



# Best Practices in Serving the Chronically Homeless

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Among persons experiencing homelessness, a subset, estimated by recent U.S. Department of Housing and Urban Development (HUD) data at just under 16%, experiences chronic homelessness. HUD defines chronic homelessness as an unaccompanied homeless individual with a disabling condition or an adult member of a homeless family who has a disabling condition who has either been continuously homeless for one year or more, or has had at least four episodes of homelessness in the past three years.

In designing and delivering services to persons with histories of chronic homelessness in supportive housing, observe the following principles to ensure you meet the needs of this group:

## *Understand the Presence of One or More Disabling Conditions*

Persons who are experiencing chronic homelessness as defined by HUD have a disabling condition. This disabling condition can be serious mental illness, a substance use disorder, a physical disability or any other disabling condition. In many cases, chronically homeless persons have multiple disabling conditions. Many persons have what are often referred to as “dual diagnoses,” meaning that they have both a serious mental illness and a substance use disorder. Because it can sometimes be difficult to understand the interplay between these multiple disabling conditions, it is important to have trained service providers with expertise in dealing with this population.

## *Understand the Frequent or High Use of Public Systems*

Many chronically homeless persons have been frequent or high users of public systems of care, such as hospital emergency departments, emergency shelters, and prison or jail. Despite their frequent interactions with such systems, they are typically receiving fragmented care that is not successfully addressing their underlying issues. The stability provided by supportive housing can make the difference in allowing chronically homeless persons to access appropriate health care resources and stop the cycles that have led to repeated arrests for activities related to homelessness such as trespassing. Service providers and supportive housing can play a critical role in this process by ensuring that tenants have easy access to the care and support they need. Supportive housing providers should consider forming partnerships with health care providers such as federally qualified health centers to increase the likelihood of tenants obtaining needed care.

## *Understand that Engagement is a Process*

Despite the disabling conditions that may indicate a need for support services, persons experiencing chronic homelessness may be reluctant to engage in services or treatment due to histories of disconnection and alienation. They may have had previous interactions with systems of care in which they felt overwhelmed and confused or in which providers did not understand them. In many cases, they also are disconnected from all friends and family members. Services providers should be aware that it may take time to build trust with supportive housing tenants who have been chronically homeless, and they should work to understand the tenant’s goals in order to support them.

The [Project Profiles](#) section of CSH’s Quality Supportive Housing Toolkit includes existing supportive housing projects that are serving persons with histories of chronic homelessness and have designed their services with the needs of that population in mind.

