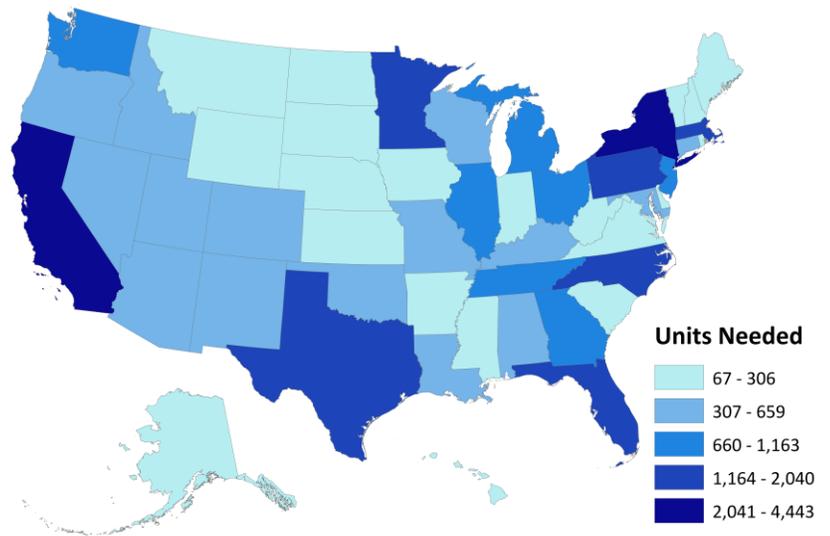


ADDICTIONS SYSTEMS



ESTIMATED SUPPORTIVE HOUSING NEED - 36,000 Homes

What do we hope to achieve?

A day when all individuals living with an addiction disorder have access to affordable housing and the supports they need to achieve long-term recovery, and lead lives of dignity and maximum independence.

What do we know so far?

Promising Trends:

- U.S. Department of Housing and Urban Development (HUD) has embraced a major policy shift from “Housing Ready” to “Housing First” for the most vulnerable individuals experiencing homelessness - many with substance use disorders (SUDs).
- Health reform is favoring more integrated, holistic care approaches for people with complex health and behavioral health issues and recognizing housing as a critical component of health care.
- Parity legislation, Medicaid expansion, health homes and other initiatives are creating new opportunities to test and finance housing models that integrate recovery support services for individuals with SUDs.

Problematic Trends:

- In 2015, more than 21 million people in the U.S. were classified as having a SUD, but less than 12% actually received treatment.
- US SAMHSA estimates that 35-40% of all individuals experiencing homelessness in the U.S. are living with a SUD; among highly vulnerable subpopulations - high utilizers of crisis services, veterans - rates of SUDs are as high as 70-90%.
- Studies demonstrate that while people experiencing SUDs remain homeless, average public costs range anywhere between \$30,000 to \$40,000 annually in publicly funded services.

How is CSH making a difference?

Capacity building: Provide trainings, technical assistance and resources to housing providers to increase their capacity to deliver high-quality, integrated and evidence-based services for individuals with SUDs.

Promoting Community-Level Systems Change: Promote systems change at the local level to increase cross-sector collaboration and knowledge exchange between housing, treatment and recovery support systems.

Increasing Housing Choice: Increase our lending and advocacy efforts to create new supportive housing that target individuals with SUDs; invest in Recovery Housing developments that incorporate key principles of Housing First.

“Supportive housing gave me more than a home; I now have the confidence to conquer my addiction.”
- Wanda H.



KEY PARTNERS

Federal, State and Local Housing Agencies: Increase access to vouchers and affordable housing for individuals with SUDs; eliminate policies that create barriers to housing for individuals with SUDs and/or drug-related criminal histories.

Addictions Treatment Systems and Providers: Expand the continuum of treatment options for individuals with SUDs, including those that are actively using; help to improve collaboration between treatment and homeless systems.

Recovery Community and Support Systems: Promote and fund the development of robust long-term recovery supports available to individuals with addiction disorders - including housing, employment and peer supports - in national efforts to build Recovery Oriented Systems of Care.

Criminal Justice System: Work to develop and promote evidence-based treatment and re-entry programming to help reduce recidivism for highly vulnerable people experiencing homelessness and cycling in and out of jails, prisons, shelters and other crisis service systems; identify and promote health-centered policy alternatives to harmful, punitive drug laws.



CALCULATION OF SUPPORTIVE HOUSING NEED

CSH estimates that 2% (35,906) of the 1,671,062 people identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as engaged with addiction treatment services have needs consistent with supportive housing. This estimate was developed by beginning with the entire population of clients in treatment in each state with data pared down based on some key assumptions around client characteristics and housing and services need. First, to avoid counting those captured in other systems (e.g. homeless system), we include only those that are in residential treatment or hospital inpatient treatment at the time of the survey, excluding those receiving outpatient services. Further, among individuals in residential or hospital inpatient treatment programs, we assume only a portion - those with a co-occurring mental health condition in addition to an addiction disorder - would need the level of supports provided in supportive housing. Finally, we discounted this total by 25%, to exclude the majority of individuals receiving treatment in private for-profit settings (approximately 41% of clients in the 2016 data), many of whom may not meet income requirements for supportive housing.

This is part of a national supportive housing needs assessment prepared by CSH. The goal of this assessment is to use the best data available to make clear and transparent projections of supportive housing need, foster development of national level data, and promote discussion and refinement of this assessment over time. CSH is using a point in time, or average daily census, approach to assemble data across different systems of care. The intention is to show current snapshot of need in each system and does not represent need over time or annualized need for any single system of care. For further information on the national needs assessment, data and sources, please visit www.csh.org/data.



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- Advancing solutions
- Using housing as a platform for services
- Improving lives of vulnerable people
 - Maximizing public resources
 - Building healthy communities