Public Policy Statement on Housing's Role in Addressing Substance Use and Facilitating Recovery

Purpose

Over 771,000 individuals experienced homelessness on a single night in 2024 - an historic high.[1] Individuals experiencing homelessness have a greater prevalence and severity of substance use compared to housed individuals.[2,3] Substance use and substance use disorder (SUD) are linked with homelessness, and each can be a cause and consequence of the other.[4–7] Additionally, when unhoused, individuals experiencing SUD and other chronic medical conditions often face crisis situations leading to use of emergency departments, crisis services, and interactions with law enforcement.[8–10] While housing alone does not facilitate SUD recovery[[1]], safe and stable housing mitigates some risks of initiation and progression of substance use.[2,11–13] Stable housing also supports recovery for SUD by decreasing stress, increasing the ability to focus on recovery activities and treatment, and decreasing risks of arrest and reincarceration that disrupt treatment.[14] In contrast, people experiencing homelessness are often forced to move frequently, preventing consistent access to social services and health care. They may also experience arrest merely for lacking housing,[15] disrupting access to SUD treatment. Stigma related to homelessness may be further compounded by stigma related to SUD or other chronic health conditions, as well as by racism, ageism, ableism, and sexism.[16] In sum, housing is more than just shelter for individuals with SUD; it represents a foundation for rebuilding their lives, accessing treatment, and reintegrating into the community.[17] This public policy statement recommends policies that promote stability in housing, and therefore, are important for SUD recovery and overall health and wellness.[13,18–20]

Background

Securing affordable housing can be difficult for people with SUD.[21] For example, some federal and state laws prevent people with drug-related criminal charges from accessing publicly-funded housing. When publicly funded housing is available, people experiencing homelessness and SUD may have difficulty completing applications or face long wait times.[21–23] Without a recent history of housing, people experiencing homelessness and SUD may be unable to provide references sometimes needed for privately-funded housing.

[[1]] As used in *The ASAM Criteria* (4th Edition), the term "recovery" means "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

Permanent supportive housing (PSH) and low-barrier shelter services

In the January 2024 point-in-time count, more than 152,000 individuals experiencing homelessness reported chronic patterns of homelessness.[24] The federal definition of "chronically homeless" is a homeless individual with a qualifying disability who has experienced recurring homelessness, or homelessness lasting for 12 months or more.[25] For this population, which has a high prevalence of severe SUD and other health and behavioral health disabilities, U.S. federal agencies recognize the Housing First permanent supportive housing (PSH) framework as a key intervention to promote housing stability.[26] The PSH model involves providing safe, non-time-limited, affordable housing paired with flexible, voluntary supportive services (e.g., employment services) or health services that meet an individual's level of need, without the requirement for SUD treatment or abstinence for housing entry or continuation.[27–30]

Studies show PSH significantly improves housing stability, and housing stability supports sustained SUD treatment.[28,31–36] Nevertheless, some people with SUD as their sole diagnosis may fail to qualify for PSH vouchers if their SUD does *not* significantly impede their ability to live independently or if they are currently engaging in illegal drug use.[37,38]

Shelter programs can provide temporary yet often critical survival services, too, including serving as an entry point for identifying and supporting placement and connection to social and health services. There remains an insufficient supply of immediate and low-barrier access emergency shelters,[39,40] especially non-congregate shelters, that do not require alcohol and drug testing for admission.

Recovery support through recovery residences

The ASAM Criteria now recommends an addition of a "recovery residence" to an outpatient level of care for some individuals with SUD.[41] A range of terms have been used to describe recovery residences, including "sober homes," "recovery homes," "therapeutic communities," and "Oxford Houses." Recovery residences are community programs rooted in the social recovery model and operated in home-like, recovery-supportive settings that provide opportunities to learn and practice interpersonal and other life skills.[42] Recovery residences might or might not offer treatment services by licensed healthcare professionals.[41,43] Recovery residences do not solely serve individuals with housing instability but can be a critical resource when housing instability exists.

Recovery residences vary in cost, size, length of stay, structure and degree of linkages to clinical supports.[44,45] "Clinical" recovery residences, referred to in *The ASAM Criteria* as "clinically-managed low intensity residential treatment" provide clinical treatment services and a social model of nonclinical social supports through employed professional and peer staff.[41,42] Nonclinical recovery residences include "supervised," "monitored," and "peer-run" recovery residences, which vary in structure and staffing. [41,42]

Existing research on health effects of recovery residences has been hindered by design limitations, inconsistent terminology, and small sample sizes.[46–49] More research is needed on interventions to promote long-term housing stability for those who enter recovery residences with existing housing instability. Nevertheless, recovery residences remain a significant component of the landscape of recovery support services and may be particularly valuable for people with SUD experiencing homelessness.

Credentialing of recovery residences

Recovery residences' economic benefits have the potential to greatly exceed their economic costs.[50] Unfortunately, inconsistent regulation of recovery residences has sometimes resulted in problems with safety, quality of care, fraud, and abuse.[51,52] Varying nomenclature and terminology for recovery residences can lead to confusion on the types and structure of services.[41–43] While nonclinical recovery residences operate generally within a regulatory gap, some states are requiring recovery residences to obtain credentialing through certification, accreditation, or licensure[53] to be eligible for state or local funding, referrals, or inclusion in state-managed online directories.[54,55]

The Substance Abuse and Mental Health Services Administration (SAMHSA) has disseminated national best practice standards for recovery residences,[56] and state affiliates of the National Alliance for Recovery Residences (NARR) provide voluntary certification in certain states for recovery residences that meet their quality standards for clinical and nonclinical recovery residences.[42,57,58] Some researchers have proposed a universal set of quality measures for recovery residences to improve recovery care.[59]

Access to SUD medications and health care services among people experiencing homelessness

Food and Drug Administration (FDA)-approved medications for SUD, especially buprenorphine and methadone for opioid use disorder (OUD), are often essential elements in SUD care.[41,60] Long-acting injectable buprenorphine (LAIB) and long-acting injectable naltrexone can be particularly beneficial for individuals with OUD and/or alcohol use disorder experiencing housing instability, for whom storing a supply of daily medications can be more challenging.[61–63] Barriers to accessing LAIB include not only cost but restrictive laws and regulations.[64,65] More access points for methadone for OUD can also be beneficial to those with housing instability, especially in rural communities, where methadone access is particularly limited.[66]

Some recovery residences,[67] PSH programs, and shelters offering clinical SUD treatment services may fail to assess residents' need for, or recommend, FDA-approved SUD medications. Further, some recovery residences,[67] PSH programs, and shelters may not accept residents treated with certain FDA-approved SUD medications, such as buprenorphine and methadone. This can violate federal civil rights statutes that apply to individuals with SUD who are treated with indicated medications.[68–71] Moreover, the overdose reversal medication, naloxone, is currently not required on the premises of all recovery residences, PSH programs, or shelters.

Federal Programs Addressing the Needs of Individuals Experiencing Homelessness and SUD

Various federal governmental programs attempt to address the needs of individuals at the intersection of homelessness and substance use. Such federal programs include the U.S. Department of Housing and Urban Development (HUD)-Veteran Affairs (VA) Supportive Housing (HUD-VASH) program,[72] the U.S. Department of Agriculture (USDA) and SAMHSA Substance Abuse Recovery Housing in Rural Communities program,[73] and other SAMHSA programs,[74,75] including the Projects for Assistance in Transition from Homelessness (PATH) block grant. Additionally, SAMHSA's Supplemental Security Insurance/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) program aims to support enrollment of individuals with qualifying disabilities (including co-occurring SUD) who are experiencing homelessness onto long-term public insurance benefits; however, it has no dedicated funding.[76]

HUD also addresses homelessness through its Continuums of Care (CoC) program, which consists of locally organized groups of primarily non-governmental actors. While CoCs wield enormous expertise, they have little to no governing authority to design or implement policy solutions.[77] Given these constraints, the U.S. Department of Health and Human Services (HHS) partnered with HUD to integrate housing and healthcare services for homeless populations using Medicaid waivers.[78] The Centers for Medicare and Medicaid Services (CMS) allowed such waivers to address health-related social needs, including certain housing costs, in late 2022.[79,80] Various state Medicaid programs have used such waivers to support services in PSH, to support housing navigation services, and to expand home and community-based services.[20,81–84]

Recommendations

The American Society of Addiction Medicine recommends that:

1. Governments eliminate and refrain from enacting laws that criminalize individuals for experiencing homelessness. Instead, governments should develop and promote model policies and programs that fund collaboration among community stakeholders to develop treatment and recovery ecosystems for health conditions closely tied to homelessness, including SUD and mental health disorders.
2. Governments develop and implement evidence-based long-term strategies that promote policy reforms designed to increase the supply of safe, affordable housing and flexible spending models across governmental agencies and programs to mitigate housing insecurity among individuals with SUD.[85]
3. Policymakers increase funding for low-barrier healthcare services and shelter services for people experiencing housing instability and SUD, such as street, mobile, and walk-in healthcare programs, as well as low-barrier emergency shelter programs, including non-congregate shelters.
4. Policymakers require onsite availability of overdose reversal medication at shelter and emergency housing programs.
5. To address chronic homelessness, policymakers significantly increase funding for, and implement policy reforms to facilitate implementation of permanent supportive housing (PSH) programs that provide safe, non-time-limited, affordable housing paired with flexible, voluntary supportive or health services that meet an individual's level of need, without requiring SUD treatment or abstinence for entry or continuation.
    a. States incentivize PSH operators to report quality measures based on existing best practices in assessing quality within supportive housing that can meet the needs of individuals with SUD.
    b. States encourage PSH programs to incorporate a wide range of harm reduction[86] services and require them to distribute overdose reversal medication, train staff on opioid overdose response, and implement overdose safety planning.
    c. Policymakers ensure policies provide access to PSH programs for people with SUD, regardless of whether SUD is their sole diagnosis or whether they are currently engaging in illegal drug use.

6. Governments require appropriate quality measures for recovery residences, as well as the credentialing of recovery residences through accreditation, licensure, or certification by:
    a. designing credentialing processes based on (i) nationally recognized quality standards and SAMHSA's Best Practice Standards, which include explicit support for residents' use of prescribed medications for mental or physical health conditions, including medications for addiction treatment such as buprenorphine and methadone;[56] (ii) nomenclature and terminology in *The ASAM Criteria's* residential treatment and recovery residence continuum of care; and (iii) compliance with the ADA, Rehabilitation Act, and the FHA;
    b. requiring credentialing for (i) access to public funds, (ii) patient referrals from licensed or state-funded SUD treatment providers, and (iii) inclusion in government directories or registries; and
    c. mandating that the following meet ASAM Level 3.1 program standards: (i) clinical recovery residences; and (ii) nonclinical recovery residences that require all residents to attend the same outpatient treatment program.
7. Governments increase funding for recovery residences, recovery support services (RSS) at recovery residences, transition services from recovery residences to PSH programs when appropriate, and support services at PSH programs.[41] Specific strategies include:
    a. using state plan amendments (SPA), 1115 waivers, or other Medicaid initiatives or waiver programs to cover RSS;
    b. using State Opioid Response (SOR) competitive grant programs and opioid settlement dollars to create funding opportunities for recovery residences; and
    c. using the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant to fund RSS delivered by certified and employed recovery residence staff.
8. Governments increase funding to promote research related to understanding which supports and services within recovery residences and PSH programs maximally reduce the harms of substance use and future overdose risk and which determinants best match patients with the appropriate type of recovery residence.
9. States implement policies that make the locating of recovery residences and permanent supportive housing programs easier and less prone to legal delays or administrative complexities.[55]
10. Lawmakers and regulators, including the FDA Drug Safety and Risk Management Advisory Committee, amend statutes, regulations, and the REMS protocol to expand access to long-acting injectable buprenorphine (LAIB), explicitly supporting field-based provision (e.g., at shelters, PSH programs, or via street medicine) of LAIB by healthcare teams; and amend law or regulations to promote greater access to methadone for opioid use disorder.
11. The U.S. Department of Justice (DOJ) prioritizes enforcing the ADA, Rehabilitation Act, and the FHA, related to recovery residence, shelter, and emergency housing programs' policies on FDA-approved SUD medications, paired with strategic educational efforts on the legal responsibility to accommodate individuals receiving SUD medications.[70]

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References

1. U.S. Department of Housing and Urban Development. The 2024 Annual Homelessness Assessment Report (AHAR) to Congress. Part 1: Point-in-Time Estimates of Homelessness. December 2024. https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html

2. Stablein GW, Hill BS, Keshavarz S, Llorente MD. Homelessness and substance use disorders. In: *Clinical Management of the Homeless Patient: Social, Psychiatric, and Medical Issues*. Springer Nature Switzerland AG; 2021:179-194. doi:10.1007/978-3-030-70135-2_12

3. Hossain MM, Sultana A, Tasnim S, et al. Prevalence of mental disorders among people who are homeless: An umbrella review. *Int J Soc Psychiatry*. 2020;66(6):528-541. doi:10.1177/0020764020924689

4. Austin AE, Shiue KY, Naumann RB, Figgatt MC, Gest C, Shanahan ME. Associations of housing stress with later substance use outcomes: A systematic review. *Addict Behav*. 2021;123:107076. doi:10.1016/j.addbeh.2021.107076

5. Worst Case Housing Needs: 2023 Report to Congress | HUD USER. Accessed December 15, 2024. https://www.huduser.gov/portal/publications/Worst-Case-Housing-Needs-2023.html

6. Yamamoto A, Needleman J, Gelberg L, Kominski G, Shoptaw S, Tsugawa Y. Association between homelessness and opioid overdose and opioid-related hospital admissions/emergency department visits. *Soc Sci Med*. 2019;242:112585. doi:10.1016/j.socscimed.2019.112585

7. Padgett DK. Homelessness, housing instability and mental health: making the connections. *BJPsych Bull*. 2020;44(5):197-201. doi:10.1192/bjb.2020.49

8. Yamamoto A, Needleman J, Gelberg L, Kominski G, Shoptaw S, Tsugawa Y. Association between homelessness and opioid overdose and opioid-related hospital admissions/emergency department visits. *Soc Sci Med*. 2019;242:112585. doi:10.1016/j.socscimed.2019.112585

9. Cheung A, Somers J, Moniruzzaman A, et al. Emergency department use and hospitalizations among homeless adults with substance dependence and mental disorders. *Addiction science & clinical practice*. 2015;10:17. doi:10.1186/s13722-015-0038-1

10. Fisher C. Stretched Too Thin: The Impact of Homelessness on U.S. Law Enforcement. Published December 2020. Accessed January 10. 2025. https://www.hsdl.org/c/abstract/?docid=850273

11. American Society of Addiction Medicine. Prevention. July 27, 2023. Accessed February 26, 2024. https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2023/09/27/prevention

12. Compton MT, Shim RS. The Social Determinants of Mental Health. *FOC*. 2015;13(4):419-425. doi:10.1176/appi.focus.20150017

13. Thompson RG, Wall MM, Greenstein E, Grant BF, Hasin DS. Substance-use disorders and poverty as prospective predictors of first-time homelessness in the United States. *Am J Public Health*. 2013;103 Suppl 2(Suppl 2):S282-288. doi:10.2105/AJPH.2013.301302

14. Prescott S. How Stable Housing Supports Recovery from Substance Use Disorders. Opioid Principles. June 5, 2024. Accessed January 8, 2025. https://opioidprinciples.jhsph.edu/how-stable-housing-supports-recovery-from-substance-use-disorders/

15. Bomboy S. Justices uphold ordinances regulating public homeless encampments. National Constitution Center – constitutioncenter.org. July 1, 2024. Accessed December 2, 2024. https://constitutioncenter.org/blog/supreme-court-upholds-ordinances-regulating-public-homeless-encampments

16. Olah H. Homelessness and Intersectional Discrimination: The Roles of Ethnicity, Race, and Gender – The HomeMore Project. Accessed January 8, 2025. https://thehomemoreproject.org/homelessness-and-intersectional-discrimination-the-roles-of-ethnicity-race-and-gender/

17. Recovery Housing Policy Brief. Hudexchange.info. Published 2024. Accessed January 10, 2025. https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief

18. Wolff TAF. Housing Is Healthcare: The Tax Implications of Homelessness and Addiction. Quinnipiac Health Law J. 2018;21:259.

19. Alegría M, Pérez DJ, Williams S. The role of public policies in reducing mental health status disparities for people of color. *Health Aff (Millwood)*. 2003;22(5):51-64. doi:10.1377/hlthaff.22.5.51

20. Viveiros J. Affordable Housing's Place in Health Care: Opportunities Created by the Affordable Care Act and Medicaid Reform. June 2015. Accessed December 2, 2024. https://nhc.org/wp-content/uploads/2017/03/Affordable-Housings-Place-in-Health-Care.pdf

21. Acosta S GE. Families Wait Years For Housing Vouchers Due to Inadequate Funding. July 22, 2021. Accessed December 2, 2024. https://www.cbpp.org/sites/default/files/7-22-21hous.pdf

22. Long Waitlists for Housing Vouchers Show Pressing Unmet Need for Assistance | Center on Budget and Policy Priorities. October 6, 2021. Accessed December 15, 2024. https://www.cbpp.org/research/housing/long-waitlists-for-housing-vouchers-show-pressing-unmet-need-for-assistance

23. Popkin SJ, Ratcliffe J. *Lessons from 40 Years of Public Housing Policy: Where Do We Go from Here?* Urban Institute; 2024. Accessed December 15, 2024. https://www.urban.org/events/lessons-40-years-public-housing-policy-where-do-we-go-here

24. U.S. Department of Housing and Urban Development. The 2024 Annual Homelessness Assessment Report (AHAR) to Congress. Part 1: Point-in-Time Estimates of Homelessness. December 2024. https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html

25. Definition of Chronic Homelessness. Accessed December 15, 2024. https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness

26. United States Interagency Council on Homelessness. All In: The Federal Strategic Plan to Prevent and End Homelessness. Published online October 2022. Accessed November 15, 2024. https://www.usich.gov/federal-strategic-plan/overview

27. Rog DJ, Marshall T, Dougherty RH, et al. Permanent supportive housing: assessing the evidence. *Psychiatr Serv*. 2014;65(3):287-294. doi:10.1176/appi.ps.201300261

28. National Academies of Sciences E. *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness.*; 2018. doi:10.17226/25133

29. Nuti SV, Velasquez D, Adams LD, O'Connell JJ. Precision Permanent Supportive Housing: A Data-Driven Approach To Addressing Chronic Homelessness. doi:10.1377/forefront.20240625.514007

30. Coordinated Entry System - TCHC | Total Care for the Homeless Coalition. January 9, 2025. Accessed January 8, 2025. https://tchcsc.org/coordinated-entry-system/

31. Collins SE, Malone DK, Clifasefi SL, et al. Project-based Housing First for chronically homeless individuals with alcohol problems: within-subjects analyses of 2-year alcohol trajectories. *Am J Public Health*. 2012;102(3):511-519. doi:10.2105/AJPH.2011.300403

32. Tsemberis S, Gulcur L, Nakae M. Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Am J Public Health*. 2004;94(4):651-656. doi:10.2105/ajph.94.4.651

33. Wolitski RJ, Kidder DP, Pals SL, et al. Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS Behav*. 2010;14(3):493-503. doi:10.1007/s10461-009-9643-x

34. Gulcur L, Stefancic A, Shinn M, Tsemberis S, Fischer SN. Housing, hospitalization and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes. *Journal of Community & Applied Social Psychology*. 2003;13(2):171-186. doi:10.1002/casp.723

35. Baxter AJ, Tweed EJ, Katikireddi SV, Thomson H. Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. *J Epidemiol Community Health*. 2019;73(5):379-387. doi:10.1136/jech-2018-210981

36. Aubry T, Nelson G, Tsemberis S. Housing First for People With Severe Mental Illness Who Are Homeless: A Review of the Research and Findings From the At Home-Chez soi Demonstration Project. *Can J Psychiatry*. 2015;60(11):467-474. doi:10.1177/070674371506001102

37. Disability Documentation for Permanent Supportive Housing Program. Accessed January 10, 2025. https://www.ywcaquincy.org/wp-content/uploads/2024/05/Disability-Verification-Form-1.pdf

38. Holt K. Housing Choice Voucher Program Administrative Plan. https://dhcd.maryland.gov/Residents/Documents/DHCDFY2022HCVPAdministrativePlan.pdf

39. The Emergency Shelter Learning Series the Keys to Effective Low-Barrier Emergency Shelters. Accessed January 10, 2025. https://endhomelessness.org/wp-content/uploads/2017/04/ES-Webinar-2-Keys-to-Effective-Low-barrier-Shelter_Webpage.pdf

40. State of Homelessness: 2024 Edition. National Alliance to End Homelessness. Accessed December 15, 2024. https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/

41. Waller RC, Boyle MP, Daviss SR. The ASAM Criteria: Treatment for Addictive, Substance-Related, and Co-Occurring Conditions. Vol 1 Adults. 4th ed. Hazelden Publishing; 2023.

42. National Alliance for Recovery Residences. Standards. Accessed December 15, 2024. https://narronline.org/standards/

43. Laudet AB, Humphreys K. Promoting recovery in an evolving policy context: what do we know and what do we need to know about recovery support services? *J Subst Abuse Treat*. 2013;45(1):126-133. doi:10.1016/j.jsat.2013.01.009

44. Mericle AA, Slaymaker V, Gliske K, Ngo Q, Subbaraman MS. The role of recovery housing during outpatient substance use treatment. *J Subst Abuse Treat*. 2022;133:108638. doi:10.1016/j.jsat.2021.108638

45. National Council for Mental Wellbeing, National Alliance for Recovery Residences. Building Recovery: State Policy Guide for Supporting Recovery Housing. Published online 2024. https://www.thenationalcouncil.org/resources/building-recovery-state-policy-guide-for-supporting-recovery-housing/

46. Reif S, George P, Braude L, et al. Recovery housing: assessing the evidence. *Psychiatr Serv*. 2014;65(3):295-300. doi:10.1176/appi.ps.201300243

47. Home Page - ISTARR. ISTARR. Published October 18, 2024. Accessed January 10, 2025. https://istarr.arg.org/

48. Jason LA, Olson BD, Ferrari JR, Lo Sasso AT. Communal housing settings enhance substance abuse recovery. *American Journal of Public Health*. 2006;96(10):1727-1729. doi:10.2105/AJPH.2005.070839

49. Polcin DL, Korcha RA, Bond J, Galloway G. Sober living houses for alcohol and drug dependence: 18-month outcomes. *J Subst Abuse Treat*. 2010;38(4):356-365. doi:10.1016/j.jsat.2010.02.003

50. Ashworth M, Johnson D, Thompson R. Adaptable Tool for Modeling the Benefits and Costs of Substance Use Disorder Recovery Programs. *Journal of Benefit-Cost Analysis*. Published online December 16, 2024:1-16. doi:10.1017/bca.2024.26

51. United States Attorney's Office, District of Arizona. Seven Charged in Arizona as Part of the Department of Justice's 2024 National Health Care Fraud Enforcement Action. June 28, 2024. Accessed September 1, 2024. https://www.justice.gov/usao-az/pr/seven-charged-arizona-part-department-justices-2024-national-health-care-fraud

52. Presentment of the Palm Beach County Grand Jury. Report on the Proliferation of Fraud and Abuse in Florida's Addiction Treatment Industry. In the Circuit Court of the Fifteenth Judicial Circuit in and for Palm County, Florida; 2016. https://www.documentcloud.org/documents/3235916-Grand-jury-report-on-drug-treatment.html

53. Martin E, McKinney K, Razavi M, Burnham V, Accy B. National Overview of Recovery Housing Accreditation Legislation and Licensing.

54. Richard. State Resources - Fletcher Group. September 16, 2022. Accessed December 16, 2024. https://www.fletchergroup.org/2022/09/16/state-resources/, https://www.fletchergroup.org/2022/09/16/state-resources/

55. Harvard Law Review. To License a LULU: Scaling Preemption-Driven Responses to the Regulation of Recovery Homes. Published online December 10, 2021. https://harvardlawreview.org/print/vol-135/a-license-a-lulu-scaling-preemption-driven-responses-to-the-regulation-of-recovery-homes/

56. Substance Abuse and Mental Health Administration. Best Practices for Recovery Housing. Published online December 5, 2023. https://www.samhsa.gov/resource/ebp/best-practices-recovery-housing

57. National Alliance for Recovery Residences. Certification. Accessed January 8, 2025. https://narronline.org/affiliates/certification/

58. National Alliance for Recovery Residences. Affiliates. Accessed January 8, 2025. https://narronline.org/affiliates/

59. Thompson RA, Johnson D, Ashworth M, Stott M. Establishing Quality and Outcome Measures for Recovery Housing: A Tiered Approach Supporting Service Evolution. *Community Ment Health J*. 2024;60(4):681-690. doi:10.1007/s10597-023-01219-6

60. Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ*. 2017;357. doi:10.1136/bmj.j1550

61. Collins SE, Duncan MH, Smart BF, et al. Extended-release naltrexone and harm reduction counseling for chronically homeless people with alcohol dependence. *Subst Abus*. 2015;36(1):21-33. doi:10.1080/08897077.2014.904838

62. Ling W, Shoptaw S, Goodman-Meza D. Depot Buprenorphine Injection In The Management Of Opioid Use Disorder: From Development To Implementation. *Subst Abuse Rehabil*. 2019;10:69-78. doi:10.2147/SAR.S155843

63. Martin E, Maher H, McKeon G, Patterson S, Blake J, Chen KY. Long-acting injectable buprenorphine for opioid use disorder: A systematic review of impact of use on social determinants of health. *J Subst Abuse Treat*. 2022;139:108776. doi:10.1016/j.jsat.2022.108776

64. U.S. Government Accountability Office. Opioid Use Disorder: Treatment with Injectable and Implantable Buprenorphine. Published online August 2020. https://www.gao.gov/assets/gao-20-617.pdf

65. McMaster J, Abeysundera H. Effectiveness of long-acting buprenorphine - A systematic review. *Australas Psychiatry*. Published online October 29, 2024:10398562241295872. doi:10.1177/10398562241295872

66. Methadone Treatment for Opioid Use Disorder Examining Federal Regulations and Laws - A Workshop | National Academies. Accessed December 15, 2024. https://www.nationalacademies.org/our-work/methadone-treatment-for-opioid-use-disorder-examining-federal-regulations-and-laws---a-workshop

67. Facher L. The recovery community says it offers refuge from opioid addiction. But it's still hostile to lifesaving addiction medications. STAT. November 12, 2024. Accessed December 15, 2024. https://www.statnews.com/2024/11/12/opioid-addiction-recovery-narcotics-anonymous-salvation-army/

68. Chatterjee A, Stewart EA, Assoumou SA, et al. Health and Economic Outcomes of Offering Buprenorphine in Homeless Shelters. Accessed December 16, 2024. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2824916

69. Bounthavong M. Value and Affordability of Shelter-Based Opioid Treatment Among People Experiencing Homelessness. *JAMA Netw Open*. 2024;7(10):e2437241. doi:10.1001/jamanetworkopen.2024.37241

70. Fields M, Sinkman D, Weizman S, LaBelle R. Recovery Housing and Civil Rights Laws: Rights and Obligations Related to Medications for Opioid Use Disorder. December 3, 2023. https://oneill.law.georgetown.edu/wp-content/uploads/2023/12/ONL_BI20_OPIOD_Recovery_Housing_P5.pdf

71. Facher L. Biden administration should push for addiction medication in recovery houses, groups say. STAT. July 31, 2024. Accessed December 16, 2024. https://www.statnews.com/2024/07/31/medication-assisted-treatment-opioid-use-disorder-recovery-house-rules/

72. U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program - Homeless Veterans. Va.gov. Published 2018. https://www.va.gov/homeless/hud-vash.asp

73. USDA and HHS Partner to Create Substance Abuse Recovery Housing in Rural Communities. Rural Development. February 15, 2019. Accessed January 8, 2025. https://www.rd.usda.gov/newsroom/news-release/usda-and-hhs-partner-create-substance-abuse-recovery-housing-rural-communities

74. Saldua M. Addressing Social Determinants of Health Among Individuals Experiencing Homelessness. Substance Abuse and Mental Health Services Administration. Published November 15, 2023. https://www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessnesshttps://www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessness

75. Ashwood JS, Osilla KC, DeYoreo M, et al. *Federal Block Grants to States for Mental Health, Substance Abuse, and Homelessness: Potential Improvements to Funding Formulas*. RAND Corporation; 2019. Accessed December 16, 2024. https://www.rand.org/pubs/research_briefs/RB10049.html

76. SOAR Funding and Sustainability Overview | SOAR Works! Accessed December 15, 2024. https://soarworks.samhsa.gov/article/soar-funding-and-sustainability-overview

77. Willison CE. *Ungoverned and Out of Sight: Public Health and the Political Crisis of Homelessness in the United States*. Oxford University Press; 2021.

78. Willison CE, Dewald A. Medicaid Waivers to Address Homelessness: Political Development and Policy Trajectories. *J Health Polit Policy Law*. Published online November 15, 2024:11670160. doi:10.1215/03616878-11670160

79. Hinton E, Published AD. Section 1115 Medicaid Waiver Watch: A Closer Look at Recent Approvals to Address Health-Related Social Needs (HRSN). KFF. March 4, 2024. Accessed December 16, 2024. https://www.kff.org/medicaid/issue-brief/section-1115-medicaid-waiver-watch-a-closer-look-at-recent-approvals-to-address-health-related-social-needs-hrsn/

80. Tsai D, Centers for Medicare and Medicaid Services. Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program. Published online November 16, 2023. https://www.medicaid.gov/federal-policy-guidance/downloads/cib11162023.pdf

81. Centers for Medicaid and Medicare Services, Wachino V. Coverage of Housing-Related Activities and Services for Individuals with Disabilities. Published online June 26, 2015. https://www.medicaid.gov/federal-policy-guidance/downloads/cib-06-26-2015.pdf

82. Crossley M. Bundling Justice: Medicaid's Support for Housing. *J Law Med Ethics*. 2018;46(3):595-601. doi:10.1177/1073110518804209

83. Quality Supportive Housing. Corporation for Supportive Housing. Accessed December 15, 2024. https://www.csh.org/csh-solutions/training-ta-consulting/quality/

84. Azar AM. Report to Congress: Innovative State Initiatives and Strategies for Providing Housing-Related Services and Supports under a State Medicaid Program to Individuals with Substance Use Disorders Who Are Experiencing or are at Risk of Experiencing Homelessness As Required by the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act (Pub. L. 115-271) from the Department of Health and Human Services Office of the Secretary. Published online November 13, 2020. https://www.medicaid.gov/medicaid/benefits/downloads/rtc111320-1017.pdf

85. O'Neill Institute for National and Global Health Law, Georgetown Law. Transcending MET (Money, Ego, Turf): A Whole Person, Whole Government Approach to Addressing Substance Use Disorder Through Aligned Funding Streams and Coordinated Outcomes. Published online 2023. https://oneill.law.georgetown.edu/wp-content/uploads/2023/06/ONL_Whole_Person_Government_P6r1.pdf

86. National Alliance of State & Territorial AIDS Directors. Narratives and Recommendations from Lived Experience in Improving Health Outcomes and HIV Care Continuity for People Who Use Drugs the Role of Housing. Accessed January 10, 2025. https://nastad.org/sites/default/files/2024-10/PDF-NASTAD-Resource-Role-Housing-Improving-Outcomes-PWUD-100124.pdf