

WHITEPAPER

From Encampments to Ecosystems

Building a Sustainable National Model
for Housing First Recovery from
Substance Use Disorder

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Introduction

I've experienced firsthand how daunting recovery can be. Even with a supportive safety net, my journey was far from linear. Through my own addiction and labyrinth to sobriety, I came to realize that sustainable change depends less on sheer will and more on the design and connectedness of available support systems.

Unfortunately, for a growing number of Americans battling addiction, those connections don't exist. Silos between housing, treatment, and mental health services leave millions cycling through emergency rooms, jail, and the streets. Our country has no shortage of quality programs; we have a shortage of systems working together to care for vulnerable individuals throughout their recovery.

As founder and CEO of Ascension Recovery Services (ARS), I'm committed to addressing that gap through a scalable, national model that pairs Housing First with comprehensive behavioral healthcare and a step-down continuum that meets people where they are and supports them throughout their recovery journey.



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A Systems Failure

To date, America's reaction to the urgency of addiction and homelessness has been a patchwork of well-meaning but largely ineffective programs. Funding streams are divided by agency and purpose with housing on one side, treatment on another, and mental health tottering in between. Patients find themselves in one of the most intense crises of their lives, navigating a gauntlet of services that even professionals stumble through. The outcome is painfully predictable: fragmented efforts and lost opportunities; tragically, many don't survive to get a second chance.

The data highlights a sobering reality. Roughly 1 in 3 people experiencing homelessness report alcohol dependence, and 1 in 4 other substance use disorders.¹ In major cities, nearly 70% of local governments identify substance use as the leading cause of adult homelessness and housing is widely cited as the most pressing urban challenge.^{2,3} Despite these staggering statistics, less than 1 in 6 (just 17%) unhoused patients in addiction treatment are discharged into permanent housing.⁴ This care gap is beyond a clinical problem, it is a systemic failure.



1 in 3 people experiencing homelessness report alcohol dependence

A patient may complete detox but have nowhere to live, increasing their chance of relapse. They may secure housing but lose it if relapse occurs. Emergency rooms, jails, and shelters have become the default infrastructure for recovery, absorbing care and incurring costs they're not equipped to carry.

Today, we know better, so we must do better. The time has come for a more thoughtful, proactive, financially sustainable approach. Reimagining recovery must begin with reengineering systems designed for connection, not crisis response. Lasting change happens when programs consider housing, healthcare, and humanity as inseparable parts of recovery with one shared goal; this is the foundation of the ASR model.



Ascension's Proven Record

Ascension RS has an established reputation for helping communities and organizations stabilize, rebuild, and expand programs that serve people experiencing addiction, homelessness, and mental illness.

During the first COVID-19 surge, ARS helped rapidly deploy Boston Hope, a 1,000-bed field hospital built within days. The project focused on care for unsheltered residents and proved that speed, coordination, and accountability save lives when public and private partners work as a team.

Our partnership with CLARE | MATRIX in Los Angeles stabilized a safety-net provider on the brink of closure. Together we streamlined programs, restored financial stability, and positioned the organization for growth. In 2025, the program secured \$51.1 million in California BHCIP "Launch Ready" funding to expand behavioral health services and build a recovery campus; proof that crisis can evolve into coordinated care.

In Boston, ARS partnered with the city, MassHealth, and Gensler to plan the Long Island Recovery Campus, a 35-acre project designed to deliver housing, recovery services, and mental health care in one coordinated setting. We are also collaborating on the Shattuck Campus redevelopment plan, which will expand behavioral health services, emergency shelter and 75-100 units of permanent, supportive housing.

Together, these projects validate ARS's ability to stabilize distressed providers, design large-scale solutions, and quickly mobilize effective clinical operations.

The Power of Public-Private Partnerships

Public-private partnerships (PPPs) are transforming how cities address recovery and homelessness. By combining the reach of government with the agility of the private sector, PPPs align funding, accountability, and innovation around measurable results.

Across the country, the following partnerships are integrating housing, treatment, and recovery systems in ways that reflect Ascension's approach:



Housing for Health

Housing for Health in Los Angeles County "braids" public, private, and philanthropic funding to provide housing and case management for people experiencing homelessness with behavioral health needs. By combining housing subsidies with treatment and distributing financial risk across sectors, this model reduces cost burden and improves long-term outcomes.



Partnerships for Action

Partnerships for Action: California Health Care and Homelessness Learning Collaborative connects hospitals, managed care plans, and housing with homeless service providers to coordinate care statewide, proving the value of cross-sector collaboration.



San Francisco's Breaking the Cycle Fund

San Francisco's Breaking the Cycle Fund uses joint public and private investment to expand interim housing and behavioral health treatment for homeless individuals, showing how flexible financing can accelerate progress in complex urban systems.

Together, these examples prove how shared funding, coordinated leadership, and clear outcomes can reshape the nation's response to addiction and homelessness, and they demonstrate that collaboration, not competition, is the cornerstone of sustainable change.

These principles are the foundation of ARS's national model.

Toward a National Model

The next frontier of recovery reform is national coherence. Every state faces the same challenges: fragmented systems, divided funding, and limited accountability. Ascension's experience proves these barriers are not insurmountable, they are design flaws that can be rehabilitated with careful coordination and business acumen.

Our scalable model begins with readiness assessments that identify where shelters and emergency departments are absorbing behavioral health needs. Communities then launch "bridge capacity," stabilization units and navigation hubs to move people off the streets and into coordinated care. These hubs form the foundation for an integrated continuum spanning detox, residential and outpatient treatment, medication-assisted therapy, and supportive housing.

At the policy level, ARS partners with states and managed care organizations to align funding and accountability through value-based models. By blending HUD, SAMHSA, Medicaid, and philanthropic resources, temporary grants become sustainable, multi-sourced financing. This approach creates a single front door for access and shared outcomes for evaluation.

Scaling requires more than replication; it demands fidelity to principle. Each implementation should reflect local needs while maintaining the core structure of connected care: housing linked to treatment, treatment to work, and work to stability. When that structure holds, recovery is transformed from a spotty patchwork of siloed programs to a smooth, reliable pathway with guardrails in place.

Conclusion

What began as a personal pursuit of healing has become a mission to rebuild America's recovery infrastructure with empathy, accountability, and business fundamentals that ensure sustainability. When we invest in ecosystems, not just programs, we create pathways for individuals to rebuild their lives, not just survive until the next crisis. In doing so, we can restore more than health; we'll restore dignity, rebuild communities, and renew hope.

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