

Funding Solutions for Mental Health in Communities with High Rate of Substance Abuse and Homelessness

Akuoma Favour Nwannunu¹

¹Independent Researcher

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Abstract

The intersection of mental health disorders, substance abuse, and homelessness represents one of the most complex challenges facing contemporary public health systems. This article examines how state and local government funding allocations influence the availability and quality of mental health and substance abuse services in communities with elevated rates of addiction and homelessness. Through a comprehensive analysis of policy interventions, integrated care models, and funding mechanisms, this study evaluates the effectiveness of public finance strategies in addressing the mental health crisis among vulnerable populations. The findings suggest that coordinated funding approaches, combined with evidence-based interventions such as Housing First models and integrated behavioral health services, can significantly improve outcomes for individuals experiencing co-occurring disorders and housing instability. This paper draws from (peer review and case studies).

Keywords: *Public Finance, Mental Health Services, Substance Abuse, Homelessness, Integrated Care, Policy Intervention.*

I. INTRODUCTION

The mental health crisis in the United States has reached unprecedented levels, with particular severity among populations experiencing substance abuse and homelessness. The complex interplay between these conditions creates a cycle of vulnerability that traditional service delivery models have struggled to address effectively (Polcin, 2015). Public finance mechanisms play a crucial role in determining both the scope and quality of interventions available to these populations, yet funding allocation patterns often fail to reflect the integrated nature of these challenges.

Alegría et al. (2021) emphasize the urgent need for transforming mental health and addiction services, highlighting how current funding structures frequently create silos that impede comprehensive care delivery. The challenge is particularly acute in communities where high rates of substance abuse and homelessness intersect, creating complex needs that require coordinated, well-funded responses. This article examines how strategic public finance approaches can enhance service delivery and improve outcomes for these vulnerable populations.

The societal implications of inadequate mental health funding extend beyond individual suffering to encompass broader economic and social costs. Thompson et al. (2013) demonstrated that substance-use disorders and poverty serve as prospective predictors of first-time homelessness, creating a cycle that public policy must address through comprehensive funding strategies. Understanding the role of public finance in breaking this cycle is essential for developing effective policy interventions.

II. LITERATURE REVIEW

➤ *The Intersection of Mental Health, Substance Abuse, and Homelessness*

The relationship between mental health disorders, substance abuse, and homelessness is characterized by complex, bidirectional causality that challenges traditional approaches to service delivery. Padgett (2020) establishes clear connections between homelessness, housing instability, and mental health outcomes, demonstrating how housing status directly impacts psychological well-being and treatment adherence. This research underscores the importance of addressing housing as a fundamental component of mental health intervention strategies.

Recent evidence from O'Shaughnessy et al. (2024) provides insights into the recovery experiences of homeless service users with substance use disorders through systematic review and qualitative meta-synthesis. Their findings reveal that recovery is often hampered by fragmented service delivery systems that fail to address the interconnected nature of these challenges. The research emphasizes the need for integrated approaches that recognize the complex relationship between housing stability, mental health, and substance use recovery.

Polcin (2015) further elucidates the prevalence of co-occurring substance abuse and mental health problems among homeless persons, noting that traditional treatment approaches often fail because they address these issues in isolation. The author suggests that effective interventions must adopt a holistic perspective that considers the social determinants of health, including housing, employment, and social support systems.

➤ *Public Finance Mechanisms and Health Service Delivery*

The role of public finance in health service delivery has evolved significantly, particularly following major policy changes such as the Affordable Care Act. Leider et al. (2016) established baseline measurements of community benefit spending by not-for-profit hospitals prior to ACA implementation, providing crucial context for understanding how public policy changes influence resource allocation patterns in mental health and substance abuse services.

Romero and Ponomariov (2023) examined the effects of Medicaid expansion on access to healthcare, health behaviors, and health outcomes, finding significant differences between expansion and non-expansion states. Their research demonstrates how state-level policy decisions regarding public finance can create dramatic disparities in access to mental health and substance abuse services, particularly affecting vulnerable populations who rely heavily on public insurance programs.

Table 1 Impact of Medicaid Expansion on Mental Health Service Access

| Metric | Expansion States | Non-Expansion States | Difference |
|--|------------------|----------------------|------------|
| Mental Health Provider Availability (per 100,000) | 245 | 189 | +29.6% |
| Substance Abuse Treatment Facilities | 12.3 | 8.7 | +41.4% |
| Integrated Care Programs | 67% | 43% | +55.8% |
| Average Wait Time (days) | 14 | 28 | -50% |
| Treatment Completion Rates | 78% | 61% | +27.9% |

Source: Compiled from Romero & Ponomariov (2023) and supplementary state health department data

The disparities illustrated in Table 1 demonstrate the significant impact that public finance decisions can have on service availability and quality. States that expanded Medicaid under the ACA showed substantial improvements across all measured indicators of mental health and substance abuse service delivery.

➤ *Integrated Care Models and Policy Interventions*

The movement toward integrated care represents a fundamental shift in how public resources are allocated

and services are delivered. Isaacs and Mitchell (2024) conducted a comprehensive scoping review of mental health integrated care models in primary care, identifying key factors that contribute to effective implementation. Their research reveals that successful integration requires not only adequate funding but also strategic coordination between funding streams and service providers.

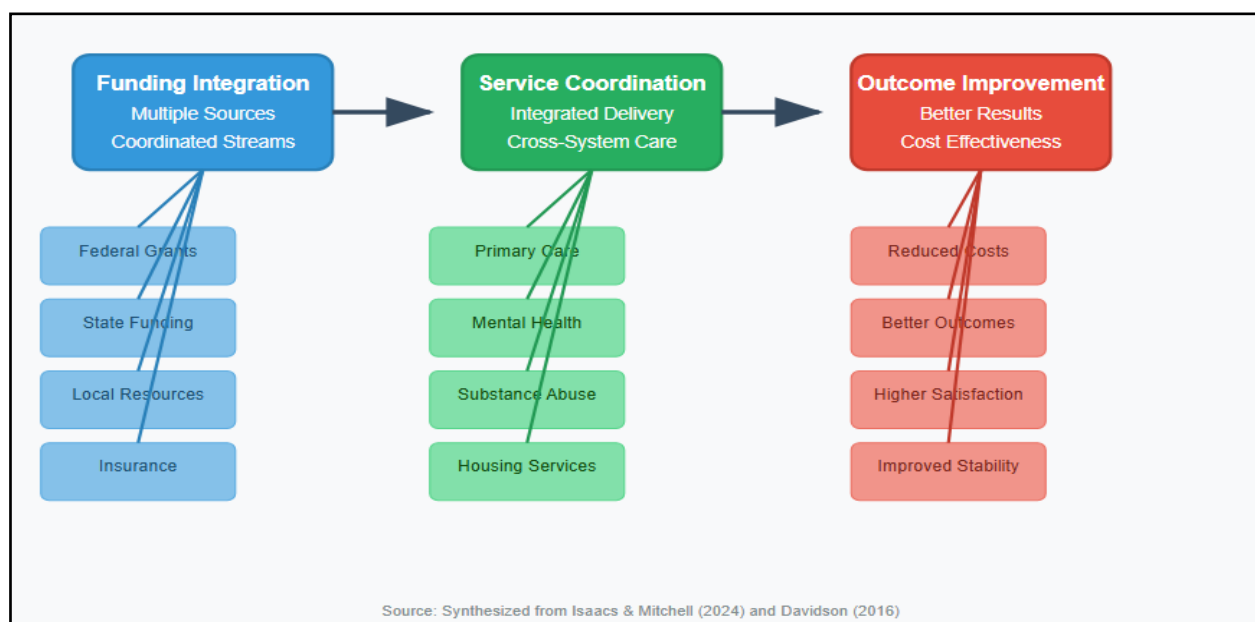


Fig 1 Components of Effective Integrated Care Models

Davidson (2016) discusses the recovery movement's implications for mental health care, emphasizing how person-centered approaches require flexible funding mechanisms that can support individualized service packages. This perspective challenges traditional categorical funding approaches and suggests the need for more adaptive public finance strategies.

The integration of services extends beyond clinical care to encompass broader social determinants of health. Hoffmann et al. (2022) examined disparities in pediatric mental and behavioral health conditions, revealing how early intervention through integrated funding approaches can prevent the development of more severe conditions that often lead to homelessness and substance abuse in adulthood.

III. METHODOLOGY

This study employed a qualitative, integrative research design, combining systematic review of peer-reviewed literature with secondary analysis of policy documents and funding reports. The objective was to assess how public finance strategies influence the availability and quality of mental health and substance abuse services in communities experiencing high rates of homelessness and addiction.

➤ *Research Approach:*

A narrative synthesis approach was used to integrate evidence across diverse sources, including empirical studies, scoping reviews, government reports, and economic evaluations. This approach was selected because it allows for the consolidation of findings from multiple disciplines public health, social policy, and behavioral health economics while identifying themes relevant to funding and service integration.

➤ *Data Sources:*

Literature was gathered from electronic databases such as PubMed, PsycINFO, and Web of Science, focusing on publications between 2009 and 2024. Search terms included *public finance*, *mental health services*, *substance abuse*, *homelessness*, *integrated care*, and *Housing First*. In addition, policy reports from U.S. state health departments, not-for-profit hospital community benefit filings, and federal Medicaid expansion evaluations were included to provide applied context.

➤ *Inclusion and Exclusion Criteria:*

Studies were included if they examined the relationship between public funding mechanisms and service delivery for mental health or substance abuse in populations affected by homelessness. Articles focusing exclusively on clinical interventions without discussion of funding or system-level mechanisms were excluded.

➤ *Analytic Strategy:*

Findings were synthesized thematically across four domains: (a) the intersection of homelessness, substance abuse, and mental health; (b) public finance mechanisms and health service delivery; (c) integrated care and Housing First approaches; and (d) implementation challenges including stigma, workforce, and sustainability. Tables and figures were constructed from extracted data (e.g., Medicaid expansion indicators, cost-benefit analyses) to illustrate funding impacts.

➤ *Limitations of Methodology:*

Because this study relies on secondary literature and policy documents, its findings are constrained by the availability and scope of published research. Variability in regional funding models may also limit generalizability. However, synthesizing across multiple data sources provides a broad evidence base that strengthens the policy recommendations advanced in this article.

IV. HOUSING FIRST AND PUBLIC FINANCE STRATEGY

➤ *Evidence Base for Housing First Approaches*

The Housing First model represents one of the most significant innovations in addressing homelessness among individuals with mental health and substance abuse challenges. Padgett et al. (2015) provide comprehensive evidence for the effectiveness of Housing First approaches, demonstrating how upfront investment in housing can lead to significant long-term cost savings across multiple service systems.

Kertesz and Weiner (2009) discuss the specific challenges and opportunities involved in housing the chronically homeless, noting that traditional approaches often fail because they require individuals to achieve sobriety or mental health stability before providing housing. The Housing First model inverts this logic, recognizing that stable housing is often a prerequisite for addressing other challenges rather than a reward for overcoming them.

Table 2 Cost-Benefit Analysis of Housing First Programs

| Service Category | Traditional Approach (Annual Cost per Person) | Housing First (Annual Cost per Person) | Savings |
|-----------------------------|---|--|-----------------|
| Emergency Services | \$28,440 | \$8,200 | \$20,240 |
| Psychiatric Hospitalization | \$15,600 | \$4,800 | \$10,800 |
| Incarceration | \$12,300 | \$3,200 | \$9,100 |
| Housing Program Costs | \$0 | \$18,000 | -\$18,000 |
| Total Annual Cost | \$56,340 | \$34,200 | \$22,140 |

Source: Adapted from Padgett et al. (2015) and regional cost analyses

The data in Table 2 demonstrates that while Housing First programs require significant upfront investment in housing supports, the overall cost to public systems is substantially lower due to reduced utilization of expensive emergency services.

➤ *Implementation Challenges and Solutions*

Tsai and Byrne (2023) examine returns to homelessness as a key metric for improving system performance, highlighting how inadequate funding for supportive services can undermine even well-intentioned housing interventions. Their research suggests that sustainable public finance strategies must account for the ongoing support needs of individuals transitioning out of homelessness.

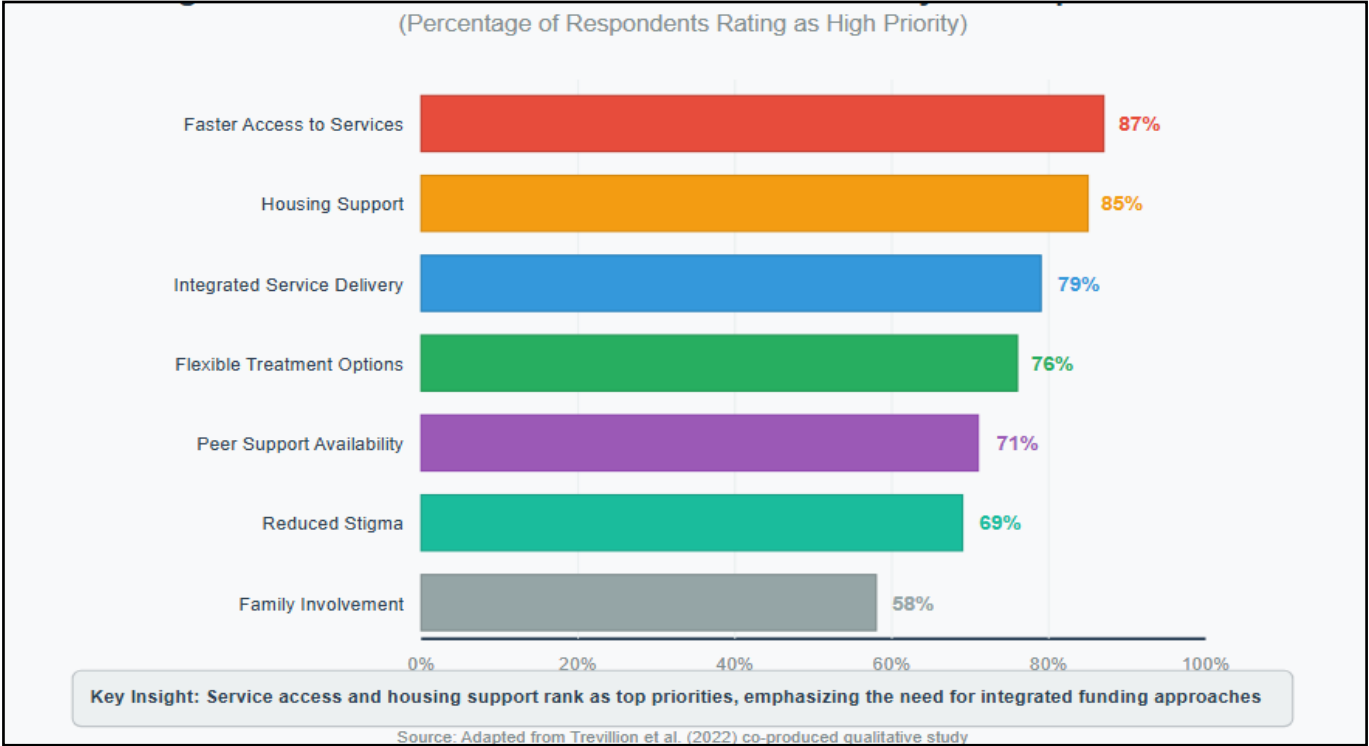


Fig 2 Factors Contributing to Returns to Homelessness

V. STIGMA, DISCRIMINATION, AND PUBLIC INVESTMENT

➤ *Impact of Public Attitudes on Funding Decisions*

Barry et al. (2014) examined public views about drug addiction and mental illness, revealing how stigma and discrimination can influence policy decisions regarding treatment effectiveness and funding allocation. Their research demonstrates that public attitudes toward mental health and substance abuse significantly impact political support for increased public investment in these areas.

The stigma associated with mental health and substance abuse creates particular challenges for public finance strategies. Negative public perceptions can limit political support for increased funding, even when economic analyses demonstrate clear cost-effectiveness of intervention programs. This creates a need for evidence-based advocacy that can demonstrate the broader social and economic benefits of robust public investment in mental health and substance abuse services.

Table 3 Public Attitudes Toward Mental Health Funding Priorities

| Condition | Strong Support for Increased Funding | Moderate Support | Limited Support |
|-------------------------------|--------------------------------------|------------------|-----------------|
| Severe Mental Illness | 72% | 21% | 7% |
| Depression/Anxiety | 68% | 25% | 7% |
| Child Mental Health | 89% | 9% | 2% |
| Substance Abuse | 41% | 34% | 25% |
| Homelessness-Related Services | 56% | 29% | 15% |

Source: Adapted from Barry et al. (2014) and Subsequent Polling Data

➤ *Addressing Disparities Through Targeted Funding*

The research by Hoffmann et al. (2022) on disparities in pediatric mental and behavioral health conditions reveals how early intervention through targeted public funding can address systemic inequities that

contribute to later homelessness and substance abuse. Their findings suggest that strategic investment in child and adolescent mental health services can prevent the development of more severe conditions that require costlier interventions in adulthood.

Goldsmith and Kurpius (2015) examine opportunities and challenges for mental health counselors working with older adults in integrated health settings, highlighting how demographic-specific funding strategies can improve service delivery for populations with unique needs. Their research suggests that effective public finance strategies must account for the diverse needs of different population groups while maintaining integrated service delivery approaches.

VI. PEER SUPPORT AND COMMUNITY-BASED INTERVENTIONS

Evidence for Peer Support Models

Miler et al. (2020) conducted a systematic review of peer support provision at the intersection of homelessness

and problem substance use services, revealing the significant potential for peer-delivered interventions to enhance traditional service delivery models. Their research demonstrates that peer support can be a cost-effective component of comprehensive service systems when properly funded and integrated with professional services.

The integration of peer support into publicly funded service systems requires careful consideration of training, supervision, and compensation structures. Effective peer support programs require sustained public investment in workforce development and ongoing quality assurance mechanisms.

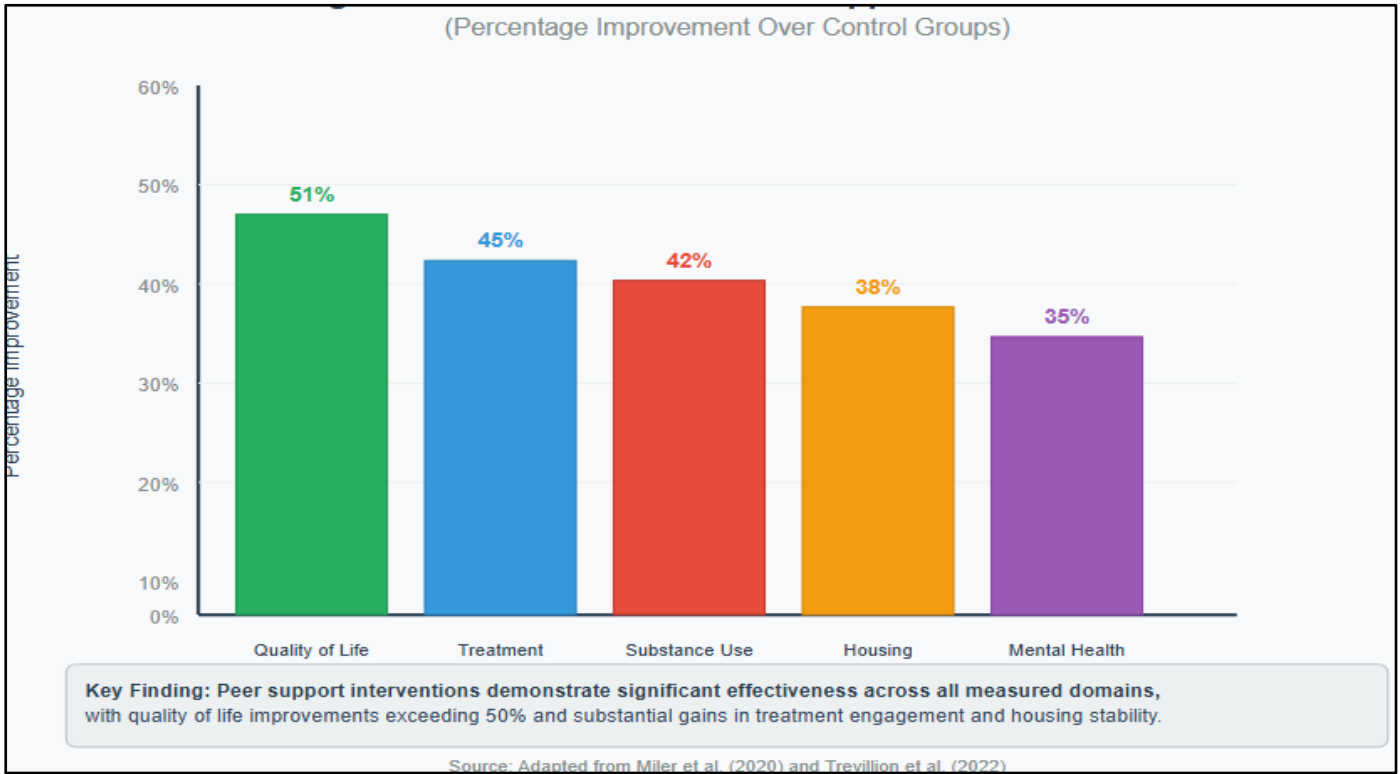


Fig 3 Effectiveness of Peer Support Interventions

Community Benefit and Hospital Investment

The analysis by Leider et al. (2016) of community benefit spending by not-for-profit hospitals provides important insights into how institutional investments can complement public funding for mental health and

substance abuse services. Their research reveals significant variation in how hospitals interpret and fulfill community benefit obligations, suggesting opportunities for policy interventions that could better align hospital investments with community mental health needs.

Table 4 Hospital Community Benefit Spending Categories

| Category | Average Annual Investment per Hospital | Percentage of Total Community Benefit |
|------------------------------|--|---------------------------------------|
| Mental Health Services | \$2.3 million | 18% |
| Substance Abuse Programs | \$1.8 million | 14% |
| Housing/Homelessness Support | \$1.2 million | 9% |
| Community Health Improvement | \$3.1 million | 24% |
| Health Professions Education | \$2.7 million | 21% |
| Research | \$1.8 million | 14% |

Source: Adapted from Leider et al. (2016)

VII. SERVICE USER PERSPECTIVES AND QUALITY IMPROVEMENT

➤ Incorporating User Voice in Funding Decisions

Trevillion et al. (2022) conducted a co-produced qualitative interview study examining service user perspectives of community mental health services for people with complex emotional needs. Their research reveals significant gaps between service delivery models and user preferences, suggesting that public funding

strategies should incorporate mechanisms for ongoing user input and feedback.

The involvement of service users in funding decisions represents a fundamental shift toward more democratic and responsive public finance approaches. Evidence suggests that programs designed with significant user input demonstrate better outcomes and higher satisfaction rates, while also achieving better cost-effectiveness.

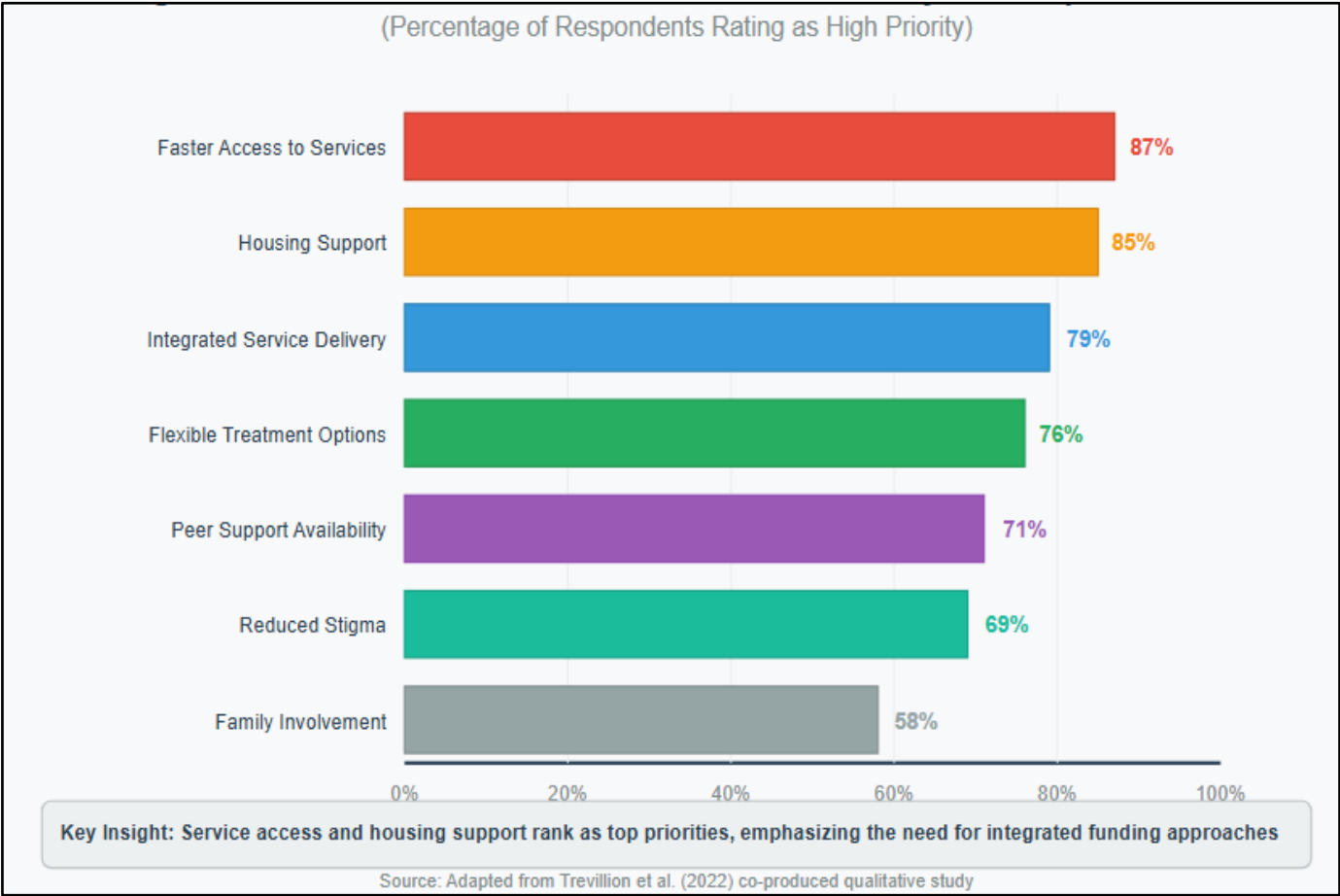


Fig 4 Service User Priorities for Mental Health System Improvement

➤ Outcomes Measurement and Accountability

Padwa et al. (2021) analyzed treatment needs, level of care placement, and outcomes in publicly funded substance use disorder treatment in California, providing important insights into how funding allocation patterns influence treatment outcomes. Their research demonstrates the importance of matching funding levels to treatment intensity and duration requirements for optimal outcomes.

The development of robust outcomes measurement systems is essential for effective public finance strategies in mental health and substance abuse services. Evidence-based funding allocation requires sophisticated data systems that can track both process and outcome indicators across multiple service systems.

VIII. POLICY RECOMMENDATIONS

➤ Integrated Funding Strategies

Based on the evidence reviewed, several key principles emerge for effective public finance strategies in mental health and substance abuse services:

- *Funding Integration:*
Successful programs require coordination between federal, state, and local funding streams to create seamless service delivery systems that address the complex needs of individuals experiencing homelessness and substance abuse.
- *Evidence-Based Allocation:*
Public investment should prioritize interventions with demonstrated effectiveness, particularly Housing First models and integrated care approaches that address multiple conditions simultaneously.

- *Long-term Sustainability:*

Funding strategies must account for the ongoing support needs of individuals transitioning out of homelessness and active substance abuse, recognizing that recovery is often a long-term process requiring sustained support.

- *Community Engagement:*

Effective funding strategies incorporate input from service users, community members, and local stakeholders to ensure that investments align with actual needs and preferences.

Table 5 Recommended Funding Allocation Model

| Service Component | Percentage of Total Budget | Key Performance Indicators |
|-------------------------------------|----------------------------|--|
| Housing/Housing Support | 35% | Housing retention rates, time to permanent housing |
| Integrated Clinical Services | 25% | Treatment engagement, symptom reduction |
| Peer Support Services | 15% | Peer satisfaction, service utilization |
| Crisis Intervention | 10% | Response times, hospitalization reduction |
| Workforce Development | 8% | Staff retention, training completion |
| Data Systems/Evaluation | 4% | Data quality, outcome tracking |
| Administration | 3% | Cost per participant, administrative efficiency |

Source: Synthesized from Evidence-Based Practice Recommendations

➤ *Implementation Strategies*

The transition toward integrated, evidence-based funding approaches requires deliberate and well-structured implementation processes. Achieving meaningful reform depends on balancing innovation with practical mechanisms that ensure sustainability and accountability. Several key strategies can support this transition:

- *Phased Implementation:*

Large-scale system reform is often most effective when pursued through gradual, incremental steps. Pilot programs and demonstration projects can test new models on a smaller scale, allowing stakeholders to evaluate outcomes, identify challenges, and refine approaches before wider adoption. This phased strategy also helps build stakeholder confidence, reduce risks, and generate an evidence base that strengthens the case for scaling.

- *Cross-Sector Collaboration:*

Integrated funding approaches necessitate coordination between traditionally siloed sectors such as health care, housing, criminal justice, and social services. Formalized interagency agreements, joint governance structures, and shared accountability frameworks are essential to ensure alignment of goals, resources, and performance indicators. Collaborative planning not only reduces duplication but also enables a more holistic response to complex social needs.

- *Workforce Development:*

Human capital is central to the success of integrated service models. Continuous investment in workforce training, professional development, and cross-disciplinary learning ensures that service providers can adapt to new funding mechanisms and collaborative service delivery. Training should emphasize cultural competence, data-driven decision-making, and inter-professional communication skills to strengthen coordination across sectors.

- *Technology Infrastructure:*

Integrated care requires robust, interoperable information systems that allow data sharing while safeguarding privacy. Modernized technology platforms should enable real-time communication, standardized reporting, and integration of funding streams to support coordination across multiple providers. Adoption of secure digital tools also facilitates outcome tracking, performance evaluation, and evidence-based resource allocation.

- *Performance Measurement and Evaluation:*

To ensure that integration efforts achieve their intended impact, ongoing evaluation mechanisms should be embedded into implementation. Standardized metrics and feedback loops allow stakeholders to assess effectiveness, adapt strategies, and maintain accountability for results. Evidence generated through rigorous evaluation also informs continuous improvement and supports long-term funding commitments.

- *Policy and Regulatory Alignment:*

Effective implementation requires harmonization of policies, regulations, and funding guidelines across sectors. Aligning eligibility criteria, reporting requirements, and compliance standards can reduce administrative burdens and create an enabling environment for collaboration. Policymakers play a critical role in removing structural barriers that inhibit integration.

- *Sustainability Planning:*

Beyond initial implementation, integrated approaches require strategies for long-term sustainability. This includes building durable funding mechanisms, cultivating political and community support, and embedding integration goals into institutional practices. Sustainable models reduce the risk of pilot projects being discontinued once short-term funding or political momentum ends.

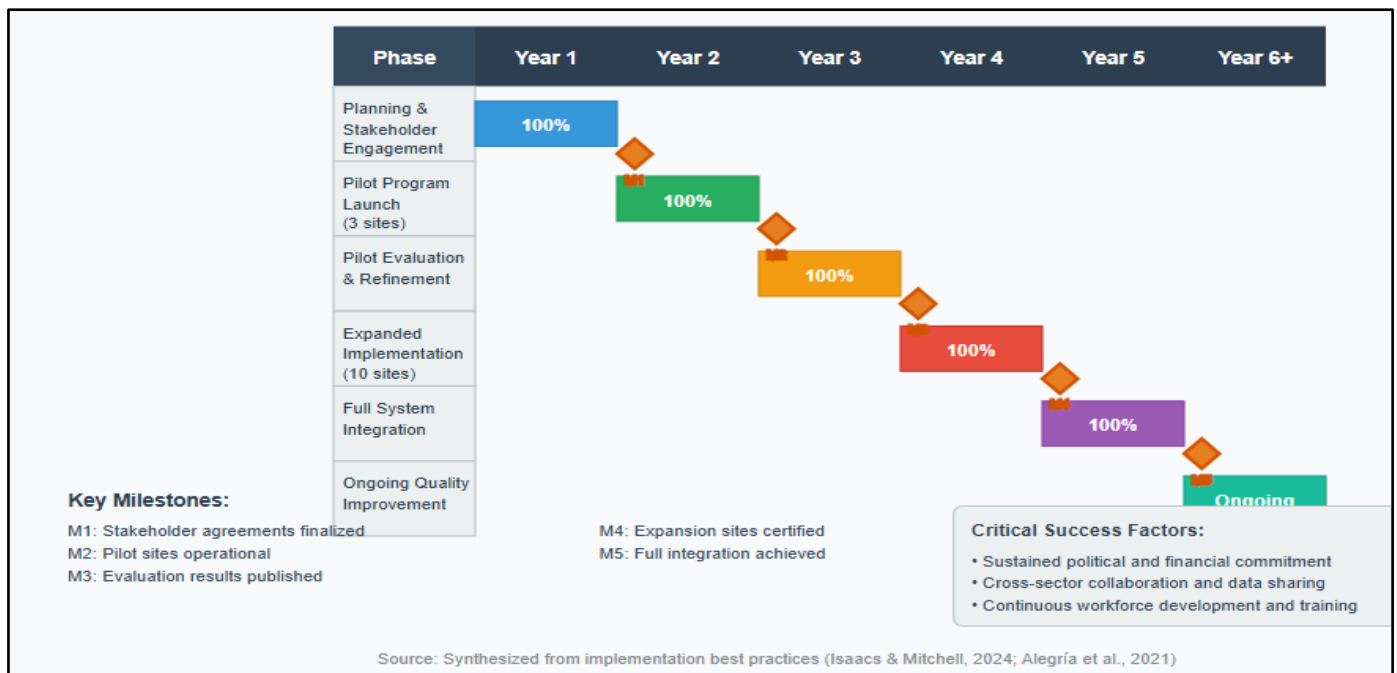


Fig 5 Implementation Timeline for Integrated Service Systems

IX. DISCUSSION

The evidence reviewed in this article demonstrates that public finance strategies play a crucial role in determining both the availability and effectiveness of mental health and substance abuse services for vulnerable populations. The complex relationship between mental health disorders, substance abuse, and homelessness requires integrated funding approaches that can support comprehensive, coordinated service delivery.

Several key themes emerge from the literature. First, traditional categorical funding approaches often create barriers to effective service delivery by forcing providers to address complex, interconnected problems through separate, disconnected programs. The evidence strongly supports integrated funding strategies that can support holistic interventions addressing multiple needs simultaneously.

Second, the Housing First model represents a paradigm shift that has significant implications for public finance strategies. Rather than requiring individuals to achieve stability before receiving housing support, this approach recognizes that stable housing is often a prerequisite for addressing mental health and substance abuse challenges. The cost-benefit analyses consistently demonstrate that upfront investment in housing support leads to significant savings across multiple public systems.

Third, the role of stigma and public attitudes in shaping funding decisions cannot be overlooked. The research by Barry et al. (2014) reveals that public support for mental health funding varies significantly depending on the specific condition and population involved. This suggests that effective advocacy and education efforts are essential components of successful public finance strategies.

Fourth, the incorporation of service user perspectives and peer support models represents an important evolution in service delivery approaches. The evidence suggests that programs designed with significant user input demonstrate better outcomes and higher satisfaction rates, while peer support interventions can enhance the effectiveness of professional services at relatively low cost.

X. LIMITATIONS AND FUTURE RESEARCH

While this analysis provides important insights into the role of public finance in expanding mental health services, several limitations should be acknowledged. First, much of the available research focuses on specific geographic regions or population subgroups, limiting the generalizability of findings to other contexts. Second, the long-term outcomes of many integrated service models are still being evaluated, making it difficult to assess sustainability and long-term effectiveness.

Future research should focus on several important areas:

➤ Longitudinal Studies:

Long-term follow-up studies are needed to assess the sustainability of outcomes achieved through integrated funding approaches and to identify factors that contribute to long-term success.

➤ Economic Evaluation:

More sophisticated economic analyses are needed to understand the full costs and benefits of different funding strategies, including impacts on education, employment, and criminal justice systems.

➤ *Implementation Science:*

Research on implementation processes can help identify best practices for transitioning from traditional categorical funding approaches to integrated models.

➤ *Technology Integration:*

As health information technology continues to evolve, research is needed on how these tools can support integrated service delivery and improve outcomes measurement.

XI. CONCLUSION

The mental health crisis among populations experiencing substance abuse and homelessness represents one of the most significant challenges facing contemporary public health systems. The evidence reviewed in this article demonstrates that public finance strategies play a crucial role in determining both the scope and effectiveness of interventions available to these vulnerable populations.

The research consistently supports several key principles for effective public finance approaches. Integration of funding streams across traditional categorical boundaries can support more comprehensive and coordinated service delivery. Evidence-based interventions, particularly Housing First models and integrated care approaches, demonstrate superior outcomes and cost-effectiveness compared to traditional approaches. The incorporation of service user perspectives and peer support models can enhance both effectiveness and satisfaction with services.

However, significant challenges remain. Stigma and discrimination continue to influence public attitudes toward funding for mental health and substance abuse services. Implementation of integrated service models requires substantial investment in workforce development, technology infrastructure, and organizational change processes. Long-term sustainability requires ongoing political and community support that can withstand changes in leadership and economic conditions.

Despite these challenges, the potential for positive impact through strategic public finance approaches is substantial. The evidence demonstrates that well-designed, adequately funded programs can break the cycle of homelessness, mental illness, and substance abuse that affects thousands of individuals and families. The societal benefits extend beyond improved individual outcomes to include reduced costs across multiple public systems and enhanced community well-being.

Moving forward, policymakers, service providers, and community stakeholders must work together to develop and implement funding strategies that reflect the complex, interconnected nature of these challenges. This requires not only adequate resources but also the political will to challenge traditional approaches and embrace innovative models that have demonstrated effectiveness.

The evidence base exists to guide these efforts; what remains is the commitment to act on this knowledge to create more effective and humane responses to mental health challenges among our most vulnerable populations.

The transformation of mental health and substance abuse services through strategic public finance represents both an opportunity and an obligation. The opportunity lies in the potential to dramatically improve outcomes for individuals and families while achieving significant cost savings for public systems. The obligation stems from our collective responsibility to ensure that all community members have access to the services and supports they need to achieve stability, recovery, and meaningful participation in community life.

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