



Substance Use Disorder Treatment and Housing

Of the 1,614,358 admissions to treatment services nationally in 2014, 15% were homeless according to the Substance Abuse and Mental Health Services Administration (SAMHSA) — a considerable issue as stable housing is an essential component to attaining recovery goals and wellness.

Historically, SUD providers have accessed funding and resources through the Department of Housing and Urban Development (HUD) to provide or access emergency shelter and transitional housing in order to assist consumers with the process of stabilization when entering treatment, as well as transition to the community after completion. While these partnerships have occurred at the local level, the federal entities responsible for SUD and Housing, SAMHSA and HUD, have done little to collaborate to ensure that those resources are available for the SUD population.

Recently, changes in HUD regulations and philosophy to a “housing first” model have made it evident that partnership at the federal level is critical. These changes have included implementing regulations that force treatment participants to become “homeless” after completing residential care in order to access housing needed for their recovery. In order for both systems to maximize funding, resources and outcomes for individuals affected by SUDs, TCA recommends that:

- HUD immediately collaborates with SAMHSA 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 and/or seamless housing and treatment services.
- 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.

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