

# SCALING SERVICES TO MEET PEOPLE'S NEEDS

Supportive services remain critical to both preventing and ending homelessness. To ensure these voluntary supportive services meet the full scope of people's needs, all levels of government must scale up the nationwide network of resources. When systems fail to take these steps, people do not receive the full benefit of their services. When people do not receive the full benefit of their services, outcomes suffer, and dangerous false narratives take hold about "service resistance."

## PEOPLE WANT TO ACCESS SERVICES, BUT SERVICES OFTEN AREN'T AVAILABLE.

The nation has long been in the midst of a [severe housing crisis](#), and it is also experiencing a severe supportive services shortage, from direct services providers to employment navigators. This shortage impacts both people experiencing homelessness and the people who serve them.

### Providing Services

- About 1 in 25 U.S. adults [lives](#) with a serious mental illness, while 122 million people [live](#) in a Mental Health Professional Shortage Area (where the number of health professionals in an area cannot meet the current need).
- In 2023, more than three-fourths of direct services providers respondents [reported](#) that they were forced to turn away new referrals in the past year due to ongoing staffing shortages.
- Between 2011 and 2017, the number of federally administered employment and training programs [dropped](#), and those programs remaining saw funding decrease.

### Receiving Services

People experiencing homelessness also report encountering these shortages. According to the University of California, San Francisco (UCSF) Benioff Homelessness and Housing Initiative's [California Statewide Study of People Experiencing Homelessness](#):

*"Participants discussed numerous barriers to receiving treatment or other help to reduce use or enter recovery. They reported times where they were ready to engage with treatment services but they were unavailable, either because there weren't openings at local treatment facilities and wait times were long, or the staff were unresponsive to their needs, or the treatment was far away."*

Yet when offered services, people overwhelmingly engage with them. For example, a [2023 Orange County survey](#) reported 95 percent of people who were offered services engaged in receiving them.

## INADEQUATE SERVICE OFFERINGS DO NOT JUSTIFY PUNITIVE APPROACHES TO HOMELESSNESS.

What if choosing a roof over your head for the night meant separating from your partner, older children, your pet, and/or your possessions? Many shelters do not allow some or all of those things – and in turn, people may refuse available shelter depending on these restrictions. However, rejecting a service because it does not meet your needs should not be grounds for displacing, fining, or arresting people.

**SUPPORTIVE SERVICES** can help maintain housing stability and should be low barrier and individually tailored. These services can [include](#) case management, housing navigation, primary medical care, substance use disorder or mental health conditions counseling, and harm reduction supports.

## Accessing Shelter: Removing Bureaucracy

A team of researchers from New York University [found](#) that “bureaucratic obstacles, not personal recalcitrance, keep many from accepting offers of shelter.” The researchers note shelter barriers range from the exclusion of pets to a lack of accommodations for people with physical disabilities. Researchers’ findings note that people experiencing homelessness, rather than being “service resistant,” instead are “rational actors all too familiar with un-kept promises.” It’s not that people don’t want these services – but the services being offered do not meet people where they are.

## Making It Easier to Receive Treatment

In the context of accessing substance use treatment, a [review](#) of the evidence from the National Library of Medicine finds “People who are homeless and use drugs experience many barriers to accessing healthcare and treatment.” These barriers include negative previous experiences of care, perceived prejudice and judgment by staff, poor coordination between healthcare services, high costs of medication, and complex administrative processes (among other obstacles). People deserve resources which meet their needs, not the threat of arrests and fines for not engaging with unavailable or inaccessible services.

And the same [UCSF study](#) finds, “Participants reported numerous barriers to accessing mental health treatment, such as the inability to obtain counseling due to challenges with navigating mental health services or not having a phone to make appointments.”

## HOUSING REPRESENTS THE FOUNDATION FROM WHICH PEOPLE CAN MOST STABLY ACCESS AND BENEFIT FROM SERVICES.

No matter the availability and accessibility of supportive services, people [utilize and benefit](#) from services more when accessing them from the dignity and security of permanent housing.

The [UCSF study](#) notes: “Throughout the study, we heard a common theme: if participants were housed, they would be more able to prioritize their healthcare and face fewer barriers to care, leading to improved health. As one participant said: ‘(If I had housing) I would start hitting [AA/NA] meetings. I would go to an outpatient behavioral health drug treatment program. It’s a volunteer basis. And I would do that. I would be working. Services I would be accessing, definitely behavioral health. I would get a primary doctor and get my health in order.’”

The evidence [shows](#) two key findings:

- after entering housing, **people access and benefit from the services offered to them**; and
- **people report stronger health and well-being outcomes** in programs that **prioritize housing people first**, rather than mandating treatment prior to housing placement.

## Scaling Solutions Instead of Punitive Approaches

Instead of diverting public dollars to arresting, fining, and ticketing people experiencing homelessness, or evicting them from encampments, states can scale housing and supportive services that meet people where they are, address their stated needs, and ultimately keep them housed. These solutions range in their approach – from leveraging [Medicaid](#) for comprehensive substance use care for low-income people, to supporting the retention of the homeless services workforce – but evidence clearly shows that punitive approaches are not strategies that ensure people can successfully transition to housing after their experience of homelessness.