

Meeting the Housing Needs of People With Substance Use Disorders



Stable housing plays a vital role in people's recovery from substance use disorders (SUDs). An inability to pay rent and the threat of losing housing can lead to stress that triggers substance misuse and relapse.¹ People experiencing homelessness who also have SUDs typically find it difficult to address their substance use without a safe place to live, because they often use alcohol or drugs to cope with the dangers of life on the streets.²

In 2018, Congress passed the SUPPORT for Patients and Communities Act (known as the SUPPORT Act), which provided a variety of new programs and funding opportunities to help states and localities address the opioid epidemic and broadly help people with substance use disorders.³ The SUPPORT Act includes a provision to facilitate the Department of Housing and Urban Development's (HUD) creation of a pilot program — using additional Community Development Block Grant (CDBG) funding — to address the housing needs of people in recovery from a substance use disorder (not opioid specific). Given the importance of stable housing for people's recovery from a substance use disorder, Congress should, in addition to rejecting the President's budget proposal to eliminate CDBG, include **at least an additional \$25 million** in CDBG funding for this purpose in the fiscal year 2020 appropriations legislation and continue to support the program with additional annual funding moving forward.

What Does the SUPPORT Act Do?

The SUPPORT Act allows HUD, with new funding from Congress, to establish a pilot initiative within the CDBG program for communities interested in improving housing options for people in recovery from a substance use disorder. The pilot:

- Targets housing to people with any substance use disorder (not solely those who misuse opioids).
- Establishes states eligible for funding as those with an age-adjusted drug overdose death rate above the national overdose mortality rate according to the Centers for Disease Control.
- Directs HUD to create a formula to distribute pilot funding to eligible states.
- Requires HUD to weight the funding formula toward eligible states with the greatest need. Greatest need is defined as states with high rates of unemployment, low rates of labor force participation, and high age-adjusted drug overdose rates.
- Allows people to have up to two years of housing assistance.
- Allows states to waive any CDBG requirements necessary to more easily use pilot project resources to serve people with substance use disorders, except fair housing, nondiscrimination, labor standards, and CDBG requirements that benefit low- and moderate-income people.
- Permits states to use up to 5 percent of these grant funds for administrative costs.
- Is authorized for five years (2019–2023).

The legislation does not specify housing type and is not restricted to people with an opioid use disorder. Therefore, HUD will need to define the parameters of the pilot including housing options and eligible populations. We recommend that HUD let communities support a range of housing options and not narrow eligibility to a specific drug disorder. This will

¹ Rajita Sinha, "Chronic Stress, Drug Use, and Vulnerability to Addiction," *Annals of the New York Academy of Sciences*, July 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2732004/>.

² Timothy Johnson, "Homelessness and Drug Use," *American Journal of Preventive Medicine*, Vol. 32, Issue 6, June 2007, [https://www.ajpmonline.org/article/S0749-3797\(07\)00104-3/pdf](https://www.ajpmonline.org/article/S0749-3797(07)00104-3/pdf).

³ <https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf>.

allow communities to create a continuum of housing options to test what works best and ensure that housing options created through this program remain available as substance use trends change.

People With Substance Use Disorders Face Unique Barriers to Affordable Housing Assistance

While anyone who needs affordable housing assistance faces long waiting lists due to scarce resources and challenges finding available homes that meet the family's needs, low-income people with SUDs face additional barriers to affordable housing. Federal statutory requirements impose time-limited bans against living in HUD-assisted housing for people evicted for drug-related activities. Federal policies also allow housing agencies to prohibit people who have histories of past drug use or are considered at risk of engaging in illegal drug use from receiving assistance.⁴ These policies can unfairly deny access to housing, which causes homelessness and other poor outcomes. Also, some substance use recovery programs are housing-oriented, requiring residents to live in a shared environment and to pay rent and other bills to remain in the program.

If a person is just exiting inpatient care or their disorder caused them to lose employment, housing assistance can help the client stay connected to the housing and services supports they need to stabilize their lives. Once funded, the new CDBG pilot program will give communities flexibility to test housing options for this population and develop best practices that can be replicated in other communities. Flexible housing funding allows communities to create a true continuum of housing options and incentivize programs to work together so that no one falls through gaps in care.

New CDBG Funding Should Let Communities Provide a Variety of Housing Options to Meet People's Needs

Housing is an important part of the continuum of services for people with SUDs, but its cost can be a huge barrier for low-income people needing treatment. There are several ways to address the housing needs of people with SUDs, including supportive housing, transitional housing (often called recovery housing), and rental assistance provided after inpatient treatment or during recovery.⁵

Supportive housing combines affordable housing with intensive coordinated services to help people with chronic physical and behavioral health issues maintain stable housing and receive appropriate health and social supports. Typically, people are served using a "housing-first" strategy that doesn't require compliance with recovery services to receive assistance.⁶ **Recovery housing** is typically set in sober living communities where all residents share the goal of sobriety, and which helps people obtain both outpatient and onsite services and counseling. Post-treatment **tenant-based rental assistance** can give people the financial support they need to live independently and maintain their recovery in housing of their choice.

HUD should ensure that potential grantees provide and coordinate the full array of housing options so people can find the option that meets their needs and the effectiveness of various models can be evaluated.

Conclusion

People need a safe place to live to fully engage in substance use treatment and recovery services. Congress can take a step in the right direction by appropriating at least \$25 million in additional Community Development Block Grant funds in fiscal year 2020 for a pilot program to provide housing assistance for people in recovery from a substance use disorder.

⁴ National Housing Law Project, *HUD Housing Programs: Tenants' Rights (4th Edition)*, <https://web.archive.org/web/20170824131126/http://nhlp.org/2012greenbook>.

⁵ Neil Greene, "Affording Housing Models and Recovery," Substance Abuse and Mental Health Services Administration, April 19, 2016, <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/affording-housing-models-recovery>; American Society of Addiction Medicine, "What are the ASAM Levels of Care?" May 2015, <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>.

⁶ Ehren Dohler et al., "Supportive Housing Helps People Live and Thrive in the Community," Center on Budget and Policy Priorities, May 31, 2016, <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>.