Rental Subsidy for Stabilizing People who are Homeless with a Substance Use Disorder

Purpose:

To house people and address the individual needs of people in recovery. Strategy: Create a Housing Fund with Wrap Around Services for people with Substance Use Disorders

Key Ideal Components:

- Targets the population that has a primary diagnosis of Substance Use Disorder.
- Needs to allow for roommate situations so it can be used in congregate (shared bedroom) Recovery Residences or Sober Housing.
- Needs to allow for quick and simple access to Recovery Residences.
- Needs to work for self-run, self-supported models, or other recovery models including congregate, shared bedroom, or SROs.
- Needs to be flexible, and needs to work in conjunction with wrap around supports including transportation, child care, etc.
- Needs renewability – if someone loses the voucher, having the ability to qualify again is vital (relapse is part of recovery).
- The temporary voucher could potentially carry homeless status, as with transitional housing.

Affordability target, and time length:

- 30% of income is the target affordability portion.
- The subsidy should last up to two years.
    - Time length – Flexibility is important; the subsidy should adapt to the situation meeting each person where he or she is at in terms of taking over entire rent.

Implementation:

- The best arrangement is that homeless providers have access to a pot of money to use only for subsidizing individual rents situation by situation. They will know who will best benefit, and for how long, and they will have established relationships with landlords so they can establish the legitimacy of each housing option.
- This could be set up as an RFP/grant opportunity for homeless providers.
- Homeless providers would Identify services needed to carry the person through to recovery and identify the cost (to allow advocacy for adequate resources).
- Homeless providers would gather information about the cost of detox, treatment, and housing in the first year.
    - It is noted by DHHS that for every $1 of treatment, $11 is saved.
- Homeless providers would seek clinical input for long-term detox (alcohol) or short-term detox (opioid).
- Homeless providers would be conscious of safety and environment in placement decisions.