Exploring the Intersection of Housing and Civil Commitment: Civil Commitment for Substance Use Disorders and Mental Illness

Lisa Callahan, PhD
Senior Consultant
SAMHSA's GAINS Center

Stephanie Noblit, Esq., MLS (ASCP)CM
Senior Legislative Attorney
Legislative Analysis and Public Policy Association (LAPPA)

September 3, 2026
1:00 – 2:30pm ET

SAMHSA's GAINS CENTER

SAMHSA
Substance Abuse and Mental Health Services Administration

Welcome and Introductions

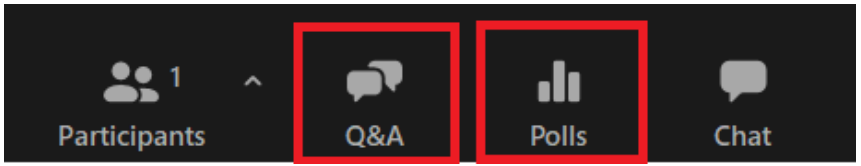
Melissa Stein, DrPH
Senior Project Associate
SAMHSA's GAINS Center
Policy Research Associates, Inc.

Disclaimer

The views, opinions, and content expressed in this presentation and discussion do not necessarily reflect the views, opinions, or policies of the Center for the U.S. Department of Health and Human Services (DHHS).

Reminders

- Questions
  - Please submit your questions to the presenters in the Q&A pod. The presenters will address as many questions as time permits at the end of the presentation.
- Polling
  - When prompted, please respond to open polls in the Polling tab. Results will be shared once the poll closes.



SAMHSA
Substance Abuse and Mental Health Services Administration

Reminders [continued]

- Recording
  - This webinar is being recorded. Everyone who registered for this webinar will receive notification from the GAINS Center when the video is available for viewing on SAMHSA's Criminal Justice YouTube Channel.
  - Slides will be disseminated to all webinar registrants in the weeks following the webinar.
- Attendance
  - A certificate of attendance will be available for download at the end of the webinar. This certificate is for personal portfolio use only and does not issue CEU credits.

ASL Interpretation & Live Captions

- We have arranged for ASL interpretation services during this meeting.
- The ASL interpreters for this meeting are:
  - Dave Gratzer & Pamela Mitchell
- Captioning is available from this meeting's live captioner.
  - Click Live Transcript CC and then select Show Subtitle.
  - Subtitles can be moved within the window and resized.

Introducing the Speaker: Lisa Callahan, Ph.D.

Lisa Callahan, Ph.D., is retired from Policy Research Associates, Inc. (PRA), where she was extensively involved in research, technical assistance, and training. She received her Ph.D. from The Ohio State University in 1983 and completed an NIMH postdoctoral program at the University of Wisconsin–Madison Medical School. During her tenure at PRA, Dr. Callahan led the GAINS Center's Learning Collaborative on Assisted Outpatient Commitment and technical assistance to SAMHSA AOT grantees. She led PRA's work on competence to stand trial, including the Learning Collaborative on Stand Trial and Competence Restoration through the GAINS Center. Her work has included providing diversion expertise to Texas, Pennsylvania, Washington, and California. Her expertise on treatment courts made her a frequent presenter at statewide and national conferences, and she regularly spoke to justice professionals on the importance of developing trauma-informed justice systems.

Introducing the Speaker: Stephanie Noblit, Esq., MLS (ASCP)CM

Stephanie Noblit, Esq., MLS (ASCP)CM is a Senior Legislative Attorney at the Legislative Analysis and Public Policy Association (LAPPA) and is LAPPA's expert on the intersection between science and health law and policy. In her role at LAPPA, she conducts legal and legislative research in several topic areas, including novel psychoactive substances, overdose fatality review teams, involuntary commitment, and medication for addiction treatment. In addition to being a lawyer, Stephanie is a certified medical laboratory scientist and previously worked in a clinical toxicology laboratory.

Housing, Homelessness, Mental Illness, and Civil Commitment in the U.S.

Lisa Callahan, PhD
Senior Consultant
SAMHSA's GAINS Center

September 3, 2026

SAMHSA's GAINS CENTER

SAMHSA
Substance Abuse and Mental Health Services Administration

Framing "The Issues"

- Housing
- Homelessness
- Mental health treatment
- Psychiatric treatment beds
- Legal guardrails
- Competing legal/public priorities

Homelessness – No Place to Sleep

- US Department of Housing and Urban Development has four categories of homelessness:
  - Literally homeless – sleeping in places not meant for habitation, shelters, transitional housing, or living in an institution, and previously homeless
  - Imminent risk of homelessness – losing housing within 14 days with no resources to secure housing
  - Homeless under other federal statutes – youth, children, families
  - Fleeing domestic violence – no safe, alternate housing
- In 2024 – 771,480 people were homeless in the point-in-time count, including 275,224 unsheltered people. Of the total, over 18% were reported to have a severe mental illness.
- In 2024, no community had enough permanent housing to meet the need. The need for permanent housing is growing.

(Source: US Department of Housing and Urban Development, 2024)

Mental Health Treatment

- In 2024, one in five adults in the US with any mental illness reported that they had an unmet need for mental health (MH) treatment in the past year (NSDUH, 2025).
  - 70% thought they should “handle” problems on their own.
  - 60% thought it would cost too much.
  - 49% said they didn’t know how or where to get treatment.
  - 41% said they couldn’t find a provider.
- In 2022-2023, 9.2% of adults with any mental illness were uninsured (5 million people). There is a wide variation by region of the country.
- Medicaid is the largest insurer of people with behavioral health conditions.
- In 2024, over one-third of the US population lived in an MH workforce shortage area. There is a wide variation by region of the country.

(Sources: Mental Health America, 2025; and SAMHSA, 2025)

Inpatient Psychiatric Treatment Beds

- A 2023 study[1] using CMS-certified US hospital data found that:
  - There were 28.4 inpatient psychiatric beds per 100,000 people in the US. Availability varies by demographics and geography. Research indicates that the optimal rate is 60 beds per 100,000 people.
  - Less than 25% of all short-term acute care hospitals have any inpatient psychiatric beds. This has a direct impact on emergency departments.
  - Hospitals with inpatient beds were more likely to be teaching hospitals, receive disproportionate share hospital payments, and have more full-time employees
- A 2025 study[2] reports the decline in inpatient beds by 2% (~2300 beds).
  - Loss occurred mainly in general hospitals and public free-standing psychiatric hospitals.
  - Increase found in freestanding facilities owned by private, for-profit chains.

(Sources: [1] Linfield et al., 2025; and [2] Shen et al., 2025)

Legal Guardrails – 14th Amendment of US Constitution

Involuntary inpatient civil commitment is the forced hospitalization of people with serious mental illness.

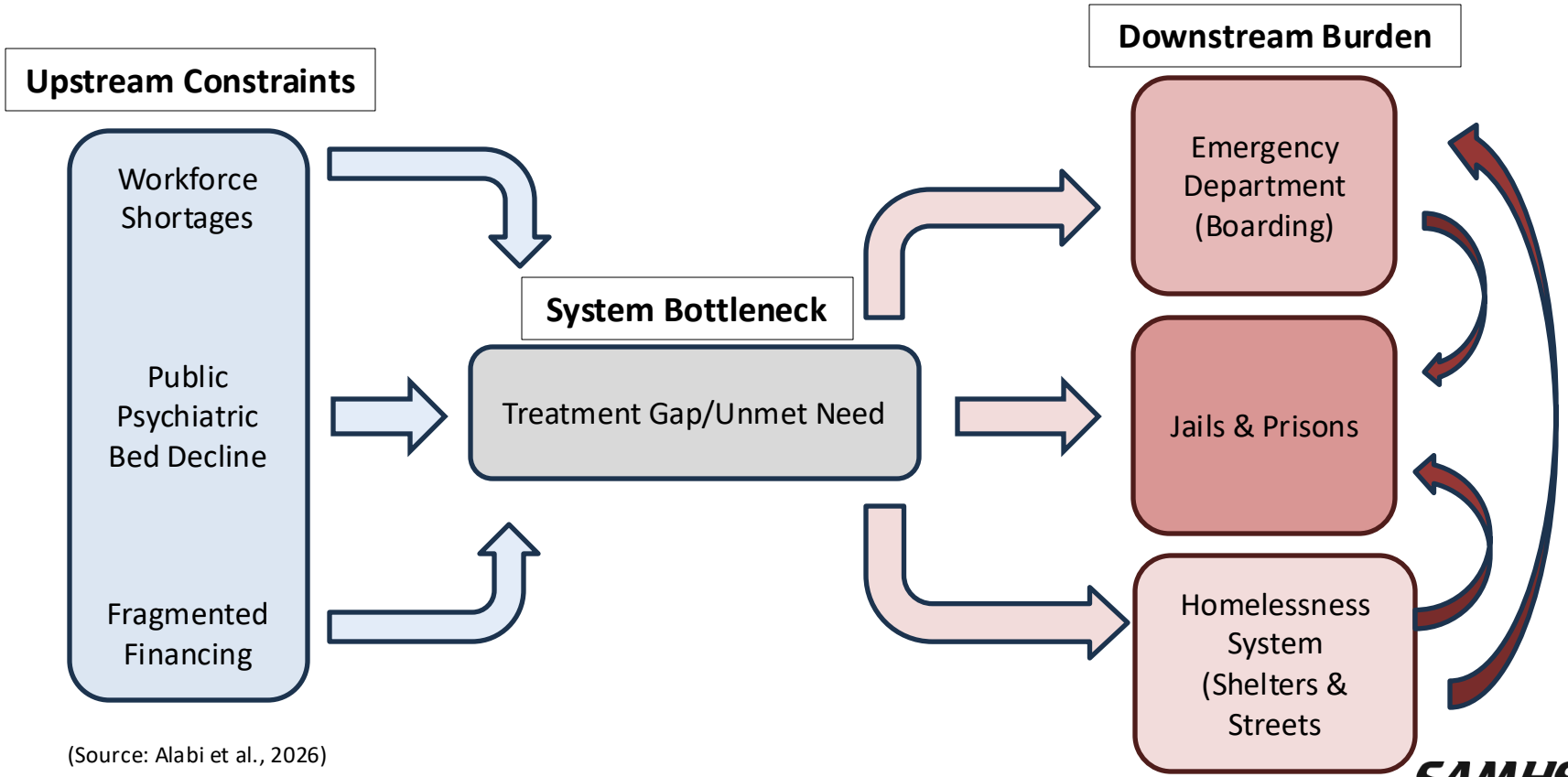
Civil commitment laws vary by state, but typically include the following conditions:	Civil commitment process includes:
Danger to self,	Emergency hold (48-72 hours) for immediate evaluation
Danger to others, OR	Petition and hearing with a court, represented by attorney
Gravely disabled	Court-ordered inpatient or outpatient treatment for a period of time

Assisted outpatient treatment (AOT) is court-ordered outpatient treatment of people with serious mental illness who have a history of non-engagement in treatment.

Competing Legal/Public Priorities

- Burden and treatment coverage
- Workforce capacity and distribution
- Facility and service infrastructure
- Financing architecture and spending patterns
- Structural strain across crisis, carceral, and housing systems

Cross-system Strain



(Source: Alabi et al., 2026)

SAMHSA
Substance Abuse and Mental Health Services Administration

21st Century ROAD to Housing Act: Effective July 2026

Core goals:

- Modernize and streamline federal regulations.
- Incentivize state and local zoning reforms.
- Enhance “financing opportunities for state, localities and families to build, preserve and rehabilitate affordable and sustainable housing.”
- Create targeted support for “some” renters and owners.
- “Does not include any additional funding for federal housing initiatives.”

(Source: McGinty, 2026)

Potential Impact of Federal Housing Act

- Increased Supportive Housing Infrastructure.
  - Reclassified affordable housing construction.
- Reduction in Section 8 Barriers.
  - Eliminated redundant inspections.
- Preservation of Vital Rural Subsidies.
  - Extended rural rent subsidies.
- Expanded Modern Housing formats.
  - Established new guidelines: flexible building layouts, commercial-to-residential conversions, and urban housing options.

(Source: Corporation for Supportive Housing, 2026)

References

- Alabi, A., Onafowokan, O. T., Amusa, T., Akinpeloye, O., & Okunola, D. (2026). Capacity, financing, and structural strain in mental health care in the United States: A narrative review. *Cureus, 18*(1), e100635. https://doi.org/10.7759/cureus.100635
- Corporation for Supportive Housing. (2026). *A landmark step forward for affordable housing: CSH applauds passage of the landmark 21st Century ROAD to Housing Act*. https://www.csh.org/2026/06
- Housing Affordability Institute. (2026, April 23). *State legislatures and housing reform 2026 edition*. https://www.housingaffordabilityinstitute.org/housing-reform-2026/
- Linfield, G. H., Patel, S., Ko, H. J., Lacar, B., Gottlieb, L. M., Adler-Milstein, J., Singh, N. V., Pantell, M. S., & De Marchis, E. H. (2023). Evaluating the comparability of patient-level social risk data extracted from electronic health records: A systematic scoping review. *Health Informatics Journal*. https://doi.org/10.1177_14604582231200300
- U.S. Department of Housing and Urban Development. (2024). The 2024 annual homelessness assessment report (AHAR) to Congress. https://www.huduser.gov/portal/datasets/ahar.html
- Joint Center for Housing Studies of Harvard University. (2024). *Housing cost burdens climb to record levels (again) in 2023*. Harvard University. https://www.jchs.harvard.edu/blog
- Mental Health America. (2025). *The state of mental health in America 2025*. Mental Health America. https://mhanational.org/the-state-of-mental-health-in-america/
- McGinty, L. (2026, July 10). *Sprawling federal housing reform bill becomes law*. National Conference of State Legislatures. https://www.ncsl.org/news/details/
- RentCafe. (2026). *Average rent in the U.S. & rent prices by state*. RentCafe
- Shen, K., Olfson, M., & Sacarny, A. (2025). National trends in inpatient psychiatric bed supply, 2011 to 2023. *JAMA Psychiatry, 82*(11), 1152–1153. https://doi.org/10.1001/jamapsychiatry.2025.2230
- Social Security Administration. (2025). *2026 Social Security changes*. https://www.ssa.gov/cola/factsheets/2026.html
- Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health*. Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/
- U.S. Census Bureau. (2025). *Housing availability and affordability: 2023* (ACS-61). https://www.census.gov/library/publications/2025/acs/acs-61.html

Legal Landscape of Involuntary Commitment for Substance Use Disorder

Stephanie Noblit, Esq., MLS (ASCP)CM
Senior Legislative Attorney
Legislative Analysis and Public Policy Association (LAPPA)

September 3, 2026

SAMHSA's GAINS CENTER

SAMHSA
Substance Abuse and Mental Health Services Administration

About LAPPA

- 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft model legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.
- Office of National Drug Control Policy's Model Acts Program Grant recipient since 2019.

LAPPA
LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

Homelessness and SUD

- In 2024, over 770,000 experienced homelessness during a single point-in-time count.
  - 14.6% of homeless individuals reported “severe substance abuse” at a 2024 U.S. Department of Housing and Urban Development point-in-time count.

- Research indicates a bidirectional relationship between substance use disorder (SUD) and homelessness.

- There is insufficient data and research regarding rates of homelessness among people at risk of or undergoing civil commitment.

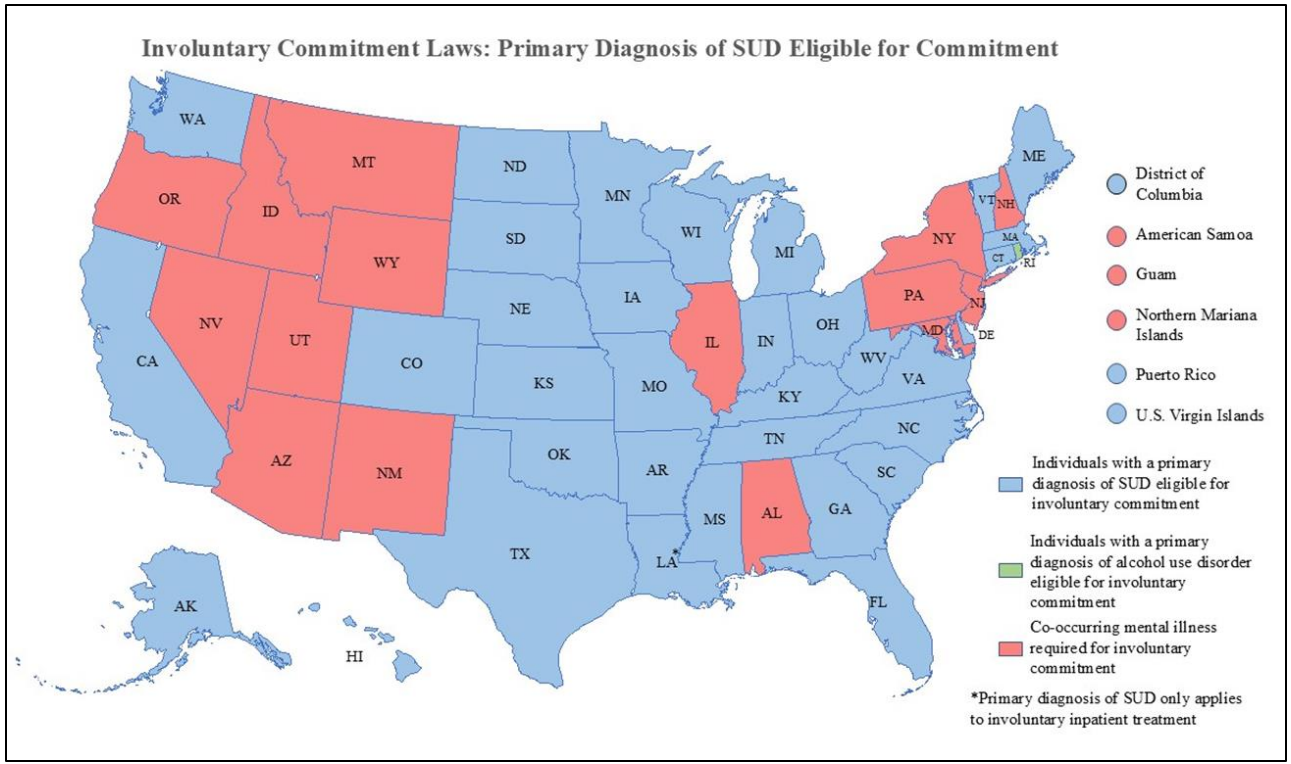
Involuntary Commitment for Substance Use Disorder (SUD) vs. Mental Illness

Involuntary Commitment for SUD

https://legislativeanalysis.org/involuntary-commitment-of-those-with-substance-use-disorders-summary-of-state-laws-with-substance-use-disordersnvoluntary-commitment-and-guardianship-laws-pdf/

SAMHSA
Substance Abuse and Mental Health Services Administration

Involuntary Commitment for SUD



As of December 2024

- Primary diagnosis of SUD eligible for involuntary commitment in 34 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands*.
- Co-occurring mental illness required for involuntary commitment in 15 states, American Samoa, Guam, and the Northern Mariana Islands.
- Rhode Island allows involuntary commitment for individuals with a primary diagnosis of alcohol use disorder only.

Involuntary Commitment for SUD – Criteria

- SUD should be severe.
  - Use of substances or the diagnosis of SUD alone is not a justification.
  - Risk of overdose alone is not a justification.

- Some states specifically state in their laws that an individual's refusal to undergo treatment alone does not constitute evidence of his or her lack of judgment or inability to make a rational decision.

Involuntary Commitment for SUD – Criteria (cont.)

- Dangerousness standard
  - Must be a threat of harm to self or others.
  - Critics of involuntary commitment argue it should be limited to a grave risk of imminent physical harm to self or others.
  - Some states allow risk of serious emotional injury as well.

- States are also increasingly considering the presence of a “grave disability” or “serious deterioration.”

Involuntary Commitment for SUD – Criteria Examples (1 of 3)

Casey's Law - Kentucky
KY. REV. STAT. ANN. § 222.431 (West 2025)

No person suffering from substance use disorder shall be ordered to undergo treatment unless that person:

(1) Suffers from substance use disorder;

(2) Presents an imminent threat of danger to self, family, or others as a result of a substance use disorder, or there exists a substantial likelihood of such a threat in the near future; and

(3) Can reasonably benefit from treatment.

Involuntary Commitment for SUD – Criteria Examples (2 of 3)

Marchman Act - Florida
FLA. STAT. ANN. § 397.675 (West 2025)

A person meets the criteria for involuntary admission if there is good faith reason to believe that the person is substance abuse impaired or has a substance use disorder and a co-occurring mental health disorder and, because of such impairment or disorder:

(1) Has lost the power of self-control with respect to substance abuse; and

(2)(a) Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services; or

(b) Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another.

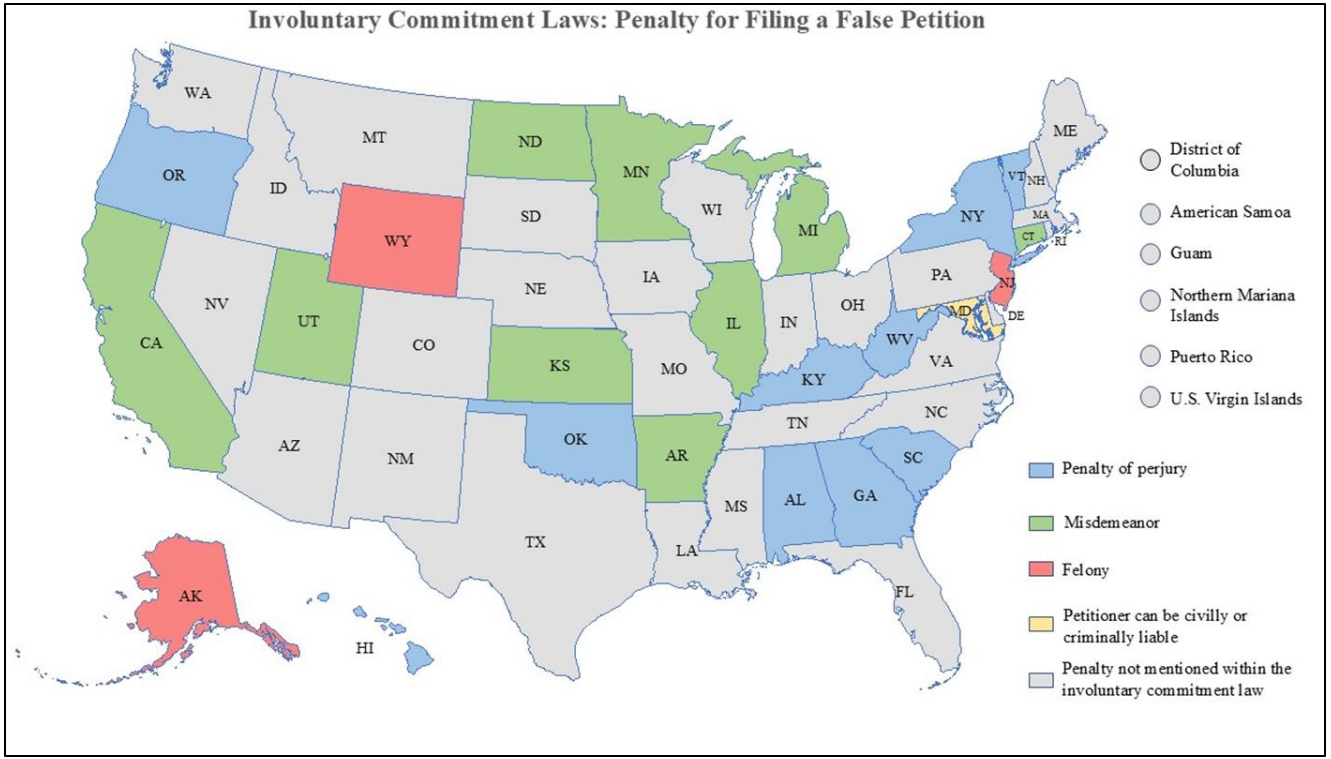
Involuntary Commitment for SUD – Criteria Examples (3 of 3)

Massachusetts
Mass. Gen. Laws Ann. ch. 123 § 35 (West 2025)

"Likelihood of serious harm", (1) a substantial risk of physical harm to the person himself as manifested by evidence of, threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that such person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community.

An individual can be involuntarily committed if he or she has an alcohol or substance use disorder and there is a likelihood of serious harm as a result of the individual's alcohol or substance use disorder.

Involuntary Commitment for SUD – False Petitions

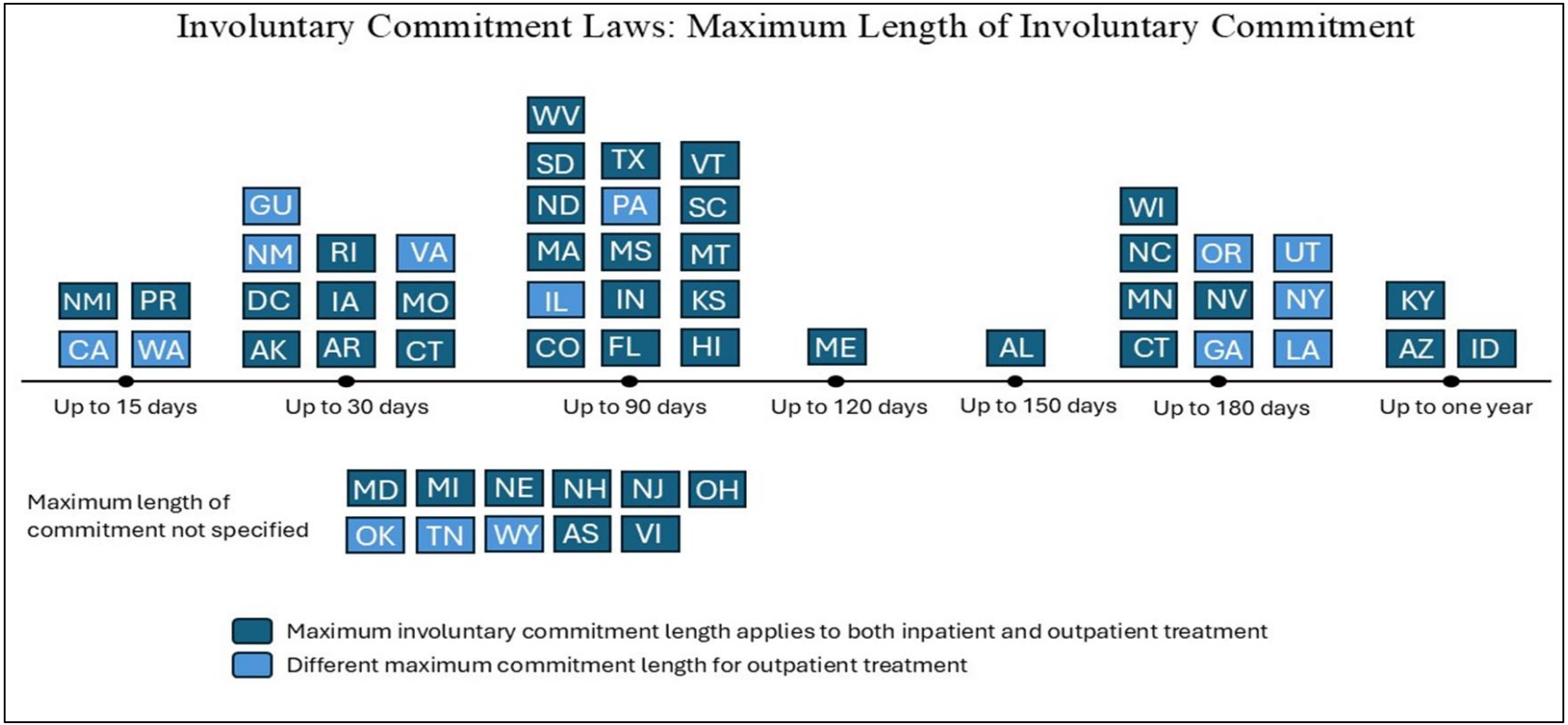


24 states* specifically delineate within their involuntary commitment laws a penalty for filing a false petition for involuntary commitment.

As of December 2024

SAMHSA
Substance Abuse and Mental Health Services Administration

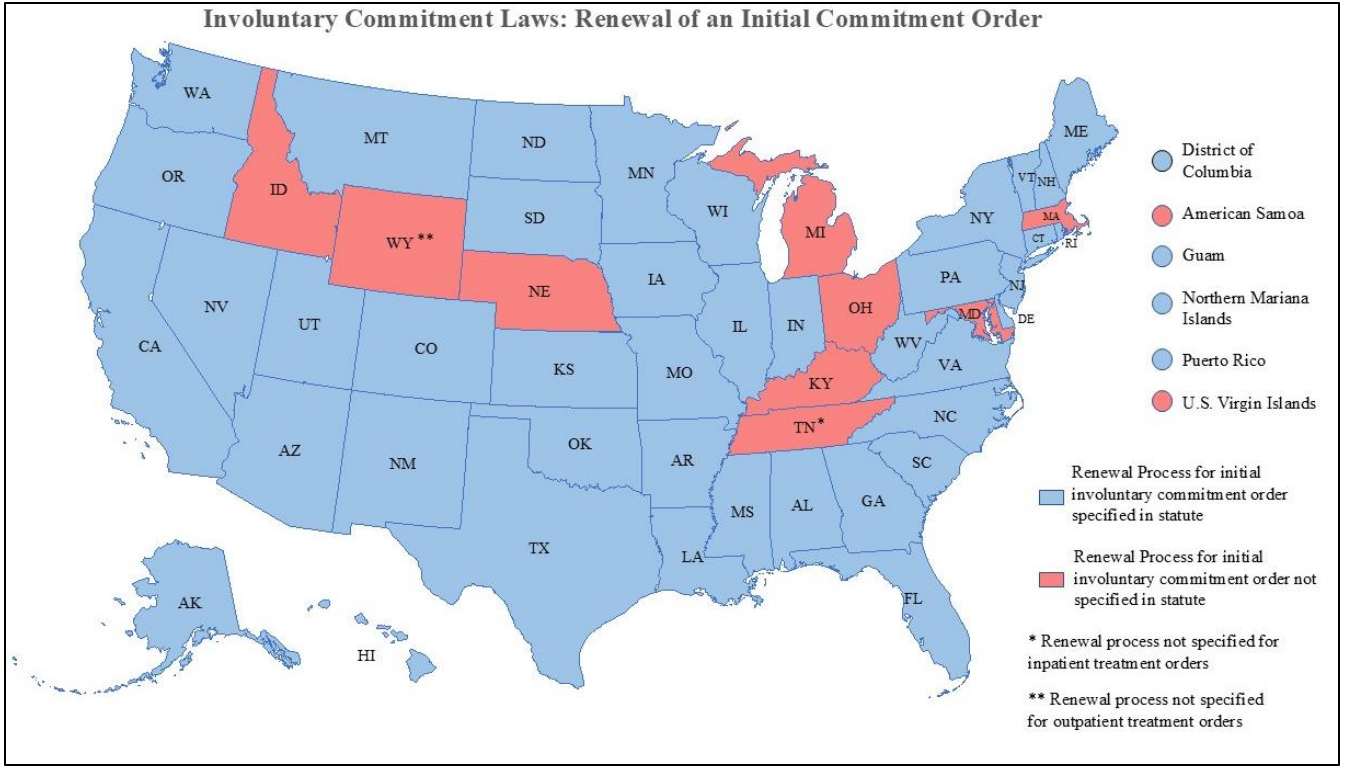
Involuntary Commitment for SUD – Length of Commitment*



**As of December 2024*

SAMHSA
Substance Abuse and Mental Health Services Administration

Involuntary Commitment for SUD – Renewal



41 states*, the District of Columbia, Guam, Puerto Rico, and the Northern Mariana Islands have a process for renewing an order of involuntary commitment if the respondent needs additional treatment beyond the initial treatment period.

As of December 2024

Involuntary Commitment for SUD – Cost of Treatment (1 of 3)

- Who pays for involuntary treatment?
  - Petitioner
  - Respondent
  - Medicaid/Medicare/Private insurance
  - County/State

- Public vs. private treatment centers

Involuntary Commitment for SUD – Cost of Treatment (2 of 3)

- **Arizona** - When a patient is given court-ordered treatment, the patient must pay all of such portion of the established charges as the patient can afford. If the patient is indigent, no charges should be made against the patient. ARIZ. REV. STAT. ANN. § 36-545.05 (West 2025).

- **Florida -** The court may order a respondent to undergo treatment through a privately-funded licensed service provider instead of a publicly-funded licensed service provider if the respondent has the ability to pay for the treatment or if any person on the respondent's behalf voluntarily demonstrates a willingness and an ability to pay for the treatment. FLA. STAT. ANN. § 397.697 (West 2025).

Involuntary Commitment for SUD – Cost of Treatment (3 of 3)

- **Kentucky -** Any petition filed must be accompanied by a guarantee signed by the petitioner obligating that person to pay all costs for treatment of the respondent for substance use disorder that is ordered by the court. KY. REV. STAT. ANN. § 222.432 (West 2025).

- **Washington -** If the respondent is unable to pay for such treatment or if payment would result in a substantial hardship upon the respondent or his or her family, then the county of residence of such person or, if unknown, the county where the person was originally detained shall be responsible for such costs. WASH. REV. CODE ANN. 71.05.100 (West 2025).

Involuntary Commitment for SUD Model Act (1 of 9)

- Provides jurisdictions with a framework for the involuntary commitment of individuals with SUD that restricts the use of involuntary commitment to specific circumstances and includes protective policies and procedures for the individual.
- Provides consistency among involuntary commitment laws for SUD across jurisdictions to allow for standardized research and data on the practice.

https://legislativeanalysis.org/model-involuntary-commitment-for-substance-use-disorder-act-act/

SAMHSA
Substance Abuse and Mental Health Services Administration

Involuntary Commitment for SUD Model Act (2 of 9)

SECTION IV. CRITERIA FOR INVOLUNTARY COMMITMENT FOR SUBSTANCE USE DISORDER.

(a) Criteria for involuntary commitment.—A petitioner who meets the requirements set forth in Section V, subsection (a) may file a petition with the court requesting the involuntary commitment of an individual eighteen (18) years of age and older if the petitioner has probable cause to believe that the respondent has severe substance use disorder and because of such disorder:[93]

(1) Is in need of substance use disorder treatment services and would reasonably benefit from such services but is not capable of:

(A) Appreciating his or her need for such services; and

(B) Making a rational decision in that regard;

(2) Has a grave disability that results in the respondent being unable to provide for his or her own basic physical needs; and

(3) Without immediate care or treatment there is a grave risk of imminent physical harm to the individual respondent or others.

Involuntary Commitment for SUD Model Act (3 of 9)

(m) Cost of treatment.—The cost of any and all treatment and other services associated with the temporary protective custody and involuntary commitment of the respondent shall be paid as follows:

(1) By the respondent's health insurance, if he or she is insured and if such services are covered;

(2) By the petitioner, who shall sign a guarantee which shall be filed with the petition obligating him or her to pay such costs only if the respondent does not have health insurance or if any services are not covered by the respondent's insurance; or

(3) By the state if the petitioner is filing the petition within his or her role as a law enforcement official, a healthcare practitioner, or a behavioral health professional, or if the petitioner is indigent.

Involuntary Commitment for SUD Model Act (4 of 9)

(m) Discharge plan.—Fifteen (15) days prior to the individual's discharge date, the individual's treatment team at the facility shall develop a discharge plan in collaboration with local social service entities. The treatment team shall give the individual an opportunity to participate in the formulation of the discharge plan. A copy of the discharge plan shall be provided to the court. The discharge plan shall include and document the respondent's needs and actions to address such needs for, at a minimum:[227]

(1) Appointments to follow up on physical and behavioral health issues;

(2) Information on how to obtain prescribed medications including medication for addiction treatment, if applicable;

(3) Information on available social services and public benefits including housing, employment, and transportation and referrals to such services as necessary;

(4) Information on how to obtain health insurance if the individual is uninsured;

(5) Referral to recovery support opportunities including, but not limited to, peer support services; and

(6) A safety plan for the individual and the number of a crisis services hotline.

Involuntary Commitment for SUD Model Act (5 of 9)

SECTION X. INVOLUNTARY COMMITMENT REVIEW BOARD.

(a) Establishment.—Within one (1) year of the effective date of this Act, the [state department of substance use and mental health services] shall establish an involuntary commitment review board composed of three or more individuals to review the admission, retention, and post-commitment care of individuals ordered to undergo involuntary commitment for the treatment of substance use disorder under this Act. One member shall be a healthcare practitioner with a specialty in addiction medicine, one member shall be a behavioral health professional, and one member shall be an attorney practicing civil rights or disability law.[239]

Involuntary Commitment for SUD Model Act (6 of 9)

(b) Review.—The review board shall review the admission, retention, and post-commitment care of involuntarily committed individuals at treatment facilities within the state on at least a quarterly basis. The review board may examine the court and treatment records of all involuntarily committed individuals in order to identify any cases of unjustified or excessive involuntary commitment. The review board shall report any findings and concerns to the administrator of the treatment facility, the clerk of the probate court of the county where the involuntary commitment proceedings occurred, and the [state department of substance use and mental health services] within forty-eight (48) hours of discovery. The entities and individuals receiving a report from the review board shall take any corrective action necessary to address the issue(s) identified in the report.

Involuntary Commitment for SUD Model Act (7 of 9)

SECTION XII. REPORTING.

(a) Annual report.—Within one (1) year of the effective date of this Act and annually by that date thereafter, the following entities shall submit a de-identified, aggregate report to the [state department of substance use and mental health services]:

(1) Each [probate] court within the state that conducts involuntary commitment for substance use disorder proceedings;

(2) Each treatment facility within the state that accepts individuals subject to an order of involuntary commitment for the treatment of substance use disorder; and

(3) The involuntary commitment review board.

(b) Data analysis.—The [state department of substance use and mental health services] shall analyze each annual report submitted pursuant to subsection (a). It shall create a single report containing an aggregate of the data submitted and shall submit that report to the governor and the [appropriate committees] of the state legislature.

Involuntary Commitment for SUD Model Act (8 of 9)

Additional aspects of the Model Act:

- Mere refusal to undergo treatment is not a justification for involuntary commitment.
- Limits who can file a petition.
- Penalty for false petitions.
- 90-day maximum commitment period.
- Treatment facilities used for involuntary commitment are required to maintain or have the capacity to process, dispense, and administer all FDA-approved forms of medication-assisted treatment.

Involuntary Commitment for SUD Model Act (9 of 9)

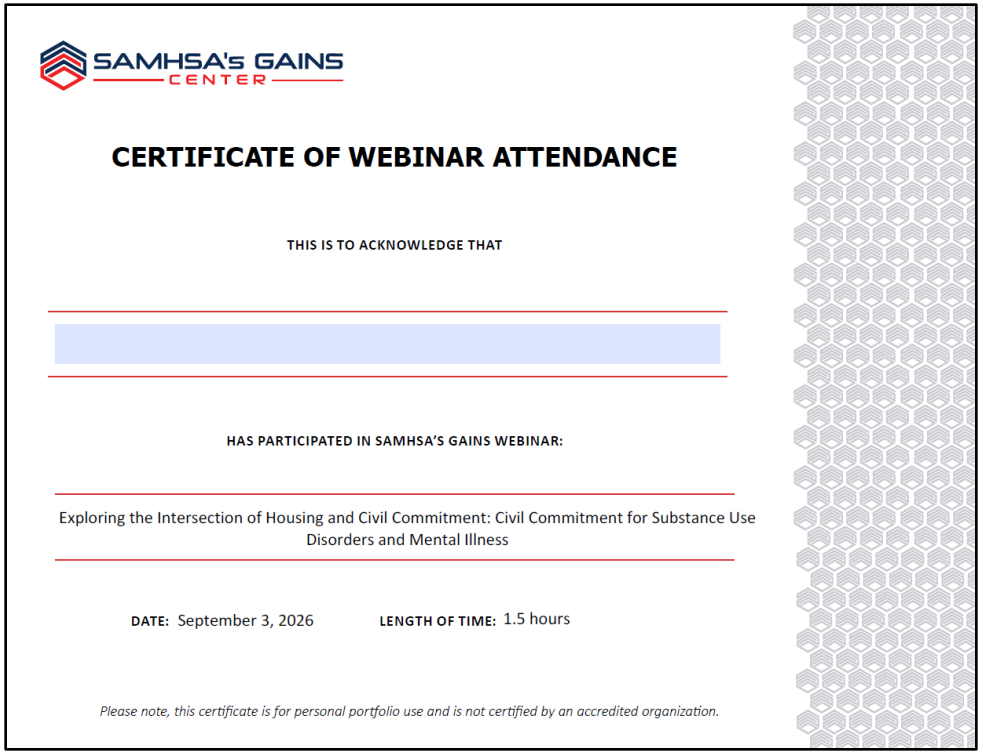
Additional aspects of the Model Act:

- Treatment facility required to evaluate and develop an individualized treatment plan for the patient within 24 hours of admission.
- Enumerated list of rights of individuals involuntarily committed for SUD.
- Connection to peer support services and provision of overdose reversal medication upon discharge.
- Education and training requirements.
- Development and publication of a publicly available involuntary commitment guide.

Q&A

Please submit your questions to the presenter in the Q&A pod. The presenters will address as many questions as time permits.

Certificate of Attendance



SAMHSA's GAINS CENTER

CERTIFICATE OF WEBINAR ATTENDANCE

THIS IS TO ACKNOWLEDGE THAT

HAS PARTICIPATED IN SAMHSA'S GAINS WEBINAR:

Exploring the Intersection of Housing and Civil Commitment: Civil Commitment for Substance Use Disorders and Mental Illness

DATE: September 3, 2026 **LENGTH OF TIME:** 1.5 hours

Please note, this certificate is for personal portfolio use and is not certified by an accredited organization.

For personal portfolio use only, not a CEU or certified by an accredited organization

SAMHSA
Substance Abuse and Mental Health Services Administration


Join the GAINS Center's listserv to receive our eNews!
https://bit.ly/GAINSeNews
SAMHSA's GAINS CENTER

Thank You

Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)

GAINS Center for Behavioral Health and Justice Transformation

SAMHSA's GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

https://www.samhsa.gov/gains-center

1-800-311-4246

SAMHSA's GAINS CENTER

SAMHSA
Substance Abuse and Mental Health Services Administration