

# MIDD Briefing Paper

## BP 104 Rapid Rehousing through Oxford Housing Voucher Program

Existing MIDD Program/Strategy Review  MIDD I Strategy Number \_\_\_\_\_ (Attach MIDD I pages)

New Concept BP 104

Type of category: New Concept

**Summary:** Oxford Houses are clean and sober housing for individuals in recovery. This program pairs two critical needs, access to housing and a recovery model for people who have a substance use disorder. Residence in Oxford Houses is voluntary and the governing structure is peer run. Oxford Houses bridge an unmet need for affordable housing that empowers the residents to develop life skills for a better future. The rapid rehousing element will ensure timely placement and reduce the risk of people exiting drug treatment facilities and institutions falling through the cracks.

### Collaborators:

#### Name

Mark Ellerbrook

#### Department

Community and Human Services

### Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Marquis Frank	Housing expert	King County/DCHS/HCD Project Manager
Jim Vollendroff	Substance use disorder expert	King County/DCHS/MCHADDS Division Director
Sasheen Morgan,	Behavioral health and recovery expert	Washington State Department of Social and Health Services

*The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.*

### A. Description

- 1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

Oxford Houses are clean and sober housing for individuals in recovery. This program pairs two critical needs, access to housing and a recovery model for people who have a substance use disorder. Residence in Oxford Houses is voluntary and the governing structure is peer run. Oxford Houses bridge an unmet need for affordable housing that empowers the residents to develop life skills for a better future. The rapid rehousing element will ensure timely placement and reduce the risk of people exiting drug treatment facilities and institutions falling through the cracks.

The Oxford House Model was first implemented in 1975 and, since then, has served approximately 200,000 individuals. As of September 2011, 1,504 individual Oxford Houses with 11,894 recovery beds

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were located in 45 States and the District of Columbia, as well as internationally in Australia, Canada, England, and Ghana<sup>1</sup>

**2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):**

- |                                                           |                                                                       |
|-----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Crisis Diversion                 | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements               |

**Please describe the basis for the determination(s).**

This program concept meets three Strategy Areas, with a heavy emphasis on Recovery and Re-entry. The *Rapid Rehousing Oxford House Voucher Program* is a recovery focused program, accessible to those with limited options, and supports the King County's vision for health care reflecting the triple aim of: 1) improved patient care experience; 2) improved health; and 3) reduced cost of health care.

**B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes**

**1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

There is a shortage of housing options with client/consumer centered governance. Currently people who are discharged from residential treatment facilities frequently have nowhere to live. This is a housing model taking people with limited options, who might have otherwise become homeless, or who are homeless, and provides a non-time-limited housing opportunity to live in a recovery program in a supportive group setting.

**2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

This program will improve the current gap between treatment and fully independent living; a critical step in recovery. Today there is a critical shortage of affordable housing.

**3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

This program pairs a proven residential program with best practices (rapid rehousing) for getting people off the street, out of shelters, or preventing homelessness. A two year randomized study found that Oxford house residents were more likely to be sober, employed, and had better "self control tendencies" than a comparison group<sup>2</sup>.

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<sup>1</sup> <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=223#std516>

<sup>2</sup> Jason, L. A., Olson, B. D., Ferrari, J. R., Majer, J. M., Alvarez, J., & Stout, J. (2007). An examination of main and interactive effects of substance abuse recovery housing on multiple indicators of adjustment. *Addiction*, 102(7), 1114-1121

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4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

Oxford House is listed on the federal government's National Registry of Evidence-based Programs and Practices – NREPP - and has proven to be a very cost-effective way to achieve long-term recovery. Oxford Houses provide the time, peer support and structured living environment necessary for long-term behavior change to take hold.<sup>3</sup>

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

Program outcomes will include the improvements listed below.

- Increased access to housing and improved housing stability
- Increased access to person centered, culturally appropriate recovery treatment
- Increased access to reentry services from jail or hospital
- Increased application of recovery and resiliency principles in services provided
- Reduction in use of jail and emergency departments for crisis services
- Increased geographic availability of services
- Increased employment and education outcomes
- Reduced barriers to services
- Increase in personal happiness as measured by meaningful life activities

## C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

- |                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> All children/youth 18 or under                     | <input checked="" type="checkbox"/> Racial-Ethnic minority (any)                  |
| <input type="checkbox"/> Children 0-5                                       | <input checked="" type="checkbox"/> Black/African-American                        |
| <input type="checkbox"/> Children 6-12                                      | <input checked="" type="checkbox"/> Hispanic/Latino                               |
| <input type="checkbox"/> Teens 13-18                                        | <input checked="" type="checkbox"/> Asian/Pacific Islander                        |
| <input checked="" type="checkbox"/> Transition age youth 18-25              | <input checked="" type="checkbox"/> First Nations/American Indian/Native American |
| <input checked="" type="checkbox"/> Adults                                  | <input checked="" type="checkbox"/> Immigrant/Refugee                             |
| <input checked="" type="checkbox"/> Older Adults                            | <input checked="" type="checkbox"/> Veteran/US Military                           |
| <input type="checkbox"/> Families                                           | <input checked="" type="checkbox"/> Homeless                                      |
| <input type="checkbox"/> Anyone                                             | <input checked="" type="checkbox"/> GLBT                                          |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input checked="" type="checkbox"/> Women                                         |
| <input checked="" type="checkbox"/> Other – Please Specify: Men             |                                                                                   |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

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<sup>3</sup> Oxford House, Inc. Annual Report Fiscal Year 2014, page 1, January 15, 2015

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This program will serve adults who are newly in recovery and who would be homeless without this assistance. Individuals will receive rental assistance for approximately three months and a nominal living stipend while they secure employment. Residents typically enter an Oxford House after completing a drug and alcohol treatment program.

- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:**  
County-wide

Houses are located in rented single-family homes and the average is 8.2 beds per house. This nimble model responds to the need for housing in a location specific manor.

- 3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

The Oxford House is a simple cost effective program. The rapid rehousing funding will be awarded through an RFP process to agencies that provide substance abuse treatment and housing services. This model is supported by law enforcement and first responders, although there isn't a direct link to the program. Oxford houses already exist in the communities.

## D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

- 1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

As more individuals with substance use disorders receive treatment due to health care reform and system improvement, there will be a greater need for next step housing to bridge the gap between residential treatment and fully independent living. As stated previously this is a comparatively simple and cost effective model, providing services to disenfranchised populations.

- 2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

New Oxford Houses might encounter neighborhood resistance. The Oxford House model strives to be good neighbors and invested members of local communities.

- 3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

There are no unintended consequences foreseeable at this time if the Rapid Rehousing through Oxford House Voucher Program is implemented.

- 4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

The lack of inventory of residential homes for people in recovery will continue to contribute to the root cause of homelessness – a lack of access to housing for people with limited or no options.

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- 5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

Alternative approaches include units in the homeless housing inventory with services. These units are scarce and are also relatively expensive to develop and fund on an ongoing basis. These units are frequently targeting chronically homeless individuals and people that might be a good fit for an Oxford House model might not score high enough on vulnerability or system use assessments to be prioritized for homeless housing.

## E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

The *Rapid Rehousing Oxford House Voucher Program* aligns with the All Home Strategic Plan, Behavioral Health Integration, Health and Human Services Transformation and the Vets and Human Service Levy. This is an immediate low cost solution for affordable, clean and sober housing option for individuals in recovery who are homeless or at risk of homelessness. This program will prevent and decrease homelessness and improve the self-reliance and increase employment among residents. This program would support the King County's vision for health care reflecting the triple aim of: 1) improved patient care experience; 2) improved health; and 3) reduced cost of health care.

- 2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

The *Rapid Rehousing Oxford House Voucher Program* offers people a stable housing option after discharge, where they will participate in self-governing and offer and receive peer support on their recovery journey. Without programs such as this, people are discharged and have no place to live, resulting in homelessness and increasing the risk of substance use.

- 3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

This program serves people in recovery who have limited options for housing, and may have no income. People of color are disproportionately represented in this group. By creating this program, people who might otherwise be homeless will have stable housing, in a recovery model, with peer supports.

## F. Implementation Factors

- 1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?**

This is a relatively low cost approach with a high impact on people's lives. Existing substance use disorder providers will administer the rapid rehousing funds. Technical assistance will be available for agencies through the King County Housing and Community Development Program.

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**2. Estimated ANNUAL COST. \$501,000-\$1.5 million Provide unit or other specific costs if known.**  
The estimated cost is \$750,000 per year, serving 500 people annually.

**3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

There are not sources other than MIDD available to provide rapid rehousing rental support for these individuals. There may be other options for people who have chronic conditions; but the aim of the rapid rehousing model is to move people along the recovery continuum and to independence.

**4. TIME to implementation: Less than 6 months from award**

**a. What are the factors in the time to implementation assessment?**

An RFP would be issued and qualified agencies that are or work with substance use disorder providers, will be eligible to apply.

**b. What are the steps needed for implementation?**

- Formalization of the program.
- Issuance of a NOFA and an RFP
- Review of applications
- Awarding and contracting for funds
- Agency implementation
- Monitoring

**c. Does this need an RFP?**

Yes, see above.

**G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?**

This is a straight forward and simple concept. The narrative above captured the key features. The following link provides more information for the umbrella organization, Oxford House Inc.

[www.oxfordhouse.org](http://www.oxfordhouse.org)

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**#104**

## **Working Title of Concept: Rapid Rehousing through Oxford House Voucher Program**

**Name of Person Submitting Concept: Jim Vollendroff**

**Organization(s), if any: MHCADSD**

**Phone: 206-263-8903**

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***Please note that county staff may contact the person shown on this form if additional information or clarification is needed.***

*Please share whatever you know, to the best of your ability.*

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Concepts must be submitted via email to [MIDDconcept@kingcounty.gov](mailto:MIDDconcept@kingcounty.gov) by **October 31, 2015**.

## 1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

SUD rapid rehousing voucher program through the use of Oxford Houses. Individuals will be identified who have a SUD and in active recovery who are in need of short term rental assistance. Individuals will receive voucher for three months rental assistance and small living stipend while seeking and securing employment and moving to self-reliance

## 2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

In our community there is a crisis in the immediate available housing available to individuals in early recovery. Oxford Housing offers an immediate low cost solution. Oxford Houses are an affordable, clean, and sober housing option for individuals in recovery. The houses are independent, peer run, and residence is voluntary. Houses are located in rented single-family homes. As of March 15, 2008 there are 185 houses in Washington with locations in 20 counties with 1,536 Oxford House beds in the state. Oxford House Inc. can charter Oxford Houses if they agree to follow standardized procedures. Individuals typically enter an Oxford House after completing a drug and alcohol treatment program. Individuals living in a house are expected to participate in a recovery program in the community during their residence. Individuals can live in an Oxford House for as long as they want, provided they follow house rules.

## 3. How would your concept address the need?

Please be specific.

The Oxford Rapid Re-Housing Program will be modeled after the rapid rehousing model and provide financial assistance and services to prevent individuals from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized. The program will target individuals who would be homeless but for this assistance. The funds will provide for a variety of assistance, including short-term (up to three months) rental assistance and stabilization services.

## 4. Who would benefit? Please describe potential program participants.

Individuals new in recovery who would be homeless but for this assistance.

## 5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Prevent and decrease in homelessness. Oxford House is listed on the federal government's National Registry of Evidence-based Programs and Practices. Measurement of increased employment and self-reliance are indicators of successful outcomes.

## 6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

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**7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?**

Investment in housing options for individuals new to recovery is a good investment. Investing in treatment only to discharge an individual to homelessness is a pointless waste of precious resources.

**8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.**

Oxford House Inc. and SUD providers. Scope and size to be determined.

**9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?**

**Pilot/Small-Scale Implementation:** \$ # of dollars here per year, serving # of people here people per year

**Partial Implementation:** \$ # of dollars here per year, serving # of people here people per year

**Full Implementation:** \$ 750,000 per year, serving 500 people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to [MIDDConcept@kingcounty.gov](mailto:MIDDConcept@kingcounty.gov), no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at [MIDDConcept@kingcounty.gov](mailto:MIDDConcept@kingcounty.gov).