerns and some of which are rooted in evidence based best practices, but little is still known about the relationship between housing options and environments and treatment outcomes.
4. There is reasonably strong evidence about the outcomes of various treatment models that are evidence-based practice. While the relationship between most of these models and housing is unknown, housing models and effective treatment models are presented with enough depth to support future action.
5. Consumer feedback about what is available is presented along with an assessment of how well the existing array of services and housing meets the needs of the client population.

Finally, recommendations for development of future housing and services programs are presented. The recommendations are strategies that are likely to improve the quality of life for people in San Diego County with substance use disorders while reducing economic and social costs.

The Planning Process

In late 2012 and 2013, the Corporation for Supportive Housing (CSH) began documenting the array of housing for people with substance use issues and organized meetings with several individuals/organizations to gain a deeper understanding of the housing availability for ADS clients in the system of care in San Diego. In June 2013, CSH organized three (3) focus groups in an effort to gather input from the following groups: Sober Living Homes Owners and Managers; Residential Treatment Providers; and Sober Living Home Residents. The focus groups were essential to provide input aimed at gaining a deeper understanding of the self-expressed needs of housing operators, services providers, and consumers. A complete list of focus group dates, sites and numbers of individuals in attendance, along with the results of these focus groups can be found in Appendix B.

⁹ Precariously Housed is defined by the federal department of Housing and Urban Development (HUD) as people on the brink of homelessness. They may be doubled up with friends and relatives or paying extremely high proportions of their resources for rent. They are often characterized as being at imminent risk of becoming homeless.

Chapter 2: National, State and Local Context of the Report

Behavioral Health Services Integration

Over the past decade, many counties in California and elsewhere in the nation have worked to integrate their mental health and substance use services systems. Historically, these systems have been functionally, philosophically, and programmatically separated. Alcohol and drug services were often grouped with human services and employment, hired para-professional staff and operated using a “social” model of treatment, while mental health departments were typically grouped with health services, hired clinically trained and licensed staff and offered services using a “medical” model. Beginning in the 1990s there was a recognition that this separation was not in the best interests of the people served by these systems, many of whom had co-occurring mental health and substance use issues. This led to a movement for services integration.

According to SAMHSA,

“integrated treatment produces better outcomes for individuals with co-occurring mental and substance use disorders. Without integrated treatment, one or both disorders may not be addressed properly. Mental health and substance abuse authorities across the country are taking steps to integrate systems and services, and promote integrated treatment. *Systems Integration* involves the development of infrastructure within mental health and substance abuse systems to support integrated service delivery... Systems integration focuses on reorganizing the framework within which agencies and programs operate. It includes integrated system planning, implementation, and continuous quality improvement... *Services Integration* refers to the process of merging separate clinical services to meet the individual's substance abuse, mental health, and other needs.”¹⁰

San Diego County's Initiative to Integrate Mental Health Services and Alcohol and Drug Services

In 2002 Mental Health Services began its first phase towards integration by initiating a comprehensive training and systemic change initiative in the treatment of co-occurring disorders that included Adult and Older Adult, Children's Mental Health and Alcohol and Drug programs. In 2007 the second phase of integrating mental health services and alcohol and drug services continued with the integration of Administrative, Contract and Financial Units. In the fall of 2012, the final phase was initiated by fully integrating the divisions into one administration – Mental Health Services and Alcohol and Drug Services – into one department, Behavioral Health Services.

Patient Protection and Affordable Care Act

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act into law. The Affordable Care Act (ACA) fundamentally transforms low-income individuals' and families' access to health insurance and health care, while also recognizing the importance of prevention and early intervention and substance use and mental health treatment. In particular, the ACA requires parity or “equivalence” between

¹⁰ <http://www.samhsa.gov/co-occurring/topics/healthcare-integration/>

medical and surgical benefits and substance use and mental health treatment options, while also focusing on quality and accountability in care. These profound shifts in the health care system will come into full effect in 2014 with an anticipated additional 3 to 5 million Californians to be covered by health insurance. Finally, under ACA, “essential health benefits” must be offered under health insurance plans, including such things as substance use and mental health services including behavioral health treatment. This expansion of both the number of people covered as well as the covered services will greatly expand access to substance use and mental health treatment. As government and health providers structure a range of services and options available under the ACA, it is essential to understand options, outcomes and evidence for a variety of treatments and interventions. The following chapter outlines a number of best practices in addictions treatment and the current understanding of outcomes associated with specific interventions, along with information regarding housing options and models.

Description of ADS Population

San Diego County Alcohol and Drug Services (ADS) division service users are generally low-income people with substance use disorders. Treatment for substance use can be voluntary, court-ordered or probation mandated. Primarily service users are Medi-Cal recipients, under-insured, and people without insurance.¹¹ Of service users (or those eligible but not receiving services), some are homeless, and some may be precariously housed. A high percentage of service recipients are living with a co-occurring mental illness. In the United States, “thirty-seven percent of alcohol users and fifty-three percent of drug users also have a diagnosable mental illness.”¹² In 2011, an estimated 22.5 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview.¹³

Homeless People with Chronic Substance Use Disorders

Homeless people are generally either staying in unsheltered locations or in shelters or other residential homeless programs such as transitional housing. In San Diego County the 2013 Point in Time count found that on a single night in January 2013, there were 8,879 homeless individuals and that approximately 51% of these individuals were unsheltered. This places San Diego as the community with the third highest number of people who are homeless in the United States. Among unsheltered individuals, 34% of them reported suffering from “high level substance abuse.” In addition, it is estimated that 25% of those sheltered also suffer from “high level substance abuse.” Considered together, of the total homeless population in San Diego County approximately 30%, or about 2,700 homeless individuals are living with “high level substance abuse.” Of this group, 898 were dually diagnosed with both a substance use disorder and mental illness.

¹¹ County of San Diego Health and Human Services Agency, http://www.sdcountry.ca.gov/hhsa/programs/bhs/documents/BHS_Provider_Directory_with_Title_page.pdf (January 2013)

¹² Regier DA, Farmer ME, Rae DS, et al. *Comorbidity of Mental Disorders With Alcohol and Other Drug Abuse: Results From the Epidemiologic Catchment Area (ECA) Study*. JAMA. 1990;264(19):2511-2518. doi:10.1001/jama.1990.03450190043026.

¹³ Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

The interaction between substance use and homelessness is complex as substance use can be both a cause and an effect of homelessness. In 2009 the National Coalition for the Homeless noted that there is a higher percentage of substance use found in homeless individuals than that found in the general population. While not research, a survey of Mayors conducted in 2008 found that substance use was noted as the single largest cause of homelessness by 68% of the 25 survey city participants.¹⁴ It is commonly believed that substance use can lead to loss of housing and eventual homelessness as the result of unstable relationships and employment related problems. However, homelessness can also lead to substance use in an attempt to cope with the increased stress associated with homelessness and the crisis situations that frequently arise as the result of homelessness.

Housing and Recovery

Many consumers of substance use treatment services indicate a need for safe and affordable housing. It seems that this high level of consumer focus on housing may be because people leave treatment programs and return to environments:

- That include triggers for use
- Are in close proximity to people with whom the client used to use
- Where sales and related drug activity are prevalent
- That may be unsafe

Based on consumer input and common practice, these issues may be a primary reason that housing is frequently mentioned as a substance use treatment need and that safe, secure and affordable housing is a critical element of recovery. Attending to environmental issues may play a large role in treatment results; however, current research does not directly address the link between housing and recovery from addictions. In a review of treatment models and discussions regarding successful recovery from addiction, current reports focus on affinity groups, housing models (such as clean and sober living), and other strategies to reduce the influence of people who are using on people who are working on their sobriety. More research is needed on this topic so that the empirical relationship between housing options and substance use treatment options can be better understood. In order to identify the key considerations in examining the link between housing and recovery from addiction, housing models and case studies are profiled below to provide context and information about the conceptual relationship between housing options and treatment outcomes.

Employment and Benefits

Key to housing stability for the ADS population is having the income necessary to secure safe affordable housing. Housing in the San Diego region is among the most expensive in the nation. Families and individuals from all walks of life, including the ADS population, are affected by San Diego's high housing costs. An individual earning minimum wage in San Diego County would have to work the equivalent of 3.3 full-time jobs to make the two-bedroom fair market rent affordable.¹⁵ As of May 2013, San Diego's unemployment rate was 7 percent which is the lowest that it has been since November 2008 when it was 6.9

¹⁴ <http://www.nationalhomeless.org/factsheets/addiction.pdf>

¹⁵ National Low Income Housing Coalition

percent. The sector contributing the most to the gains was leisure and hospitality, which added 2,400 jobs. Other sections that added jobs included retail, other services and financial activities. There is no known data on the number of ADS individuals in San Diego County who are currently employed or seeking employment. The majority of individuals served by the County's ADS programs have employment related outcomes identified in their treatment and recovery plan and actively participate in a range of employment programs and supports designed to assist them in achieving long-term economic stability.

Community Housing Partnership (CHP), a non-profit supportive housing provider located in San Francisco, operates an employment training program that is available to graduates of its Treatment and Supportive Housing Program (TASH), a six-month intensive outpatient substance use and mental health services program which was the first of its kind in the nation to be located at a supportive housing provider and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). TASH now serves as a model – spurring SAMHSA's funding of similar programs across the country. Graduates have the opportunity to enroll in CHP's Employment Training Program which offer pre-employment counseling, classroom-based instruction, on-the-job training, job search assistance, and post-placement retention support, resulting in a 75% job placement rate. A unique aspect of CHP's Employment Training Program is that it offers employment opportunities within CHP, CHP-Enterprises (social enterprise subsidiary), and within other supportive housing organizations throughout San Francisco.

Like employment, there is no known data on the number of ADS individuals in San Diego who are currently receiving Supplemental Security Income (SSI) or other benefits. There are a number of organizations and initiatives in San Diego, including Legal Aid Society of San Diego, Homeless Outreach Programs for Entitlement (HOPE) San Diego, and Benefit Specialists embedded in various County-funded programs, that assist individuals with obtaining SSI benefits. It is important to note that individuals who submit claims for Supplemental Security Income based on a functional disability will be denied SSI benefits if it is determined that substance use is a primary contributing factor to that person's functional impairment. This underscores the critical importance of employment related supports and programs specifically designed for people with substance use disorders and functional impairment, as many of these individuals may be deemed ineligible for disability benefit income because of their substance use.

Chapter 3: Best Practices

The purpose of this chapter is to review evidence-based treatment models and best practices in housing models and options. It is important to note that evidence is not available for the overlay of treatment and housing models and consequently the sections addressing treatment and housing are presented separately below. This approach considers the best treatment models while also describing the goals and options of appropriate housing strategies that meet consumer-articulated needs.

Treatment Models and Outcomes

Substance use disorder treatment, like mental health treatment, is best offered in a continuum that includes individual treatment planning and addresses all aspects of the individual's life. Effective treatment options include medication, behavior therapy, and self-help tools. Assisting individuals in treatment with developing community and/or family based support systems is crucial, as is recognizing that recovery is not necessarily linear and that relapse is not equivalent to failure. Treatment options should be available to address the needs of individuals at various stages of change and must be delivered in a non-judgmental, respectful manner. San Diego County offers a wide range of treatment options including prevention, detox, outpatient treatment and residential treatment.

Prevention efforts are focused on preventing substance use and/or limiting the negative impact of substance use. Prevention efforts focus on both individuals as well as the surroundings that may encourage or trigger the use of substances. Some prevention efforts are designed for youth and young adults, with an emphasis on preventing alcohol, tobacco and marijuana, use as well as methamphetamine use, to prevent or reduce early substance use and/or subsequent use of other drugs such as cocaine or heroin.

Detoxification is often the first step in treatment for a substance use disorder. Detoxification is the process of removing alcohol and/or drugs from the body and often requires medical support, for example, in a sobering center. For many people, not using alcohol and/or drugs can result in severe physiological distress and even death. Therefore, medical detoxification is frequently helpful and sometimes essential.

Outpatient treatment programs, provided through the Recovery Centers in San Diego, are effective in addressing substance use disorder by providing a stable and structured environment that enables clients to access services while living in their own home environment. Outpatient treatment programs support clients in achieving long term recovery by providing key supports and strategies to address substance use and prevent relapse.

Residential treatment programs have been proven very effective for individuals with a co-occurring mental illness and those without a social support network. Relapse is most prevalent in the early stages of treatment and residential treatment can provide monitoring and other safeguards including providing a drug free environment that can help to guard against relapse and which are not available in the outpatient setting.

Residential treatment can be either short-term or long-term. There is evidence that short-term programs have a better treatment completion rate; however, there is also evidence showing that residential treatment is most effective when followed by on-going treatment in the outpatient setting.¹⁶

Medications in the Treatment of Substance Use Disorders

Outpatient and residential treatment options sometimes include the use of medications to support abstinence from the use of drugs and/or alcohol. The use of medication in treating addiction has been controversial in the United States and substance use providers may or may not support the use of medication to assist in their substance use treatment programs. Methadone and Vivitrol are two examples of medications used to treat opioid dependence. It is not uncommon for these medications to be combined with psychiatric medication when appropriate. Taking medication to treat opioid addiction is similar to taking medication for high blood pressure or diabetes. Addiction, like diabetes, is a chronic medical condition that needs to be managed in order for the addict to be able to return to normal functioning.¹⁷ A study completed in 2000 compared addiction with three other medical conditions (asthma, hypertension, and diabetes). Each of these conditions is considered to be chronic and each has a risk for relapse and requires changes in behavior in order for treatment to be successful. The study found that common factors played a role in the cause and course of the four disorders. The common factors were genetics, personal choice, and environment. The study also found that rates of relapse and treatment adherence were similar in the four disorders.¹⁸ Utilizing medications to treat addiction is not exchanging one addiction for another – appropriate use of these medications does not lead to addiction. Medication-assisted treatment can help to manage an addiction and sustain recovery.¹⁹

Methadone was the first medication developed specifically to treat addiction and remains one of the most effective. Methadone is commonly used to treat opiate addiction and works by attaching to the opiate receptor and preventing withdrawal and the subsequent craving triggered by withdrawal. Methadone treatment has been shown to not only improve treatment outcomes for heroin addiction, but to also reduce the social impact of heroin use by reducing crime, violence and self-harm.²⁰ Methadone maintenance has three primary goals (a) avoidance of withdrawal symptoms, (b) blocking the effects of street drugs, and (c) reducing and/or eliminating cravings. Despite its effectiveness, there is stigma surrounding Methadone treatment. The fact that it initially has to be dispensed daily by a clinic makes it less attractive to some people in treatment. Like any medication, Methadone can produce side effects. The most common side effects associated with methadone are nausea and vomiting, constipation, increased sweating, and decreased sexual functioning.²¹ Serious side effects associated with Methadone treatment include cardiovascular impacts, respiratory depression, and long-term sexual dysfunction in males.

¹⁶ David Sheff, *clean: Overcoming Addiction and Ending America's Greatest Tragedy*, (Boston, New York: Houghton Mifflin Harcourt, 2013), 150-156.

¹⁷ <http://store.samhsa.gov/shin/content/SMA12-4444/SMA12-4444.pdf>

¹⁸ McLellan A, Lewis DC, O'Brien CP, Kleber HD. Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation. *JAMA*. 2000;284(13):1689-1695.

¹⁹ <http://store.samhsa.gov/shin/content/SMA12-4444/SMA12-4444.pdf>

²⁰ David Sheff, *clean: Overcoming Addiction and Ending America's Greatest Tragedy*, (Boston, New York: Houghton Mifflin Harcourt, 2013), 200.

²¹ http://www0.health.nsw.gov.au/policies/gl/2008/pdf/gl2008_011.pdf

Vivitrol is also used in the treatment of addiction and was initially approved by the Federal Drug Administration (FDA) in 2006 for the treatment of alcohol dependence. Vivitrol has been shown to be effective in reducing the craving for alcohol and also with inhibiting minor slips from becoming major relapses. In 2010 Vivitrol was also approved for the treatment of opioid dependence after being shown to be effective in preventing relapse after detoxification.²² Vivitrol inhibits the action of opioids on the brain resulting in the lack of a “high” if opioids are used. This makes Vivitrol effective in reducing the risk of relapse. Vivitrol does not always reduce cravings and is therefore sometimes combined with other medications to assist with managing cravings. One benefit to Vivitrol is that it is injectable and does not require the frequent trips to a clinic that Methadone requires. Common side effects associated with Vivitrol use are nausea and vomiting, diarrhea, headache, nervousness, sleep problems including tiredness, joint pain or muscle pain. These common side effects will typically go away over time. Using Vivitrol can also result in more serious side effects like liver damage or hepatitis, a severe reaction at the injection site (if the injectable form of the drug is being used), severe allergic pneumonia, and serious allergic reactions. There is a serious risk of opioid overdose if it is used in combination with illegal drugs, alcohol, sedatives, tranquilizers, or other drugs that slow breathing.²³

Suboxone is another medication that is used in the treatment of substance use disorders. Recent clinical trials have shown it to be “as or more effective than Methadone”²⁴. Suboxone is most commonly used for treatment of people with a prescription opioid addiction (i.e., painkillers). One of the benefits of Suboxone treatment is that it can be prescribed and managed in the Primary Care setting thereby avoiding the stigma associated with Methadone treatment. Common side effects of Suboxone include headache, dizziness, numbness or tingling, drowsiness or sleep problems. Less common and more severe side effects are extreme drowsiness, loss of coordination, weak or shallow breathing, and pounding heartbeat.²⁵

Medication management combined with behavioral therapies has been proven effective for treating both the chemical and behavioral components of alcohol and opioid addictions. There are currently no pharmacological treatments available for cocaine or methamphetamine addiction; however, there is on-going research in this area.²⁶

Evidence Based Practices

Treatment models for addressing substance use disorders are being developed and researched regularly and while there are hundreds of studies on the topic, and 55 identified evidence-based practices listed on SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP), only 3 of these practices meet the highest thresholds of Readiness for Dissemination and Quality of Research. There is fairly robust evidence that these three practices are supported by evidence of effectiveness and have fully developed implementation materials, making these models feasible options for systems change consideration.

²² <http://www.drugabuse.gov/about-nida/directors-page/messages-director/2010/10/important-treatment-advances-addiction-to-heroin-other-opiates> (October 2010)

²³ <http://www.fda.gov/downloads/Drugs/DrugSafety/UCM206669.pdf>

²⁴ David Sheff, *clean: Overcoming Addiction and Ending America’s Greatest Tragedy*, (Boston, New York: Houghton Mifflin Harcourt, 2013), 204.

²⁵ <http://www.drugs.com/suboxone.html>

²⁶ David Sheff, *clean: Overcoming Addiction and Ending America’s Greatest Tragedy*, (Boston, New York: Houghton Mifflin Harcourt, 2013), 206.

The criteria used by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) for assessing and rating Quality of Research includes: 1) Reliability of measures; 2) Validity of measures; 3) Intervention fidelity; 4) Missing data and attrition; 5) Potential confounding variables; and 6) Appropriateness of analysis. The criteria for assessing and rating Readiness for Dissemination are 1) Availability of implementation materials; 2) Availability of training and support resources; and 3) Availability of quality assurance procedures.

In order to provide information on the most promising of the 55 interventions found for the single adult population, only interventions scoring more than 3.0 for both Quality of Research and Readiness for Dissemination are reviewed in this document. The following information on the three interventions identified as a result of the above process was taken from the NREPP website.

Motivational Interviewing (MI) is the mostly widely researched and utilized intervention available for use in the field of treatment for substance use disorders. MI focuses on the ambivalence that an individual feels when faced with change and helps to increase the individual's resolve to change. MI is a non-coercive and non-judgmental intervention which recognizes that individuals come to treatment at different stages of change. MI utilizes "change talk" to help the individual to recognize the discrepancy between stated goals and current actions while respecting the individual's values and beliefs. The primary focus of MI is to resolve ambivalence and promote motivation to change. MI has been evaluated in more than 22 studies since its inception in 1983 and is currently being used worldwide. The use of MI has been shown to reduce both alcohol and other drug usage, reduce the negative consequences associated with drinking/drug use, and to improve length of time spent in treatment.²⁷ MI has been utilized in at least a dozen other countries and throughout the United States.

Twelve Step Facilitation Therapy (TSF) is described as a "brief, structured, and manual-driven approach to facilitating early recovery"²⁸ TSF is implemented in individual sessions and is based on principles of 12-step fellowships. TSF focuses on supporting the individual with accepting that abstinence is necessary and with recognizing that participation in 12-step programs is necessary for sustained abstinence. TSF was tested in an 8-year national clinical trial funded by the National Institute on Alcohol Abuse and Alcoholism focused on treatment matching. In that study TSF was found to be more effective than Cognitive Behavioral Therapy (CBT) or Motivational Enhancement Therapy (MET) in increasing number of days abstinent, reducing adverse consequences of drinking, and increasing involvement with Alcoholics Anonymous.²⁹ This approach has been used throughout the United States and in several other countries.

Brief Strengths-Based Case Management for Substance Use (SBCM) was "designed to reduce barriers and time to treatment entry and improve the overall functioning"³⁰ of individuals seeking publicly funded substance use treatment. The intervention is time limited (5 sessions over a predetermined timeframe) and flexible in order to allow for the development of an individualized plan that improves overall functioning and/or addresses barriers to treatment. SBCM supports the individual with identifying strengths; decision-making in the setting of treatment goals; the development of an informal support network; and identifying

²⁷ Intervention Summary <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=130> Last Updated: April 26, 2013

²⁸ Intervention Summary <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=55> Last Updated: April 26, 2013

²⁹ Intervention Summary <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=55> Last Updated: April 26, 2013

³⁰ Intervention Summary <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=58> Last Updated: April 26, 2013

and reducing barriers to treatment. A study conducted in 2003 found that individuals participating in SBCM had a higher rate of success in entering treatment than those participating in either the motivational interviewing intervention or the control group. SBCM participants were more than twice as likely to enter substance use disorder treatment as those in the control group. In addition to being used within the United States this approach has been used in Belgium since 2005.

Finally, it is important to note a model that is available in Southern California - the Matrix Institute treatment model. Two of the three evidence-based practices from the NREPP website are embedded in this treatment model. The Matrix Model as a whole is also reviewed on the NREPP website but is not listed in the summary because the Quality of Research scores were below the 3.0 benchmark, but the model did receive a 3.5 score in Readiness for Dissemination. The Matrix Model offers an approach to engaging and treating stimulant users which has been shown to reduce drug and alcohol consumption and improve psychological indicators.³¹ It has been widely implemented in various states and several countries outside of the United States and approximately 20,000 individuals have received treatment from the Matrix Institute clinics in Southern California such as clinic locations in Los Angeles and the Inland Empire.

There are myriad evidence-based treatments available for review and implementation in the treatment of addiction. An extensive list of evidence-based treatment options is available for review on the NREPP website. The models outlined in this section are those that have reasonably strong evidence to support their efficacy.

³¹ <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-3>

Chapter 4: Identified Housing and Services Needs

According to SAMHSA's 2006 National Household Survey on Drug Use and Health (NHSDUH), the prevalence rate for alcohol or illicit drug dependence or substance use disorder in San Diego and Imperial Counties was 10.6%. Using this data, the County of San Diego Consortium 2010-2015 Consolidated Plan³² estimated that there were 262,513 people with substance use in the county in 2007. Only a subset of these quarter million people, however, has a housing need:

- The 2013 San Diego Point in Time Homeless Count estimates that approximately 2,700 people in the community who have chronic substance use issues and are homeless (i.e. living in a place not meant for human habitation or in an emergency shelter), many of them with histories of chronic homelessness. Of these, the count identified 898 who were dually diagnosed with a substance use disorder and mental illness.
- While not homeless, a larger group of people with a substance use disorder are precariously housed as well as a range of other challenges (e.g. low educational attainment, histories of unemployment, poor health histories, domestic violence histories, involvement with the criminal justice and/or child welfare systems, etc.). Estimating how many of the estimated 262,513 people in the community with a substance use disorder who also are precariously housed is difficult. However, Census data indicates that 13% of the population of San Diego County lives at or below the Federal Poverty Level (\$23,550 annually for a family of four). People with incomes at this level are generally assumed to have a high need for affordable and safe housing simply by virtue of their extremely low incomes and the difficulty of finding housing they can afford, so we can roughly estimate there are at least 34,000 people with a substance use disorder in San Diego County who have a need for housing assistance.³³ It is important to note (as described in Chapter 6) that there are a variety of interventions that can help stabilize housing for people with very low incomes who also have behavioral health issues (e.g. rapid re-housing programs; affordable housing; supportive housing; etc.).
- A third group, the size of which is also difficult to estimate, includes people who are neither homeless nor precariously housed, but who identify their current housing environment as not being conducive to recovery because of proximity to other people who are using drugs or alcohol. No data is currently available that allows us to project how many of the estimated 262,513 people with a substance use disorder are living in such environments and would choose other living arrangements if available.

For the former group, housing is a “need” in the sense that having a safe and stable place to live may be a key support for recovery. It is widely accepted within the substance use treatment field that people with addictions to alcohol and other drugs need both treatment plus a range of community-based supports to support recovery, including a safe environment in which to live. For many consumers, living in

³² http://www.sdcountry.ca.gov/sdhcd/docs/5year_conplan_1year_actionplan_draft_050310.pdf, Section III, Page 11.

³³ The Consolidated plan also estimates that there are 237,000 renter households in San Diego County who are rent burdened, defined by HUD as paying more than 30% of their income for rent. While we can assume some of these are households in which one or more adults have a substance abuse issue, there is not necessarily a strong correlation between being “rent burdened” and being precariously housed, since the vast majority of low income people do pay more than 30% of their income for rent and many or most of those people do not experience persistent housing instability.

neighborhoods or buildings where there is a high degree of open drug sales and use of drugs makes it very difficult to abstain from or reduce their substance use. It is also believed that safe living situations also provide an essential “container” in which healing and recovery can take place. However, for many of the people who have a substance use disorder, housing is not needed as a way to prevent homelessness. People may live in housing that is not conducive to good health, but there is no imminent risk that they would become homeless. There is a body of recent research suggesting that many people who appear to be “at risk” of homelessness are actually quite unlikely to end up on the streets or shelter if they do not receive housing assistance and instead will continue finding temporary housing situations.³⁴

For the smaller group of people who are homeless and have addictions to drugs or alcohol, housing along with appropriate services are critical and basic needs. Without some kind of housing intervention, they will continue to live on the streets, in vehicles, tents, or cycle in and out of shelter. For this group, the presenting need is a safe and affordable place to live, coupled with the supports needed to address their addictions in order to help sustain housing and prevent eviction.

³⁴ <http://www.endhomelessness.org/library/entry/prevention-targeting-101>

Chapter 5: Findings from Focus Groups

Sober Living Owners/Managers

On June 6, 2013, CSH conducted a focus group with sober living owners and managers that are members of the San Diego Sober Living Coalition. A total of eleven (11) sober living owners and managers representing eight (8) sober living homes attended the focus group. They were asked about the successes/challenges in owning and managing a Sober Living Home; the average length of stay of tenants; the type of housing that they feel is in greatest need for their tenants; populations who may have unmet housing needs; and their recommendations for improving the housing and services that their tenants receive. Below is a summary of their feedback. A detailed summary of the focus group results can be found in Appendix B.

- Several owners felt that it was challenging to find tenants and to get the word out that they have rooms available.
- One individual noted that there is a lack of awareness and understanding of sober living homes.
- Some owners found it challenging to provide housing to individuals with co-occurring disorders. They felt that it would be helpful to have more knowledge/connection with mental health services that are available to their tenants. Some owners specifically noted difficulty in handling tenants experiencing suicidal thoughts.
- Several owners noted that it is difficult for them to provide housing to homeless individuals with no income or limited income such as General Relief. One of the participants operates a sober living home that is owned by a church and the church subsidizes the rent for tenants without any income.
- A few of the owners expressed that they have challenges with tenants that are on Suboxone. They don't feel that they are equipped to handle tenants that are on this drug due to the negative side effects such as night sweats, night terrors, kicking, etc. They felt that it negatively impacts the environment for other tenants.
- There is no limit on the length of stay in sober living homes. The length of stay for sober living tenants can be as short as one month to several years. For some tenants, sober living homes provide a temporary need but for others it is their "home" and they may plan on staying there forever.
- The majority of participants felt that there was a need for more housing options for the following sub-populations: women with children, men with children, LGBT, dually diagnosed, and the ADS population that is struggling with sobriety and is in need of housing that allows for relapse.
- Many of the participants felt that there was a need for housing for homeless individuals who have no income. Most of the participants agreed that a short-term rental assistance program would be beneficial for those individuals who need some assistance while they are seeking employment or benefits. Some participants felt that there is also a need for long-term rental assistance for some individuals.
- A few participants noted the need for transportation resources for their tenants. They noted that monthly bus passes are too expensive for some of their tenants.
- A few participants would like increased coordination with the medical and behavioral health community so that there is better medication management for their tenants.

Residential Treatment Providers

On June 12, 2013, CSH conducted a focus group with County-contracted Residential Treatment Providers. A total of 14 individuals representing 11 organizations which included the following: McAlister Institute, Turning Point Home, The Fellowship Center, The Way Back, Stepping Stone, Alpha Project, Amity Foundation, Volunteers of America, Freedom Ranch, Veterans Village of San Diego and CRASH, Inc. They were asked about the housing options available to their clients after they leave treatment, how the program assists them with securing housing, challenges that they encounter in securing housing for their clients, housing resources that they use, greatest housing needs, and populations who may have unmet housing needs. Below is a summary of their feedback. A detailed summary of the focus group results can be found in Appendix B.

- The participants indicated that after their clients exit residential treatment they go to transitional housing, sober living, shared roommate situations, family/friends, and some end up homeless. Participants spoke largely about transitional housing and sober living housing options.
- All of the participants indicated that they assist clients with locating and securing housing prior to exiting treatment.
- The majority of participants felt that there was a need for more housing options for the following sub-populations: women with children, men with children, families with children, women/men/families with older children (10 years old +), LGBT, dually diagnosed, reentry, adults with medical needs, transition age youth (18-24 years old) and those exiting the foster care system, older adults (55 years old +), and female veterans.
- Participants noted challenges in locating safe affordable housing for the following subpopulations: women/men with children and especially when the children are older (10 years old+) as some programs prohibit older children, adults with significant disabilities who are unable to work, and older adults.
- Other barriers that participants noted include: lengthy waiting lists for affordable housing resources such as the Section 8 program, lack of knowledge of housing resources, difficulty navigating the system, credit and criminal background checks, and lengthy process for obtaining SSI benefits.
- The primary housing resource noted was word of mouth. Other resources mentioned include 211, Reentry Roundtable Directory, Townspeople, and the California Association of Addiction Recovery Resources (CAARR). Participants expressed a need for additional housing resources including directories.
- The greatest housing needs that were identified included: transportation for clients getting to/from appointments, moving assistance, staff time/resources in getting clients to/from housing appointments and completing housing applications, assistance with security deposits/first month's rent/utility deposits, etc., lack of affordable housing, and lengthy waiting lists for affordable housing/housing subsidies such as Section 8.
- Participants indicated that they are in need of a variety of housing for their clients including: housing for individuals with a higher level of medical and/or psychiatric needs, Board and Care homes, short-term rental assistance, long-term rental assistance, housing for homeless especially in North County, and more residential treatment facilities.

Consumers

On June 26, 2013, CSH conducted a focus group with individuals who were in recovery and were living in a variety of housing situations including residential treatment, sober living homes, independent living or living with family. A total of eight (8) individuals participated in the focus group that was held in Vista, CA. They were asked about their satisfaction with their current housing accommodations; challenges in locating and securing safe affordable housing; and recommendations for improving the system in terms of services and housing. Below is a summary of their feedback. A detailed summary of the focus group results can be found in Appendix B.

- Most of the participants expressed dissatisfaction with their housing, particularly because they had too little, or no, privacy in their current accommodations.
- Individuals in the group seemed frustrated by the absence of housing options for themselves and others in similar circumstances.
- Married couples were living apart from their spouses since the sober living homes were segregated for men and women. They said they'd prefer to be together if they had an affordable option.
- The inability to afford the rent was the biggest barrier expressed by respondents, especially those who had no job. But even those who were working said it was difficult to find affordable homes in areas where they want to live.
- Other challenges include: security deposit and move-in funds, poor credit history, student loan debt, criminal history, long waiting lists for Section 8 and other affordable housing, and lack of transportation.
- Participants seemed to have little knowledge about how to find affordable housing and they were very eager for more information on available resources and programs that might assist them. They were generally unaware of how to search/apply for affordable housing and Section 8 programs.
- Participants wanted direction and a better understanding of possible resources. They do not know where to go for help but they know that without it, it will be difficult – if not impossible – to find alternative housing.
- Respondents talked about the need for housing programs for pregnant women once they have children. They said that the women often must leave their current housing because children are not permitted there.

Chapter 6: Housing Models and Outcomes

There are a range of housing models that have been developed to meet the needs of people who have a substance use disorder. The vast majority of these interventions have evolved out of two different (and to a great degree, separate) systems: alcohol and drug services and homeless housing/services. Within the world of alcohol and drug services, there is a continuum of residential treatment and independent living options for people who have a substance use disorder. These include prevention, short-term detox programs, to longer-term inpatient treatment facilities (either voluntary or court-ordered), to clean and sober independent living environments.

Prevention

Prevention strategies primarily focus on preventing substance use at the individual and/or community level with an emphasis on creating long term, strategic and sustainable prevention plans. These efforts often work to coordinate and share resources amongst key partners, such as primary and behavioral health, law enforcement and education. In San Diego, four primary countywide prevention initiatives are underway:

1. The Underage Drinking Initiative (1995), which addresses underage drinking issues in our communities and across the Border;
2. The Methamphetamine Strike Force (1996), which addresses the personal, community and environmental impact of methamphetamine;
3. The Marijuana Initiative (2005) to focus on youth use of marijuana, and
4. The Prescription Drug Task Force (2008) to address the illicit use of prescription drugs in the region.

In parallel with this alcohol and drug services continuum is the homeless housing and services system, which serves people who are homeless, many of whom also have a substance use disorder. This continuum includes short-term emergency shelter, rapid re-housing, transitional housing, permanent supportive housing, and affordable housing. These two main systems generally operate independently within their respective funding-driven silos. However, over the past decade or so, with the growing recognition that a significant number of homeless people need substance use treatment and also that many people with addictions are either homeless or at risk of homelessness, some new approaches have evolved that more intentionally attempt to address both the housing and treatment/recovery needs of homeless people with a substance use disorders. Some examples in this area of practice are provided in the sections that follow, as well as a discussion of available evidence on the effectiveness of the different approaches.

Detox Facilities

Detoxification facilities generally serve as the point of entry into treatment for many people who are homeless or precariously housed. A detox provides a safe place for withdrawal from drugs and alcohol. A “medical detox” will typically have on-site health professionals to monitor the process, provide medication as needed, and ensure the withdrawal process is not harmful to the resident. Many, however, are non-medical and simply provide a safe place for detoxification to occur. Following detox a certified drug and alcohol professional will complete an assessment to determine ongoing treatment needs. Clients will typically transition from detox into residential or out-patient substance use treatment, or, if they are homeless, can move into emergency shelter, transitional housing or even directly to permanent housing (in systems that adopt a “housing first” philosophy). The range of detox options in San Diego are described in Chapter 7.

Emergency Shelter

Emergency shelters provide overnight sleeping accommodations to persons in immediate need, typically in a congregate setting. Most programs provide housing up to 30 days, though some can be longer. In addition to year-round programs, many communities also have seasonal (e.g. winter) shelter programs as well as hotel or motel voucher programs to temporarily increase capacity during high demand periods. Many people who access emergency shelter have a substance use disorder, and the majority of facilities will offer some degree of on-site behavioral health services, including assessment, substance use counseling, and mobile behavioral health teams. However, due to the very highly structured nature of these programs and the fact that the vast majority will not allow residents to use alcohol or drugs (either on or off-site), they are not usually a good fit for people who have problems with active substance use. Many chronically homeless people with chronic substance use simply refuse to enter shelter due to the abstinence and service participation requirements.

Emergency Housing in San Diego

According to the Continuum of Care’s 2013 Housing Inventory Chart (HIC), in San Diego County it is estimated that there are approximately 412 year-round emergency shelter beds available to homeless individuals and families. Emergency housing beds are available to the ADS and/or dually diagnosed population; however there are few programs that specifically focus on these populations.

Wet Shelters or “Low Barriers” Shelters

Some communities have developed emergency shelters designed specifically to serve homeless people with chronic alcohol use issues and who are unwilling or unable to enter a traditional shelter due to their lack of sobriety. “Wet” shelters allow on-site alcohol use in a supervised environment. They are designed to provide a safe, indoor location where people with active alcohol addiction can have some of their immediate needs

met (e.g. health care, clothing, showers, etc.) Wet shelters also typically offer a range of treatment interventions, but they are entirely voluntary. A low barriers shelter is a similar model, also designed to serve chronically homeless people who do not access the regular shelter system due to their highly restrictive program rules. A low barriers shelter imposes minimal requirements relating to service participation and sobriety, though, unlike wet shelters, they do not necessarily allow on-site alcohol consumption. No “wet” or “low barrier” shelters are currently operating in San Diego.

Safe Haven

The Safe Haven model is similar to the idea of a wet shelter in that it is designed specifically to serve ‘hard to reach’ homeless people with a severe substance use disorders who would otherwise be sleeping on the street, primarily due to their inability or unwillingness to comply with a structured program or participate in supportive services. Unlike a shelter, Safe Havens have no maximum length of stay limitations – as result this model is sometimes classified as a form of permanent housing. They are usually not designed as congregate living but rather small SRO or studio units. Safe Havens make no requirements for residents to participate in services and do not require that residents be clean and sober or commit to any form of treatment. They typically adopt a stage-wise, evidence based approaches to work with residents to manage their substance use, using motivational interviewing and the Stages of Change framework to slowly engage participants into a process of reducing or ending their substance use.

The Lamp Community in Los Angeles operates the Frank Rice Safe Haven, which has both a thirty-bed residence and a day center that serves 150 homeless people. The residential program offers semi-private accommodations in a community setting. Participants may choose to live in the facility either short-term or long term, which is a key characteristic of the Safe Haven model. The program is designed to serve chronically homeless people, many of whom have co-occurring addictions, and follows a housing first philosophy. Lamp does not require that residents agree to any particular form of services or treatment. Instead, they treat housing as a prerequisite for coping with the challenges of addiction, physical disability, chronic disease, and the trauma associated with of homelessness.³⁵

Safe Haven in San Diego

According to the 2013 Housing Inventory Chart (HIC), there are four Safe Havens operating in San Diego County. Three of the Safe Havens serve homeless individuals with serious mental illness, which may also include dually diagnosed individuals. The three programs are: Episcopal Community Services’ Uptown Safe Haven and Downtown Safe Haven, which accommodate 19 adults (Uptown) and 26 adults (Downtown). Mental Health Systems, Inc. operates a Safe Haven in North San Diego County that provides housing and services to 12 adults.

Transitional/Time-Limited Housing

Residential Treatment

Within the behavioral health system, there is any number of time-specific residential treatment options for people with a substance use disorder. These can be anywhere from 90-day to long-term (12 month) programs, and can be either voluntary or court-ordered. There are many different models for residential treatment with a variety of phases of treatment and time-frames. Among the most common is the Therapeutic Community (TC), which provides a highly structured environment with a focus on group therapy as one of the primary treatment modalities. Another is the Social Model, which tends to be peer-run and peer

³⁵ http://www.lampcommunity.org/housing_services.php

driven. Residents in Social Model treatment centers actively provide each other with support, sharing and positive role modeling by residents who are succeeding in their recovery plans with the goal of creating an environment that reinforces recovery from substance use and sobriety.

Residential Treatment in San Diego:

The County of San Diego's 5-year 2010 – 2015 Consolidated Plan³⁶ states that, according to the San Diego Housing Commission, in 2009, there were at least 41 organizations offering residential treatment for persons with a substance use disorder, with a combined capacity of over 1,600. Organizations serving the largest number of clients include the Salvation Army, Veterans Village of San Diego, Community Research Foundation, CRASH, Inc., and Volunteers of America.

Some examples of Residential Treatment programs include:

- *The Fellowship Center*: In 1963 the Fellowship Center was established in Escondido and has grown to encompass residential treatment as well as other services such as withdrawal support, non-residential services, and independent sober living. The range of treatment options at the Fellowship Center are rooted in core elements of mutual self-help and experiential learning, cornerstones of the social model of recovery. The Fellowship Center continues to maintain social model elements throughout their programs and services while also integrating current, evidenced-based practices in substance use treatment.
- *Volunteers of America (VOA)*: In 2012, VOA opened the Renaissance Center, a 120-bed residential alcohol and substance use treatment center. The Center, located in National City, serves men and women and offers detoxification services, plus short-term and long-term residential recovery and social services programs.
- *CRASH (Community Resources and Self Help)* offer two short-term (90 days) residential treatment programs. One of the programs (Short Term I) serves adult men while their other program (Short Term II) serves adult women. CRASH also operates a long-term (four to six months) residential treatment program for adult men and women.

Many of the Residential Treatment programs serve populations with special needs.

- *Veteran's Village of San Diego* operates a Veterans Treatment Center (VTC), a state licensed residential early treatment program for homeless veterans who have a substance use disorder. The VTC offers homeless veterans a safe, clean and sober village-like setting for several months to a year, depending upon individual needs.
- *Stepping Stone of San Diego* provides residential treatment specializing in the challenges of the gay, lesbian, bisexual, and transgender community. Stepping Stone has also received funding from the California American Indian Recovery Services (CAIRS) program that provides funding for eligible American Indian/Alaska Native individuals seeking alcohol and substance use treatment.

³⁶ The County of San Diego's 2010 – 2015 Consolidated Plan can be found at http://www.sdcounty.ca.gov/sdhcd/docs/5year_conplan_1year_actionplan_draft_050310.pdf.

- *Alpha Project's Casa Raphael* program provides residential treatment for homeless and formerly incarcerated men in Vista, CA. Casa Raphael is a three-step program over a 9 – 12 month period. In Step 1 they focus on their recovery, health care and addressing legal and financial issues; in Step 2 they focus on employment skills and job training; and in Step 3 they focus on successfully transitioning into the workforce. Clients graduate once they have saved \$1,500 and have met all of their goals.
- *MAAC Project* operates two long-term bilingual residential treatment programs. Casa de Milagros assists adult females, many of whom are Latina, in their recovery process and their Nosotros program assists adult men, many of whom are Latino, in their recovery from drugs or alcohol.

Transitional Housing for Homeless People

Transitional Housing (TH) programs provide longer-term shelter solutions, typically from six months to two years per stay. Transitional housing programs tend to focus on specific subpopulations of homeless people (e.g. families with children, women with domestic violence histories, parolees, etc.) Each program provides an intensive array of on-site services designed to help residents move from homelessness to permanent housing upon exit. These programs can include a strong focus on treatment and recovery, particularly in programs that serve people with behavioral health issues. Transitional housing can take many forms, including congregate living, individual apartments in a single site, or even scattered site leased units.

Like emergency shelters, transitional housing programs often are not ideal settings for people with a chronic substance use disorder, since they typically are highly structured, require service participation, and adopt a zero tolerance policy regarding use of drugs and alcohol by participants. People with behavioral health issues often will drop out of the program or be asked to leave as a result of behavioral or drug use issues prior to completing the project, leading to relatively poor housing outcomes for this population.

In recent years, some transitional housing programs have been developed that specifically serve homeless people with a substance use disorder and incorporate a stage-wise treatment approach. One example is New York's Project Renewal's Parole Support and Treatment Program. This program serves men and women released from the New York State prison who have a minimum of a year of parole and who have a co-occurring substance use disorder. Rather than a single site, the project provides scattered site transitional housing in privately owned rental units, with wrap-around support services provided in the participants' homes. Services include individualized service planning, daily contact, psychiatric care, substance use disorder services, medication monitoring, assistance with securing and maintaining benefits, and life skills development. Clients who relapse have access to Project Renewal's substance use crisis beds and can return to their housing units once stabilized. The program has a "no decline" policy and serves anyone who meets the eligibility criteria. Of all clients served to date, 41% were sober for 6 months or more and 15% moved to supportive housing.

Transitional Housing in San Diego

Transitional housing programs offer housing and supportive services for homeless individuals for several months up to two years. According to the 2013 Housing Inventory Chart (HIC), in San Diego County it is estimated that there are nearly 3,951 transitional housing beds for homeless individuals and families. St. Vincent de Paul offers the greatest number of transitional housing beds in San Diego County.

Many of these programs provide housing that is available to the ADS and/or dually diagnosed population. Some programs provide transitional housing specifically to families or individuals in recovery from a substance use disorder. Some of these programs include:

- *St. Vincent de Paul Village, Inc.*'s Josue Homes provides transitional housing for 44 men and women living with HIV/AIDS in six homes located throughout the City of San Diego. One home specifically provides housing for individuals in recovery from drugs or alcohol. Residents can stay for up to 18 months while working on a transition plan that may entail addressing addiction problems. In-house 12-step programs are available to residents.
- *Stepping Stone*: Stepping Stone of San Diego provides 17 beds through their Enya House for people living with HIV/AIDS and who are recovering from a substance use disorder. In 2011, Stepping Stone opened its second transitional housing program in the College Area of San Diego. The program offers 11 units to individuals who have completed a Residential or Outpatient Treatment Program. A few units are set aside for Native Americans under the California American Indian Recovery Services (CAIRS) program.
- *Interfaith Community Services*: At its Escondido Community Sobering Services Center, Interfaith Community Services also offers 22 beds of housing for individuals trying to recover from alcohol or drug addiction.

Transition in Place/Rapid Re-Housing

In recent years, a new model of transitional housing model has begun to replace the traditional approach. Instead of facility-based programs in which tenants live for a specific length of time and then transition to permanent housing, rapid re-housing and transition in place programs assist homeless people to secure scattered site rental housing (typically with a short-term subsidy that can be used for expenses such as first/last month's rent, deposits, short-term rental assistance, etc.) then provide case management and other services to help the household secure sufficient stability and income to be able to remain in the unit once the subsidy ends. This approach significantly reduces the length of time people are homeless and has been proven to lead to stronger housing outcomes (longer retention of housing and fewer returns to homelessness).

Sober Living

This is a model that has developed to meet the needs of people who have a substance use disorder and who may or may not also have histories of homelessness. Typically, once clients complete either residential or even out-patient treatment programs, they often wish to live in a sober environment that will continue to support recovery. Sober housing can take a number of forms, including shared housing, congregate living, individual apartments, etc. Many are peer-run or “self-help” style programs.

The primary goal in sober living situations is to provide a supportive, drug-free community in which all residents have a shared commitment to abstinence from substance use. Generally there is no formal treatment provided, but instead residents support each other to maintain sobriety through 12-step meetings and other peer-to-peer interactions. In this model, housing is a needed support for people to be successful in their treatment, rather than an end in itself. In clean and sober living environments, substance use is generally prohibited and residents can lose their housing for engaging in any use of drugs or alcohol, either on- or off-site.

A highly respected and widely replicated example of a sober living environment is the Oxford House. Oxford House is a concept in recovery from drug and alcohol addiction that describes a democratically run, self-supporting and drug free home. The first Oxford House was established in 1975 in Maryland and has since grown to over 1,000 houses, mainly located in major cities in the U.S. (though some are in other countries). The houses are rented communally by the participants and can range from six to 15 people (some are restricted to single adults; some are for women with children.). All follow a common set of policies and practices to support sobriety, including on-site 12 steps groups (AA, NA). The houses create their own democratically developed rules, though all require that residents remain sober and pay their rent or face eviction. Some states have established revolving loan funds to enable a group of participants to borrow the upfront funds needed to rent a home to create an Oxford House. This model is low cost, since there are no on-site service staff or housing subsidies needed.³⁷

Sober Living Homes in San Diego

Sober Living Homes are alcohol and drug free environments that provide a positive place for peer group recovery support. Sober housing promotes individual recovery by providing an environment that allows the residents to develop individual recovery programs and become self-supporting. Sober Living homes maintain a zero tolerance rule for drugs and alcohol and residents are typically required to attend 12-step meetings. Most sober living homes are privately run single-family residences, duplexes or multiunit complexes located in residential neighborhoods and are operated by an individual or small partnership. Quality assurance is achieved and maintained through voluntary membership in a local sober living coalition or network. Residents pay rent and typically share a bedroom with at least one resident and may live in a Sober Living Home for a brief period of time or may choose to reside as an ongoing tenant.

³⁷ www.oxfordhouse.org

There is no comprehensive inventory of all Sober Living Homes or the number of individuals living in Sober Living Homes in San Diego County. The largest locally-run coalition of Sober Living Homes is the *San Diego County Sober Living Coalition* which is a member organization that includes more than 50 Sober Living Homes throughout the County of San Diego providing housing to over 600 people. The San Diego County Sober Living Coalition is a member of the National Association of Recovery Residences³⁸ and The Sober Living Network.³⁹ Additionally, through their membership with The Sober Living Network, they have begun working with the California Association of Addiction Recovery Resources.⁴⁰

The Coalition has established a Code of Ethics by which every member home agrees to maintain a zero tolerance alcohol and illicit drug free environment where residents who fail to maintain sobriety are removed from the home. Each home is inspected annually by inspectors trained by the Coalition who check for good maintenance practices and evidence of safety measures and procedures. A list of the member homes can be found in Appendix C: Housing Inventory. For updated listing and bed availability, visit sdscl.org. Sober Living Homes are not monitored nor funded by the County of San Diego. However, some Sober Living Homes work with County-funded Residential Treatment Providers who refer clients to their housing. Some of the *San Diego County Sober Living Coalition's* member homes serve men only while other homes house only women. One member home serves parents with children.

Supportive Housing

The supportive housing (SH) approach comes from the world of homeless housing and services rather than from the world of behavioral health treatment. This model has emerged primarily to serve individuals who are homeless (particularly those with long histories of homelessness) who generally have a disabling health condition such as a substance use or co-occurring disorder. Supportive housing provides subsidized rental housing with a range of on-site and/or off-site services to help tenants maintain stability and gain greater self-sufficiency. In this model, the main focus is on meeting the consumer's housing needs, with a primary emphasis on doing whatever it takes to maintain housing and prevent eviction.

Supporting the consumer in his or her recovery and/or helping to gain or maintain sobriety/recovery, while also important, is considered a more secondary goal and linked mainly to helping to manage or mitigate behaviors that could lead to housing loss. While some SH projects adopt a zero tolerance policy regarding use of drugs by tenants, others take a stage-wise approach in which both property management and services staff will work with tenants to help them find ways to moderate their substance use, and relapse in and of itself is not grounds for loss of housing.

³⁸ The National Association of Recovery Residences is a national recovery residence resource for people in recovery, health and recovery professionals, social service agencies, state and local governments and recovery residence providers.

³⁹ The Sober Living Network is a Southern California nonprofit organization dedicated to promoting excellence in the operation and management of sober living and other community recovery support resources.

⁴⁰ CAARR is a non-profit membership organization, which serves as the principle voice for social model recovery programs throughout California. Its members include: recovery homes, sober living environments, neighborhood recovery centers and social detoxification programs. Services to members include advocacy for social model programs at the federal, state and local levels of government, as well as in the community.

Over the past decade, many supportive housing providers have worked to more intentionally integrate services designed to help tenants retain housing and gain greater health and sobriety. There are also many that are working specifically with formerly incarcerated people, many of whom have behavioral health issues. Some examples include:

Downtown Emergency Service Center - 1811 Eastlake. This program is often cited as a best practice in providing supportive housing to chronically homeless people with chronic alcohol addiction. The project enrolls people identified by King County as the highest users of the county's sobering unit and Crisis Triage Unit (CTU). Located in downtown Seattle, this 75-unit development provides residents with 24-hour a day, 7 day a week on-site support, including integrated chemical dependency and mental health treatment, primary health care, meals and counseling. The project's goals are reduced alcohol consumption, improved health, and increased stability for tenants. DESC is partnering with the Robert Wood Johnson Foundation and University of Washington to evaluate the results of this effort.

Iyana House. Located in New York City, the Bridge's Iyana House provides permanent housing for homeless women upon release from prison. Most of the tenants have co-occurring substance use and mental illness. The program begins with in-reach services while the women are still incarcerated and the same staff continues to work with the participants after they transition to housing. On-site services include weekly trauma groups, Dialectical Behavioral Therapy (DBT) groups, peer counseling, case management, entitlements counseling and a Career Club. Participants also access integrated substance use disorder and mental health treatment at the Bridge's off-site rehabilitation center. Each client has a dedicated parole officer with experience working with people with substance use and co-occurring disorders.

St. Paul Residence. This 60 unit Single Room Occupancy (SRO) hotel in St. Paul, Minnesota provides supportive housing for chronically homeless men. Operated by Catholic Charities, the St. Paul Residence offers residents life skills training, medication monitoring, and employment services. There is also a nurse on-site for 10 hours a week. All services are offered using a tenant-centered approach.

Rowan Trees. Thresholds Psychiatric Rehabilitation Centers developed Rowan Trees Apartments in Chicago to provide permanent housing for people who are dually diagnosed with mental illness and a substance use disorder. The building has 45 units, mostly studio apartments. The services operate with a recovery focus in which staff help clients identify strategies that match their goals and strengths. On-site services include Integrated Dual Diagnosis treatment (IDDT), psychosocial rehabilitation services, individual and group counseling, vocational training and crisis intervention.

New San Marco Apartments. Located in Duluth, Minnesota, the New San Marco is a 70-unit supportive housing development consisting of two separate wings. One wing is dedicated to serving homeless people with a substance use disorder and receives funding from Group Residential Housing and the other has project-based Section 8 and serves people with histories of homelessness.

The project is a Housing First facility and sobriety is not a condition of residency. On-site services are focused on tenant retention, including substance use disorder services provided by the Center for Alcohol and Drug Treatment, which offers a range of different recovery paths to residents.

Anishinabe Wakiagun. This 40-unit SRO in Minneapolis, Minnesota provides permanent supportive housing for chronically homeless men and women, many of whom are of Native American heritage. Developed by the American Indian Community Development Corporation and Project for Pride in Living, this property provides voluntary on-site psychological as well as medical services, in addition to case management, daily living skills, entitlement program assistance, peer-to-peer mentoring and crisis intervention.

Supportive Housing in San Diego

According to the 2013 San Diego Housing Inventory Chart (HIC), there are approximately 2,663 units of supportive housing in San Diego County that serve individuals or families that are homeless or at-risk of homelessness. Many supportive housing development units are available to the ADS population and some supportive housing providers have units specifically dedicated to the ADS or dully-diagnosed population. A list of these developments can be found in Appendix C.

There are some supportive housing developments or programs in San Diego County whose primary tenant population is individuals with a diagnosis of a substance use disorder or a dual diagnosis. Many of the supportive housing programs that specifically provide housing and services to the ADS or dually diagnosed populations receive rental assistance funding from the Shelter Plus Care program (now called the Continuum of Care program).

- *Pathfinders of San Diego:* Pathfinder's of San Diego, a non-profit organization that provides residential alcohol-recovery services for men, operates two Shelter Plus Care programs in the City of San Diego that provide housing to homeless men with dual diagnosis of a substance use disorder and mental illness. Pathfinders' first Shelter Plus Care program, located on Streamview Drive in the College Grove area of San Diego, provides housing to 16 formerly homeless men with dual diagnosis of a substance use disorder and mental illness. In 2010, Pathfinders acquired and developed an 18-unit property on University Avenue in the North Park area of San Diego. The total development costs were \$4 million, which were paid for by a combination of funding from the San Diego Housing Commission, Redevelopment Agency of the City of San Diego, and developer equity. Seventeen units are restricted to individuals earning between 30% to 60% of Area Median Income. There are 14 one-bedrooms and 4 two-bedrooms.

At both of Pathfinders' programs, rents start at no cost to the participant in the first 90 days of tenancy when they are expected to focus solely on their recovery from alcohol and drugs. After this period they are gradually encouraged to seek employment. Once they become gainfully employed, they are required to pay 30% of their gross income for rent. Since all of the tenants have alcohol or other substance addiction problems, Pathfinders uses a social model recovery method. A case manager is provided to track the needs and progress of each individual. The case manager makes appropriate referrals based on the physical, psychological and emotional needs of the participant. In addition, an initial and then ongoing assessment of each participant is made to monitor progress being made.

- *Townpeople:* In 2011, Townpeople began managing Stepping Stone's housing program, providing Shelter Plus Care rental assistance, housing case management and resident support services for 22 homeless individuals with chronic substance use and HIV/AIDS.

Shelter Plus Care

The Shelter Plus Care program, funded by the U.S. Department of Housing and Urban Development, provides housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with chronic problems with alcohol and/or drugs, a co-occurring disorder and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who were living in places not intended for human habitation (e.g., streets) or in emergency shelters. Individuals who have a disability that is caused by a substance use disorder that is expected to be of long-continued and indefinite duration; and substantially impedes his or her ability to live independently; and is of such a nature that the disability could be improved by more suitable housing conditions is considered disabled under the Shelter Plus Care program.

In San Diego County, the Shelter Plus Care programs that focus on the ADS and/or dually diagnosed populations are: There are approximately 135 permanent housing units funded through the Shelter Plus Care program that are available to the ADS and/or dully diagnosed populations.

The following chart outlines the Shelter Plus Care programs in San Diego:

Agency	Program	City/County	Tenant Population	Units (minimum)
Pathfinders	Delta Project	San Diego	❖ Mental Illness & ❖ Substance Use	15
Pathfinders	Streamview	San Diego	❖ Mental Illness & ❖ Substance Use	8
Townspeople	Gamma Project	San Diego	❖ Mental Illness ❖ Substance Use & ❖ HIV/AIDS	22
Volunteers of America	Young Adult	County of San Diego	❖ Young Adults (21 – 24) ❖ Severely Mentally Ill ❖ Substance Use	6
Mental Health Systems, Inc.	Housing Plus	County of San Diego	❖ Individuals ❖ Severely Mentally Ill ❖ Substance Use	9
Mental Health Systems, Inc.	Housing Plus II	County of San Diego	❖ Individuals ❖ Severely Mentally Ill ❖ Substance Use	8
Mental Health Systems, Inc.	Housing Plus III	County of San Diego	❖ Individuals ❖ Severely Mentally Ill ❖ Substance Use	8
Mental Health Systems, Inc.	Housing Plus IIIA	County of San Diego	❖ Families with Children ❖ Substance Use	4
Interfaith Community Services	S+C	County of San Diego	❖ Individuals and Families ❖ Severely Mentally Ill ❖ Substance Use	14

County of San Diego	Tenant-Based Rental Assistance	County of San Diego	❖ Individuals and Families ❖ Severely Mentally Ill ❖ Substance Use	38
North County Solutions for Change	New Solutions 2	County of San Diego	❖ Families ❖ Severely Mentally Ill ❖ Substance Use	8
North County Solutions for Change	New Solutions 2 Expansion	County of San Diego	❖ Families ❖ Severely Mentally Ill ❖ Substance Use	3
TOTAL UNITS				135

Affordable Housing

Affordable housing is any housing in which the financing and/or operations are subsidized to make the units affordable to people who are low income. Unlike permanent supportive housing, affordable housing tends to offer relatively limited on-site services, consisting mostly of some on-site service coordination (information and referral, tenant problem solving), adult education classes and community building activities. For family projects, often there are after-school programs for children. Due to the relatively low level of tenant support services, these properties are generally not considered an ideal placement for homeless people with behavioral health issues. Additionally, most tend to have relatively inflexible policies regarding on-site use of illegal substances, particularly those that receive federal funding, which adopt a “one strike” policy regarding the sale or use of drugs. However, these settings are appropriate for people with low incomes who cannot afford market rents, and who are at a place in their recovery that they don’t need intensive on-site support services, provided they can meet the tenant screening requirements. There currently are not any affordable housing programs that are specifically available to people with substance use disorders.

Special Programs in San Diego

- *HOME-Family Reunification Tenant-Based Rental Assistance Program:* Since 2004, the County of San Diego has funded a tenant-based rental assistance program for approximately 40 families participating in the Dependency Court's Substance Abuse Recovery Management System (SARMS) program. It is a collaborative effort among the County Health and Human Services Agency Behavioral Health Services and Child Welfare Services, the Housing Authority of the County of San Diego, and the County Department of Housing and Community Development. Eligible participants must have an active Juvenile Dependency Court case and at least three months of documented sobriety. In addition to be eligible, the lack of adequate housing must be documented as a significant barrier to returning the children to the home. In addition to rental assistance for approximately two years, families are provided with case management and treatment supervision. A non-profit organization, Community HousingWorks operates the program through its two Las Casitas housing developments (Las Casitas – Maple and Las Casitas – Washington) in Escondido, CA. The program has helped almost 93% of their families successfully complete their recovery from a substance use disorder.
- *Serial Inebriate Program (SIP):* In 2000, the nationally recognized “best practice” Serial Inebriate Program began in an innovative effort to reduce the number of chronic homeless alcoholics cycling in and out of detox centers, jails, and local emergency rooms. The City/County-funded program offers treatment in lieu of custody time for public intoxication. Services and housing are provided to program participants through the program operator, Mental Health Systems, Inc., over a six-month period of time. The 2006 report, *Impact of the San Diego Serial Inebriate Program on Use of Emergency Medical Resources*⁴¹, found that the SIP program reduced by 50% the amount of emergency medical services, emergency department, and inpatient resources required by the serial inebriates participating in the SIP program.
- *Vulnerability Index Phase 2:* In 2012, the leaders of the Ending Homelessness in Downtown San Diego Campaign secured resources for Vulnerability Index “Phase 2”, an effort to identify, house and provide services to the most vulnerable homeless individuals sleeping on the streets of downtown San Diego, including those with substance use disorders. The “Phase 2” efforts began in November 2012 with the San Diego Housing Commission and the County of San Diego's Health and Human Services Agency combining resources together to provide homeless households with permanent supportive housing and wraparound services. The City provided sponsor-based vouchers and the County provided Alcohol and Drug Services (ADS) through a contracted agency, Mental Health Systems, Inc. These ADS resources included 40 housing and services slots to people with a substance use disorder. As of June 2013, 36 vulnerable individuals with substance abuse issues were permanently housed with a sponsor-based voucher.
- *Project 25:* In 2011, the United Way of San Diego “Home Again” campaign, in partnership with the County of San Diego Behavioral Health Services, the San Diego Housing Commission, Telecare, and St. Vincent de Paul Village, began San Diego's first “Frequent User” initiative, which identified at least 25 of San Diego's chronically homeless individuals who are among the most “Frequent Users” of public

⁴¹ Dunford JV, Castillo EM, Chan TC, et al. Impact of the San Diego Serial Inebriate Program on Use of Emergency Medical Resources. *Annals of Emergency Medicine*, 2006.

resources and provided them with long-term housing and supportive services. Project 25 is a 3-year pilot program with St. Vincent de Paul Village, Inc. as the lead provider.

The program currently provides housing and services to 35 chronically homeless “Frequent Users” of emergency services. Almost all (over 90%) of the Project 25 participants have severe alcohol dependence, the majority (over 90%) have co-occurring psychiatric disorders, and most (over 80%) have complex medical problems. The typical Project 25 participant has severe alcohol dependence, a serious mental illness, and two or more complex chronic medical problems.

A summary of year one results indicate the following:

- 28 individuals housed 6 consecutive months or longer
- 12 individuals housed 12 consecutive months or longer
- 77% reduction in ER visits
- 72% reduction in ambulance transports
- 66% reduction in in-patient medical stays
- 69% reduction in arrests
- 43% reduction in number of jail days
- 20% decrease in detox admissions
- 47% decrease in detox days

Project 25 employs a housing first strategy that aims to decrease the use and cost of public services (emergency room visits, hospitalizations, ambulance rides, arrests, jail days, and other social services) by providing residents with housing stability, wrap-around supportive services, and access to preventative care through a medical home. Housing first does not require sobriety or service participation as a condition of tenancy and focuses on providing a safe and affordable home for an individual to begin the process of recovery. St. Vincent de Paul Village manages and oversees the program, including customized case management for enrolled individuals, working in partnership with Telecare. Clients are supported in becoming financially self-sufficient (24 of 36 have a permanent income source) and to gain access to health benefits for the first time. Over half of the participants have established a “medical home” and regularly receive primary medical care at the same location, which helps maintain consistent care and decrease emergency hospital expenses.

Evidence of Effectiveness

Most of the models described above have been evaluated to measure their success in helping residents to achieve improved housing stability, health, sobriety, and other outcomes. Most notably, there is a robust body of evidence for the supportive housing model, documenting that tenants in supportive housing have much better outcomes than those who move through a more traditional “continuum” from emergency shelter to transitional housing, or who do not receive any form of housing. For example, the supportive housing projects in CSH’s Closer to Home Initiative (an initiative that funded “Housing First” projects in New York City and the San Francisco Bay Area) achieved high levels of housing stability, including tenants with severe substance use disorders. Eighty-three percent of formerly chronically homeless tenants remained

housed one year later and 77% were still housed after two years.⁴² The evaluation of the DESC's 1811 Eastlake project has documented a decrease in tenant use of alcohol over time.⁴³ There are also numerous studies that document the cost savings generated from supportive housing by reduced use of costly publicly funded emergency services (e.g. emergency rooms, detox, jails, etc.).⁴⁴

However, while supportive housing and other models have been evaluated compared to not providing a housing intervention, or to providing only emergency interventions, the various models have not been evaluated compared with different housing alternatives. In other words, there is no available evidence to support which models of housing (e.g. clean and sober living, rapid-rehousing, or any other form of housing) are most effective with which subpopulations of people with a substance use disorder (e.g. those who are homeless, precariously housed, or in need of a sober living environment). This is an area of need for ongoing research and evaluation in the field of housing and addiction treatment.

⁴² <http://www.csh.org/wp-content/uploads/2011/11/HousingFirstFAQFINAL.pdf>

⁴³ http://www.csh.org/wp-content/uploads/2011/12/6_9Presentation.pdf

⁴⁴ <http://www.csh.org/wp-content/uploads/2011/11/Cost-Effectiveness-FAQ.pdf>

Chapter 7: Inventory of Services Currently Available for ADS Population

Detox

Detoxification is often the first phase of treatment and recovery. Individuals enter “detox” when they need to be in a safe, clean and caring environment while they stop drugs. The process cleans the body of the toxic effects of drugs and alcohol, while under the supervision of trained staff.

San Diego County Behavioral Health Services provides funding for detox treatment sites. Client fees are waived for drug Medi-Cal eligible persons participating in Medi-Cal certified services. Volunteers of America, McAlister Institute, and the Fellowship Center operate detox centers in the Central, East and North San Diego regions.

Sobering Centers

Sobering Centers provide an environment that is available 24-hours/day, 7 days a week that detain inebriated adults until sober (this can often be approximately 4 hours or over-night). They enable people to avoid entering the jail for public intoxication offenses. Instead, individuals spend the night on a mat at the sobering center and receive alcohol use counseling the next morning as well as information and referrals to substance use and recovery services.

- *Interfaith Community Services* operates the Escondido Community Sobering Services program, a 32 bed residential sobering/stabilization program. The program is an alternative to jail for multi-problem individuals who come to the attention of the police due to the influence of drugs and/or alcohol.
- *Volunteers of America* operates a sobering center in the City of San Diego on 16th Street.

Regional Recovery Centers

The County of San Diego Behavioral Health Services funds several non-residential treatment programs including six (6) Regional Recovery Centers located in the Central, North Inland, North Coastal, East, and South regions, operated by Mental Health Systems, Inc. (MHS, Inc.) and McAlister Institute. They are:

- MHS, Inc. Central East Regional Recovery Center
- MHS, Inc. Mid-Coast Regional Recovery Center
- McAlister Institute’s East County Regional Recovery Center
- MHS North Inland Regional Recovery Center
- McAlister Institute’s North Coastal Regional Recovery Center
- McAlister Institute’s South Bay Regional Recovery Center

Regional Recovery Centers provide alcohol and drug treatment and recovery services for adults in a specified regional area. Substance use is a major public health and safety problem impacting children, youth, families, and communities. Non-residential substance use treatment and recovery services are funded by the County of San Diego to improve individual and family capability and functioning, decrease the incidence of crime, and support people’s ability to become self-sufficient through employment. Non-residential substance use treatment and recovery services are to be provided in a safe and sober environment to individuals affected by

alcohol and drug problems, including those with co-occurring mental health issues. Non-residential alcohol and drug treatment programs are certified by the California Department of Alcohol and Drug Programs (ADP).

The Regional Recovery Center (RRC) program provides alcohol and drug treatment and related ancillary services to adult individuals referred from multiple sources. Related ancillary services include health screenings and face-to-face assessment, psycho-educational groups, counseling, referral, and supportive services.

Regional Recovery Centers ensure that substance use treatment and recovery services are provided to drug and alcohol-using adults, including those with co-occurring mental health issues. The core functions of a RRC include treatment and recovery services for adults referred from a variety of sources, which may include Health and Human Services Agency (HHSA) Child Welfare Services (CWS), mental health programs, the Superior Court, CalWORKs Welfare-to-Work Employment Case Management and Substance Abuse Case Management programs, and the Probation Department, among others.

In addition, the majority of clients accessing County supported substance use treatment services are mandated to receive treatment services through a court order or their conditions of probation. Probationers who are referred for services may be assigned to high-risk caseloads and supervision by the Probation Department. The RRC staff coordinates all services with the participants' Probation Officers to ensure services are comprehensive and non-duplicated, and are available to attend scheduled collaborative planning and problem-solving meetings.

Regional Recovery Centers support the County's goal of developing collaborative community partnerships and service systems that are accessible to all members of the community, place a premium on preventive services, and provide a consumer-oriented delivery system.

Other Non-Residential Services

The County funds several other non-residential treatment sites throughout the County. Please note that the list below does not include the Regional Recovery Centers and the Sobering Centers. Below is a list of the sites grouped by region:

Central Region	
<i>Organization/Program Name</i>	<i>Program Emphasis</i>
Catholic Charities, Inc. Rachel's Women's Center	Recovery Drop-in/Homeless Women
Family Health Centers of San Diego	LGBT emphasis
MHS, Inc. Harmony Women's Recovery Center	Women/Children
UCSD Co-Occurring Disorders Program	Co-Occurring
Union of Pan Asian Communities (UPAC)	Asian and Pacific Islander, Refugees, Immigrants, Underserved
Vista Hill Foundation Parent Care Family Recovery Center	Women/Children
East Region	
<i>Organization/Program Name</i>	<i>Program Emphasis</i>
Vista Hill Foundation Parent Care Family Recovery Center	Women/Children
Vista Hill Bridges Intensive Outpatient Program	Adults/Older Adults
North Region	
<i>Organization/Program Name</i>	<i>Program Emphasis</i>
MHS, Inc. Family Recovery Center	Women/Children
North County Serenity House Serenity Too	Women/Children
South Region	
<i>Organization/Program Name</i>	<i>Program Emphasis</i>
South Bay Women's Recovery Center	Women/Children

Chapter 8: Housing and Services Recommendations

The primary purpose of this Report is to document the housing needs of low-income individuals with substance use disorders in San Diego County and outline best practices to house and serve this population. The following recommendations identify approaches and strategies that will effectively expand housing and treatment services options available to people facing substance use disorders. In order to achieve these goals, it is recommended that Alcohol and Drug Services stakeholders work together to:

1. Identify short-term rental assistance and rapid rehousing programs⁴⁵ that can be better aligned to provide housing to the ADS and dually diagnosed populations.
2. Identify long-term rental assistance programs so they can be better aligned to provide housing to the ADS and dually diagnosed populations. Review local Public Housing Authorities' Section 8 program policies (preferences, screening practices) to see how they address housing for the ADS and dually diagnosed populations.
3. Develop strategies for greater collaboration between Sober Living Homes and San Diego County Behavioral Health Services and contracted providers in an effort to better coordinate services provided to tenants living in Sober Living Homes. Develop strategies for greater collaboration between Sober Living Homes and the medical community in an effort to better coordinate medication management for tenants.
4. Increase opportunities to educate Sober Living Home owners/managers and Residential Treatment providers on housing resources and programs. Explore methods by which real-time bed availability is tracked and made available to providers.
5. Identify ways to reduce barriers to housing such as criminal/credit screening processes for the ADS and dually diagnosed populations. Work with housing providers and Public Housing Authorities to educate them on housing the ADS and dually diagnosed populations. Identify any potential barriers to leveraging funding resources.
6. Collaborate and partner with Sober Living Homes and Residential Treatment providers to educate them on reasonable accommodation processes, appeal process, and other ways to advocate for their clients/tenants during the housing application process.
7. Explore opportunities to create additional housing options for sub-populations where needs have been identified. The greatest need that was identified in the focus groups was housing for women

⁴⁵ Rapid Rehousing programs offer short-term housing assistance, such as first/last month's rent, security deposit, utility assistance, household set-up, short term rental assistance etc. along with case management.

with children and men with children. Also, it was particularly noted that housing for women/men with older children (10 years old +) was greatly needed.

8. Explore opportunities for ADS providers to partner with mainstream employment resources such as the San Diego Workforce Partnership, in an effort to identify employment opportunities for the ADS and dually diagnosed populations.
9. Explore opportunities to partner with mainstream benefit providers in an effort to provide assistance in applying for SSI and other benefits for the ADS and dually diagnosed populations.
10. Identify ways in which transportation assistance can be provided to clients seeking employment and housing.
11. Explore opportunities for centralized housing search assistance for the San Diego ADS and dually diagnosed populations in an effort to assist providers as they locate and secure safe and affordable housing for their clients.
12. Work with the County to review the housing categories in the ADS Data Book and explore the feasibility of incorporating categories that correspond to those used in the HUD Homeless Management Information System (HMIS) in an effort to gather additional information on the housing and income status of the ADS population.

The results of our research and focus group findings suggest that there is a vast network of service and housing programs in San Diego that can be better aligned to provide housing and services in a coordinated manner to the ADS and dually diagnosed populations. There is a need for further research on the relationship of individuals on opiate medications and the appropriateness of these medications in various housing settings. Additionally, there is a need for research on housing models and programs that allow for relapse and the outcomes of these programs. There appears to be a need for greater collaboration and coordination among the County of San Diego Behavioral Health Services and their contracted providers, and housing funders and providers including Sober Living Homes, Public Housing Authorities, local housing and community development departments, the Continuum of Care, and emergency, transitional, permanent supportive housing and affordable housing providers in an effort to help address the unmet housing and services needs of the ADS and dually diagnosed populations.

Appendices

- A: List of Stakeholder Participants
- B: Detailed Summary of Focus Groups
- C: Housing Inventory
- D: Glossary

APPENDIX A:
List of Stakeholder Participants

List of Stakeholder Participants**Residential Treatment Focus Group**

John Oldenkamp	County Behavioral Health Services
Denise Wagner	McAlister
Stephanie Sobka	Turning Point Home
Barron Wright	The Fellowship Center
Frank Tucker	The Way Back
Chris Mueller	Stepping Stone
Lavonne Casillas	Alpha Project
Dwain Rogers	Amity Foundation
Mark Faucette	Amity Foundation
Susan Hammond	Volunteers of America
Denise Shannon	Volunteers of America
Rick Shaplin	Freedom Ranch
Cecily Thornton-Stearns	County Behavioral Health Services
Shellie Bowman	Veterans Village San Diego
Carlos Benitez	County Behavioral Health Services
Kevin Suratt	CRASH, Inc.
Gary Parker	CRASH, Inc.
Kim Dodson	County Behavioral Health Services
Debbie Malcarne	County Behavioral Health Services

Sober Living Home Focus Group

Peter Bcunzelle	By the Sea
Joanne Rust	A Better Place
James Fox	A Better Place
Donna Knowles	Casa Sober Lifestyle
Tom McSorley	San Diego Sober Living Coalition
Evans Formica	Fallbrook Sober Living
Todd Tanaka	Kaizen House
Mike Jordan	Kaizen House
Shane Liston	Amethyst Landing Normal Heights
Linda Telge	Acceptance Sober Living
Nerri Cooper	Predestined Ministries
Gonzalo De La Torre	By the Sea Recovery

APPENDIX B:

Detailed Summary of Focus Groups

**San Diego Sober Living Homes
Housing Focus Group
June 6, 2013**

On June 6, 2013, CSH conducted a focus group with sober living owners and managers that are members of the San Diego Sober Living Coalition. A total of eleven (11) sober living owners and managers representing eight (8) sober living homes attended the focus group. They were asked about the successes/challenges in owning and managing a Sober Living Home; the average length of stay of tenants; the type of housing that they feel is in greatest need for their tenants; sub-populations that there's a shortage of housing for; and their recommendations for improving the housing and services that their tenants receive. Below is a summary of their feedback.

1. What are your greatest successes/challenges in owning/managing a Sober Living Home?

Successes

- The San Diego Sober Living Coalition states that they have capacity for 700 persons per day between all the homes.
- One participant said they received a call from a person in the hospital who drank all their adult life and was homeless. The damage from alcohol was apparent. Yet in their home, the client remained sober for 60 days was very grateful for their sobriety.
- The San Diego Sober Living Coalition has recently placed an emphasis on mental health, collaborating with County funded programs such as the Gifford Clinic at UCSD. They have created a shared document and message board for exchanging information.
- Many of the participants agreed that there should not be a competition between sober living homes, but instead they can all share resources. The Sober Living Coalition comes together to find strength and collaboration.
- One of the participants commented that 90% of those who own sober living homes are themselves former addicts. As a result, as fellows in recovery, they provide housing for others. They lift people up and encourage them to get back on their own two feet. They said that they feel misunderstood by the community when there's a perception that they're only out to make money. They said that there are places that may just want to earn profit and mismanage the home, but for the most part, sober living providers are coming together to help others in the community.
- Many of the providers agree with the therapeutic value of one addict helping another. "That's how I stay sober."
- One provider entered a sober living program when he was 40 yrs. old. Because of the little help he got from the state, he was able to provide a bed for himself for three months. He got his high school diploma and became a certified recovery coach. He is now a productive member of society. The focus of their sober living home is to help

individuals, because they know their pain and suffering. The residents need a glimmer of hope to reach out and ask for a better way. He hopes to communicate better with the County so they understand what sober living programs are about.

- One participant told a story of a man who spent 35 years living behind dumpster, and came in toothless. This client has been sober ever since he came, and reconnected with family and grandchildren. He was referred to the sober living home.
- Creating a community, educating the community, social gatherings

Challenges

- Several owners felt that it was challenging to find tenants and to get the word out that they have rooms available. They hear in the community that there are no beds available, yet they have openings in their homes.
- Transition to “real-life” after sober living.
- Relapse.
- Staying full with women that have a means of income.
- Costs for those who cannot afford their own housing.
- Funding for underprivileged.
- Some owners found it challenging to provide housing to individuals with co-occurring disorders. They felt that it would be helpful to have more knowledge/connection with mental health services that are available to their tenants. Some owners specifically noted difficulty in handling tenants experiencing suicidal thoughts.
- One owner commented: “Sometimes when people are pursuing sobriety, there is more emotional baggage that comes out.”
- For dually diagnosed populations, the government could not afford mental health institutions so they’re on the streets. It is difficult to deal with bipolar population.
- One individual noted that there is a lack of awareness and understanding of sober living homes. They believe that government entities are not collaborating with sober living providers.
- In cases where mental health treatment is required, the County mental health services may not have the capacity to help a client past three days. So they return to the sober living home with severe mental health issues without a high level of care.
- One participant commented that co-occurring disorders often are not diagnosed. Some health clinics require copays that sober living residents may not be able to afford.
- Several owners noted that it’s difficult for them to provide housing to homeless individuals with no income or limited income such as General Relief.
- One of the participants operates a sober living home that is owned by a church and the church subsidizes the rent for tenants without any income. Approximately 75% of their residents come in with no income.

- Several of the participants agreed that negative stories about sober living homes come from those who are outside the Coalition. One participant stated that within the Sober Living Coalition, they have high standards.
- A few of the owners expressed that they have challenges with tenants that are on Suboxone. They don't feel that they are equipped to handle tenants that are on this drug due to the negative side effects such as night sweats, night terrors, kicking, etc. They felt that it negatively impacts the environment for other tenants. Patients who are detoxing from Suboxone need to be monitoring their progress carefully, with releases signed with doctors/therapists to make sure they're on track. Many sober living providers don't accept persons with Suboxone. Sober living homes need to cultivate relationships with healthcare providers to plan for the transition period. They have tried to accommodate a few that have worked well, but for the most part but this particular drug is difficult to wean.

2. How are individuals referred to your housing (e.g. supportive service agencies, residential treatment, self referral, etc.)?

- Some providers are receiving referrals from Mesa Vista and other rehab centers.
- Several providers say that they receive referrals from "word of mouth".
- Internet, Craigslist
- Meeting announcements
- Sobering Living Network website
- Veterans Affairs
- Grossmont Hospital
- Kiva (Lemon Grove)
- Self-referral (at AA meetings)

3. What is the average duration of stay for your tenants?

- There is no limit on the length of stay in sober living homes. The length of stay for sober living tenants can be as short as one month to several years. For some tenants, sober living homes provide a temporary need but for others it is their "home" and they may plan on staying there forever.
- Durations that were mentioned include, 1 – 2 months, 3 – 6 months, and 2 ½ years
- Some people only stay one month due to a warrant that they're taking care of.
- One provider asks for a 6-month commitment. Coming out of 2nd month going into 3rd month, the provider helps the resident put a resume together and look for work. Residents are often with them a year or longer, then getting employment. Some of them leave with roommates in own apartment.

- Some residents stay long-term because they don't want to live alone. This is their home because they want to stay in a sober environment.
 - One provider with a full house says some residents have been there for 1-3 years.
 - Most of the providers say there no time limit for residents as long as they're able to grow and it's good for the community. One participant tells the residents: "This is a phase, not your final destination." They are there to offer the hope of recovery.
- 4. When tenants leave your housing, where are they typically exiting to (e.g. independent housing, family/friends, other sober living home, homelessness, etc.)?**
- Family
 - Sober roommate
 - Friends
 - Other sober living homes
 - Assisted Living
 - Independent housing
 - Some relapse and become homeless
- 5. For tenants that are ready for independent housing, what challenges do they encounter in trying to locate and secure safe, affordable housing?**
- Negotiating with family, bad relationship/communication skills
 - Housing Search
 - Jobs
 - Housing Affordability
- 6. What type of housing do you feel there's the greatest need for your tenants (e.g. short-term rental subsidy programs, long-term rental subsidy programs, permanent supportive housing, affordable housing, Board & Care, etc.)?**
- Many of the participants felt that there was a need for housing for homeless individuals who have no income. Most of the participants agreed that a short-term rental assistance program would be beneficial for those individuals who need some assistance while they are seeking employment or benefits. Some participants felt that there is also a need for long-term rental assistance for some individuals.
 - Several participants said there is a need for short term rental assistance
 - Several participants advocated for long-term rental assistance
- 7. Are there certain sub-populations (e.g. women w/children, LGBT, dually diagnosed, etc.) that you feel there's a need for additional housing options?**

- The majority of participants felt that there was a need for more housing options for the following sub-populations: women with children, men with children, LGBT, dually diagnosed, and the ADS population that is struggling with sobriety and is in need of housing that allows for relapse.
- Other populations with unmet housing needs included the undocumented population and individuals with eating disorders.
- Many expressed the lack of housing for single parents with children. Kiva is only place that takes a woman with a child. Salvation Army and St. Vincent's have waiting lists.
- Single rooms or one-bedroom apartments are usually shared by two residents. So a parent with children needs to pay price of two residents. Some of the sober living managers work with people on the rental fees, and they try to help those in need.
- One participant stated that some clients who cannot pay for housing are in limbo, going back to hospitals and ERs. They expressed a need to prevent that from happening while many sober living homes have vacancies.
- Most addicts who come into sober living environments are willing to quit but some are not ready.

8. What are your recommendations for improving the system for your tenants in terms of housing?

- A few participants recommended more funding from the county for low-income persons on limited basis, offering short-term rental assistance that helps pay for rent until they get other income or benefits. One owner says they see a lot of people who only need a month of residency to put a resume together and find a job.
- For sober living homes to be a resource for the County, they need to address a portion of the population that has no resources. When some clients hit bottom, they have no funding/insurance. One recommendation was to set up a County program that provides funding to help those needing recovery from drug/alcohol issues.
- Sober living homes are not dependent on any public assistance like permanent supportive housing. A few participants requested short-term funding to help people get stabilized for a short period of time.
- Having a web site with roommates looking for other roommates with a disability.
- Communicate what services are available and where.

9. Other thoughts? Recommendations?

Following were the comments made by owners and managers when we asked for their recommendations:

- One participant noted that they have housing available, but they don't have the services.

- A few participants would like increased coordination with the medical and behavioral health community so that there is better medication management for their tenants.
- There are a lot of resources for food, but they need assistance with transportation (bus passes are expensive). Parolees and persons in the probation system should receive reduced fee passes.
- Food stamps are more difficult to obtain.
- Life skills training.
- Certifications for owners/managers.
- Veterans Affairs support.
- Need affordable psychiatric support.

**ADS Residential Treatment Providers
Housing Focus Group
June 12, 2013**

On June 12, 2013, CSH conducted a focus group with County-contracted Residential Treatment Providers. A total of 14 individuals representing 11 organizations which included the following: McAlister Institute, Turning Point Home, The Fellowship Center, The Way Back, Stepping Stone, Alpha Project, Amity Foundation, Volunteers of America, Freedom Ranch, Veterans Village of San Diego and CRASH, Inc. They were asked about the housing options available to their clients after they leave treatment, how the program assists them with securing housing, challenges that they encounter in securing housing for their clients, housing resources that they use, greatest housing needs, and sub-populations that there's a shortage of housing for. Below is a summary of their feedback.

1. After clients exit your treatment program, where are many of them exiting to (sober living, their own apartments, returning to family/friends, homelessness, etc.?)

- The participants indicated that after their clients exit treatment they go to transitional housing, sober living, shared roommate situations, family/friends, and some end up homeless. Participants spoke largely about transitional housing and sober living housing options.
- A few participants said their clients would exit to transitional housing in a sober living environment, where the maximum stay was anywhere from three months to two years.
- Several participants said that their clients exited to sober living homes. Some treatment facilities helped match the clients with roommates, employment opportunities, and alumni groups.
- One organization had connections with the County-funded Section 8 program through the Continuum of Care, where their clients have priority upon graduation.
- One participant said that their dual diagnosed clients would get housing through IMPACT or Shelter Plus Care. Or they would go to Pathfinders for one to two months for assessment.
- One organization exited clients from 10-day detox to further treatment (6-9 month programs) such as Fellowship House, Kiva, etc.
- One program said that clients need to have \$1,500 in the bank upon exit, and they would start saving from day one.

2. For clients that are homeless or low-income and in need of affordable housing, do you assist them with locating and securing housing?

- All of the participants indicated that they assist clients with locating and securing housing prior to exiting treatment.
- One organization started assessment two months before the clients' exit date.
- One program would refer their clients to the PATH program.
- Some programs focused on job skills and housing placement.
- One program had clients who were working full-time upon exit, and they would usually leave to a roommate situation or back to family. Some clients had to report to their probation officer.
- Often there is a waiting list and no place to go. Sometimes the program would let them stay longer. They especially had difficulty locating sober living houses for women with children.

3. What challenges do you encounter in trying to locate and secure safe, affordable housing for your clients?

- Barriers that participants noted include: lengthy waiting lists, lack of knowledge of housing resources, difficulty navigating the system, credit and criminal background checks, and lengthy process for obtaining SSI benefits.
- The majority of participants felt that there was a need for more housing options for the following sub-populations: women with children, men with children, families with children, women/men/families with older children (10 years old+), LGBT, dually diagnosed, reentry, adults with medical needs, transition age youth (18-24 years) and those exiting the foster care system, older adults (55 years old+), and female veterans.
- Many participants expressed difficulty in locating sober living homes for single women or single men with children, especially if children are older than 14 years old.
- A few participants mentioned that housing for age 55 years and older and elderly populations was challenging.
- There are limited options for people with significant physical disabilities who are unable to work
- Many providers found there were lengthy waiting lists, even for veterans.
- A few participants expressed that there is lack of skills and knowledge about housing programs. They need training on how to navigate the system and identify resources
- A few participants said they encountered barriers when clients are trying to pass a credit check or criminal background check.
- One participant mentioned that specific drug charges that eliminate you from eligibility for certain programs.
- One participant said that waiting for social security could take up to two years, and those clients end up going to a crisis center or shelter.

4. What housing resources do you currently use to referral individuals to (e.g. types of housing, housing directories, etc.)? What particular programs do you referral individuals to?

- The primary housing resource noted was word of mouth. Other resources mentioned include 211, Reentry Roundtable Directory, Townspeople, and the California Association of Addiction Recovery Resources (CAARR). Participants expressed a need for additional housing resources including directories.
- Multiple providers said they use word of mouth and referrals to identify safe places for their clients.
- One participant said identifying housing is “hit or miss – for a period of time there are openings, but then funding dries up. It’s cyclical.”

5. What are your greatest housing needs (e.g. need more information on housing programs/resources, lack of affordable housing, etc.)?

- The greatest housing needs that were identified included: transportation for clients getting to/from appointments, moving assistance, staff time/resources in getting clients to/from housing appointments and completing housing applications, assistance with security deposits/first month’s rent/utility deposits, etc., lack of affordable housing, and waiting lists.
- Clients with financial, physical, or psychiatric limitations often have difficulty getting to interviews. Some housing applicants cannot read or write and need help completing applications.
- With the shortage of housing options, there is competition for housing openings.
- Some expressed a desire for one universal housing application.
- Previously there were treatment reentry houses for post-recovery while clients were still connected to the program. Now these are sober living homes which may or may not be connected to treatment programs.
- A participant working with justice system clients expressed concern for those who are homeless or at risk of homeless and have been on parole. They should be able to access an immediate housing situation. Due to the State’s Realignment, people will be discharged from probation after a year. The majority of people will not be eligible for supportive services as they were in the past, as they are only funded while they’re on supervision.

6. What type of housing are you most in need of for your clients (e.g. transitional housing, short-term rental subsidy programs, long-term rental subsidy programs, permanent affordable housing, Board & Care, Sober Living, etc.)?

- Participants indicated that they are in need of a variety of housing for their clients including: housing for individuals with a higher level of medical and/or psychiatric needs, Board and Care homes, short-term rental assistance, long-term rental assistance, housing for homeless especially in North County, and more residential treatment facilities.
- Some may need board and care if they have serious medical conditions, otherwise they may relapse and not be able to live on their own
- One program had referrals from prisons where clients have had medical issues such as diabetes or heart surgery, and were waiting on social security. They need a higher level of care than what the treatment facilities can provide. There is a need for supportive services tailored to needs of client, including medical and psychiatric care.
- A few participants pointed out the need for short-term assistance (up to 6 months). Clients may not have enough money to cover food, transportation, or utilities. They're on their way toward independence, but still need some support.
- One provider operating in North County expressed a need for housing for homeless persons who don't have money. The provider believes that downtown San Diego has more to offer in terms of homeless services and housing.
- One person said that clients' living situations may be difficult, and they return to drug/alcohol use.
- A few participants expressed the need for long term subsidies, so people don't lose their support.
- Many of the residential treatment providers believe clients need to first go to treatment, then to sober living. They feel that people often bypass treatment because there are fewer rules. Sober living facilities operate independently, and some don't require treatment.
- One participant noted that most sober living homes affiliated with Freedom Ranch have the requirement that clients first go through treatment.
- On the other hand someone pointed out that we don't have enough residential treatment facilities to support everyone. So some may choose a sober living program that helps the clients without requiring treatment. There are also outpatient programs that help people succeed in a clean and sober environment.
- One participant noted, "You're not allowed to have rules in sober living because it's not licensed."

7. Are there certain sub-populations that you have more difficulty locating housing for?

- Participants noted challenges in locating safe affordable housing for the following subpopulations: women/men with children and especially when the children are

older (10 years old+) as some programs prohibit older children, adults with significant disabilities who are unable to work, and older adults (55 and over).

- There is a need for family housing.
- Participants had difficulty locating housing for Transition Age Youth (single individuals age 18-24) and foster youth aging out of system.
- Other populations that have difficulty locating housing include the prison reentry population, persons with mental health disorders, LGBT populations, and female veterans.

8. What are your recommendations for improving the system for your clients in terms of housing?

No responses were received

9. Other thoughts? Recommendations?

- Freedom Ranch has two apartment buildings in El Cajon. All the managers are former Freedom Ranch clients and they only take graduates from Freedom Ranch. The program works very well and they have a partnership with Pathfinders.

Consumer Housing Focus Group
Vista, CA
June 26, 2013

On June 26, 2013, CSH conducted a focus group with individuals who were in recovery and were living in a variety of housing situations including residential treatment, sober living homes, independent living or living with family. A total of eight (8) individuals participated in the focus group that was held in Vista, CA. They were asked about their satisfaction with their current housing accommodations; challenges in locating and securing safe affordable housing; and recommendations for improving the system in terms of services and housing. Below is a summary of their feedback.

1. Are you satisfied with your current housing accommodations?

- Most of the participants expressed dissatisfaction with their housing, particularly because they had too little, or no, privacy in their current accommodations.
- Individuals in the group seemed frustrated by the absence of housing options for themselves and others in similar circumstances.
- For some, their responses suggested hopelessness about having adequate affordable housing to go to when they finished their program at Amity.
- Some married couples were living apart from their spouses since the sober living homes were segregated for men and women. They said they'd prefer to be together if they had an affordable option.
- One respondent said that housing is linked to some of the opportunities that are opening to him, for example, as part of an apprenticeship, and he wants to take advantage of those.
- Below are some specific comments regarding housing:
 - *"I'm not satisfied with my living situation (living w/ family) since it means not having my privacy or being independent."*
 - *"I moved out of here to a room in someone's house. It's all I can afford."*
 - *"I'd prefer to have choices of independent living with some sort of assistance to make it affordable."*
 - *"The only housing I can afford is a room in the ghetto. I'd prefer a place of my own in a different area."*
 - *"There's not much privacy but I can't move. I need a job to get my own place. The next step would be renting a room."*

2. What challenges do you encounter in trying to locate and secure safe affordable housing?

- Being unable to afford the rent was the biggest barrier expressed by respondents, especially those who had no job. But even those who were working said it was difficult to find affordable homes in areas where they want to live.
- Other challenges included:
 - Having funds needed for security deposit and move-in
 - Having poor credit history
 - Large student loan debt
 - Having arrest records or criminal experience that landlords do not want
 - Long wait lists for affordable housing and Section 8
 - Lack of transportation
- Specific comments include:
 - *“People like us don’t have the best credit. You need that to get someone to rent to you.”*
 - *“Apartments want your salary to be two or three times the rent to able to live there.”*
 - *“Where do we go when we leave here? Are we homeless? There aren’t any options for people like us.”*
 - *“Most of us don’t have the best credit. Sometimes that is a huge barrier in itself.”*
 - *“Even when I had the money, I couldn’t get an apartment because they looked at my background.”*
 - *“Transportation is also a challenge. I didn’t want to get a car but I need one to get to work. I went to job interviews on the bus – sometimes two or three a day.”*
 - *“I got a debit card and I’m using that to rebuild my credit.”*
 - *“I have a job now but I still can’t afford \$900/month for an apartment. I found a room for \$400, the same as Sober Living, but it is in the ghetto.”*

3. What programs or resources do you rely on to locate and secure housing?

- Participants seemed to have little idea about how to find affordable housing and they were very eager for more information on available resources and programs that might assist them. They were generally unaware of how affordable housing programs and Section 8 works.
- One consumer said she relies on her case manager for assistance and one said he’s been searching Craig’s List and other resources on the internet.

4. Do you have any recommendations for improving the system in terms of housing?

- Participants wanted direction and a better understanding of possible resources. They do not know where to go for help but they know that without it, it will be difficult – if not impossible – to find alternative housing.

- When asked what would make it easier to access housing, they said:
 - Having a better understanding of how housing programs work.
 - Having lists of resources on where to go and to learn how to access affordable housing and housing programs.
 - Providing assistance in cleaning up credit and background reports to get through the application process more successfully.
 - Having a list of people willing to rent a house to a group of people or a family would be helpful.
 - Providing a shuttle service to get to interviews, housing, and jobs.
- Specific comments include:
 - *“Getting into housing needs to be quicker.”*
 - *“I heard that there are ways to get to the top of the Section 8 waitlist. How do you do that? I can’t wait eight years for my number to come up.”*
 - *“Follow-up calls to those on waiting lists would be helpful. You’d know where you are on the list or, if you no longer need housing you could get off and make a place for someone else.”*

5. Do you have any recommendations for improving the system as it relates to alcohol or drug services?

- Respondents talked about the need for housing programs for pregnant women once they have their babies. They said these women often must leave their current housing because children are not permitted there.
- One person said, *“They come from ‘Drug Court’ and do all the work needed to get back on track then they have to leave when the baby comes.”*
- One respondent said that program staff should be on top of those who are not following the rules or who relapse in order to give sober families a chance to participate.

APPENDIX C:

Housing Inventory



***San Diego County Health and Human Services Agency
Adult/Older Adult Behavioral Health Services
Housing Inventory***

The Housing Inventory is a compilation of emergency, transitional, and permanent housing, along with residential treatment and sober living homes. The Housing Inventory is a list of housing that is made available to persons with mental illness or persons in recovery from substance use addiction. Some of the housing is dedicated to these individuals but much of the housing is available, but not necessarily dedicated, to these individuals. Please note that this list is not meant to be comprehensive but is meant to provide mental health and substance use service providers with a list of housing that may be available to their clients.

Emergency Shelter

For emergency shelter beds and availability, please contact 211 San Diego by dialing 2-1-1 or online at 211sandiego.org.

Licensed Board & Care

For listings of Licensed Board and Care facilities, please contact 211 San Diego by dialing 2-1-1 or online at 211sandiego.org.

Independent Living Homes

For listings of Independent Living Homes, please visit the ILA Independent Living Association, at ilasd.org or by calling (858) 609-7960.

Affordable Housing

For listings of Affordable Housing units, please visit the San Diego Housing Federation at housingsandiego.org/what-is-affordable-housing/where-do-you-find-it.

Sober Living Homes

For Sober Living Homes listings, please visit the following organizations:

- San Diego Sober Living Coalition - sdscl.org
- California Association of Addiction Recovery - caarr.org
- The Sober Living Network - soberhousing.net/san-diego-sober-living.html

The County of San Diego Health and Human Services Agency, Behavioral Health Services Administration has produced the Housing Inventory (in collaboration with CSH and the San Diego Housing Federation) as a service to the community. The County does not endorse any of the housing programs listed. If you have any questions about the Housing Inventory or are aware of information contained in the Housing Inventory that you believe to be incorrect, please contact the Corporation for Supportive Housing at (619) 232-1982.



San Diego County Health and Human Services Agency

Adult/Older Adult Behavioral Health Services

Housing Inventory



Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
<u>EMERGENCY HOUSING</u>								
<i>Central Region</i>								
Catholic Charities	Rachel's Night Shelter	Homeless Women	Case Mgmt	798 9th Avenue	San Diego	92101	Central	(619) 696-0873
Community Research Foundation	Jay Barreto Crisis Center	Men/Women w/ SMI	Severely Mentally Ill	2865 Logan Ave.	San Diego	92113	Central	(619) 232-4375
Community Research Foundation	Vista Balboa Crisis Center	Men/Women w/ SMI	Severely Mentally Ill	545 Laurel St.	San Diego	92101	Central	(619) 233-4399
Community Research Foundation	New Vistas Crisis Center	Men/Women w/ SMI	Severely Mentally Ill, Substance use	734 10th Ave.	San Diego	92101	Central	(619) 239-4663
Ecumenical Council of San Diego (ECSD)	Interfaith Shelter Network: Rotation Shelter- Claremont/KM	Singles, Couples and families	Work w/ social service agency	1880 3rd Avenue #13	Varies	92101	Central	(619) 702-5399
Ecumenical Council of San Diego (ECSD)	Interfaith Shelter Network: Rotation Shelter- SD Beaches	Singles, Couples and families	Work w/ social service agency	1880 3rd Avenue #13	Varies	92101	Central	(619) 702-5399
Ecumenical Council of San Diego (ECSD)	Interfaith Shelter Network: Rotation Shelter- SD Inland	Singles, Couples and families	Work w/ social service agency	1880 3rd Avenue #13	Varies	92101	Central	(619) 702-5399
Ecumenical Council of San Diego (ECSD)	Interfaith Shelter Network: Rotation Shelter- South Bay	Singles, Couples and families	Work w/ social service agency	1880 3rd Avenue #13	Varies	92101	Central	(619) 702-5399
San Diego Rescue Mission	Nueva Vida Haven	Women & Women w/children (under 16)	None	120 Elm Street	San Diego	92101	Central	(619) 819-1844



San Diego County Health and Human Services Agency

Adult/Older Adult Behavioral Health Services

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Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
YWCA of San Diego County	Becky's House Emergency Shelter	Women, Women w/children & DV	Counseling groups, individual sessions, case mgmt.	P.O. Box 126398 OR Admin. Office: 1012 C Street, San Diego 92101	San Diego	92101	Central	24 hr. DV hotline: (619) 234-3164 OR Admin. Office: (619) 239-0355
East Region								
Community Research Foundation	Halcyon Crisis Center	Men/Women w/ SMI	Acute Mentally Ill	1664 Broadway	El Cajon	92021	East	(619) 579-8685
East County Transitional Living Center, Inc.	East County Transitional Living Center	Men, Women & Families	Case Mgmt, AA prog, Anger Mgmt sessions	1527 E. Main St.	El Cajon	92021	East	(619) 442-0457
Volunteers of America	Carlton G Luhman Center - Families	Men	General homeless & Mentally Ill	290 S. Magnolia Ave.	El Cajon	92020	East	(619) 447-2428
North Central Region								
Center for Community Solutions (CCS)	Project Safehouse	DV Victims and Sexual Assault Victims, Elder use	No	4508 Mission Bay Drive	San Diego	92109	North Central	(619) 631-6442
North Coastal Region								
Bread of Life, Inc.	Bread of Life Rescue Mission	Homeless	Homeless	1919 Apple Street	Oceanside	92054	North Coastal	(760) 521-8722
Catholic Charities	La Posada De Guadalupe	Homeless Men	Case Mgmt	2478 Impala Drive	Carlsbad	92010	North Coastal	(760) 929-2322
Community Research Foundation	Turning Point Crisis Center	Men/Women w/ SMI	Severely Mentally Ill	1738 South Tremont St.	Oceanside	92054	North Coastal	(760) 439-2800
McAlister Institute	Todd House	Men	Homeless housing, substance use detox	2821 Oceanside Blvd.	Oceanside	92054	North Coastal	(760) 721-2781
Operation Hope	Vista Winter Shelter	Women & Families		123 West Orange Street	Vista	92083	North Coastal	(760) 536-3880



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Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
Women's Resource Center	Transition House-Alternative Program	Men/Women/Families		1963 Apple Street		92054	North Coastal	(760) 757-3500
North Inland Region								
Center for Community Solutions (CCS)	Hidden Valley House Shelter	Men/Women w/Domestic Violence & Sexual Assault	Domestic Violence & Sexual Assault	240 South Hickory Drive	Escondido	92025	North Inland	(760) 480-0055
Interfaith Community Services	Recuperative Care	Veterans & Non-Veterans recovering	Women & Men w/ severe illness	550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 489-6380
South Region								
Community Research Foundation	Isis Center	Men/Women w/ SMI	Severely Mentally Ill	892 27th St.	San Diego	92154	South	(619) 575-4687
South Bay Community Services	Casa Nueva Vida	Homeless Families		430 F Street	Chula Vista	91910	South	(619) 420-3620
<u>TRANSITIONAL HOUSING</u>								
Central Region								
Big Sister League of San Diego, Inc.	Big Sister League of San Diego, Inc.	Women w/Mental Illness	No	115 Redwood Street	San Diego	92103	Central	(619) 692-1485
Catholic Charities	House of Rachel	Homeless Women, ages 50 and older	Case Mgmt	Undisclosed	San Diego	92103	Central	(619) 231-2828
Episcopal Community Services	Uptown Safe Haven	Men/Women	Severely Mentally Ill; Case Mgmt, counseling to permanent housing	2822 5th Ave.	San Diego	92103	Central	(619) 294-7013
Episcopal Community Services	Downtown Safe Haven	Men/Women	Severely Mentally Ill; Case Mgmt, counseling to permanent housing	1425 "C" St.	San Diego	92101	Central	(619) 955-8217
San Diego Rescue Mission	Men's Center	Homeless Men	Drug & Alcohol classes, Bible Study, Therapy	120 Elm Street	San Diego	92101	Central	(619) 687-3720



San Diego County Health and Human Services Agency

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Housing Inventory



Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
San Diego Rescue Mission	Women's & Children Center	Homeless Women & Women w/children (under 12)	Drug & Alcohol classes, Bible Study, Therapy	120 Elm Street	San Diego	92101	Central	(619) 687-3720
St. Vincent de Paul Village	Paul Mirabile Center	Men/Women	Yes	1501 Imperial Ave.	San Diego	92101	Central	(619) 233-8500
St. Vincent de Paul Village	Bishop Maher Center: Men's Fresh Start	Men	Yes	1501 Imperial Ave.	San Diego	92101	Central	(619) 233-8500
St. Vincent de Paul Village	Joan Kroc Center: Women's Program	Homeless Women	Yes	1501 Imperial Ave.	San Diego	92101	Central	(619) 233-8500
St. Vincent de Paul Village	Joan Kroc Center for Families	Homeless Families w/children	Yes	1501 Imperial Ave.	San Diego	92101	Central	(619) 233-8500
St. Vincent de Paul Village	Josue Homes	Men/Women w/HIV/AIDS	Yes	5120 70th Street	San Diego	92115	Central	(619) 233-8500
St. Vincent de Paul Village	S.T.E.P. for Single Women	Homeless Women	Yes	1501 Imperial Ave.	San Diego	92101	Central	(619) 233-8500
St. Vincent de Paul Village	Family Living Center	Homeless Families w/children	Yes	1501 Imperial Ave.	San Diego	92101	Central	(619) 233-8500
The Salvation Army	The Haven	Homeless Families w/children		726 "F" Street	San Diego	92101	Central	(619) 231-6030
The Salvation Army	S.T.E.P.S.	Homeless Men	AA meetings, anger mgmt.	825 Seventh Avenue	San Diego	92101	Central	(619) 699-2238 OR (619) 699-2222
The Salvation Army	Adult Rehabilitation	Men/Women	Substance Use Treatment	1335 Broadway	San Diego	92101	Central	(619) 239-4037
United States Mission	Men's Shelter	Homeless Men & Women	No	237 Quail Street	San Diego	92102	Central	(619) 263-7003
Vietnam Veterans Village of San Diego	Mahedy House	Men/Women	SMI, Substance use	866 24th St.	San Diego		Central	(619) 393-2000



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Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
Young Men's Christian Assoc. (YMCA)	Turning Point Transitional Living	Youth, Men/Women ages 16-21 (with or without children)	Semi-supervised living; Case mgmt., employment & educational assistance; aftercare support	4145 Swift Ave., Suite 2	San Diego	92104	Central	(619) 640-9774
YWCA of San Diego County	Becky's House Transitional Housing Program	Single Women, Women w/ Children & DV	Counseling groups, individual sessions, case mgmt.	1012 C Street (Administrative Office)	San Diego	92101	Central	(619) 234-3164 OR Admin. Office: (619) 239-0355
YWCA of San Diego County	Cortez Hill Family Center	Families ONLY	Counseling groups, individual sessions, case mgmt.	1012 C Street	San Diego	92101	Central	(619) 239-0355 x301
YWCA of San Diego County	Passages	Single women, DV victims		1012 C Street	San Diego	92101	Central	(619) 239-0355
East Region								
Crisis House	Bridges to Independence: Disabled Adults	Men/Women w/disabilities & homeless	Case mgmt., counseling, career exploration	1034 North Magnolia	El Cajon	92020	East	(619) 444-1194 x310
Crisis House	New Journey: Domestic Violence Program	Homeless Women/ DV Victims	Case mgmt., clinical counseling	1034 North Magnolia	El Cajon	92020	East	(619) 444-1194 x320
Crisis House	FOCUS (Family Opportunity Consortium of SD)	Homeless Families	Weekly case mgmt., psycho-social assessment	1034 North Magnolia	El Cajon	92020	East	(619) 444-1194 x303
East County Transitional Living Center, Inc.	East County Transitional Living Center	Men, Women & Families	Case Mgmt, AA prog, Anger Mgmt sessions	1527 E. Main St.	El Cajon	92021	East	(619) 442-0457
Volunteers of America	Carlton G Luhman Center: Disability Program	Adults w/Disabilities & Veterans	SMI	290 S. Magnolia Ave.	El Cajon	92020	East	(619) 447-2428
Volunteers of America	Shelter Plus Care-Elderly	Adults w/Disabilities, 55 years and older	SMI	290 S. Magnolia Ave.	El Cajon	92020	East	(619) 447-2428
Volunteers of America	Shelter Plus Care Young Adult	Disabled Young Adults, 18-24 years old	SMI	290 S. Magnolia Ave.	El Cajon	92020	East	(619) 447-2428
North Central Region								



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Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
Center for Community Solutions (CCS)	Next Step (EAST)	DV Victims singles or w/ children	No	4508 Mission Bay Drive	San Diego	92109	North Central	(619) 631-6442
Interfaith Shelter Network	El Nido	DV Victims	Confidential and Secure location; Fully furnished apartments	Confidential. Office hq: 3530 Camino del Rio North, Suite 301	San Diego	92108	North Central	(619) 563-9878 OR (619) 702-5399
San Diego Youth Services	Take Wing	Youth 16-24	None	3255 Wing Street	San Diego	92110	North Central	(619) 221-8600 x2254
The Salvation Army	Door of Hope Transitional Living	Homeless Women & Children		2799 Health Center Dr.	San Diego	92123	North Central	(858) 279-1100
North Coastal Region								
Community Housing Works	CENTRO	Adults, Families w/children	General Aid to families	1820 S. Escondido Blvd.	Vista	92083	North Coastal	(760) 432-6678 x5470
Community Research Foundation	Casa Pacifica	Men/Women w/ SMI		321 Cassidy Avenue	Oceanside	92054	North Coastal	(760) 721-2171
Interfaith Community Services	Oceanside Veteran Apartments	Men/Women, Veterans	Veterans recoup program	2195 Oceanside Blvd.	Oceanside	92054	North Coastal	(760) 489-6380 OR (760) 721-2117
McAlister Institute	HUD Sober Living	Men	Homeless housing, substance use detox	2821 Oceanside Blvd.	Oceanside	92054	North Coastal	(760) 721-2781
North County Solutions for Change	Intake Access Center	Families	Case mgmt., but most services offered off-site	890 East Vista Way	Vista	92084	North Coastal	(760) 941-6545
North County Solutions for Change	Solutions Family Center	Families	Case mgmt., food pantry	722 West California Ave.	Vista	92083	North Coastal	(760) 941-6545
North Inland Region								
Interfaith Community Services	Tikkun Home	Women w/Mental Illness	Women w/ Mental illness	550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 520-8306
Interfaith Community Services	Corinne's Cottage	Women w/Mental Illness	Women w/ Mental illness	550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 489-6380



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Interfaith Community Services	Men's Shelter	Men w/Mental Illness	Men w/ Mental illness	550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 489-6380
Interfaith Community Services	Casaworks for Families	Women with Children		550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 489-6380
Interfaith Community Services	Aster Street Veterans Apartments	Veteran Men		550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 489-6380
Interfaith Community Services	Genesis I & II	Families w/children		550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 520-8306
Interfaith Community Services	Merle's Place	Men, Veterans	Veterans recoup program	550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 489-6380
Young Men's Christian Assoc. (YMCA)	Mary's House	Young Women 18-24	Semi-supervised living; Case mgmt., employment & educational assistance; aftercare support	4080 Centre, Suite 101	Escondido	92029	North Inland	(760) 746-1944
South Region								
South Bay Community Services	Victorian Heights	Homeless Women	Victims of Domestic & Substance use	430 F Street	Chula Vista	91910	South	(619) 420-3620
South Bay Community Services	Casas Seguras	DV Victims		430 F Street	Chula Vista	91910	South	(619) 420-3620
South Bay Community Services	Casas de Transition	Families w/children, DV or Homeless	Case mgmt., and counseling	430 F Street	Chula Vista	91910	South	(619) 420-3620
South Bay Community Services	Trolley Trestle	Families w/children		430 F Street	Chula Vista	91910	South	(619) 420-3620
The Trinity House	The Trinity House Transitional Living	Women w/children	No	416 National City Blvd. (Orgs. Office)	Chula Vista	91910	South	(619) 852-7828 OR (619) 507-9568
PERMANENT SUPPORTIVE HOUSING								



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Central Region								
Catholic Charities	Leah Residence	Women	Service Coordination, Special needs, formerly homeless services	798 9th Avenue	San Diego	92101	Central	(619) 696-8613
Community Housing Works	Alabama Manor	Seniors & Disabled	Disabled, dual diagnosis and AOD	3836 Alabama Street	San Diego	92104	Central	(619) 955-8075
Father Joe's Villages	Village Place	Homeless, Low-income individuals	Yes	32 17th Street	San Diego	92101	Central	(619) 687-1074
Father Joe's Villages	Villa Harvey Mandel Court	Homeless, Low-income individuals	Yes	72 17th Street	San Diego	92101	Central	(619) 687-1074
Father Joe's Villages	15th & Commercial	Homeless, Special Needs, Low-Income	Yes	1506 Commercial Street	San Diego	92101	Central	(619) 687-1074
Father Joe's Villages	16th & Market Street Apartments	Disabled Adults, Families w/disabled adult, Homeless	Yes	640 16th Street	San Diego	92101	Central	(619) 687-1074
Father Joe's Villages	Boulevard Apartments	Disabled Adults, Families w/disabled adult, Homeless	Yes	3137 El Cajon Blvd.	San Diego	92104	Central	(619) 687-1074
Housing Development Partners	The Mason	SMI, At-risk of homelessness	Assertive Community Treatment (ACT)	1345 Fifth Avenue	San Diego	92102	Central	(619) 546-7464
Karibu/Center for Social Support & Education (CSSE)	Fresh Start	Homeless w/HIV AIDS	Support group, keep track of activities (school, volunteering)	4535 30th Street, Suite 108	San Diego	92116	Central	(619) 325-2773
Mental Health Systems Inc.	Boston Villas	Men/Women w/MI	Severely Mentally Ill/ Dual Diagnosed	2909 Boston Ave.	San Diego	92113	Central	(619) 294-2058 OR (619) 685-9557
Pathfinders of San Diego Housing Inc.	Shelter Plus Care	Men	SMI, Substance Use Treatment	2621 University Ave. (Corporate Office)	San Diego	92104	Central	(619) 239-7370



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South Bay Community Services	La Posada	Homeless w/HIV, AIDS, MI		430 F Street	San Diego	92101	Central	(619) 426-2350
Squier Properties/ROEM Corporation	Cedar Gateway	Homeless individuals w/ SMI	Residents services are provided with social and educational classes. Assertive Community Treatment (ACT) provided by CRF.	1612 6th Avenue	San Diego	92101	Central	(619) 696-9421
Stepping Stone-San Diego Housing Commission	Our House-Shelter Plus Care-Sponsor	Men/Women	HIV/AIDS, Substance use	3768 Central Ave.	San Diego		Central	(619) 584-4011
The Association for Community Housing Solutions (TACHS)	Reese Village Apartments	Men/Women w/ disabilities	Any permanent disabling condition	4809 70th St.	San Diego	92115	Central	(619) 303-0766 OR (858) 277-3757
The Association for Community Housing Solutions (TACHS)	The Reverend Glenn Allison Apts.	Men/Women, Chronically Homeless/SMI	Severely Mentally Ill	5020 Federal Blvd.	San Diego	92101	Central	(619) 263-7321 OR (858) 277-3757
The Association for Community Housing Solutions (TACHS)	The Cove Apts.	All older Adults w/SMI	Mentally Ill Seniors	5288 El Cajon Blvd.	San Diego	92115	Central	(619) 550-5452 OR (858) 277-3757
The Center	Sunburst Youth Housing	Chronic Homeless Youth Ages 18-24	Case Mgmt	1640 Broadway	San Diego	92101	Central	(619) 692-2077 x125
Townspeople	34th Street	Men/Women, Homeless, SMI, Special Needs	Off-site referrals	4637 34th Street	San Diego	92116	Central	(619) 295-8802
Townspeople	51st Street	Men/Women, Special Needs	Off-site referrals	4242-4260 51st Street	San Diego	92115	Central	(619) 295-8802
Townspeople	Wilson Avenue Apartments	Adults & Families w/special needs	Off-site referrals	3845-3851 Wilson Avenue	San Diego	92104	Central	(619) 295-8802
Townspeople	Shelter Plus Care Sponsor Program	Men/Women/Families w/special needs	N/A	4080 Centre Street (Organization's Address)	San Diego	92103	Central	(619) 295-8802
East Region								



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Kurdish Human Rights Watch	Shelter Plus Care Refugee Watch	Families w/disability	No	1109 E. Washington Ave.	El Cajon	92019	East	(619) 447-9933
North Central Region								
Home Start	Maternity & Shelter Program	Pregnant, Parenting Women, Ages 18-24	Case mgmt., counseling, and parenting programs	5005 Texas Street	San Diego	92108	North Central	(619) 906-4401
Mental Health Systems Inc.	41st Street	Homeless, SMI, Substance use	Severely Mentally Ill/ Dual Diagnosed	Admin. Office: 9465 Farnham Street	San Diego	92123	North Central	(858) 277-1592
Mental Health Systems Inc.	Housing Plus Shelter Plus Care I+II	Chronic Homeless/Disabled	Severely Mentally Ill/ Dual Diagnosed	Program Offices: 474 West Vermont #104	San Diego	92123	North Central	(760) 432-9884
Mental Health Systems Inc.	Housing Plus Shelter Plus Care III	Chronic Homeless/Disabled	Severely Mentally Ill/ Dual Diagnosed	Program Offices: 474 West Vermont #104	San Diego	92123	North Central	(760) 439-6902
The Association for Community Housing Solutions (TACHS)	Shelter Plus Care-Paseo Glenn	Men/Women, Chronically Homeless/SMI	Severely Mentally Ill	1851-1865 Titus St.	San Diego	92110	North Central	(619) 501-6583 OR (858) 277-3757
North Coastal Region								
Community Housing Works	Marisol/Old Grove	Adults & small families	HIV/AIDS, Substance use	1820 S. Escondido Blvd.	Oceanside	92054	North Coastal	(760) 432-6878 x5506
North County Solutions for Change	Solutions Family Center	Families	Case mgmt., food pantry	722 West California Ave.	Vista	92083	North Coastal	(760) 941-6545
North Inland Region								
Community Housing Works	Las Casitas	Disabled Families with Children	Substance use (disability), CPS involved/Homeless	1820 S. Escondido Blvd.	Escondido	92025	North Inland	(760) 432-6878 x5470
Community Housing Works	Pine View Apartments	Men/Women/Disabled & Homeless Veterans	Homeless recovery and aid to disabled veterans	1820 S. Escondido Blvd.	Escondido	92028	North Inland	(760) 432-6878 x5470



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Community Housing Works	Avocado Court Apartments	Men/Women/Disabled & Homeless Veterans	Homeless recovery and aid to disabled veterans	1820 S. Escondido Blvd.	Escondido	92025	North Inland	(760) 432-6678 x5470
Interfaith Community Services	Shelter Plus Care-Sponsor Based	Men/Women/Families w/disabilities	Severely Mentally Ill	550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 520-8306
Interfaith Community Services	Shelter Plus Care Tenant Base	Men/Women, Families w/mental illness	Severely Mentally Ill	550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 520-8306
Interfaith Community Services	Raymond's Refuge	Older Adults, 55+		550 W. Washington Ave. Ste B	Escondido	92025	North Inland	(760) 489-6380
<u>OUTPATIENT CLINICS (HOUSING REFERRAL SITE)</u>								
<i>East Region</i>								
East County Mental Health	Shelter Beds-Extended Care	Men/Women	Homeless Severely Mentally Ill	1000 Broadway #210	El Cajon	92021	East	(619) 401-5500
North Central Mental Health Services	Shelter Beds-SD	Men/Women	Homeless Severely Mentally Ill	1250 Moreno Blvd.	El Cajon	92021	East	(619) 692-8750
<i>North Central Region</i>								
Bay Recovery	Bay Recovery	Men/Women w/substance use	No	4241 Jutland Drive, Suite 202	San Diego	92117	North Central	(858) 490-3460 or 800-314-2772
<i>North Coastal Region</i>								
North Coastal Mental Health Services	North Coastal Mental Health	Men & Women	Outpatient Referral Site	1701 Mission Ave.	Oceanside	92054	North Coastal	(760) 967-4475
<i>North Inland Region</i>								
North Inland Mental Health Services	North Inland Mental Health	Men/Women	Outpatient Referral Site	125 West Mission Ave., #103	Escondido	92025	North Inland	(760) 747-3424



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South Region								
McAlister Institute	Options South Bay Women's Recovery Center	Women w/children	Substance use Treatment	2414 Hoover Ave. Suite C	National City	91950	South	(619) 336-1226
<u>RESIDENTIAL TREATMENT FACILITIES</u>								
Central Region								
CRASH, Inc.	Short-Term I (City Heights)	Men	Substance Use Treatment	4161 Marlborough Avenue	San Diego	92105	Central	(619) 282-7274
CRASH, Inc.	Short-Term II (Golden Hill House)	Women	Substance Use Treatment	2410 "E" Street	San Diego	92102	Central	(619) 234-3346
CRASH, Inc.	Bill Dawson Recovery Program	Men/Women w/substance use	Substance Use Treatment	726 "F" Street, 2nd Floor	San Diego	92101	Central	(619) 239-9691
Heartland House	Heartland House-12 step house of San Diego	Men	Substance Use Treatment	5855 Streamview Dr.	San Diego	92105	Central	(619) 287-5460
House of Metamorphosis	House of Metamorphosis	Men/Women	Substance Use Treatment	2970 Market St.	San Diego	92102	Central	(619) 236-9217
MAAC Project	Casa de Milagros	Women	Substance use Treatment, HIV education and testing, DV classes	1127 South 38th St.	San Diego	92113	Central	(619) 262-4002
Mental Health Systems Inc.	Providence Place FOTEP	Women and Children		4890 67th Street	San Diego	92115	Central	(619) 667-3922
Stepping Stone	Central Ave.-Shelter Plus Care-Sponsor	Men/Women w/ Alcohol & Drug use	LGBT emphasis, HIV/AIDS, Substance use	3767 Central Ave.	San Diego	92105	Central	(619) 278-0777
Stepping Stone	Enya House	Men/Women	HIV/AIDS, Substance use	106 Robinson Ave.	San Diego	92103	Central	(619) 584-4010
The Crossroads Foundation	The Crossroads Foundation	Women w/substance use	Anger Mgmt, HIV education	3594 4th Ave.	San Diego	92103	Central	(619) 296-1151
The Way Back	The Way Back	Men	Substance Use Treatment	2516 "A" Street	San Diego	92102	Central	(619) 235-0592
Tradition One	Tradition One - Men	Men	Substance Use Treatment	4104 Delta Street	San Diego	92113	Central	(619) 264-0141



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Turning Point Home of San Diego, Inc.	Turning Point Home	Women	Substance Use Treatment	1315 25th Street	San Diego	92102	Central	(619) 233-0067
Volunteers of America	Amigos Sobrios	Men	Substance Use Treatment	741 11th Ave.	San Diego	92101	Central	(619) 232-7754
Volunteers of America	Sobriety House- Men/Women	Men/Women	Substance Use Treatment	"Call for Location"	San Diego		Central	(619) 232-5171
Volunteers of America	SAMI	Men/Women	Substance Use Treatment	"Call for Location"	San Diego		Central	(619) 232-5171 OR (619) 232-9343
East Region								
Freedom Ranch Residential Recovery	Freedom Ranch Residential Recovery	Men w/substance use & alcohol	Substance use & Alcohol (12-step program)	1777 Buckman Springs Road	Campo	91906	East	(619) 478-5696
McAlister Institute	New Connections	Men/Women	Substance Use Treatment	2049 Skyline Dr.	Lemon Grove	91945	East	(619) 465-7303 x110
McAlister Institute	Kiva	Women w/children up to age 12	Substance Use Treatment	2049 Skyline Dr.	Lemon Grove	91945	East	(619) 465-7303
Volunteers of America	Hawley Center	Veteran Men Only	SMI, Substance use	9980 Hawley Road	El Cajon	92021	East	(619) 561-9808
North Central Region								
Veteran's Village of San Diego	On Point Apartments	Veteran Men/Women	Substance Use Treatment	4141 Pacific Highway	San Diego	92110	North Central	(619) 497-0142
Veteran's Village of San Diego	Rehabilitation Center	Veteran Men/Women	SMI & Substance use Treatment	4141 Pacific Highway	San Diego	92110	North Central	(619) 497-0142
North Coastal Region								
Alpha Project	Casa Base	Men	Substance Use Treatment; Job Training,	975 Postal Way	Vista	92083	North Coastal	(760) 630-9922
Alpha Project	Casa Raphael	Men	Substance Use Treatment; Job Training,	993 Postal Way	Vista	92083	North Coastal	(760) 630-9922
Brother Benno's Foundation	House of James and John	Men	Substance Use Treatment	434 Grant St.	Oceanside	92058	North Coastal	(760) 439-1244



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Brother Benno's Foundation	Brother Benno's Foundation House	Men		3260 Production Ave. HEADQUARTERS.	Oceanside	92058	North Coastal	(760) 439-1244
Choices in Recovery	Choice in Recovery	Men/Women w/substance use	Substance use, HIV clients	733 South Santa Fe Ave.	Vista	92083	North Coastal	(760) 945-5290
Green Oak Ranch	Social Model Residential Alcohol &	Men/Women	Substance Use Treatment	1237 Green Oak Rd.	Vista	92081	North Coastal	(760) 727-0251
Mental Health Systems Inc.	Family Recovery Center S+C	Pregnant, Women w/children	Substance Use Treatment	1100 Sportfishers Dr.	Oceanside	92054	North Coastal	(760) 439-6702
North Inland Region								
Fellowship Center		Men	Substance Use Treatment	737 East Grand Ave.	Escondido	92025	North Inland	(760) 745-8478
North County Serenity House	Serenity Village Housing	Women, Women w/ Children	Substance use Treatment; 12-step recovery program	1341 N. Escondido Blvd.	Escondido	92026	North Inland	(760) 747-1015 x2224
St. Clare's Home	Transitional Center	Women w/children	Substance Use Treatment	2091 East Valley Pkwy. #1E	Escondido	92027	North Inland	(760) 741-0122
Veteran's Village of San Diego	New Resolve Residential Program	Men/Women w/substance use	Substance Use Treatment	1207 S. Escondido Blvd.	Escondido	92025	North Inland	(760) 745-7829
South Region								
MAAC Project	Nosotros	Men	Substance Use Treatment, Anger and Conflict resolution	73 North Second Ave. Building B	Chula Vista	91910	South	(619) 426-4801
<u>SOBER LIVING</u>								
Central Region								
Pathfinders of San Diego Housing Inc.	Pathfinders Recovery Home	Men w/previous alcohol use	Alcohol education classes, AA classes, 12-step program, group meetings	2980 Cedar Street	San Diego	92102	Central	(619) 239-7370
Sober Living	Recovery Society Inc.			4655 33rd Street	San Diego	92116	Central	(619) 823-8079
Sober Living*	The Cottages	Men			South Park	92104	Central	(619) 952-1604
Sober Living	Fairmont Hills Sober Living			P.O. Box 50114	San Diego		Central	(619) 589-9044



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Sober Living	Harmony Home San Diego			2876 Webster Avenue	San Diego	92113	Central	(619) 829-1780
Sober Living*	Heart & Soul Sober Living	Men		3036 Chamouné Avenue	San Diego	92105	Central	(619) 251-9868 OR (619) 704-5393
Sober Living*	Home Of Hope- 54th Street	Women			San Diego	92115	Central	(619) 454-2593
Sober Living*	Home of Hope- Baja	Men			San Diego	92115	Central	(619) 454-2593
Sober Living*	Home Of Hope- East Falls View Drive	Men			San Diego	92115	Central	(619) 454-2593
Sober Living*	Jeff's Place	Men		3636 Lemona Avenue	City Heights		Central	(619) 952-1604
Sober Living*	Namaste House	Men			San Diego	92102	Central	(619) 818-7415
Sober Living	Normal Heights Sober Living	Men			San Diego	92116	Central	(619) 324-7456
Sober Living*	One Day At A Time	Men/Women			San Diego	92104	Central	(619) 379-9049
East Region								
Sober Living*	A Better Place	Men		7071 Central Ave	El Cajon	92020	East	(619) 261-7153
Sober Living*	A Better Place	Men			Lemon Grove	91945	East	(619) 261-7153
Sober Living	A Step Above Sober Living Home	Men			SDSU Area	92115	East	(619) 704-4438
Sober Living	Acceptance Sober Living Home	Women			Lemon Grove	91945	East	(619) 885-0117



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Sober Living	Angel Place	Men/Women			El Cajon	92020	East	(619) 278-8735
Sober Living	Apex Recovery	Men			La Mesa	91941	East	(888) 485-2246
Sober Living*	Berry Street Sobriety House	Men/Women			Lemon Grove	91945	East	(619) 312-7402
Sober Living*	DK Sober Living	Men			Santee	92071	East	(619) 988-3600
Sober Living*	DK Sober Living Too	Men/Women		9524 Podell Avenue	Santee	92071	East	(619)988-3600
Sober Living*	Foundations in Recovery	Men/Women			Spring Valley AND El Cajon		East	(619) 569-0047
Sober Living	Harris Street House	Men			La Mesa	91941	East	(619) 548-0527
Sober Living*	Home Of Hope- Adams Avenue	Men/Women			SDSU Area		East	(619) 454-2593
Sober Living*	Home Of Hope- College Avenue	Men			SDSU Area		East	(619) 454-2593
Sober Living*	Home Of Hope-Porter Hill	Women			La Mesa	91942	East	(619) 454-2593
Sober Living*	Mills Street	Men			La Mesa	91942	East	(619) 647-1079
Sober Living	Predestined House	Men			Spring Valley	91977	East	(619) 218-5550
Sober Living*	Sheperd's Ranch	Women			Lakeside		East	(619) 807-8478



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Sober Living	Sober Spirits	Men/Women			Spring Valley	91977	East	(619) 655-1909
Sober Living*	Stonebridge Sober Living	Men			La Mesa		East	(310) 968-2272
Sober Living*	The Bridges of San Diego	Women			SDSU Area		East	(619) 917-9577
Sober Living*	Training Center	Men			Spring Valley		East	(619) 327-5400
Sober Living*	Windsor Hill House	Men			La Mesa		East	(619) 469-3453
North Central Region								
Sober Living*	A Sober Investment	Men/Women/Children			Del Cerro		North Central	(619) 796- 5693
Sober Living*	ABC Sober Living	Men		810 Emerald Street	San Diego	92109	North Central	(858) 204-1304
Sober Living*	ABC Sober Living	Women		5330 Soledad Mountain	San Diego	92109	North Central	(858) 204-1304
Sober Living	Braveheart Sober Living	Men			San Diego	92123	North Central	(858) 733-0825
Sober Living	Casa Bonita	Men/Women			San Diego	92117	North Central	(877) 433-8693
Sober Living*	Eagles Nest Sober Living	Men		4316 Mount Putnan Ave	San Diego		North Central	(858) 581- 1979
Sober Living*	Lake Aldon Sober Living	Men			San Carlos	92119	North Central	(619) 379-2091
Sober Living*	Reunion San Diego	Men/Women			La Jolla		North Central	(858) 546-1100



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Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
Sober Living*	The Bridges of San Diego	Women			La Jolla		North Central	(760) 978-5555
Sober Living*	Us In Recovery- San Marcos	Men/Women			San Marcos		North Central	(760) 743-9333
Sober Living*	Victory Sober Living	Men	Alcohol/Drug Rehab		San Diego	92117	North Central	(619) 992-0945
North Coastal Region								
Sober Living*	A Boy's Dream	Men	Alcohol/Drug Rehab	2753 Levante St.	Carlsbad		North Coastal	(760) 420-7246
Sober Living*	Amethyst Landing	Men		1917 Palomar Oaks Way	Bankers Hill	92103	North Coastal	(619) 488- 4107
Sober Living	Carmel Summit Retreat	Men/Women			Carmel Valley	92130	North Coastal	(619) 750-4328
Sober Living*	Casa Blanca Sober Living	Men			Vista	92084	North Coastal	(877) 433-8693
Sober Living	Casa Pacifica	Men			Cardiff By The Sea	92007	North Coastal	(760) 230-2996
Sober Living*	Clarity View	Men & Women			Vista	92084	North Coastal	(760) 586-9512
Sober Living	Encinitas House	Men/Women			Encinitas	92024	North Coastal	(760) 805-4015
Sober Living*	Indigo Light Recovery	Women			Oceanside		North Coastal	(760) 696-7084
Sober Living*	La Costa Solution For Woman	Women	Addiction/Anger/Marriage Counseling	6539 Corintia Street	Carlsbad	92009	North Coastal	(619) 857-1723
Sober Living*	New Horizon Recovery	Women		417 Sandalwood Court	Encinitas		North Coastal	(760) 805- 4015



**San Diego County Health and Human Services Agency
Adult/Older Adult Behavioral Health Services
Housing Inventory**



Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
Sober Living*	North County Sober Living (Melrose & A Woman's Place)	Men/Women			Vista	92081	North Coastal	(760) 622-5072
Sober Living	Oceanside Coastal Sober Living	Women			Oceanside	92054	North Coastal	(949) 233-9958
Sober Living*	Pisces Transitional Living	Men			Oceanside	92057	North Coastal	(619) 227-9333
Sober Living*	R&R Sober Living	Men/Women			Vista	92081	North Coastal	(760) 758-8880
Sober Living*	The Cardiff House	Women		Cardiff By The Sea	Cardiff By The Sea	92007	North Coastal	(760) 809- 4564
Sober Living	The Olivehain House	Men			Encinitas	92024	North Coastal	(619) 200-5214
Sober Living	The Sunrise Beach House	Men			Encinitas	92024	North Coastal	(760) 815-6644
Sober Living*	Us in Recovery- A Better Way	Men/Women			Del Mar, Escondido, and San Marcos		North Coastal	(760) 743- 9993
North Inland Region								
Sober Living*	Life House for Sober Lod	Men			Poway	92064	North Inland	(442) 222-4701
Sober Living*	Sage Canyon Ranch	Women			Fallbrook		North Inland	(760) 468-2266
Sober Living*	Us in Recovery- Allison House	Men/Women			Escondido		North Inland	(760) 743-9993
Sober Living*	Us in Recovery- Escondido	Women with Children			Escondido		North Inland	(760) 743-9993



**San Diego County Health and Human Services Agency
Adult/Older Adult Behavioral Health Services
Housing Inventory**



Organization	Program Name	Population	Clientele Services	Address	City	Zip Code	Region	Phone Number
<i>South Region</i>								
Sober Living*	Canyon View Sober Living	Men			National City	91950	South	(619) 366-9685 OR (619) 674-2846
<i>Central Region</i>								
YWCA of San Diego County	Passages	Single women, DV victims		Admin. Offices: 1012 C Street	San Diego	92101	Central	(619) 239-0355
Note: Sober Living Homes with an asterisk (*) are members of the San Diego Sober Living Coalition (sdsic.org).								

APPENDIX D:

Glossary

Glossary

Affinity groups: a group of people having a common interest or goal or acting together for a specific purpose.

Affordable housing: A general term applied to public- and private-sector efforts to help low and moderate-income people purchase or lease housing. As defined by HUD, any housing accommodation for which a tenant household pays 30% or less of its income.

Area Median Income (AMI): A figure calculated by HUD based on census data, for specific size households in a specific area. The median income divides the income distribution into two equal groups, one having incomes above the median, and other having incomes below the median.

At risk of homelessness: An individual or family that is coming out of a treatment program, institution, transitional living program, half-way house or jail and has no place to go; is living in a situation where the individual / family is at great risk of losing their housing; is in need of supportive services to maintain their tenancy; or is living in an inappropriate housing situation (i.e. substandard housing, overcrowding, etc.).

Board and Care (B&C): A Board and Care is a Residential Care Home that is licensed by the State of California's Community Care and Licensing Department. A Board and Care is licensed to provide care and supervision and store and dispense medications for residents. The purpose of the B&Cs is to provide continued outpatient stability. In most B&Cs, the client shares a room.

California Association of Addiction Recovery Resources (CAARR): A non-profit membership organization which serves as the principle voice for social model recovery programs throughout California. Its members include: recovery homes, sober living environments, neighborhood recovery centers and social detoxification programs.

Case management: The overall coordination of an individual's use of services, which may include medical and mental health services, substance use services, and vocational training and employment. Although the definition of case management varies with the model it follows, local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy, and referral on behalf of individual clients.

Chronically homeless: HUD defines "chronically homeless" as an individual or family who: (i) Is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. Additionally, the statutory definition includes as chronically homeless a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days if such person met the other criteria for homeless prior to entering that facility.

Clinical: Pertaining to standardized evaluation (through direct observation and assessment) and conducted with the intent to offer intervention/treatment.

Continuum of Care: Defined by HUD as "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness."

Detoxification facilities: Addiction treatment facilities which help the body to expel any toxic chemicals and their byproducts. Licensed alcohol detox centers provide support and medical supervision during the first few hours or days of abstinence, when withdrawal can be physically overwhelming, or even dangerous. Drug detox centers follow a similar methodology as they seek to help users discontinue the use of an addictive substance in a professional, safe environment often accompanied by extensive counseling and therapy.

Disability Income: SSDI (Social Security Disability Income) offers cash benefits for people with disabilities who have made payroll contributions to the federal social security program while they were employed.

Dually diagnosed: Term used to describe individuals who are diagnosed with two different disorders, typically a combination of mental health and substance use diagnoses.

Emergency Housing: Facilities dedicated to homeless individuals, in which the maximum length of stay is less than 90 days.

Fair Market Rent (FMR): Fair Market Rent is an amount determined by the U.S. Dept. of Housing and Urban Development (HUD) to be the cost of modest, non-luxury rental units in a specific market area. Generally, an "affordable" rent is considered to be below the Fair Market Rent.

General Relief (GR): A County-funded program that provides financial assistance to indigent adults who are ineligible for federal or State programs. An average GR applicant is one person, living alone, with no income or resources.

Housing and Urban Development (HUD): The U.S. Department of Housing and Urban Development, created in 1965 to administer programs of the federal government which provide assistance for housing for the development of the nation's communities.

Housing First: An approach to ending homelessness that centers on providing homeless individuals and families with housing as quickly as possible under a standard lease agreement, and then providing other services as needed. Housing First programs offer case management and wraparound services to promote housing stability and individual well-being on an as-needed basis.

Housing Inventory Chart (HIC): A complete list of emergency and transitional housing beds and permanent supportive housing units available for the homeless in a Continuum of Care.

HUD Homeless Management Information System (HMIS): A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Low barriers shelter: A facility where individuals are admitted with minimal rules, demands and expectations in order to make it as easy as possible to get people in from off the streets. The only house rules at most of these shelters are no violence and no 'using' on-site (except for alcohol at the wet shelters).

Medi-Cal: The California Medicaid welfare program serving low-income families, seniors, persons with disabilities, children in foster care, pregnant women, and certain low-income adults.

National Registry of Evidence-based Programs and Practices (NREPP): A searchable online registry of more than 310 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.

Opioid: Any psychoactive chemical that resembles morphine or other opiates in its pharmacological effects.

Permanent Supportive Housing: Combines and links permanent, affordable housing with support services designed to help the tenants stay housed. Tenants have the legal right to remain in the unit, as defined by the terms of a renewable lease agreement.

Point in Time Count: A one-day count of sheltered and unsheltered homeless persons in a defined area.

Rapid Re-housing: An approach that focuses on moving individuals and families that are homeless into appropriate housing as quickly as possible.

Rehabilitation: A treatment approach that involves assessing a person's skills and needs, and teaching skills to reduce a person's disability and maximize a person's functioning in the community.

Safe Haven: A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services. Must allow 24-hour residence for an unspecified duration; must provide access to needed services in a low demand facility, but cannot require program participants to utilize them; and prohibits the use of illegal drugs.

San Diego Sober Living Coalition: A nonprofit, member driven organization of people who provide safe, sober, clean homes where people with disabilities live as a family.

Scattered-site Housing: Dwelling units in apartments or homes spread throughout a neighborhood or community that are designated for specific populations, usually accompanied by supportive services.

Section 8: A rental subsidy that makes up the difference between what the low-income household can afford to pay for rent, and a contract rent established by HUD for an adequate housing unit. Subsidies are either attached to specific units in a property (project-based), or are portable and move with the tenants that receive them (tenant-based).

Single Room Occupancy (SRO) Building: A type of building that offers residents a single, furnished room, usually with shared bathroom and kitchen facilities.

Single Site Housing: A housing program in which all living units are located in a single building or complex.

Sober Living Homes: Alcohol- and drug-free living facilities for persons in recovery from alcohol or drug addiction.

Sober Living Network: A 501(c)(3) nonprofit public benefit organization whose primary mission is to promote the establishment, successful management and growth of high quality sober living homes and other community-based recovery services.

Social Model: A peer-oriented process of rehabilitation and healing. Social model programs promote health and well-being by fostering experience-based learning that enables an individual to change his or her values, attitudes, beliefs, or behaviors.

SSI (Supplemental Security Income): Federal cash benefits for people aged 65 and over, the blind or disabled. Benefits are based upon income and living arrangement.

Stakeholders: Individuals who have a vested interest in the outcomes or the process of a particular endeavor.

Stigma: Misperception that results in bias towards an individual or group.

Suboxone: A drug primarily used to treat addiction to opiates such as morphine, heroin and codeine.

Subsidy: Financial assistance from the government to make the cost of housing affordable based on the household income level.

Therapeutic Community: Highly structured, drug-free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills. Utilize treatment staff and those in recovery as key agents of change, Therapeutic Communities aim to influence attitudes, perceptions, and behaviors associated with drug use.

Transition Age Youth (TAY): Youth and young adults age 18-24.

Transitional Housing: Housing meant to help homeless people access permanent housing, usually within two years.

Wet Shelter: The provision to the client of food, clothing, hygienic facilities, referral service and overnight facilities in a supportive atmosphere that does not require the client to be alcohol or drug-free to participate in the shelter services.