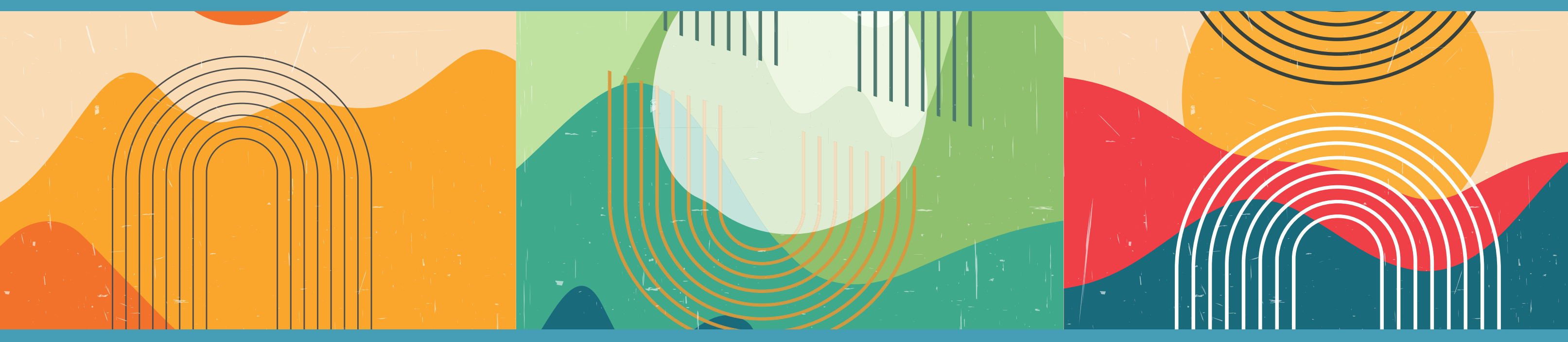

Connections to Treatment and Recovery Services for Substance Use Disorders

April 2026

INTRODUCTION: This brief examines the intersection of homelessness and substance use disorders (SUDs), highlighting the heightened risk of overdose and death among people experiencing homelessness and the systemic barriers they face in accessing effective treatment and recovery services. It outlines practical, relationship-centered strategies to build trust, navigate systems of care, and connect individuals to a full continuum of evidence-based treatment and recovery supports. Emphasizing warm handoffs, community partnerships, and respect for autonomy, the guide offers concrete tools to help providers facilitate timely, person-centered pathways to treatment and long-term recovery.

Introduction

Substance use disorders (SUDs), often referred to as "addictions," are medical conditions characterized by a person's continued use of substances in ways that harm them and that lead to significant challenges in several areas of their life, including impaired control, poor social connections, and risky behaviors. The issues of homelessness and SUDs are intricately related, and many believe that SUDs can be both a cause and a consequence of homelessness. Many people experiencing homelessness report that substance use is a major cause of their homelessness.[1] For people experiencing homelessness under the age of 45, drug overdose appears to be the leading cause of death.[2] One study found that almost 40% of deaths among unhoused people were due to substance use.[3]

The overlap of homelessness and the overdose crisis highlights the critical intersection of these issues and the importance of connecting people with the treatment and recovery support services they need. Connections to care require homeless service providers to identify barriers, build trusting relationships to support conversations with people who have SUDs, form community partnerships to facilitate connections to care, and provide individuals with warm handoffs and navigation support.

Barriers to Recovery

Evidence-based treatment and recovery supports can help people achieve recovery, defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."[4] However, evidence suggests that people experiencing homelessness have less success than others with traditional treatment models and that they may benefit from more support beyond treatment, especially during periods of transition.[5] Transition to the community after detox, residential treatment, or incarceration is a period of elevated overdose risk.[6,7] In addition, people who live alone face a greater risk of fatal overdose, which is a cause for concern among newly housed people.[8] There are many barriers to providing treatment and recovery services:

- The belief by people experiencing homelessness who use substances that they don't need treatment was cited by one provider as the primary barrier to SUD services.[9] This is consistent with 2024 national data reporting that among adults with an SUD diagnosis in the past year who did not receive treatment, 95.6% did not perceive that they needed it.[10]
- Lack of transportation may create a challenge, especially for treatment settings that require daily attendance, such as opioid treatment programs.
- Insufficient treatment capacity and long waiting lists may result in missing the narrow window of opportunity for readiness. Admission delays to inpatient detoxification or residential treatment can frustrate people who may then lose the motivation for change.
- Transitions between levels of care in treatment, as well as housing status, may result in people falling through the cracks and not accessing follow-up services.
- Navigating the system of care is frequently reported as a barrier for all people, with about 40% of those in need saying they don't know where or how to get treatment. These challenges are exacerbated among people experiencing homelessness, who often lack the resources for system navigation.[11]
- "Stigma" related to homelessness or addiction refers to the negative attitudes, beliefs, and stereotypes of people who use substances, are experiencing homelessness, or both. Self-stigma is when these stereotypes are internalized and can erode self-esteem, hope, and the belief that change is possible. Both external and internalized stigmas present barriers to care.
- Fear across many dimensions is a barrier: fear of failure, the unknown, losing friends or loved ones, being mistreated, being stigmatized, and change overall.
- Not being ready to cut back or discontinue substance use or engage in treatment is also a major challenge.[12]

Strategies to Support Treatment and Recovery

Check your own biases

We all come to work with personal life experiences that may have led to attitudes, feelings, perceptions, stereotypes, and thoughts about people or groups, sometimes without even realizing it. Unaddressed bias or stigma can impair your relationships with people you are assisting:

- Learn about how your internal beliefs and values can influence the rapport needed to engage and support people experiencing homelessness who have SUDs.
- Be honest with supervisors and colleagues about what you are thinking and feeling. One provider describes a "filter-free Friday" meeting, where staff are encouraged to share what they're really thinking, which provides an opportunity to address bias and stigma head-on.[13]

Use motivational interviewing to meet people where they are, both literally and clinically

Motivational Interviewing (MI) is a communication approach designed to strengthen internal motivation for change. For more information on this model, see the *SAMHSA Advisory on Using MI in SUD Treatment*. Attend MI training tailored to direct service staff, or use the *HHRC Motivational Interviewing Self-Appraisal Tool* to evaluate your and your team's MI skills and to locate additional training resources.

Communicate respect, autonomy, and dignity of risk while promoting safety

Your steady presence and your reinforcement that people are worthy whether they use substances or not can be the influence people need to pursue change:

- Avoid giving ultimatums ("treatment or nothing") as these can inevitably alienate the person.
- Reinforce that the person has control of decisions and that you will follow their lead. The terminology of "dignity of risk"[14] means that people maintain their control over making decisions for themselves even when those decisions could lead to negative consequences.
- Keep the door open no matter how many times they move in and out of treatment. There is no such thing as "too many" chances.
- Understand that the person's recovery process can be lengthy and will require setting realistic, achievable outcomes while you offer the support and resources necessary for progress in their self-direction toward personal short- and long-term goals. Assertive outreach and a person-centered approach are key to engagement and progress toward stability and recovery.[15]

BUILDING RAPPORT AND TRUST TO FACILITATE CONVERSATIONS ABOUT SUBSTANCE USE

People you are supporting as they consider treatment may be doing so after multiple previous attempts. Sometimes, a return to use is viewed as a personal failure despite evidence that it is a normal experience in the recovery process. People may be coming to you with feelings of shame and self-doubt. You have a unique opportunity to connect with them in a nonjudgmental way that centers their dignity and humanity and reminds them that their worth as a human does not hinge on abstinence.

Provide resources that keep people alive and well

People need to stay alive to recover. Even highly motivated people are unlikely to stop using all at once. Continued use is likely until they enter treatment; some may cut back over time to avoid withdrawal. Withdrawal from substances is extremely uncomfortable and can be deadly. Providing information about the adulterants in the drug supply, access to naloxone and test strips, and education on safe practices is prevention. You can help by providing people with the following:

- Overdose prevention education
- Naloxone access and training for the person and the people around them
- Information on current adulterants in the local drug supply (Adulterants are additives that are frequently mixed with illicit drugs to enhance the potency and effects and bulk up the drug's quantity. They can also magnify the dangers associated with using these drugs, including adverse health consequences such as overdose and death.)[16]
- Referrals to local resources that promote health, including drug supply checking
- Test strips to check the drug supply
- Encouragement not to use alone and a plan for "check-ins" (e.g., peer outreach, phone/text check-in, wellness check protocols consistent with program policy)

Support other needs while the person moves through the stages of change

Waiting until a person accesses treatment to work on other goals can be counterproductive and harmful and may impair trust. Some people may be too worried about where they will get their next meal to think about treatment or too embarrassed that they don't have clean clothes to bring to a residential program. You can decrease barriers and increase motivation by providing referrals with warm handoffs to services such as these:

- Medical and behavioral health care
- Benefits enrollment/recertification

- → Housing navigation
- → Basic needs like food, clothing, phone access, and shelter

Embrace all pathways, and normalize multiple attempts

- → Acknowledge that recovery/treatment is not always a straightforward path.
- → Use language like "reengagement" instead of "failure" or "noncompliant."
- → Reinforce hope and persistence; there are never too many attempts.
- → Explore the person's experience with treatment, understanding that they may have faced real injustices and biases. This feedback will be useful for future referrals.

OVERCOME BARRIERS THROUGH RELATIONSHIP-BUILDING, ADVOCACY, AND KNOWLEDGE

Knowing what is available in your community and how to access it is a good start, but effective connections require building relationships with providers, understanding services and requirements, and being an effective advocate. People you build relationships with will be more willing to troubleshoot issues and respond to your concerns. Knowing services and requirements can help you advocate effectively.

Learn about treatment levels of care and recovery support services

Knowing about the treatment and recovery services in your community can help you match people with what they need and explain the services to them. Staff don't need to diagnose, but knowing the basic "menu" and staying on top of new changes and guidance helps you advocate effectively.

- → Learn about levels of care and recovery resources in your area:
  - ↘ Outpatient treatment, which may include specific evidence-based practices such as contingency management for stimulant use
  - ↘ Intensive outpatient treatment (up to nine hours of treatment per week)
  - ↘ High-intensity outpatient treatment (up to twenty hours of treatment per week)
  - ↘ Residential treatment, which may be short or long term
  - ↘ Withdrawal management, which may be provided in a hospital, a nonhospital residential setting, or a social setting detox program

  - Medication for opioid use disorder (MOUD) with methadone provided in opioid treatment programs (OTPs) and buprenorphine provided in OTPs or office-based addiction treatment programs
  - Co-occurring-capable programs for people with mental illness and SUDs
  - Recovery housing
  - Recovery community centers, which provide peer coaching and other support
- Know that emergency departments may initiate methadone in agreement with local OTPs to directly admit patients. Some buprenorphine providers will do phone assessments for access to MOUD that you can facilitate.
- Consider withdrawal risk, safety, co-occurring needs, housing stability, transportation, prior experiences, and preferences in treatment/recovery referrals.
- Stay informed about emerging risks. For example, Medetomidine, an adulterant in the drug supply, may necessitate hospital-based withdrawal management because other settings are ill-equipped to manage the withdrawal symptoms.
- Subscribe to email listservs from national and local SUD and recovery associations and providers to help you stay up to date.

Identify local treatment and recovery resources

Use available resources to compile a list of local providers. Most state departments or divisions of behavioral health or substance use services have listings of treatment providers by location (e.g., OASAS Provider and Program Search), and SAMHSA provides a national treatment locator. Faces and Voices of Recovery provides an online locator for recovery community organizations. Your frequently updated treatment and resource list should include the following:

- Provider name, level(s) of care, MOUD availability, hours, walk-in options
- Requirements for admission (e.g., identification, insurance, forms, drug screens, medical clearance)
- Typical wait times and best times to call
- Accessibility: transportation, language, disability accommodations
- Policies that affect access (e.g., benzodiazepine use, co-occurring mental health conditions)

Build relationships with treatment providers

Proactively build trusting relationships so that providers will readily collaborate with you when challenges arise.

- Schedule meet-and-greets; invite intake staff to lunch or onsite visits. Make an effort to understand their process and concerns and educate them on yours.

- Identify named contacts with direct phone and email addresses when possible (e.g., intake coordinator, program manager, clinical lead).
- Share your program's role and the supports you provide.
- Offer support with tasks that alleviate routine concerns (e.g., medical clearance, finding acceptable ID).
- Ask, "What makes referrals easiest for you? What causes delays?"

Build relationships with peers and recovery supports that welcome all stages of change

Peers can be critical to engaging people by building trust, addressing social needs, navigating fragmented systems, and providing flexible support oriented toward overdose prevention.[17] There are many opportunities for collaboration:

- Forge relationships with peer recovery specialists.
- Visit recovery community organizations and recovery centers.
- Partner with peer-led outreach that includes people actively using substances.
- Allow community-based peers to visit your program to meet with participants.

Use allied professionals to address treatment denials for appropriate placement

If people you work with are inappropriately denied access to treatment, engaging allied professionals like these can strengthen your advocacy:

- Primary care and federally qualified health care providers, including Health Care for the Homeless clinics
- Mobile medicine and street medicine teams
- Other behavioral health providers
- Psychiatric providers for medication continuity

A COMMON EXAMPLE OF USING ALLIED PROFESSIONALS

A person with schizophrenia is repeatedly denied access to a substance use treatment program, even though their mental health symptoms are stable or won't affect their ability to participate. With the person's consent, staff may be able to obtain a letter from their psychiatric provider outlining symptom stability supports (e.g., medication management plan, injectable schedule, crisis plan) to allay the program leaders' concerns and convince them to reconsider their denial of admission.

Coordinate discharge planning, be a resource, and be an active partner

To enhance coordination and collaboration, create a bidirectional relationship in which you and treatment providers can serve as resources for one another. Let treatment providers know if you are able to do the following:

- Support housing and benefits stability
- Connect to peer support
- Provide transportation and follow-up appointment coordination
- Ensure that transitions don't interrupt medication for addiction
  - Confirm follow-up appointments are scheduled.
  - Assist with pharmacy access and transportation.
  - Confirm the person understands dosing and what to do if they miss a dose.

WARM HANDOFFS AND NAVIGATION SUPPORT

The treatment and recovery systems are complicated, even for providers. It often takes years of experience to navigate them confidently. Imagine trying to do that while worrying about your personal safety, accessing food, or trying to find a place to sleep. As a provider, you can provide navigation support and resource facilitation that make accessing care easier.

Use "warm handoffs," not just referrals

A referral is just information. By contrast, a warm handoff is **relationship + coordination + follow-up** to ensure successful connections.

- Call resource and service partners together, if possible.
- Schedule follow-up appointments before the person exits a program when possible.
- Confirm transportation, ID, phone access, childcare, and other concrete needs.
- Provide reminders and day-of support.
- Ensure (with consent) the receiving provider knows important information about the person's needs.
- Accompany or transport if possible and desired.

Understand treatment requirements and prepare people for what intake will be like

Intake can be intimidating, lengthy, and frustrating. Preparing ahead of time can improve outcomes:

- Explain what will happen, how long it takes, and what questions they should ask (and why).
- Prepare (based on your knowledge of the situation) for bumps in the road and reassure the person that you're there to help troubleshoot.
- Role-play how to answer difficult questions.
- Plan for responding to triggers (e.g., withdrawal, anxiety, shame, trauma responses).
- Build relationships with "barrier-busters" in the community
- Strong referral pathways often depend on partners who can solve same-day problems and quickly address concerns raised during intake. Such partners include the following:
  - Health centers, urgent care, mobile medicine/street medicine teams for medical clearance
  - Behavioral health urgent care, crisis centers, mobile crisis teams, or licensed clinicians within your agency that can provide behavioral health assessment or clearance
  - Providers of addiction treatment medications (e.g., OTPs, buprenorphine prescribers) for dose verification and commitment to continue medication upon the person's program completion or exit

CASE STUDY: Healing Transitions, Raleigh, North Carolina

Healing Transitions is a peer-based, recovery-focused nonprofit offering services including low-barrier emergency shelter, longer-term shelter beds, nonmedical withdrawal management, and long-term recovery programming for people experiencing homelessness. Staff conduct recovery outreach to stay connected to people when they leave, whether they've been there for one day or a hundred. Staffed by people in recovery with lived experience of homelessness, their compassionate and nonjudgmental approach is often cited by people as the catalyst for change, as in, "They kept talking to me, kept asking." This peer-based program uses community partners for clinical services and seeks to connect people with the broader recovery community. Recognizing the risks of exposure to triggers when using public transportation, Healing Transitions has space for clinical providers to offer services onsite along with a mobile van providing access to MOUD on-site five days per week. The program also partners with advanced practice paramedics to conduct post-overdose responses in the community. Peers stay connected to overdose survivors for as long as they're wanted and needed, even during periods of incarceration. In 2024, the organization also began a pilot program providing peer outreach and case management to unsheltered people living in encampments, with continued follow-up.

Help with medication access and pharmacy barriers

Medication continuity is a common challenge among people accessing treatment:

- Support ID replacement steps (or alternatives if pharmacy policy allows).
- Accompany people when they're anxious, lack transportation, or need advocacy.
- Coordinate refills and bridge prescriptions when clinically appropriate.

Provide transportation resources

Offer concrete transportation support if you have the resources. Public transportation can sometimes expose people to their triggers (e.g., riders under the influence, dealers, people a person has used with). Check with your agency to confirm what is allowable:

- Accompany people using program vehicles when available.
- Arrange for bus passes, rideshares, or cab vouchers.
- Plan routes together, especially for unfamiliar locations or through areas that may increase triggers for return to use.
- Consider mobility and disability needs.

Offer support at intake and after discharge

Treatment is one step. Recovery often depends on what happens next:

- Stay available for coordination during discharge planning.
- Inform (when possible) treatment providers that you are an aftercare resource.
- Help the person reconnect to housing, benefits, primary care, peers, and recovery supports.

Practical Tools for Staff

Check bed availability proactively and persistently

Many states have online registries for inpatient programs. Checking registries frequently for openings, followed by check-in calls, will help you avoid sending people to unavailable or discontinued resources. This responsibility can be spread across staff, and availability can be communicated via email or group text. If you are consistent enough, you may get to a point where treatment providers call you when they have openings. Some helpful strategies include the following:

- Setting a daily "bed check" time (and a second check later if needed)
- Building rapport so programs call you when a bed opens
- Documenting the name of the person you spoke with and what was said to reduce lost referrals

➔ CASE STUDY: Recovery Works, Lakewood, Colorado

RecoveryWorks, designed, implemented, and directed by a former street outreach worker, provides access to resources, community, and recovery to their unhoused neighbors. Their "All Roads Recovery Program" engages people through homeless street outreach and service providers. The program will work with anyone who expresses an interest in working to overcome substance use, mental health challenges, or homelessness. This program meets people where they are to support them in locating any of the following based upon each person's desired goals: medical respite, safe short-term and transitional housing, on-site medication-assisted treatment, peer support, case management, recovery and wellness groups, support in accessing transportation, hygiene supplies, meals, and other essentials that help people to be able to stay focused on their goals. View "Guest Stories" to learn more.

SAMPLE REFERRAL CHECKLIST

- ☐ ID/insurance status and backup plan
- ☐ Phone access for follow-up calls from intake
- ☐ Transportation plan
- ☐ Medication list and pharmacy
- ☐ Medical/psych clearance plan (if required)
- ☐ Allied professionals identified (with consent)
- ☐ Preferred level of care or treatment providers, with several backup options

SAMPLE "WHAT TO EXPECT" CHECKLIST FOR PARTICIPANTS

- ☐ What to expect at intake
- ☐ What to bring
- ☐ Expected treatment duration
- ☐ What will happen if they run into barriers
- ☐ What happens if they change their mind (safety planning)

SHIFT HUDDLE

Take 10 minutes at the beginning and end of a shift to review the items listed below. This can be done on the phone, on Zoom, via group text, or in person:

- ☐ Who wants treatment now?
- ☐ Who is ambivalent but open to options?

- ☐ Who needs safety planning today?
- ☐ Which barriers are blocking movement (e.g., ID, transport, clearance, bed availability)?
- ☐ Who is doing which calls and follow-ups?

Conclusion

Navigating the SUD system of care can be a challenging and frustrating experience, even for people with significant resources. Accessing care for people experiencing homelessness may seem like an insurmountable challenge, but homeless and housing service providers have a unique opportunity to facilitate referrals and create a pathway for recovery. Use this guide to improve efficacy in helping people access what they want, when they want it, and in creating partnerships that increase care coordination across the various programs that can support those with SUD.

Learn More about the Homeless and Housing Resource Center

Providing high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

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