People experiencing homelessness show much higher rates of physical health issues, mental health conditions, and substance use disorders (SUDs). Over 20 percent of people experiencing homelessness have a serious mental illness, compared to 5.6 percent among the general population. Substance use is also common; an estimated 17 – 33 percent of people experiencing homelessness received treatment for alcohol or drug use. Between 20 and 50 percent of individuals experiencing homelessness are estimated to have co-occurring mental health disorder and SUD.

Access to safe, reliable, and stable housing is a basic necessity, and directly affects physical and mental health. However, the supply of subsidized housing is still inadequate to meet the needs of those experiencing homelessness. Wait times for placement into permanent housing can be long, ranging from a few months to several years, and longer periods of homelessness are associated with lower rates of recovery and higher rates of psychiatric distress. The period prior to moving into stable housing, therefore, is an important window to offer services across the social determinants of health, which requires multi-system coordination.

While many resources are available for organizations to assist people in obtaining housing, and to assist in providing behavioral health and SUD services for people recently housed, this guide uniquely contributes to available resources by focusing on engaging people currently experiencing sheltered and unsheltered homelessness in behavioral health and SUD treatment, as well as other needed support services, while the individual may be waiting for housing placement.

This guide focuses on five programs and practices that have demonstrated success in improving mental health and substance use outcomes during the often-lengthy period of homelessness prior to housing placement. These practices include medications for opioid use disorder (MOUD), motivational interviewing (MI), intensive case management, Community Reinforcement approach (CRA), including adolescent community reinforcement approach (A-CRA), and peer support.
The guide includes both the evidence of the impact of these interventions and specific strategies for providers, staff, and organizations to consider when implementing them. Specifically, organizations should consider engaging community partners, securing sustainable funding streams, building a strong workforce, reducing barriers to treatment engagement and retention, and evaluating effectiveness.

Individual providers should pay particular attention to implementing the practice with fidelity, engaging, and retaining clients in care, and integrating and coordinating other needed services. Several resources are provided to assist organizations and providers in these areas. The guide also provides four real-life case examples of organizations implementing these strategies, including the City of Philadelphia Office of Homeless Services and Resources for Human Development, the Colorado Coalition for the Homeless, Horizon Behavioral Health of Virginia, and Park Center of Nashville, Tennessee.

### References


---

**December 2023**

SAMHSA Publication No. PEP22-06-02-007

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

1-877-SAMHSA -7 (1-877-726-4727) 1-800-487-4889 (TDD) www.samhsa.gov