



# Prevention Collaboration in Action

Bringing the Right  
Collaborators On Board

## The House That Prevention Can Build: Opportunities for Collaboration Between Prevention and the Housing Sector

Housing is one of many social determinants of health (SDoH) that is linked to substance misuse. People who have affordable and stable housing are less likely to have a substance use disorder (SUD) and more likely to have positive outcomes should they develop an SUD.<sup>i,ii</sup> Conversely, people who experience homelessness are at greater risk of misusing substances, developing an SUD, and experiencing a fatal overdose.<sup>iii,iv</sup>

Professionals in the housing sector already employ policies and programs to address housing instability, which has also been linked to improved outcomes for substance misuse and health.<sup>v</sup> Additionally, collaborating with the housing sector presents many opportunities for the field of prevention as it works to reduce the risk of substance misuse and mitigate the harmful consequences.

This resource is designed to help practitioners who are interested in partnering with the housing sector to improve the health of individuals and their communities. Specifically, it explores:

- Key paradigms of the housing sector that prevention practitioners should understand
- Why housing matters for prevention
- Fundamentals of how the U.S. housing sector operates, including key programs and models
- Opportunities for collaboration

## KEY HOUSING PARADIGMS

No one agency or individual can possibly provide the resources or reach to meet the prevention needs in your community. This is why collaboration is such an integral part of SAMHSA’s [Strategic Prevention Framework \(SPF\)](#).

To influence complex social problems, practitioners must tap the skills and resources of a broad spectrum of community stakeholders throughout the prevention planning process. This tool features opportunities for collaboration at each step of the SPF, as well as examples of how you might engage local partners in these activities.

Understanding the key paradigms of the housing sector is the first step to developing a collaborative partnership with housing professionals. These paradigms lay the critical groundwork for assessing an individual’s housing “status.”

In its simplest form, being housed means having a permanent dwelling that meets one’s basic human needs. Housing is also assessed in terms of **stability** and **adequacy**.

- People with *stable* housing face no uncertainty about their housing situation. Their housing is affordable, meets their family’s needs, and is secure—that is, they are protected against forced evictions, harassment, or other threats.<sup>vi,vii</sup>
- Fully stable housing is out of reach for many in the United States. People without stable housing experience *housing instability*.
- The most extreme form of housing instability is *homelessness*.<sup>viii</sup> On any given night in 2023, roughly 653,000 people experienced homelessness.<sup>ix</sup> And 4.2% of the U.S. population will experience homelessness at some point during their lifetime.<sup>x</sup>

While stable housing is a goal, it is not the only goal. This is because not all stable housing is **adequate**. Housing adequacy is determined by the quality, safety (e.g., structural integrity, access to running water, and safe electricity), and convenience of an individual’s situation.<sup>xi,xii,xiii</sup>

- People who are inadequately housed may experience negative health effects related to housing quality and safety, for example as a result of exposure to mold, lead, or asbestos.<sup>xiv</sup>
- Housing adequacy may also consider cultural appropriateness—whether the space is respectful, accommodating, and supportive of cultural practices and traditions.<sup>xv,xvi</sup>

Risk of substance misuse is linked to both dimensions of housing. But the relationship is most acute among people experiencing **homelessness**. Over one-third of individuals experiencing homelessness have alcohol or substance misuse issues and up to two-thirds report a lifetime history of SUD.<sup>xvii</sup> Individuals who report being homeless at admission to SUD treatment also describe experiencing more serious use or consequences compared to housed counterparts.<sup>xviii,xix,xx</sup>

## THE HOUSING AND SUBSTANCE MISUSE CONNECTION

The relationship between housing and substance misuse is complex and bi-directional: Housing instability or inadequacy can increase the risk of substance misuse, and substance misuse can contribute to housing instability.<sup>xxi,xxii</sup>

No single theory or model provides a conclusive causal explanation of the link between housing and substance misuse. Some theories posit that people misuse substances to cope with the stress of the emotional and economic strain triggered by housing issues.<sup>xxiii</sup> Other theories look at the effects poor mental health may have on housing and substance misuse. Still others seek to understand the connection through the lens of adverse childhood experiences (ACEs). Yet, while the connections between housing and substance misuse are not fully understood, they seem to be linked to and through the other SDoH—that is, the forces, systems, and circumstances that shape everyday life.<sup>xxiv</sup> Housing is itself an SDoH and it in turn affects many other SDoH. All of these may affect the risk of substance misuse.

While housing and substance misuse can act directly upon each other, their effects may also be mediated by the other SDoHs. The relationship between substance misuse, housing, and the other SDoH is evident across many SDoH dimensions.<sup>xxv</sup>

- **Education access and quality.** Frequent changes in residence, evictions—or even living in an area with limited access to quality educational opportunities—can all decrease school attendance. This can lead to lower educational attainment, which can, in turn, negatively impact mental health and increase the risk for substance misuse.<sup>xxvi</sup> Among youth, having less than a high school or general education diploma is linked to a significantly higher risk of experiencing homelessness.<sup>xxvii</sup>
- **Economic stability.** Stable employment and stable housing build off one another. Lack of stable employment and housing can create chronic stress, which can contribute to substance misuse.<sup>xxviii,xxix</sup> Chronic stress is also linked to other behavioral health conditions, such as anxiety and depression, which are known risk factors for substance

misuse.<sup>xxx</sup> Additionally, unemployment and underemployment have a disproportionate impact on individuals experiencing homelessness.<sup>xxxi</sup>

- **Social and community context.** Children with parents who misuse substances face a multitude of problems including housing instability, substance misuse, toxic stress, trauma, and mental health issues.<sup>xxxii</sup> Parental substance misuse and having a history of family homelessness are considered ACEs, which have been shown to increase risk of substance misuse later in life.

Substance misuse and housing are further connected and influenced by the upstream forces in which the SDoH occur, such as social inequity and disadvantage.<sup>xxxiii</sup> Collaboration between housing and substance misuse prevention can strengthen each sector’s initiatives by increasing access to under resourced and marginalized populations.

### **Community Reentry: An Opportunity for Collaboration**

Individuals returning to the community after periods of incarceration face substantial health-related social needs—especially when it comes to securing stable and adequate housing.<sup>xxxiv</sup> They must obtain housing while navigating probation and/or parole requirements, while also potentially encountering housing discrimination due to their history of incarceration.<sup>xxxv,xxxvi</sup> At the same time, they also face significant risks for substance misuse. In fact, the risk of fatal overdose is substantially increased the first two weeks after release from a carceral setting, with overdose the leading cause of death among formerly incarcerated individuals.<sup>xxxvii,xxxviii</sup> Working together to serve the health and social needs of recently returned individuals can help to reduce the risk of overdose, increase behavioral and physical wellbeing, and improve overall quality of life.

## **FUNDAMENTALS OF THE HOUSING SECTOR**

To successfully work with housing sector partners, practitioners need to understand how the sector operates and how it is funded. The U.S. Department of Housing and Urban Development (HUD) is the cabinet-level agency responsible for administering programs that sustain or improve housing and enforce fair housing laws. HUD funds most housing programs but, like SAMHSA’s role in substance misuse prevention, much of HUD’s funding is further managed or allocated by sub-federal agencies, organizations, or collectives. Many other federal agencies also direct

awards to state and local organizations that work alongside the housing sector, especially for work focusing on individuals experiencing homelessness.

## Addressing Housing Instability and Substance Misuse Through Collaborative Funding

SAMHSA alone funds at least [seven grant programs](#) that address SUD among people experiencing housing instability or homelessness. For example, *Individuals Experiencing Homelessness* and *Grants for the Benefit of Homeless Individuals* both seek to expand access to behavioral health treatment, recovery support services, housing, and other services for people experiencing homelessness who also have a qualifying behavioral health condition.<sup>xxxix,xl</sup> More broadly, the U.S. Interagency Council of Homelessness worked with 19 federal agencies, including SAMHSA, to launch the [ALL INside](#) initiative in 2023. All INside establishes dedicated teams across the federal government to help navigate housing funding and address major barriers—including health care and other supportive services like substance misuse prevention—for people experiencing homelessness or who are currently unsheltered.<sup>xi</sup>

## HUD's Office for Public and Indian Housing

Within and funded by HUD, the Office for Public and Indian Housing (PIH) oversees more than 3,300 local **Public Housing Authorities (PHAs)** and **Indian Housing Authorities (IHAs)** that collectively provide public housing and services for more than a million households in the U.S.<sup>xii</sup>

- PHAs provide rental housing to low-income families, older adults, and people with disabilities—all populations that face an increased risk for substance misuse.<sup>xiii</sup>
- IHAs supply and manage affordable housing for American Indian/Alaska Native (AI/AN) families<sup>xiv</sup> who are disproportionately impacted by substance misuse and face unique barriers to services.<sup>xv</sup>

PIH also manages HUD's **Housing Choice Vouchers (HCV) Program**, which serves more than 3.5 million households. The HCV Program (formerly known as Section 8) provides rental subsidies to qualifying renters for properties owned and managed by private landlords.<sup>xvi</sup> Rental assistance

programs like HCVs effectively reduce homelessness among people with SUD and are associated with reductions in alcohol and drug problems among people experiencing homelessness.<sup>xlvixlviii</sup>

### **Making the Connection: St. Louis Parkview Apartments<sup>xlix</sup>**

In 2022, a public housing community in St. Louis, Missouri faced a poisoned drug supply that led to 11 overdoses and seven overdose deaths over a 36-hour period. To prevent additional overdoses, the St. Louis Housing Authority—the local PHA—connected a substance misuse prevention team with property managers of many local public housing communities. The prevention team conducted trainings on prevention tools and strategies, including opioid education and naloxone distribution, for property managers, staff, and residents. The partnership allowed for more naloxone kits to be made available in the housing complex.

### **HUD's Continuum of Care Program**

HUD's **Continuum of Care (CoC) Program** funds efforts to re-house people experiencing homelessness; it also provides other social support services and resources (e.g., behavioral health care, financial literacy, help applying for public benefits).<sup>l</sup> CoCs are responsible for planning, coordinating, funding, monitoring, and evaluating these efforts within their geographic area.<sup>li</sup> Each state, U.S. territory, and the District of Columbia is responsible for establishing and operating at least one CoC. However, because CoCs determine the geographic area that they represent, areas with larger populations may have multiple CoCs.

The operation and structure of each CoC is tailored to the unique needs and context of the community in which it is located. All CoCs, however, use a person-centered care approach and engage a wide variety of community partners, including substance misuse prevention organizations. Some of the services administered by the CoC include the following:<sup>lii</sup>

- **Transitional housing:** This includes interim rental housing (up to 24 months) that serve as a bridge to permanent housing. Transitional housing is often paired with Supportive Services (see below).
- **Permanent housing:** This is long-term, affordable housing for individuals who are exiting homelessness. There is no designated length of stay. Permanent housing is also paired with voluntary Supportive Services (see below).

- **Supportive services:** This wide range of services is designed to help individuals obtain and/or maintain housing stability. Examples include crisis counseling, emergency medical care, substance misuse prevention, and behavioral health treatment. Supportive services are a component of the [coordinated entry system](#), which is the CoC’s standardized process for engaging with, assessing, and referring people experiencing homelessness to needed services.

## HUD’s Housing First Approach

**Housing First** or the **Housing First Model (HFM)** is an evidence-based supportive housing model used by HUD and other housing partners to provide immediate access to permanent housing for people experiencing homelessness without requiring participation in other services (e.g., mental health services, financial planning classes). The HFM argues that people must address their basic human needs (i.e., safe and stable housing) before they can deal with other issues like employment or substance misuse.<sup>liii</sup> Under the HFM, individuals are not required to maintain sobriety or engage in substance misuse treatment before being housed.<sup>liv</sup> This is a different approach from more traditional shelters that require substance use abstinence. Decades of research have shown that programs using the HFM decrease homelessness, improve housing stability, and increase utilization of behavioral health services.<sup>lv</sup> The HFM is also associated with reductions in substance misuse.<sup>lvi</sup> Though not required, many housing initiatives and programs (including CoCs), employ the HFM.<sup>lvii</sup>

## OPPORTUNITIES FOR COLLABORATION

With prevention and housing already working to address many of the same root SDoH, partnerships can help improve programming, expand reach, reveal new funding opportunities, and ultimately yield better results—for both partners! For prevention, a good housing sector partner brings the expertise and community trust needed to effectively cultivate buy-in for, and participation in, programming. For housing, prevention can bring an added dimension to existing housing services.

One of the best pathways for beginning a collaboration with the housing sector is through a CoC. Practitioners can formally partner with their local CoC in two ways:

1. By becoming a **funded subrecipient or contractor** to provide specific supported services for a local CoC.
2. By becoming a **non-funded member** of their local CoC.

Any organization or agency (excluding for-profit businesses) can apply to be a CoC program *funded grant subrecipient or contractor*.<sup>lviii</sup> This mechanism provides a pathway for administering CoC-funded supportive services for people experiencing homelessness. Many CoCs consider substance misuse prevention programming an “eligible cost” for funding as a component of “education services.”<sup>lix</sup> This pathway may provide a CoC-supported funding stream for work that prevention organizations are already pursuing or considering.

Prevention programs can also partner with a local CoC by applying to become a *CoC member*. CoC members are individuals or organizations who do not receive funding from the CoC program to do their work but support the CoC’s mission and are interested in collaborating across the continuum to end homelessness.<sup>lx</sup> Through CoC membership, practitioners are exposed to a diverse array of other CoC member groups, including PHAs, homeless service providers, local governments, health care systems, school districts, faith-based organizations, HIV/AIDS clinics, and the criminal justice system.<sup>lxi</sup> These connections can inform prevention planning and strategic decision-making.

Whether as a funded CoC partner, an unfunded CoC member, or simply through ad hoc partnerships, there are many opportunities to work with housing sector partners. Below are four examples:

- **Join the coordinated entry infrastructure.** When CoC partners first make contact with people experiencing homelessness, they use the **coordinated entry system** to assess and refer them to appropriate supportive services.<sup>lxii</sup> Service providers use a standard assessment/screening process that documents the individual’s specific housing and community resource needs at program intake.<sup>lxiii</sup> By becoming a referral

## Potential Housing Sector Partners

- Public Housing Authorities (PHAs)
- Indian Housing Authorities (IHAs)
- Public housing communities
- Emergency shelters
- Transitional housing
- Juvenile justice agencies and partners
- Adult corrections agencies and partners
- Single adult or family shelters
- Domestic violence shelters
- Private landlords, especially in the HCV program
- Street medicine programs (i.e., mobile health units)
- Drop-in centers
- Community health centers
- Public Libraries
- Schools
- Other CoC member



partner in the coordinated entry system, housing providers can link community members to substance misuse-related resources, as needed.

- **Provide opioid education and naloxone distribution (OEND) for individuals experiencing housing challenges.** In a joint letter published in 2023, HUD and HHS called for naloxone distribution and related services in public housing units and programs for people experiencing homelessness.<sup>lxiv</sup> Prevention and housing organizations can partner to respond to this call to action. Prevention can provide targeted OEND to residents, staff, and community members through partnerships with PHAs, public housing complexes, private landlords, homeless shelters, drop-in centers, and other CoC partners (See Parkview Apartments Case Study, above).
- **Partner with and advocate for complimentary programs and approaches—especially Housing First and primary prevention.** Integrating prevention into programs that use HFM decreases substance misuse and helps sustain long-term housing.<sup>lxv</sup> Prevention could partner with any program using the HFM to offer supportive services, such as prevention education or naloxone distribution, after housing admission. Prevention professionals can also work with local CoC members or other housing partners to develop coordinated advocacy campaigns for policies that support primary prevention efforts and housing access in their communities. Advocating for the HFM is one of many specific policies that may be beneficial to both partners and has contributed to the requirement by some cities and states to include the HFM in all housing programs.<sup>lxvi, lxvii</sup>
- **Conduct joint events.** Prevention and housing can combine service and awareness events that they already provide (e.g., community resource fairs, drug takeback days) to extend their reach. These events, which may be supported by the local CoC, can raise awareness of and increase access to services that may be helpful to people experiencing housing instability, such as substance misuse prevention, food banks, and employment assistance.

## CONCLUSION

Substance misuse and housing instability can have devastating effects on individuals and communities. Housing is itself an SDoH, and many factors related to housing impact known risk and protective factors for substance misuse. Addressing the SDoH is already a core component of substance misuse prevention. Whether through formal or informal partnerships with a CoC, distributing overdose prevention education and resources, or referrals for services, collaborating with the housing sector can help to deepen prevention’s capacity and reach, advance shared goals, and improve outcomes.

## APPENDIX A: ADDITIONAL RESOURCES LIST

Working with and through one's local CoC offers collaborative opportunities and resources to expand the reach of prevention services. The link below provides further information on how to locate and contact the CoC(s) in your area.

### Continuum of Care

- [HUD Exchange Continuum of Care Program](#)

*U.S. Department of Housing and Urban Development*

Identifies and provides contact details for the CoC(s) within each state and territory.

Different populations experience substance misuse and housing instability in different ways. This section of the appendix provides further reading on homelessness and housing instability among specialized populations.

### Youth and Young Adults

- [HUD Exchange's Resources for Youth Homelessness](#)

*U.S. Department of Housing and Urban Development*

Hub for resources and guidance documents to help service providers prevent youth homelessness.

- [Missed Opportunities: Evidence on Interventions for Addressing Youth Homelessness](#)

*Chapin Hall at the University of Chicago*

Provides comprehensive data on youth homelessness and recommendations for addressing it.

- [Model State Statutes: Youth and Young Adult Homelessness](#)

*State Index on Youth Homelessness*

Report that details examples of successful policy initiatives for youth experiencing homelessness.

- [Preventing and Ending Youth Homelessness in America](#)

*Annie E Casey Foundation*

A brief that describes the prevalence and effects of youth homelessness and recommendations for policymakers, practitioners, and the wider public.

- [State Index on Youth Homelessness](#)

*State Index on Youth Homelessness*

Contains live tracking maps concerning state-level policies and active legislative efforts to address youth homelessness.

- [Voices of Youth Count](#)

*Chapin Hall at the University of Chicago*

A national effort that examines youth homelessness in America.

- [What Works to End Youth Homelessness](#)

*National Network for Youth*

Details the risk factors for youth homelessness, an overview of the structures in place for serving youth, and recommendations for collaborating with different sectors to end youth homelessness.

## **American Indian/Alaska Native Peoples**

- [Housing Needs of American Indians and Alaska Natives in Tribal Areas](#)

*U.S. Department of Housing and Urban Development*

Describes a needs assessment that identified the demographic, social, and economic conditions; housing conditions and needs; and housing policies and programs to address housing instability and homelessness among American Indians and Alaska Native people living on reservations and other tribal areas.

- [Housing Needs of American Indians and Alaska Natives in Urban Areas](#)

*U.S. Department of Housing and Urban Development*

Explores the needs of American Indians and Alaska Native people living in urban areas across the United States.

- [HUD Office of Native American Programs \(ONAP\) Resources for Tribal Housing & Tribally Designated Entities \(TDHEs\)](#)

*U.S. Department of Housing and Urban Development*

Repository of information on ONAP programs, HUD programs, and grants that tribes are eligible to apply for, and other resources and trainings for tribal leaders, TDHEs (e.g., entities that tribes designate to administer housing programs), housing professionals, and community partners.

## **Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Individuals**

- [Factors Contributing to Outcomes of Stable Housing, Permanent Connections, Education, Employment, and Well-Being for LGBTQ Youth Experiencing Homelessness](#)

*Jane Addams College of Social Work at the University of Illinois at Chicago*

A systematic review of the literature related to factors that contribute to homelessness among LGBTQ+ youth, including gaps and limitations in the research.

- [Homelessness and Housing Instability Among LGBTQ Youth](#)

*The Trevor Project*

Details key findings and recommendations about preventing LGBTQ youth homelessness, poor mental health, suicide risk, and experiences of victimization.

- [HUD Exchange's LGBTQIA+ Fair Housing Toolkit](#)

*U.S. Department of Housing and Urban Development*

Online toolkit with resources and guidance documents to help prevent homelessness among LGBTQIA+ people and develop more inclusive housing practices.

- [Missed Opportunities: LGBTQ Youth Homelessness in America](#)

*Chapin Hall at the University of Chicago*

Provides a comprehensive picture of LGBTQ+ youth homelessness and the implications and recommendations based on those findings.

## **Individuals Involved with the Criminal Legal System**

- [No Access to Justice: Breaking the Cycle of Homelessness and Jail](#)

*The Vera Institute of Justice*

Describes the cyclical nature of homelessness among the jail population.

- [Nowhere to Go: Homelessness Among Formerly Incarcerated People](#)

*The Prison Policy Initiative*

Explores the rates and experiences of homelessness and housing insecurity among people who are formerly incarcerated.

- [Preventing and Reducing Inflow from Incarceration](#)

*Community Solutions*

Describes the cyclical relationship between incarceration and homelessness, and strategies to interrupt the cycle.

## **Military Veterans**

- [National Coalition for Homeless Veterans](#)

*National Coalition for Homeless Veterans*

A non-profit resource and technical assistance center for community-based service providers that provide housing and other services to veterans experiencing homelessness.

- [U.S. Department of Veterans Affairs VA Homeless Programs](#)

*U.S. Department of Veterans Affairs*

A government website that provides an overview of the services available to veterans who are experiencing/or are at risk of experiencing) homelessness, including health care, mental health services, housing assistance, and employment programs.

- [Veterans' Health Administration Homeless Programs Office 2023 Annual Report](#)

*U.S. Department of Veterans Affairs*

Details the services available to veterans experiencing homelessness and housing instability, as well as data on the impact and outcomes of these services.



[SPTAC@edc.org](mailto:SPTAC@edc.org) | [samhsa.gov/SPTAC](https://samhsa.gov/SPTAC)

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