



PRIORITY ISSUE: SUBSTANCE USE DISORDER AND HOUSING

According to the Department of Housing and Urban Development's (HUD) 2020 Annual Homeless Assessment Report (AHAR) to Congress, on a single night in 2020, there were approximately 580,000 unhoused individuals in the United States. As reported by the Office of National Drug Control Policy, approximately 30% of people experiencing chronic housing insecurity have a serious mental illness (SMI), and around two-thirds have a primary substance use disorder or other chronic health condition. Ending homelessness is an important public health issue in the United States. Individuals experiencing housing insecurity are at high risk of overdose from illicit drug use (SAMHSA, 2020). Providing housing can help prevent the worsening of substance use and mental disorders; nevertheless, with this population, different housing approaches must be considered.

There is a large and growing evidence base demonstrating that Housing First is an effective solution. Housing First prioritizes providing permanent housing to people, thus ending their housing insecurity and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything, including substance use. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Housing First does not require people experiencing housing insecurity to address all of their problems or to graduate through a series of services programs before they can access housing. Housing First does not mandate participation in services either before obtaining housing or in order to retain housing. Permanent supportive housing (PSH) is targeted to individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated housing insecurity. It provides long-term rental assistance and supportive services. A second program model, rapid re-housing, provides short-term rental assistance and supportive services. The goals are to help people obtain housing quickly, increase self-sufficiency, and remain housed. The Core Components of rapid re-housing—housing identification, rent and move-in assistance, and case management and services—operationalize Housing First principals.

Stable housing is a critical component of recovery and as such TCA recommends the following should be key components in policy moving forward for both HUD and SAMHSA. This includes, but is not limited to:

- Identify and modify HUD policy and regulations that have negatively impacted individuals and families with SUDs.

- HUD and SAMHSA identify mechanisms to ensure the provision of integrated housing and treatment services, with an emphasis on Housing First approaches.
- HUD allows for program design and funding that recognizes the needs of individuals and families in treatment for SUDs, inclusive of maintaining Transitional Housing for this population.
- HUD and SAMSHA mandate partnerships between local SUD and housing providers to address the housing needs of individuals and families with SUDs.



TREATMENT COMMUNITIES OF AMERICA (TCA)
409 7TH STREET, NW
SUITE 450
WASHINGTON, DC 20004
PHONE: (202) 296-3503
TREATMENTCOMMUNITIESOFAMERICA.ORG