



2026

**HOUSING ACCESS AMONG  
PEOPLE WHO USE DRUGS  
IN PENNSYLVANIA**

---

PENNSYLVANIA STATE EPIDEMIOLOGICAL  
OUTCOMES WORKGROUP

# Significance & Scope

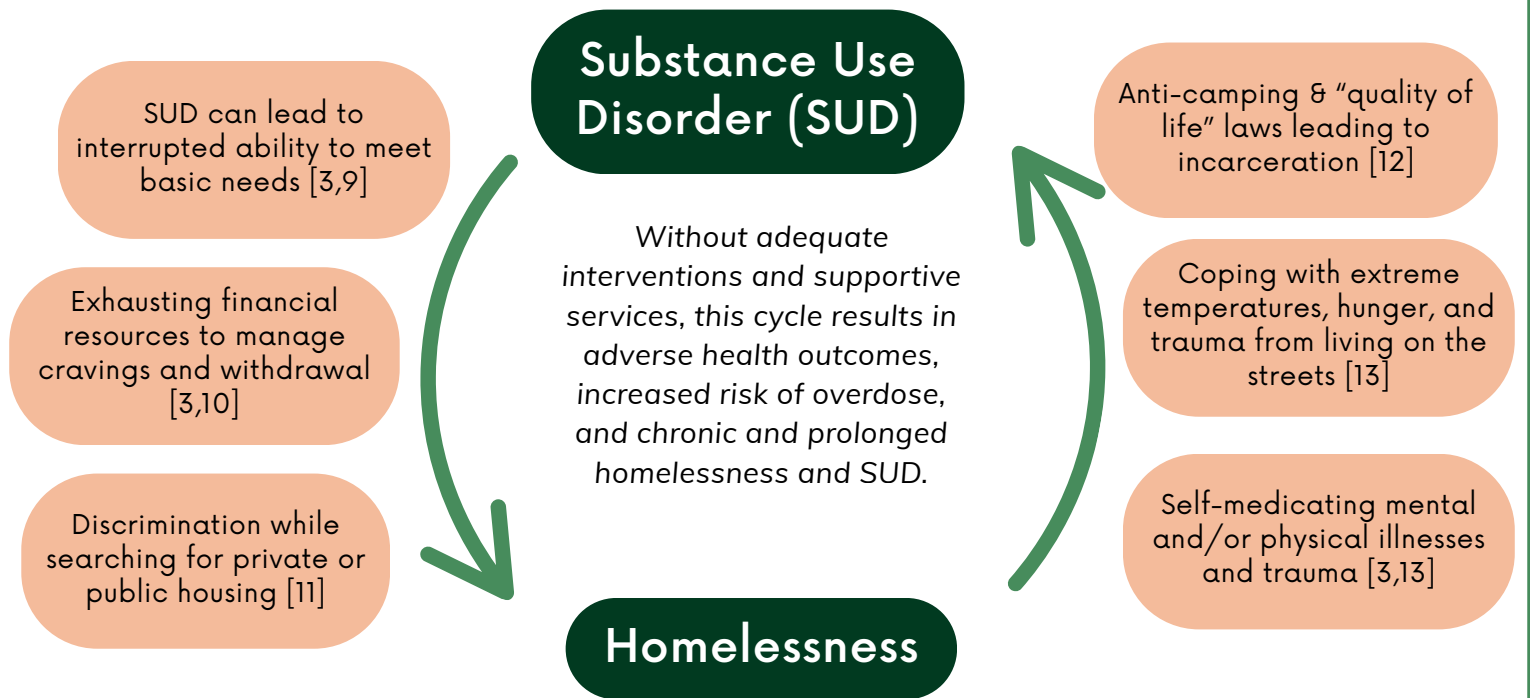
## Introduction

Access to stable and supportive housing is a critical factor in health, recovery, and overall well-being [1,2]. Yet, housing access can be particularly difficult for people who use drugs (PWUD) [3], and the relationship between substance use and homelessness can be mutually reinforcing (Figure 1). Nationally in 2024, 14.6% (n=112,620) of individuals experiencing homelessness had a substance use disorder [4].

Housing and shelter programs may impose barriers for accessibility for PWUD, including abstinence/sobriety requirements, mandatory treatment participation, or specific behavioral rules [5-7]. These structural and programmatic features may exclude or deter people with ongoing substance use, and make housing feel inaccessible or unsafe, even when beds are technically available [7]. However, the extent of these barriers in Pennsylvania remains unknown. To better understand access issues, we surveyed hundreds of shelter and housing providers across Pennsylvania about entry and stay requirements, as well as supportive services affecting PWUD (see pp. 7-10).

**"Having a safe place to stay gives me the energy I need to stop using."**  
-Crystal (resident of Prevention Point's Beacon House) [8]

This report focuses on the intersection of homelessness and substance use in Pennsylvania. We assess the prevalence of substance use among unhoused individuals, analyze the accessibility and appropriateness of shelter and housing programs for PWUD, and offer recommendations to better align housing services with the needs of PWUD.

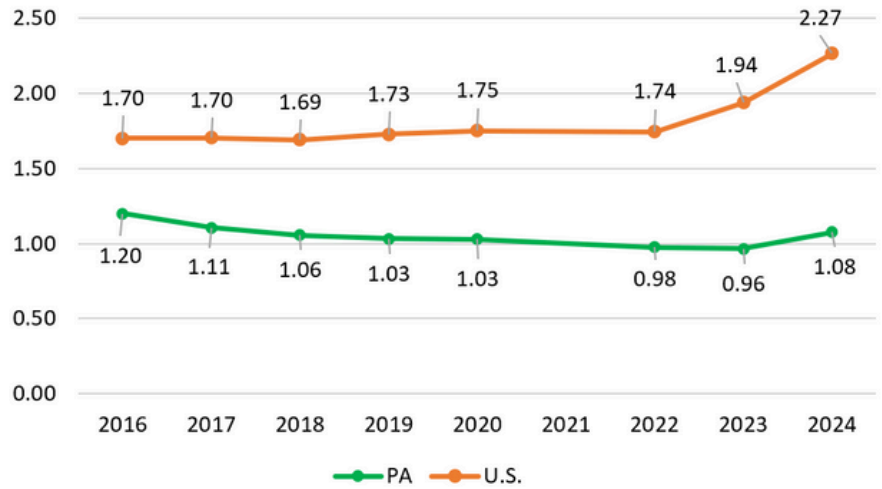


**Figure 1: The mutually reinforcing cycle of homelessness & substance use**

## Prevalence of Homelessness in the U.S. and PA

The primary source of data for the prevalence of homelessness and co-occurring conditions is the Point-in-Time (PIT) Count, a locally coordinated, federally required count of sheltered and unsheltered individuals experiencing homelessness on a single night in January. PIT counts have significant limitations and are underestimates, and individuals staying in permanent supportive housing are not included.

Based on the PIT counts from 2016-2024, Pennsylvania reported lower rates of unhoused individuals than the national average. From 2023 to 2024, Pennsylvania's rate rose 12.2%, from 0.96 to 1.08 per 1,000 residents.

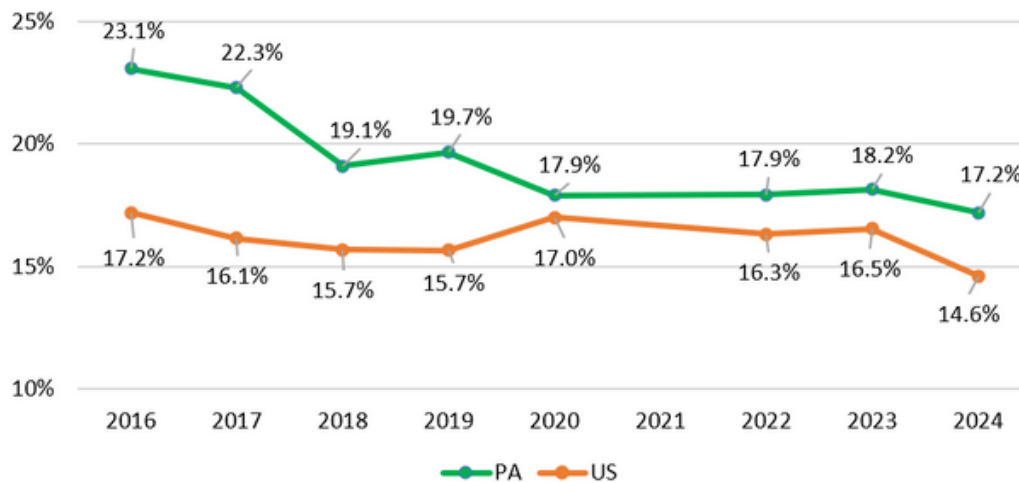


**Figure 2: Rates of unhoused individuals per 1,000 residents in the U.S. and PA, 2016-2024.**

Source: Point-in-Time Count [14]; U.S. Census Bureau [15-18]

In 2024, among unhoused Pennsylvanians (n=14,088), 81.3% were sheltered and 18.7% unsheltered [14]. From 2023 to 2024, the number of sheltered individuals increased by 6.1% (from 10,792 to 11,453), while the number of unsheltered individuals increased by 49.4% (from 1,764 to 2,635) [14].

## Substance Use Among Unhoused Individuals in the U.S. and PA



**Figure 3: Prevalence of unhoused individuals who chronically abuse substances in the U.S. and PA from 2016-2024**

Sources: Point-in-Time Count [4, 19-26]; U.S. Census Bureau [15-18]

Prevalence of chronic substance abuse among unhoused individuals in PA has consistently been higher than the U.S. average. In Pennsylvania, it has declined since 2016, from 23.1% (n=3,542) to 17.2% (n=2,422) in 2024 (Figure 3).

In PA in 2024, **24.7%** (n=650) of **unsheltered** unhoused individuals (n=2,635) chronically abused substances, compared to **15.7%** (n=1,795) of **sheltered** unhoused individuals (n=11,453) [14]

Note: In keeping with the language used in the Point-in-Time count, the term "abuse" is used in Figure 3 and the accompanying text. However, the use of this term to describe drug use is stigmatizing and should be avoided [27].

# The Harms of Criminalization

## Criminalization, Substance Use, & Homelessness

On average, unsheltered individuals are **nine times** more likely to spend a night in jail than sheltered individuals [28]

Formerly incarcerated individuals are almost **10x** more likely to be unhoused than the general population [29]

In Florida, it costs **\$31,065** per year to cycle one unhoused individual through jails/hospitals, but only **\$10,051** to provide supportive housing [30]

From June 2024 to June 2025, in the US there have been over **320** bills that make it a crime to be homeless, and nearly **220** have passed [31]

Homelessness among PWUD is impacted by criminalization [32-34]. Criminalization contributes to housing loss and creates barriers to reentry [35]. Unhoused individuals are disproportionately cited, arrested, or jailed for engaging in life-sustaining activities in public spaces, such as sleeping or storing belongings [34]. These enforcement actions often result in the loss of critical items like identification, medications, and work tools, further destabilizing individuals already navigating mental health challenges and substance use [33,36]. A criminal record, in turn, significantly limits access to housing, employment, and public assistance, making it more difficult to exit homelessness [37]. These challenges can be especially acute for people released from jail or prison, who are discharged into homelessness with minimal support [35]. Black individuals and people with visible disabilities or mental illness face heightened risk of criminal legal system involvement and are more likely to experience escalated encounters with law enforcement [38,39].

Evidence shows that criminalization does not reduce homelessness; instead, it compounds the harms [33,40]. The most effective way to address homelessness and reduce associated justice system costs is to invest in stable, supportive housing and services, rather than punitive approaches [32,33,41].

**"And so when we [say] ... I've been a criminal before, no matter how skilled we are, we are turned down for this housing and for this employment."**  
-Recently incarcerated, unhoused woman [42]

### Community Organization Spotlight: RCP House

Returning Citizens Program (RCP) House is a forensic housing program located in Clinton County. Established in 2015, it provides housing for parole-eligible county inmates without a viable home plan, accommodating up to six people at a time. The program aims to reduce recidivism and lower incarceration costs by offering housing and wraparound supportive services. Case managers, probation officers, and participants work together to set and achieve individualized goals. In addition to supporting successful reentry, RCP House saved Clinton County ~ \$127,000 in jail-related costs in 2024 [43].



Copyright: Tia Walker  
**Outside of RCP House**



Copyright: Tia Walker  
**Kitchen**



Copyright: Tia Walker  
**Living/dining room**

# Housing Availability

## Defining Different Types of Housing



### Emergency Shelters

- Overnight shelter or up to 30-day stays
- Typically dormitory-style with little privacy
- Many have strict curfews and have people vacate in the morning
- Goal: get people off the streets [44]



### Transitional Housing

- Temporary housing for up to 24 months with supportive services
- Apartment style housing with more privacy than ES
- Sometimes require engagement in services
- Goal: interim stability, move people into permanent housing [45]



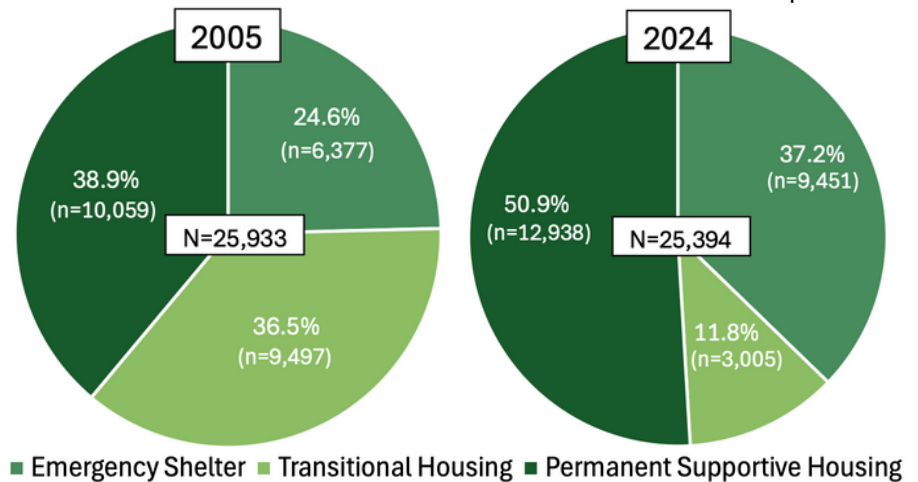
### Permanent Supportive Housing

- Indefinite long-term leasing/rental assistance
- Households pay 30-50% of their income on rent
- Provides comprehensive supportive services
- Goal: help individuals/ families achieve housing stability [46]

## Availability of Housing Units Across Housing Continuum

The housing continuum refers to a range of housing options for individuals experiencing homelessness, primarily consisting of emergency shelters (ES), transitional housing (TH), and permanent supportive housing (PSH). The number of beds and units in PA across this continuum has fluctuated in the past 15 years, peaking at 29,750 in 2015 [47].

As of 2024, there were 25,394 available beds in PA across these three housing options – 539 less than in 2005 when the Housing Inventory Count was first conducted (Figure 4). Between 2005 and 2024, emergency shelter beds increased by 48.2%, transitional housing beds decreased by 68.4%, and permanent supportive housing beds increased by 28.6%. Since 2010 in PA, permanent supportive housing has made up the majority of beds across these housing types [47].



**Figure 4: Year-round beds in Pennsylvania by housing type in 2005 and 2024**

Source: Housing Inventory Count [47]

## Housing Choice Vouchers (a.k.a. Section 8)

- Housing Choice Vouchers (HCV) help very low-income people, seniors, and people with disabilities access private-market housing [48].
- The program is run by local public housing authorities (PHAs), but participants must find landlords who accept vouchers.
- Both PHAs and private landlords can deny housing to applicants with criminal or drug-related histories, including current illegal substance use [49-53].

### Access to Housing Choice Vouchers in PA

In 2025, a Drexel University research team conducted an informal phone survey of all of PA's 67 county housing authorities to examine access to HCVs:

- 48 responded, and 47 offered HCVs.
- All 47 that offered HCVs have waiting lists, and 22 of them had their lists closed indefinitely.
- Most authorities could not estimate how long the waiting list would take or when it might reopen; among those that could, estimates ranged from one month to two years.

# Key Barriers & Policies

## Service-Related Barriers

Affordable housing is scarce in the U.S. and Pennsylvania, especially for unsheltered individuals [6, 54-56]. In addition to limited availability and long waitlists, unhoused PWUD encounter barriers both in accessing housing and in their shelter experiences, such as:

Sobriety requirements and/or prohibiting people from keeping or using drugs in facilities. [5,7,54]

Shelter and housing locations being far from key service areas and familiar environments [6,55]

Concerns of theft, safety, cleanliness & infectious disease transmission [7,55-57]

Lack of autonomy, community, and privacy (e.g., daytime closures, curfews, not accepting couples) [6,54,53]

Negative interactions with shelter staff and lack of staff training [55,56]

## Policies Impacting Housing Access

Laws that limit housing access for unhoused individuals range from penalties for basic survival behaviors—such as sleeping, eating, or sitting in public spaces—to the removal of anti-discrimination protections for those with substance use disorders (SUD) [58,59]. Pennsylvania has no statewide laws regulating public space use by unhoused individuals. Instead, cities and towns establish their own homelessness ordinances, which vary across the state. As of July 2025, two PA senators proposed plans to introduce the Shelter First Act, requiring municipalities to provide adequate indoor shelter before penalizing outdoor living [60,61]. Additionally, federal policies and programs, some of which are listed below, further complicate housing access for PWUD.

### Anti-Drug Abuse Act of 1988

- Authorizes public housing authorities to enforce lease termination for tenants or family members involved in drug-related activity, including use or possession, on or near the property [69].
- A drug-related eviction triggers a three-year ban from public housing, though many housing authorities impose longer exclusions [70].

### Defining Disability

- SUD is recognized as a disability under the Americans with Disabilities Act (ADA) of 1990 because it affects brain function and neurological health [62].
- Individuals in recovery, or with past or current addiction, are protected as individuals with disabilities under federal law [63,64].
- **However, those with SUD who are actively using illegal drugs are excluded from disability protections** under laws such as the Fair Housing Act (FHA) of 1968 and the ADA [62-64], even if they meet the disability definition. Consequently, they may be legally denied housing or accommodations [65].

### Grants Pass v. Johnson

#### Supreme Court Decision, June 28th, 2024

- Determines that the Eighth Amendment's ban on cruel and unusual punishment does not prohibit the City of Grants Pass from penalizing individuals experiencing homelessness for sleeping or camping outdoors [71,72].
- The decision applies to the 9th Circuit (including California and eight other Western states) but sets a precedent for future cases nationwide [73].
- Contradicts earlier rulings, such as *Martin v. Boise*, which held that “penalizing people for sleeping outside when no shelter is available is unconstitutional,” [74].

### Executive Order “Ending Crime and Disorder on America’s Streets”

- Issued by the Trump Administration on 7/24/2025.
- Supports using civil commitment to place unhoused individuals and/or individuals with mental illness into forced treatment.
- Prioritizes grant allocation for states/localities that enforce prohibitions on “open illicit drug use [...] urban camping and loitering [and] urban squatting” [66-68].
- Sets aside funds for encampment removal efforts.
- Blocks funding opportunities for harm reduction and safe consumption efforts.
- Calls for ending support for housing first policies.

# Practices of Forced Relocation

## Encampment Sweeps & Their Impacts

Encampment sweeps—forced removals of unhoused individuals from outdoor living spaces—are practices governments use to disperse unhoused individuals across the U.S.. Yet, research indicates that these sweeps worsen health, safety, and stability. Forced displacement pushes individuals into more dangerous and isolated areas, which increases exposure to violence and environmental risks and disrupts relationships with outreach workers [36,75-78]. Sweeps also frequently cause the loss of medical items and personal belongings, including identification documents that are needed to apply for benefits, services, and housing [36,75,76]. These disruptions can lead to poorer management of chronic illnesses, infectious diseases, and substance use disorders [75-77]. The trauma of displacement, repeated police encounters, and the loss of shelter and community further erode mental health and a sense of stability, undermining well-being [36,75]. While pairing encampment removals with immediate access to low-barrier housing and services can mitigate harm, most sweeps lack such support and only amplify risks [77-79]. Sweeps are also not a cost-effective intervention. A 2019 study of four cities found that encampment-related costs per unsheltered individual ranged from \$1,672 to \$6,208 per year [80]. Federal funds from the U.S. Department of Housing and Urban Development cannot pay for encampment sweeps, so cities and their taxpayers bear these costs [81].

## Encampment Sweeps in Philadelphia

In the past few decades, Philadelphia has conducted more than 25 encampment sweeps, also referred to as “resolutions,” at least 10 in the Kensington area [82]. The two most recent large-scale sweeps, in 2017-19 and 2024, specifically targeted encampments of PWUD.

**Location and Dates:** Five major Kensington encampments, closed in phases from July 2017 to early 2019.

**Action:** In 2017, City and Conrail dismantled “El Campamento,” a large encampment beneath the railroad tracks near Gurney Street [83]. In 2018, the Encampment Resolution Program (ERP) launched to close four other encampments under Conrail railroad bridges between 2018-2019 [84].

**Outcomes:**

- 189 encampment residents were moved in 2018. Only 16 were placed in permanent housing. 40.7% were contacted but not placed, and 23.8% of residents were not engaged in services provided [85].
- An evaluation of the sweep noted short-term engagement gains; however, new encampments soon formed nearby [85].
- By 2020, of the 299 former encampment residents on the city's by-name list, 67% accepted supportive services and 42% went to permanent housing [86].

“Everyone’s just gonna migrate somewhere else [...] they did Operation Sunrise like...[26] years ago, and everyone just migrated somewhere else. I don’t think it’s going to change anything.”

-Brandon, a resident of the neighborhood [87]

“Encampment residents also stressed that there was not enough housing for everyone staying in the encampments. Several suggested that the initiative was simply a way to ‘put them out of sight’ and did not offer any meaningful long-term housing solutions.”

-Cusack et al. 2021, on the 2018 encampment sweep [6]

**Location and Date:** Kensington & Allegheny Avenue corridor, May 8, 2024.

**Action:** Philadelphia Police and city workers dismantled a homeless encampment along a two-block stretch of Kensington Avenue [88].

**Outcomes:**

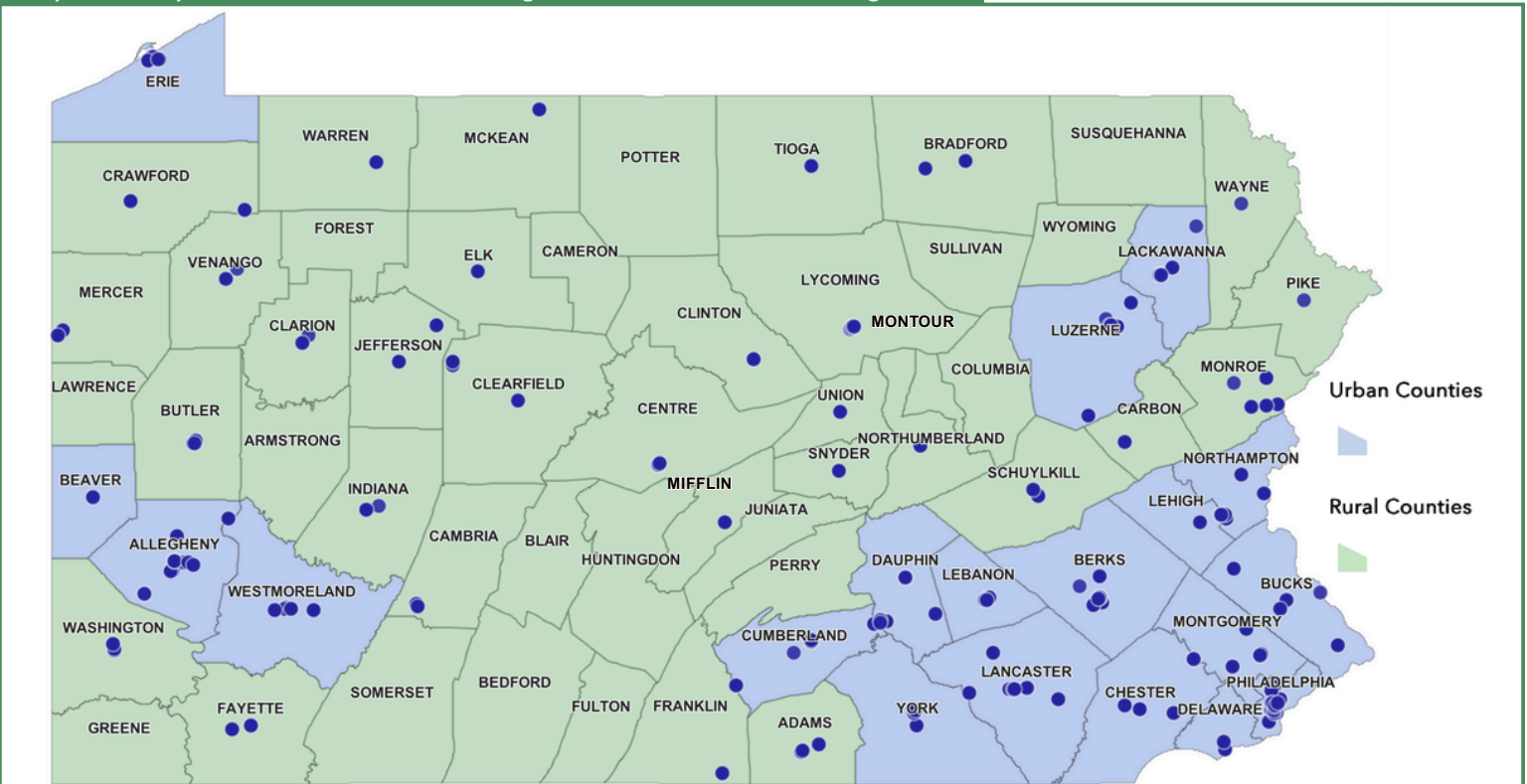
- In the 34 days preceding the sweep, a total of 59 individuals were connected to housing and services, including 19 on the day of the sweep [89].
- Residents report that most people relocated a few blocks away [82,88].

# Survey of Housing Providers in PA

## Overview of the Survey of PA Housing Programs

A survey of housing facilities in Pennsylvania was conducted by Drexel University on behalf of SEOW between January 13, 2025 and April 10, 2025. The 17-item survey was distributed via email to all identified emergency shelters (ES), transitional housing (TH), and permanent supportive housing (PSH) programs. These programs were located through publicly accessible resources, including PA 211, the Homeless Shelter Directory, and Continuum of Care directories. In total, 337 housing organizations were identified, with 573 unique programs. To identify potential barriers for PWUD, the survey asked about program policies and services related to drug use, including sobriety requirements and drug testing. It also gathered data on bed capacity, length of stay, and populations served. To enhance response rates, four follow-up email reminders were sent after the initial survey distribution. By the end of the survey period, 137 of 337 housing organizations responded (41% response rate), representing a total of 203 unique programs. Data analysis was performed at the program level, reflecting the variability in policies, populations, and services offered across multiple programs operated by individual organizations.

## Key Survey Statistics & Housing Distribution Findings



**Figure 5: Map of 203 shelter and housing programs in Pennsylvania that responded to the housing survey, by urban/rural classification.**

Source: PA 211, Homeless Shelter Directory, Housing Provider Survey

**41%**

organization-level response rate

**203**

unique housing programs responded

**49**

of 67 PA counties responded

**3**

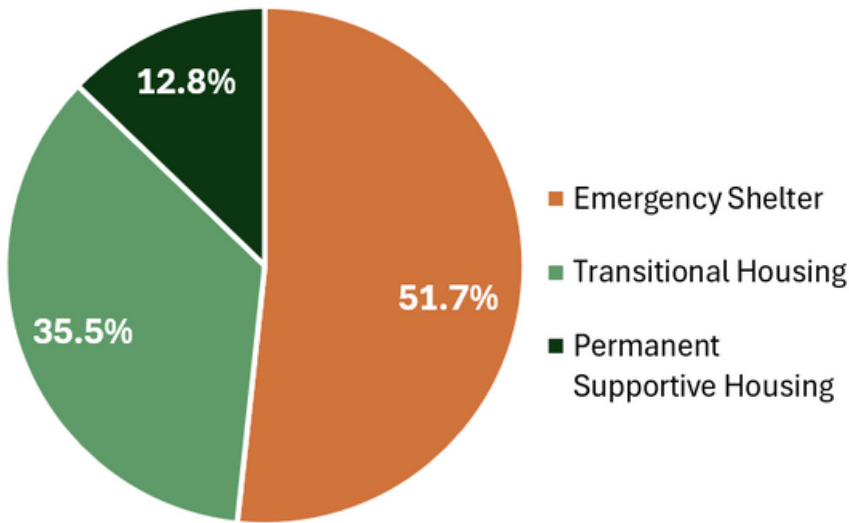
programs, on average, per county provided data

**56%**

of programs located in urban counties

# Survey of Housing Providers in PA

## Housing Providers by Housing Type, Length of Stay, Population, and Support Services



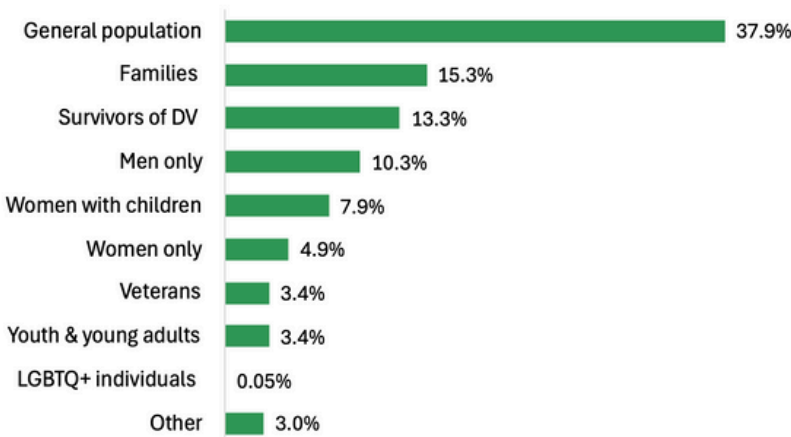
**Figure 6: Distribution of housing types from responding programs.**

Among responding programs, the most commonly reported length of stay for each housing type was:

Between **1-6 months** for emergency shelters (33.3%)

Between **1-2 years** for transitional housing (37.5%)

**No predetermined limit** for permanent supportive housing (57.7%)



**Figure 7: Distribution of types of populations served by responding programs.**

Note: population types have been modified to be mutually exclusive

Among responding programs, the majority (51.7%, n=105) were identified as emergency shelters (Figure 6). The most common population served by programs was general population (37.9%, n=78). 62.1% of programs served special population types – most commonly, families (15.3%, n=31), survivors of domestic violence (13.3%, n=27), and adult men (10.3%, n=21) (Figure 7). The majority of responding programs (50.2%, n=102) only served adults, while only four programs (2.0%) served unaccompanied minors.

**Table 1: Types of support services offered by responding housing programs.**

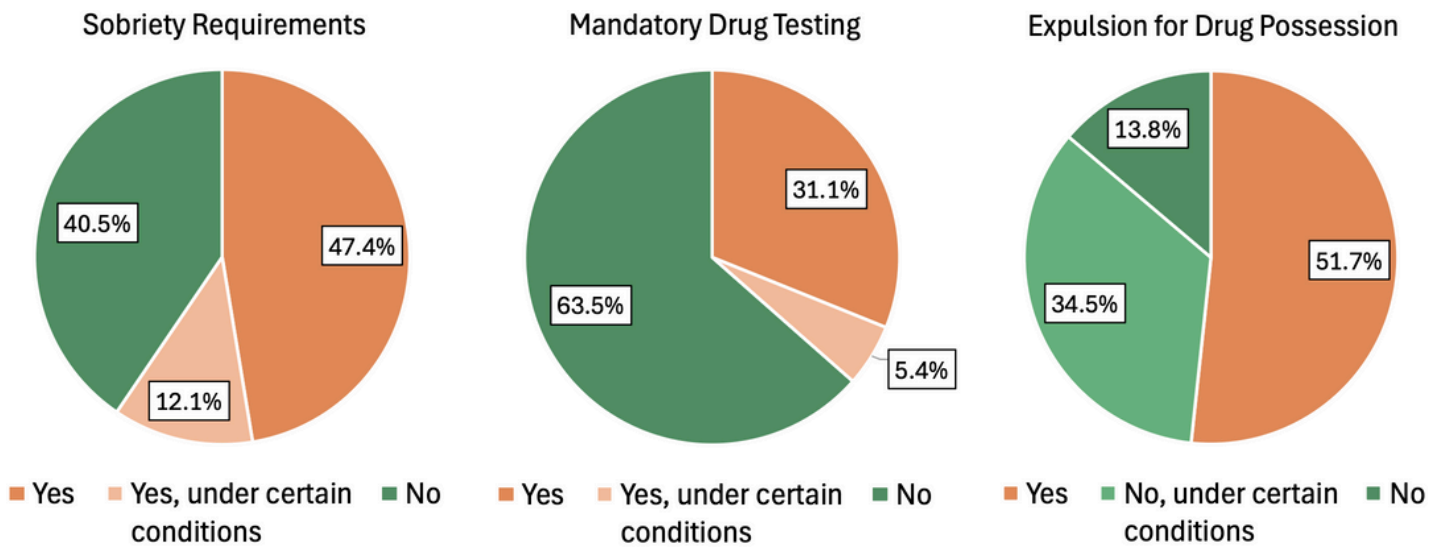
Support Services Offered			
Referrals to mental health services	168 (82.8%)	Clothing	128 (63.1%)
Case management on-site	166 (81.8%)	Counseling/MH services on-site	67 (33.0%)
Referrals to medical care	157 (77.3%)	Recovery-oriented mutual support	57 (28.1%)
Referrals to SUD treatment	153 (75.4%)	Group counseling	57 (28.1%)
Job-seeking assistance	144 (70.9%)	Other	42 (20.7%)
Free meals/groceries	136 (67.0%)	Childcare	29 (14.3%)
Referrals to case management	134 (66.0%)	Medical care on-site	26 (12.8%)
Life skills training	131 (64.5%)	Wound care	15 (7.4%)

Note: support services are not mutually exclusive, because most housing programs offer more than one of the listed services.

Every housing program that responded to the survey reported offering at least one type of supportive service. The most common was referrals to mental health services (82.8%) (Table 1). Two substance use-related services included referrals to substance use treatment (75.4%) and recovery-oriented mutual support (28.1%).

# Survey of Housing Providers in PA

## Housing Availability for PWUD

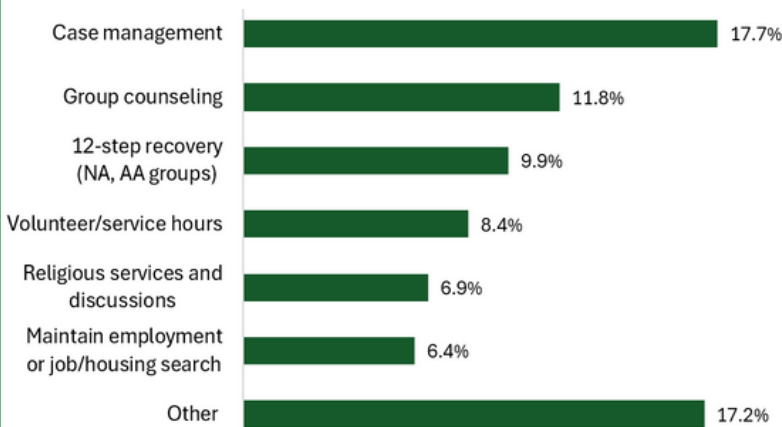


**Figure 8: Distribution of programs' responses regarding sobriety requirements, mandatory drug testing, and immediate expulsion for drug/paraphernalia possession or usage.**

- Of the 23 programs that were categorized as "yes, under certain conditions" for sobriety requirements, 56.5% (n=13) did not require sobriety only if participants were actively getting treatment/working towards sobriety.
- Of the 11 programs that were categorized as "yes, under certain conditions" for mandatory drug testing, 100% (n=11) did not require drug testing at any point during the program unless a participant was suspected of using substances.
- Of the 70 programs that were categorized as "no, under certain conditions" for immediate expulsion for drug/paraphernalia possession, 37.1% (n=26) responded that expulsion was determined on a case-by-case basis.

Of the 113 programs that require sobriety, **40.7%** (n= 46) do not require drug testing at any point during a participant's stay

Only **9.9%** of programs (n= 20) do not have any required sobriety, drug testing, or expulsion for drug/paraphernalia possession.



**Figure 9: Required activities across responding programs (n=203).**

Overall, 104 programs (51.2%) required participation in at least one activity. The most common was case management (17.7%), followed by group counseling (11.8%) and 12-step recovery (9.9%) (Figure 9). As the survey asked about program-level rather than participant-level requirements, some activities such as 12-step recovery may apply only to residents with SUD.

12-step recovery is a required activity in **9.9%** of programs (n=20)

## Barriers to Housing by Housing Type and Population

Of the 203 responding programs, the transitional housing (TH) are most likely to have requirements for all three protocols: sobriety, mandatory drug testing, and expulsion for drug and/or paraphernalia possession. TH programs are more long-term than emergency shelters (ES), on average, while still having less privacy and independence than permanent supportive housing (PSH) programs – which likely explains the increased presence of requirements in this type of housing.



**Figure 10: Sobriety, drug testing, and expulsion policies by housing type.**  
 Note: the abbreviations used above stand for emergency shelter (ES), transitional housing (TH), and permanent supportive housing (PSH)

Sobriety requirements were the most common protocol in TH programs (73.6%, n=53) and PSH programs (26.9%, n=7), and the second most common in ES programs (50.5%, n=53) (Figure 10).

**Table 2: Sobriety, drug testing, and expulsion policies by population served.**

Population	Total	Sobriety Requirements	Mandatory Drug Testing	Expulsion for Drug Possession
General population	77	31 (40.3%)	17 (22.1%)	27 (35.1%)
Families	31	24 (77.4%)	14 (45.2%)	21 (67.7%)
Survivors of DV	27	9 (33.3%)	2 (7.4%)	10 (37.0%)
Men only	21	14 (66.7%)	13 (61.9%)	14 (66.7%)
Women with children	16	15 (93.8%)	14 (87.5%)	15 (93.8%)
Women only	10	7 (70.0%)	4 (40.0%)	7 (70.0%)
Veterans	7	7 (100.0%)	5 (71.4%)	4 (57.1%)
Youth & young adults	7	2 (28.6%)	1 (14.3%)	2 (28.6%)
LGBTQ+ individuals	1	1 (100.0%)	0 (0.0%)	1 (100.0%)
Other	6	3 (50.0%)	3 (50.0%)	4 (66.7%)

Note: the six "other" populations include: individuals who are HIV positive, individuals on state parole, individuals with a criminal record and a serious mental illness, individuals with a mental illness and/or SUD, those without a violent background or SUD, and nonbinary individuals.

Among housing programs serving different populations with at least 10 responding programs, those serving women with children (93.8%, n=15) and families (77.4%, n=24) had the highest rates of sobriety requirements. Mandatory drug testing was common in programs serving women with children (87.5%, n=14) and men only (61.9%, n=13). Similar patterns were seen for immediate expulsion due to drug or paraphernalia possession, with high rates in programs serving women with children (93.8%, n=15) and women only (70%, n=7). Overall, programs that serve women with children had the most stringent requirements – likely due to safety concerns for children and the inclusion of pregnant women in most programs.

## Accessible Housing Organizations for People Who Use Drugs in PA

### Beacon House Philadelphia



Beacon House provides 60 emergency housing beds in a fully accessible, dorm-style facility. Stays range from two weeks to two years, with no sobriety requirement. Residents receive on-site medical care and case management to support stability and independence, helping them transition toward long-term housing [90].



Copyright: Kit Ramsey



Copyright: Prevention Point Philadelphia

### The Open Door, Inc. Pittsburgh



Open Door Inc. offers 14 transitional housing apartments for people living with HIV who are not eligible for more traditional programs. Grounded in a non-abstinence housing approach, the transitional program provides non-medical case management, a representative payee program, and other supportive services, ensuring residents receive support to achieve stability and transition into permanent housing [91].



Copyright: The Open Door Inc.

Open Door Inc.'s Outreach Coordinator tabling

### Out of the Cold State College



Out of the Cold Centre County runs a low-barrier, 24/7 shelter that can house 20 people, a transitional housing program for up to 12 people, and a daytime drop-in center. Participants do not need to be sober to access programs and are not drug tested upon entry. The organization offers weekly case management, supportive services, and connections to permanent housing [92].



Copyright: Out of the Cold



Copyright: Out of the Cold

## Best Practices & Recommendations

### Low-Barrier Housing

- Expand housing programs that do not require participants to be substance-free (i.e., abstinent or in treatment).
- Low-barrier housing programs improve housing stability, show health benefits, and reduce hospital stays [93-100].
- Low-barrier housing returns about \$1.80 for every \$1 spent in the U.S. [98].

### On-Site Supportive Services

- Offer services such as medical/wound care, mental health, and case management at shelter and housing program locations.
- Making supportive services more accessible creates the opportunity for more frequent engagement with healthcare and social services [101-104].

### Trauma-Informed Services

- Recognize the widespread impact of trauma among unhoused individuals who use drugs, integrate trauma-informed care into housing and treatment services, and hire peer ambassadors and community health workers.
- These services are associated with improved mental health, treatment retention, and sense of safety [105-107].

### Overdose Prevention Services

- Provide on-site or linked education and resources to reduce overdose and substance-related risks, including naloxone distribution, fentanyl and xylazine test strips, syringe services, and medication-assisted treatment.
- These services reduce overdose mortality, infectious disease transmission, and connect participants to additional supports [108-116].

## Conclusion

This report provides the first statewide assessment of the availability and accessibility of housing programs for people who use drugs (PWUD) in Pennsylvania. While emergency shelter and permanent supportive housing beds have increased in the past two decades, the housing landscape is still marked by limited capacity and barriers to access for unhoused PWUD.

Although Pennsylvania has historically reported lower overall rates of homelessness than the national average, it has consistently documented higher rates of substance use among individuals experiencing homelessness. Recently, homelessness has risen in PA, driven primarily by growth in unsheltered populations. These trends highlight the need for housing models that meet both the scale of homelessness and the specific needs of PWUD.

The housing survey's findings indicate that low-barrier housing options for PWUD are extremely limited. Most providers require sobriety, mandate drug testing, and may expel participants for drug use or possession, creating significant access and retention challenges. Only 10% of programs had no such restrictions. Transitional housing programs were especially likely to impose abstinence and testing rules, while programs serving women with children had the highest number of overall requirements, highlighting particularly constrained options for this group. Nearly all programs offered at least one supportive service, commonly including mental health referrals, case management, or medical referrals. However, those services can be inaccessible to those unable to meet strict entry and stay criteria.

Federal and local policies further restrict housing access for PWUD. Broader legal and regulatory barriers, including voucher unavailability, exclusion from disability protections, and criminalization of public space use, compound program-level challenges. As the data presented in this report indicate, law enforcement strategies, such as encampment sweeps, are resource-intensive for local governments (pp. 3, 6), whereas housing-based approaches demonstrate cost-effectiveness and improved housing and health outcomes (pp. 3, 11).

This brief has limitations, including reliance on a subset of housing providers, which may not be representative of all housing programs in Pennsylvania, particularly in rural areas. Comprehensive statewide data on PWUD receiving housing accommodations are limited, and the analysis focuses on program- and policy-level perspectives rather than lived experiences. Widely used initiatives such as housing cleanups also lack evaluation of long-term outcomes. Despite these constraints, the findings highlight critical gaps in housing availability and accessibility. Evidence indicates that low-barrier programs with integrated supportive services may achieve more effective and efficient outcomes among PWUD than enforcement-based strategies. Continued evaluation of policy approaches will be essential to inform decisions that improve housing stability in Pennsylvania.

## Acknowledgements

### SEOW

The State Epidemiological Outcomes Workgroup (SEOW) is supported by the Pennsylvania Department of Drug and Alcohol Programs. SEOW members represent both governmental and non-governmental agencies from across Pennsylvania. The goal of the SEOW is to inform state and community decisions on programs, practices and policies regarding substance use and related behavioral health concerns.

### SEOW Members Involved in this Report

Grace Kindt, Laura Suits-Dolan, Ben Cocchiario, Carrie Thomas Goetz, Tamar Wallace, Kristina Brant, Michaela Miller, Divya Venkat, Mariko Rauch, Melissa Fausey, Rose Baker, Jessica Erickson, Sam Eldridge, Terez Hunter, Lauren Orkis, Ralph Beishline, Janna Ataiants (SEOW Co-Chair), Ekaterina Fedorova (SEOW Co-Chair), Madeline Rockett, Sophia Mastero

### Acknowledgments

A special thanks to Chris Simiriglia (Pathways to Housing PA), Shawlane R. Heffern and Becky Ludwig (Open Door Inc.), Jordan Veneziano (Out of the Cold Centre County), Carla Sofronski and Jordan Scott (PA Harm Reduction Network), and Tia Walker, Keshia Conway, and Ed Hosler (Clinton County Housing Authority) for their support in preparing this report.

## References

1. Chen, K. L., Miake-Lye, I. M., Begashaw, M. M., Zimmerman, F. J., Larkin, J., McGrath, E. L., & Shekelle, P. G. (2022). Association of promoting housing affordability and stability with improved health outcomes: a systematic review. *JAMA Network Open*, 5(11), e2239860–e2239860.
2. Prescott, S. (2024). How stable housing supports recovery from substance use disorders. Johns Hopkins Bloomberg School of Public Health. <https://opioidprinciples.jhsph.edu/how-stable-housing-supports-recovery-from-substance-use-disorders/>
3. National Coalition for the Homeless. (2017). Substance Abuse and Homelessness. National Coalition for the Homeless. <https://nationalhomeless.org/wp-content/uploads/2017/06/Substance-Abuse-and-Homelessness.pdf>
4. U.S. Department of Housing and Urban Development. (2024). HUD 2024 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2024.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2024.pdf)
5. Nicholls, M. J., & Urada, L. A. (2022). Homelessness and polysubstance use: A qualitative study on recovery and treatment access solutions around an urban library in Southern California, USA. *Health & social care in the community*, 30(1), e175–e183.
6. Cusack, M., Graham, F., Metraux, S., Metzger, D., & Culhane, D. (2021). At the intersection of homeless encampments and heroin addiction: service use barriers, facilitators, and recommendations from the city of Philadelphia's Encampment Resolution Pilot. *Social work in public health*, 36(2), 150–163.
7. Skinner, S., & Rankin, S. (2016). Shut out: How barriers often prevent meaningful access to emergency shelter.
8. Prevention Point. (2024). Crystal's sunshine story: The energy to heal. <https://ppponline.org/blog/crystals-sunshine-story-energy-heal>
9. Padgett, D., Gurdak, K., & Bond, L. (2022). The "high cost of low living": Substance use recovery among older formerly homeless adults. *Substance abuse*, 43(1), 56–63.
10. McNaughton, C. C. (2008). Transitions through homelessness, substance use, and the effect of material marginalization and psychological trauma. *Drugs: education, prevention and policy*, 15(2), 177–188.
11. Chukrun, T., Xie, J., Biederman, D., & Dalapati, T. (2022). By perpetuating substance use disorder stigma, public housing policy causes harm. *Health Affairs Forefront*.
12. Nordberg, M. (2002). Jails not homes: Quality of life on the street of San Francisco. *Hastings Women's LJ*, 13, 261.
13. O'Leary, C., Ralphs, R., Stevenson, J., Smith, A., Harrison, J., & Kiss, Z. (2022). PROTOCOL: The effectiveness of abstinence-based and harm reduction-based interventions in reducing problematic substance use in adults who are experiencing severe and multiple disadvantage homelessness: A systematic review and meta-analysis. *Campbell Systematic Reviews*, 18(3), e1246.
14. Office of Policy Development and Research. (2024, December). 2007–2024 Point-in-Time Estimates by State. Office of Policy Development and Research. <https://www.huduser.gov/portal/sites/default/files/xls/2007-2024-PIT-Counts-by-State.xlsb>
15. United States Census Bureau. National population totals and components of change: 2010–2019. United States Census Bureau. <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-national-total.html>
16. United States Census Bureau. (2024, December). National population totals and components of change: 2020–2024. <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-national-total.html>
17. United States Census Bureau. State population totals: 2010–2019. United States Census Bureau. <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-state-total.html>
18. United States Census Bureau. (2024, December). State population totals and components of change: 2020–2024. <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-total.html>
19. U.S. Department of Housing and Urban Development. (2016). HUD 2016 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2016.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2016.pdf)
20. U.S. Department of Housing and Urban Development. (2017). HUD 2017 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2017.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2017.pdf)

## References

21. U.S. Department of Housing and Urban Development. (2018). HUD 2018 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2018.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2018.pdf)
22. U.S. Department of Housing and Urban Development. (2019). HUD 2019 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2019.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2019.pdf)
23. U.S. Department of Housing and Urban Development. (2020). HUD 2020 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2020.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2020.pdf)
24. U.S. Department of Housing and Urban Development. (2021). HUD 2021 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2021.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2021.pdf)
25. U.S. Department of Housing and Urban Development. (2022). HUD 2022 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2022.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf)
26. U.S. Department of Housing and Urban Development. (2023). HUD 2023 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2023.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2023.pdf)
27. National Institute on Drug Abuse. (2021, November 29). Words matter – Terms to use and avoid when talking about addiction. National Institute on Drug Abuse. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
28. Rountree, J., Hess, N., & Lyke, A. (2019). Health conditions among unsheltered adults in the US.
29. Couloute, L. (2018). Nowhere to go: Homelessness among formerly incarcerated people. Prison Policy Initiative. <https://perma.cc/2JST-EEJC>
30. Shinn, G. The cost of long-term homelessness in central Florida: The current crisis and the economic impact of providing sustainable housing solutions. Impact Homelessness. <https://shnny.org/uploads/Florida-Homelessness-Report-2014.pdf>
31. American Civil Liberties Union. (2025, June 23). One year since grants pass: Tracking the criminalization of homelessness. <https://www.aclu.org/one-year-since-grants-pass-tracking-the-criminalization-of-homelessness>
32. Herring, C., Glowacki, O., Lew, S., Hansmann, C., Chang, J., Long, P., Yarbrough, D., Ludwig, K., & Friedenbach, J. (2020). Stop the revolving door: A street level framework for a new system. San Francisco: San Francisco Coalition on Homelessness. <https://www.cohsf.org/stop-the-revolving-door/>
33. Herring, C., Yarbrough, D., & Alatorre, L. M. (2020). Pervasive penalty: How the criminalization of poverty perpetuates homelessness. *Social Problems*, 67(1), 131–149. <https://doi.org/10.1093/socpro/spz004>
34. Rankin, S. K. (2021). Civilly criminalizing homelessness. *Harvard Civil Rights-Civil Liberties Law Review*, 56(2), 367–412. <https://journals.law.harvard.edu/crcl/wp-content/uploads/sites/80/2021/10/Rankin.pdf>
35. Walter, R. J., Caudy, M., Galvan Salcido, C., Ray, J., & Viglione, J. (2021). Exploring Post-Incarceration Residential Trajectories: Indicators of Housing Stability during the Re-Entry Process. *Housing, Theory and Society*, 38(3), 300–319.
36. Goldshear, J. L., Kitonga, N., Angelo, N., Cowan, A., Henwood, B. F., & Bluthenthal, R. N. (2023). “Notice of major cleaning”: A qualitative study of the negative impact of encampment sweeps on the ontological security of unhoused people who use drugs. *Social Science & Medicine*, 339, 116408. <https://doi.org/10.1016/j.socscimed.2023.116408>
37. Schneider, V. (2018). The prison to homelessness pipeline: Criminal record checks, race, and disparate impact. *Ind. LJ*, 93, 421.
38. Welsh Carroll, M., Flanigan, S. T., & Gutierrez III, N. (2023). Black lives experiencing homelessness matter: A critical conceptual framework for understanding how policing drives system avoidance among vulnerable populations. *Public Integrity*, 25(3), 285–300.
39. Leotti, S. M., & Slayter, E. (2022). Criminal legal systems and the disability community: an overview. *Social Sciences*, 11(6), 255.
40. Lebovits, H., & Sullivan, A. (2024). Do Criminalization Policies Impact Local Homelessness?. *Policy Studies Journal*.
41. Gillespie, S., Hanson, D., Leopold, J., & Oneto, A. D. (2021). Costs and offsets of providing supportive housing to break the homelessness-jail cycle: Findings from the Denver Supportive Housing Social Impact Bond Initiative. Urban Institute. [https://www.urban.org/sites/default/files/publication/104499/costs-and-offsets-of-providing-supportive-housing-to-break-the-homeless-ness-jail-cycle\\_0.pdf](https://www.urban.org/sites/default/files/publication/104499/costs-and-offsets-of-providing-supportive-housing-to-break-the-homeless-ness-jail-cycle_0.pdf)
42. Salem, B. E., Kwon, J., Ekstrand, M. L., Hall, E., Turner, S. F., Faucette, M., & Slaughter, R. (2021). Transitioning into the community: Perceptions of barriers and facilitators experienced by formerly incarcerated, homeless women during reentry—A qualitative study. *Community mental health journal*, 57(4), 609–621.
43. Clinton County Housing Coalition, Inc.. (2023). Clinton County Returning Citizens Program Overview [Unpublished internal document]. Clinton County Housing Coalition, Inc.
44. United States Department of Housing and Urban Development. Emergency shelter. United States Department of Housing and Urban Development. <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/esg-program-components/emergency-shelter/>
45. United States Department of Housing and Urban Development. Transitional housing (TH). United States Department of Housing and Urban Development. <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/transitional-housing/>
46. United States Department of Housing and Urban Development. Permanent housing (PH). United States Department of Housing and Urban Development. <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/>
47. Office of Policy Development and Research. (2024, December). 2007–2024 Housing Inventory Count by State. Office of Policy Development and Research. <https://www.huduser.gov/portal/sites/default/files/xls/2007-2024-HIC-Counts-by-State.xlsx>
48. United States Department of Housing and Urban Development. HCV applicant and tenant resources. United States Department of Housing and Urban Development. <https://www.hud.gov/helping-americans/housing-choice-vouchers-tenants>
49. Allegheny County Housing Authority. Grounds for denial - HCVP: ACHA administrative plan – effective October 1, 2017. Allegheny County Housing Authority. <https://www.achsng.com/docs/2017%20BCI%20Denials%20-%20ADMIN%20PLAN.pdf>
50. United States Department of Housing and Urban Development. (2022, January). Are applicants with felonies banned from Public Housing or any other housing funded by HUD? Do the Public Housing Agencies (PHAs), State, or landlords have any discretion in the process that could bar certain felonies? <https://www.hudexchange.info/faqs/programs/housing-choice-voucher-program/eligibility-determination-and-denial-of-assistance/background-screening-are-applicants-with-felonies-banned-from-public-housing-or-any-other/>
51. Housing Equality Center of Pennsylvania. Can a landlord refuse to rent to someone with a criminal background? Housing Equality Center of Pennsylvania. <https://www.equalhousing.org/fair-housing-topics/can-a-landlord-refuse-to-rent-to-someone-with-a-criminal-background/#:~:text=latest%20complaint%20resolutions-,Can%20a%20Landlord%20Refuse%20to%20Rent%20to%20Someone%20with%20a>
52. Vadala, N. (2020, December 4). Your rights when you're applying for an apartment with a criminal record. *The Philadelphia Inquirer*. <https://www.inquirer.com/philly-tips/housing-apartment-criminal-record-landlord-tenant-rights-pennsylvania-20201204.html>
53. Drug Policy Alliance. (2021, February 9). Housing: The Drug War Invades our Homes. Uprooting The Drug War. <https://uprootingthdrugwar.org/housing/>
54. Krüsi, A., Fast, D., Small, W., Wood, E., & Kerr, T. (2010). Social and structural barriers to housing among street-involved youth who use illicit drugs. *Health & social care in the community*, 18(3), 282–288. <https://doi.org/10.1111/j.1365-2524.2009.00901.x>
55. Paradise, R. K., Desmarais, J., O'Malley, S. E., Hoyos-Céspedes, A., Nurani, A., Walley, A. Y., Clarke, J., Taylor, S., Dooley, D., Bazzi, A. R., & Kimmel, S. D. (2023). Perspectives and recommendations of opioid overdose survivors experiencing unsheltered homelessness on housing, overdose, and substance use treatment in Boston, MA. *The International journal on drug policy*, 119, 104127. <https://doi.org/10.1016/j.drugpo.2023.104127>
56. Jackson, L. A., McWilliam, S., Martin, F., Dingwell, J., Dykeman, M., Gahagan, J., & Karabanow, J. (2014). Key challenges in providing services to people who use drugs: The perspectives of people working in emergency departments and shelters in Atlantic Canada. *Drugs (Abingdon, England)*, 21(3), 244–253. <https://doi.org/10.3109/09687637.2013.870534>

## References

57. Wusinich, C., Bond, L., Nathanson, A., & Padgett, D. K. (2019). "if you're gonna help me, help me": Barriers to housing among unsheltered homeless adults. *Evaluation and Program Planning*, 76. <https://doi.org/10.1016/j.evalprogplan.2019.101673>
58. Ludden, J. (2024, June 28). The supreme court says cities can punish people for sleeping in public places. NPR. <https://www.npr.org/2024/06/28/nx-s1-4992010/supreme-court-homeless-punish-sleeping-encampments#:~:text=U.S.%20Supreme%20Court%20says%20cities%20can%20punish%20people%20for%20sleeping%20in%20public%20places&text=In%20its%20biggest%20decision%20on,and%20camping%20in%20public%20places>
59. Thebault, R., & Marimow, A. E. (2024, June 28). Supreme Court says cities can ban homeless from sleeping outside. *The Washington Post*. <https://www.washingtonpost.com/politics/2024/06/28/supreme-court-homeless-encampments-ban-ruling/>
60. Jeski, T. (2025, October 14). Pa lawmakers announce bill to decriminalize homelessness. *Local 21 News*. <https://local21news.com/news/local/pennsylvania-lawmakers-announce-bill-to-decriminalize-homelessness-tent-city-harrisburg-united-state-supreme-court-ruling-democrats-politics-october-2025>
61. Saval, N., Cappelletti, A., Hughes, V., Kearney, T., & Schwank, J. (2025, July 14). Co-Sponsorship Memo Details - The Shelter First Act. *Pennsylvania State Senate*. <https://www.palegis.us/senate/co-sponsorship/memo?memoID=47096>
62. New England ADA Center, & Pacific ADA Center. (2020, August 27). The Americans With Disabilities Act, Addiction, and Recovery for State and Local Governments. ADA National Network. <https://adata.org/factsheet/ada-addiction-and-recovery-and-government#:~:text=defined%20E%80%9Ccurrent%20use%20E%80%9D%20as%20anywhere,is%20protected%20by%20the%20ADA>
63. Americans with Disabilities Act of 1990, 42 U.S.C. § 12114 (2018). <https://www.law.cornell.edu/uscode/text/42/12114#:~:text=For%20purposes%20of%20this%20subchapter,the%20basis%20of%20such%20Use>
64. U.S. Commission on Civil Rights. (n.d.). Substance Abuse under the ADA. In *Sharing the Dream: Is the ADA Accommodating All?* essay. Retrieved August 26, 2025, from <https://www.usccr.gov/files/pubs/ada/ch4.htm>
65. Civil Rights Division. (2023, June 22). The Fair Housing Act. <https://www.justice.gov/crt/fair-housing-act-1#:~:text=Discrimination%20in%20Housing%20Based%20Upon%20National%20Origin,have%20discriminated%20against%20such%20individuals>
66. Trump, D. J. (2025, July 24). Ending Crime and Disorder on America's Streets. *The White House*. <https://www.whitehouse.gov/presidential-actions/2025/07/ending-crime-and-disorder-on-americas-streets/>
67. Desjardins, L., & Cuevas, K. (2025, July 25). What Trump's order on clearing encampments, forced hospitalization means for the unhoused. *PBS*. <https://www.pbs.org/newshour/show/what-trumps-order-on-clearing-encampments-forced-hospitalization-means-for-the-unhoused>
68. National Alliance to End Homelessness. (2025, July 25). National Alliance to End Homelessness Statement on Trump Administration's Executive Order on Homelessness. <https://endhomelessness.org/media/news-releases/national-alliance-to-end-homelessness-statement-on-trump-administrations-executive-order-on-homelessness/>
69. Drug Policy Alliance. (2021, February 9). Housing: The Drug War Invades our Homes. *Uprooting The Drug War*. <https://uprootingthedrugwar.org/housing/>
70. Curtis, M. A., Garlington, S., & Schottenfeld, L. S. (2013). Alcohol, Drug, and Criminal History Restrictions in Public Housing. *Cityscape: A Journal of Policy Development and Research*, 15(3). <https://www.huduser.gov/periodicals/cityscape/vol15num3/ch2.pdf>
71. National Alliance to End Homelessness. (2024, July 1). The Supreme Court Rules on Homelessness: What it All Means. <https://endhomelessness.org/blog/the-supreme-court-rules-on-homelessness-what-it-all-means/>
72. *Grants Pass v. Johnson*, 603 U.S. 1 (2024). [chrome-extension://efaidnbmnnnibpcjpcglclefindmkaj/https://www.supremecourt.gov/opinions/23pdf/23-175\\_19m2.pdf](https://www.supremecourt.gov/opinions/23pdf/23-175_19m2.pdf)
73. Ludden, J. (2024, June 28). The Supreme Court says cities can punish people for sleeping in public places. NPR. <https://www.npr.org/2024/06/28/nx-s1-4992010/supreme-court-homeless-punish-sleeping-encampments#:~:text=U.S.%20Supreme%20Court%20says%20cities%20can%20punish%20people%20for%20sleeping%20in%20public%20places&text=In%20its%20biggest%20decision%20on,and%20camping%20in%20public%20places>
74. Mylander, K., & CIS General Counsel. (2024, August). Exploring the implications of the U.S. Supreme Court decision in *Grants Pass v. Johnson*. *League of Oregon Cities*. <https://www.orcities.org/resources/communications/local-focus/implications-grants-pass-v-johnson>
75. Chang, J. S., Riley, P. B., Aguirre, R. J., Lin, K., Corwin, M., Nelson, N., & Rodriguez, M. (2022). Harms of encampment abatements on the health of unhoused people. *SSM - Qualitative Research in Health*, 2, 100064. <https://doi.org/10.1016/j.ssmqr.2022.100064>
76. Qi, D., Abri, K., Mukherjee, M. R., Rosenwohl-Mack, A., Khoeur, L., Barnard, L., & Knight, K. R. (2022). Health impact of street sweeps from the perspective of healthcare providers. *Journal of General Internal Medicine*, 37(14), 3707-3714. <https://doi.org/10.1007/s11606-022-07471-y>
77. Mayer, M., Mejia Urieta, Y., Martinez, L. S., Komaromy, M., Hughes, U., & Chatterjee, A. (2024). Encampment clearings and transitional housing: A qualitative analysis of resident perspectives. *Health Affairs*, 43(2), 218-225. <https://doi.org/10.1377/hlthaff.2023.01040>
78. Cohen, R., Yetvin, W., & Khadduri, J. (2019, January 7). Understanding Encampments of People Experiencing Homelessness and Community Responses: Emerging Evidence as of Late 2018. *Office of Policy Development and Research*. <https://www.huduser.gov/portal/sites/default/files/pdf/Understanding-Encampments.pdf>
79. Zwick, H., O'Dea, R., Barocas, J. A., Flam-Ross, J. M., Chatterjee, A., Walley, A. Y., Harris, R. A., Schackman, B. R., White, L. F., Chrysanthopoulou, S. A., Assoumou, S. A., Murphy, S. M., Morgan, J. R., Baptiste, D., Carroll, M., & Linas, B. P. (2025). Health and economic outcomes of addressing encampments of individuals using opioids. *JAMA Network Open*, 8(6). <https://doi.org/10.1001/jamanetworkopen.2025.17095>
80. Office of Policy Development and Research, Dunton, L., Khadduri, J., Burnett, K., Fiore, N., & Yetvin, W., U.S. Department of Housing and Urban Development (2020). U.S. Department of Housing and Urban Development. Retrieved October 24, 2025, from <https://www.huduser.gov/portal/sites/default/files/pdf/Exploring-Homelessness-Among-People.pdf>
81. Holly, E. (2024, August 14). Encampment evictions are costly and ineffective: Taxpayers will pay the price. *National Alliance to End Homelessness*. <https://endhomelessness.org/blog/encampment-evictions-are-costly-and-ineffective-taxpayers-will-pay-the-price/>
82. Leonard, N., & MacDonald, T. (2024, May 9). Kensington sees Clean Streets and a wave of displaced people after Encampment Clearing. *WHYY*. <https://whyy.org/articles/kensington-avenue-encampment-sweep-philadelphia/>
83. *Kenny Administration (2016-2023)*. (2017, September 5). ICYMI: "It's Gone Now": Gurney Street Heroin Camps Mostly Cleaned Up. *City of Philadelphia*. <https://www.phila.gov/press-releases/kenney/icymi-its-gone-now-gurney-street-heroin-camps-mostly-cleaned-up/>
84. Kruger, J. (2019, February 1). How Philly Offers Help and Closes Encampments with Compassion. *City of Philadelphia*. <https://www.phila.gov/2019-02-01-how-philly-offers-help-and-closes-encampments-with-compassion/>
85. Metraux, S., Cusack, M., Graham, F., Metzger, D., & Culhane, D. (2019, March 12). An evaluation of the City of Philadelphia's Kensington Encampment Resolution Pilot. *City of Philadelphia*. <https://www.phila.gov/documents/an-evaluation-of-the-citys-kensington-encampment-resolution-pilot/>
86. Kruger, J. (2020, February 21). Our encampment resolution program: A Social Service-led operation: Office of Homeless Services. *City of Philadelphia*. <https://www.phila.gov/2020-02-21-our-encampment-resolution-program-a-social-service-led-program/>
87. Rinde, M. (2024, May 3). Reactions deeply split after city clears out Kensington encampment. *Billy Penn at WHYY*. <https://billypenn.com/2024/05/08/kensington-encampment-cleanup-reactions/>
88. Whelan, A., Marin, M., Orso, A., & Coffey, V. G. (2024, May 8). Philly Police and city workers dismantled a Kensington Encampment Wednesday. *The Philadelphia Inquirer*. <https://www.inquirer.com/politics/philadelphia/parker-kensington-encampment-clearing-20240508.html#loaded>
89. *City of Philadelphia*. (2024, May 8). City Completes Encampment Closure in Kensington Area. <https://www.phila.gov/2024-05-09-city-completes-encampment-closure-in-kensington-area/>
90. *Prevention Point Philadelphia (PPP)*. (2025). Homeless Services. <https://ppponline.org/node/158/homeless-services>

## References

91. The Open Door Inc. (2025). Services. <https://opendoorhousing.org/services/>
92. Out of the Cold. (2025). Out of the Cold: Centre County. Out of the Cold Centre County. <https://www.outofthecoldcc.org/>
93. National Low Income Housing Coalition, National Alliance to End Homelessness, Justice in Aging: Fighting Senior Poverty Through Law, & SPLC Action Fund. (n.d.). The Evidence is Clear: Housing First Works. National Low Income Housing Coalition. <https://nlihc.org/sites/default/files/Housing-First-Evidence.pdf>
94. Peng, Y., Hahn, R. A., Finnie, R. K. C., Cobb, J., Williams, S. P., Fielding, J. E., Johnson, R. L., Montgomery, A. E., Schwartz, A. F., Muntaner, C., Garrison, V. H., Jean-Francois, B., Truman, B. I., Fullilove, M. T., & Community Preventive Services Task Force (2020). Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review. *Journal of public health management and practice* : JPHMP, 26(5), 404–411. <https://doi.org/10.1097/PHH.0000000000001219>
95. Chung, T. E., Gozdzik, A., Palma Lazgare, L. I., To, M. J., Aubry, T., Frankish, J., Hwang, S. W., & Stergiopoulos, V. (2018). Housing First for older homeless adults with mental illness: a subgroup analysis of the At Home/Chez Soi randomized controlled trial. *International journal of geriatric psychiatry*, 33(1), 85–95. <https://doi.org/10.1002/gps.4682>
96. Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P., & Pottie, K. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: A systematic review. *The Lancet Public Health*, 5(6). [https://doi.org/10.1016/s2468-2667\(20\)30055-4](https://doi.org/10.1016/s2468-2667(20)30055-4)
97. Cunningham, M. K., Hanson, D., Gillespie, S., Pergamit, M., Oneto, A. D., Spauster, P., O'Brien, T., Sweitzer, L., & Velez, C. (2021, July 15). Breaking the homelessness-jail cycle with housing first: Results from the Denver Supportive Housing Social Impact Bond Initiative. Urban Institute. <https://www.urban.org/research/publication/breaking-homelessness-jail-cycle-housing-first-results-denver-supportive-housing-social-impact-bond-initiative>
98. Jacob, V., Chattopadhyay, S. K., Attipoe-Dorcoo, S., Peng, Y., Hahn, R. A., Finnie, R., Cobb, J., Cuellar, A. E., Emmons, K. M., & Remington, P. L. (2022). Permanent Supportive Housing With Housing First: Findings From a Community Guide Systematic Economic Review. *American journal of preventive medicine*, 62(3), e188–e201. <https://doi.org/10.1016/j.amepre.2021.08.009>
99. Culhane, D. P., Metraux, S., & Hadley, T. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*, 13(1), 107–163. <https://doi.org/10.1080/10511482.2002.9521437>
100. Brennan, K., Buggs, K., Zuckerman, P., Muyebe, S., Henry, A. D., Gettens, J., & Kunte, P. (2020, December). The Preventive Effect of Housing First on Health Care Utilization and Costs Among Chronically Homeless Individuals: New Evidence Using Propensity Score Analysis. Blue Cross Blue Shield Massachusetts Foundation. [https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-12/Housing%20First\\_report\\_FINAL.pdf](https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-12/Housing%20First_report_FINAL.pdf)
101. MacKinnon, L., Kerman, N., Socías, M. E., Brar, R., & Bardwell, G. (2022). Primary care embedded within permanent supportive housing for people who use substances: A qualitative study examining healthcare access in Vancouver, Canada. *Health & social care in the community*, 30(6), e5062–e5073. <https://doi.org/10.1111/hsc.13921>
102. Wright, B. J., Vartanian, K. B., Li, H. F., Royal, N., & Matson, J. K. (2016). Formerly Homeless People Had Lower Overall Health Care Expenditures After Moving Into Supportive Housing. *Health affairs (Project Hope)*, 35(1), 20–27. <https://doi.org/10.1377/hlthaff.2015.0393>
103. Montague, T. (2024). Substance Users' Perspectives on Harm Reduction Strategies in Housing First Programs. Walden University.
104. Bardwell, G., Collins, A.B., McNeil, R. et al. Housing and overdose: an opportunity for the scale-up of overdose prevention interventions?. *Harm Reduct J* 14, 77 (2017). <https://doi.org/10.1186/s12954-017-0203-9>
105. Mahon D. (2025). A Systematic Review of Trauma Informed Care in Substance Use Settings. *Community mental health journal*, 61(4), 734–753. <https://doi.org/10.1007/s10597-024-01395-z>
106. Dobischok, S., Archambault, L., & Goyer, M.-È. (2024). Trauma Informed Care (TIC) Interventions for Populations Experiencing Addiction and/or Homelessness: A Scoping Review of Outcomes. *Journal of Drug Issues*, 0(0). <https://doi.org/10.1177/00220426241263264>
107. Robinson, K., & Ickowicz, S. (2022). Research With Women Who Use Drugs: Applying a Trauma-informed Framework. *Journal of addiction medicine*, 16(6), 627–629. <https://doi.org/10.1097/ADM.0000000000000998>
108. Miler, J. A., Carver, H., Masterton, W., Parkes, T., Maden, M., Jones, L., & Sumnall, H. (2021). What treatment and services are effective for people who are homeless and use drugs? A systematic 'review of reviews'. *PloS one*, 16(7), e0254729. <https://doi.org/10.1371/journal.pone.0254729>
109. Pauly, B. (Bernie), Reist, D., Belle-Isle, L., & Schactman, C. (2013). Housing and harm reduction: What is the role of harm reduction in addressing homelessness? *International Journal of Drug Policy*, 24(4), 284–290. <https://doi.org/10.1016/j.drugpo.2013.03.008>
110. Chayama, K.L., Ng, C., Fleming, T. et al. Housing-based syringe services programs to improve access to safer injecting equipment for people who inject drugs in Vancouver, Canada: a spatially oriented qualitative study. *Harm Reduct J* 20, 126 (2023). <https://doi.org/10.1186/s12954-023-00862-2>
111. Ivsins, A., MacKinnon, L., Bowles, J.M. et al. Overdose Prevention and Housing: a Qualitative Study Examining Drug Use, Overdose Risk, and Access to Safer Supply in Permanent Supportive Housing in Vancouver, Canada. *J Urban Health* 99, 855–864 (2022). <https://doi.org/10.1007/s11524-022-00679-7>
112. Summers, C., Silcox, J., Zaragoza, S., Rapisarda, S., Edelmann, A., Chatterjee, A., & Green, T. (2025). Real time, on-site drug checking in low-threshold housing communities. Elsevier. <https://doi.org/10.2139/ssrn.5166991>
113. Fernandes, R.M., Cary, M., Duarte, G. et al. Effectiveness of needle and syringe Programmes in people who inject drugs – An overview of systematic reviews. *BMC Public Health* 17, 309 (2017). <https://doi.org/10.1186/s12889-017-4210-2>
114. Clark, Angela K. MSN, RN; Wilder, Christine M. MD; Winstanley, Erin L. PhD. A Systematic Review of Community Opioid Overdose Prevention and Naloxone Distribution Programs. *Journal of Addiction Medicine* 8(3):p 153-163, May/June 2014. | DOI: 10.1097/ADM.0000000000000034
115. Samuels EA, Bailer DA, Yolken A. Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis. *JAMA Netw Open*. 2022;5(7):e2222153. doi:10.1001/jamanetworkopen.2022.22153
116. Maghsoudi N, Tanguay J, Scarfone K, Rammohan I, Ziegler C, Werb D, et al. Drug checking services for people who use drugs: a systematic review. *Addiction*. 2022; 117: 532–544. <https://doi.org/10.1111/add.15734>