

The Challenge

States are struggling with the rapid development of strategies to address the opioid epidemic. While new resources are flowing from both federal and state budgets, efforts to address and serve persons with opioid disorders who experience homelessness are at their beginnings, and have not yet been articulated or adopted as far-reaching programs in many states.¹ To be effective, addiction treatment systems need to address the needs of these very vulnerable people not yet engaged in recovery, as well as persons who, while engaged in recovery, may also suffer from multiple disabilities beyond addiction. The homelessness sector is experienced in working with such vulnerable populations and has found that for a portion of persons with multiple disabilities, supportive housing is the solution to effectively stabilize and promote recovery to improve lives.²

A segment of these populations need housing assistance, and states and communities must make strategic, intentional decisions about how housing assistance resources are allocated and implemented. Some people will need short-term help with expenses to move into housing. Others may need community living options, such as recovery housing or the Oxford House model. A smaller segment experiences multiple, significant disabilities, including addiction and will need the combination of stable, affordable housing and services found in supportive housing. Coordination that builds connections between services at the person, program and system levels can drive more efficient use of public dollars and produce the best outcomes.

The Solution

Supportive housing is an innovative and proven solution to some of communities' toughest problems, including substance use addiction. A recent multi-state randomized controlled trial (RCT) found that a supportive housing demonstration targeting the highest cost, complex care individuals did reduce utilization of costly health care in some populations while improvements in self-reported quality of life and access to care across sites were also documented.³ In addition, an evaluation of an initiative collaboratively funded by the State and City of New York concluded supportive housing had reduced shelter usage, reduced incarcerations and reduced usage of emergency department and inpatient hospitalizations for people with active substance use disorders.⁴

CSH estimates that our country will need an additional 40,000 supportive housing units for people involved in the addiction treatment system. The new resources that are now available to address the needs of persons suffering from opioid use disorder can be paired with a state or communities' affordable housing resources to increase supportive housing capacity.

Service models will likely require minor modifications and new partnerships when supportive housing is implemented. Persons with opioid use disorders commonly have medical issues that nursing care, as part of a supportive services team, can address. New linkages to Medication Assisted Treatment (MAT) providers will be an integral part of supportive housing for this population. Housing First models include high intensity services, and have had the most impact for vulnerable, multiply disabled populations.

¹ <https://pathwaystohousingpa.org/news/something-new-part-1>

² https://www.thenationalcouncil.org/wp-content/uploads/2015/09/SUHLF-Convening-Report_FINAL.pdf

³ <http://www.csh.org/wp-content/uploads/2018/01/CSH-SIF-Evaluation-Summary-02-02-18Final.pdf>

⁴ <http://www.casacolumbia.org/sites/default/files/files/public-service-use-and-costs-associated-with-nyny-IIIls-supportive-housing-for-active-substance-users.pdf>



Making determinations regarding which persons require supportive housing will be unfamiliar territory for most addiction systems, but one in which homeless assistance providers are well versed. Coordinated Entry systems, currently under development in community's Continuum of Care Programs, make these determinations every day, using a variety of proven assessment tools.

The Opportunities

The Comprehensive Addiction and Recovery Act⁵ and the 21st Century Cures Act⁶ allocate over a \$1 billion in grants for states over a two-year period. While some funds are dedicated, others are targeted more broadly, creating opportunities to fund services in supportive housing. Federal SAMHSA is allocating this funding through the State Targeted Response to the Opioid Crisis Grants process that works closely with state drug and alcohol agencies.⁷ Bringing together opioid directed funding to create additional supportive housing capacity will require states to build on their emerging health and housing infrastructure. Here are a few examples of how it's being done:

- At least two state Medicaid offices (Indiana and New York) have created a Social Determinants of Health Unit poised to coordinate funding to ensure state offices work together to increase supportive housing capacity.
- States can require Managed Care Organizations to have a Housing Navigator position that aligns health and housing locally at the person, program and system levels. Ohio and Tennessee require this role for different populations.
- States have Medicaid waivers or requests to fund tenancy support services. Indiana's waiver specifically targets persons with opioid use disorders who are engaging in treatment.
- States are merging data and creating a Gubernatorial-level performance dashboard to target resources to persons who are high users of multiple systems.
- States can align a portion of new funding with affordable housing resources to create more supportive housing. States Drug and Alcohol agencies can come together with state Housing Finance agencies to determine opportunities in the state.

Take Action Now

Learn how your state is making funding decisions and how supportive housing is included. States may allocate resources directly to programs or work through a county system of drug and alcohol agencies.

Educate key stakeholders in the addiction treatment and recovery field about the impact of supportive housing. These are potential allies and building your network in this space is vital. Be sure to evaluate new models as they are developed to learn best practices and have this information to make the case for supportive housing.

Advocate for new resources to be dedicated to increasing supportive housing capacity and quality. Existing research can help make the case. Meetings with state offices or state legislators can be great opportunities. Highlight the limited resources in services for supportive housing and how this new funding can make the difference in your community. Projects that are well developed conceptually with clear goals and benefits, and potential funders identified, will be well positioned to receive funding.

⁵ <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>

⁶ <https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>

⁷ <https://www.samhsa.gov/newsroom/press-announcements/201612141015>