

HOMELESSNESS TRAINING

Lunch and Learn Series

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Missouri Department of
MENTAL HEALTH



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

A PRACTICAL GUIDE FOR FRONTLINE PROVIDERS

Homelessness is not just a housing issue—it's a public health issue. In recent years, the fields of housing, behavioral health, and public health have become more interconnected, recognizing that:

HOUSING IS HEALTH.

Stable housing is foundational for engaging in care, managing behavioral health needs, and supporting long-term recovery. Without a safe place to sleep, store belongings, or meet basic needs, it is incredibly difficult for people to attend appointments, follow treatment plans, or focus on recovery goals.

The Missouri Department of Mental Health supports a range of housing-focused programs, including:

- HUD Continuum of Care housing programs
- Recovery housing (such as the Show Me Recovery Housing program)
- Veteran-specific programs (like Grant Per Diem)
- Street outreach through Housing Liaisons across much of Missouri

HOUSING IS A KEY ELEMENT OF RECOVERY FOR PEOPLE WITH BEHAVIORAL HEALTH NEEDS.

Training & Learning Opportunities

Staff who work with people experiencing homelessness benefit from ongoing training—especially in trauma-informed, recovery-oriented approaches.

Common training sources include:

- SAMHSA – trauma-informed care, behavioral health & homelessness
- Behavioral Health Provider Networks – web-based trainings (e.g., Relias)
- Corporation for Supportive Housing (CSH) – supportive housing, best practices
- National Alliance to End Homelessness – webinars and tools for providers

When in doubt, look for training that emphasizes:

- Trauma-informed care
- Harm reduction
- Housing First principles
- Recovery-oriented services



WHY OUTREACH AND HOUSING SUPPORTS MATTER

Homeless service connections can literally save lives.

One example: a Housing Liaison met a 70-year-old man who had been homeless for 25 years and was living underneath a trailer. When the worker arrived, he was struggling to breathe. They took him to the emergency room, where multiple blood clots were found and treated.

Because someone reached out:

- His immediate medical crisis was addressed
- He was connected to housing
- He has lived in his own apartment and engaged in recovery services for several years

Homelessness services are not just about shelter—they're about health, safety, and long-term stability.

UNDERSTANDING BARRIERS & PRIORITIES

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Basic needs come first.

Providers may be focused on getting someone enrolled in a behavioral health program. The person may be focused on:

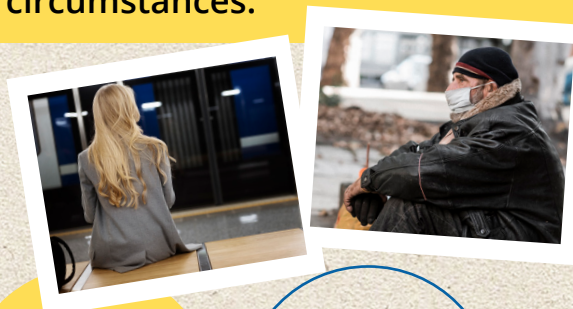
- Where am I sleeping tonight?
- What am I eating today?
- How do I stay safe?

Logistics are a real barrier.

Many people don't have transportation, phones, or stable mailing addresses. A "simple referral" across town can be unrealistic without warm handoffs and practical support (e.g., rides, maps, reminders).

Stigma and fear are real.

Parents may worry that disclosing homelessness will lead to child removal. Others fear judgment or discrimination. This can make people reluctant to share their true circumstances.



SIGNS OF HOUSING INSTABILITY

Housing instability doesn't always "look" the way we expect. Some possible indicators include:

- Carrying many belongings or bags
- Noticeable difficulty maintaining hygiene
- Vague or shifting descriptions of where they're staying



But the most reliable approach is simple:

**IF YOU'RE CONCERNED, ASK GENTLY
AND WITHOUT JUDGMENT.**

Even if someone says they are "fine," you can still offer housing resources and normalize help-seeking.

BUILDING TRUST & WORKING WITH AUTONOMY

But the most reliable approach is simple:

People experiencing homelessness are often:

- Survivors of systems that have failed them
- Used to being judged, displaced, or ignored
- Understandably cautious about trusting service providers

Rapport is fundamental. It often takes longer and requires:

- Doing what you say you will do
- Showing up when you say you will
- Following through consistently

Start with what they want to work on, not just what you think they "should" work on:

- Maybe they want to replace an ID, secure food, or get new clothing before talking about treatment or applications.
- When you respect their priorities, you build credibility and open the door to future conversations about housing, treatment, and recovery.

A key reminder:

These are adults with autonomy. Our role is to support, inform, and collaborate—not control.

We can share safety concerns and recommendations, but ultimately we work with their goals and timing.

ADAPTING SERVICES TO DIFFERENT NEEDS

Not all homelessness looks the same, and services should reflect that. Examples of adaptations include:

- **Private, family-appropriate spaces** instead of traditional congregate shelters with large dorm-style rooms.
- **Options for people** with serious behavioral health conditions who may not be able to tolerate crowded environments.
- **Permanent supportive housing**, where housing and services are embedded together, offering:
 - On-site or easily accessible supports
 - Flexible, long-term help for those with significant behavioral health needs

Permanent supportive housing can be especially effective for people who haven't done well in more time-limited or traditional programs.

COMMUNITY PARTNERSHIPS & SEASONAL REALITIES

Homelessness rarely can be addressed by one agency alone. It truly “takes a village.”

Key partners can include:

- Community mental health centers
- Hospitals and clinics
- Faith-based groups and nonprofits
- Public health departments
- Disaster preparedness partners (CEMA, FEMA, Red Cross)

Seasonal and environmental factors matter:

- **Winter:** Warming centers prevent frostbite, hypothermia, and death. Many long-term unsheltered individuals have lost fingers, toes, or limbs due to cold exposure.
- **Summer:** Cooling centers can prevent heat-related illness and death.
- **Disasters:** Floods, tornadoes, and other events increase risk and displacement; coordinated response with disaster partners is essential.

OUTCOMES & COMMON MISCONCEPTIONS

How do we know homelessness services are working?

Look for:

- **Housing stability** – Are people housed, and do they remain housed?
- **Engagement in services** – Are they connecting with treatment, recovery supports, or other services they chose?
- **Progress on personal goals** – Are they moving toward the goals identified in their own recovery or treatment plans?

Two common misconceptions:

“People don’t want housing.”

Many people do want housing, but face significant barriers: untreated mental illness, stigma, discrimination by landlords, past evictions, or gaps in income.

“People don’t want to work”

Many people want to work and be productive. Untreated symptoms, lack of basic resources (shower, alarm clock, transportation, clean clothes), and stigma can make maintaining employment extremely difficult.

As one man explained:

“It’s hard to be at work on time when you don’t have an alarm clock.
It’s hard to have a clean uniform without a washer and dryer.
It’s hard to keep up hygiene without a shower.”

Those “small” things are actually major structural barriers.

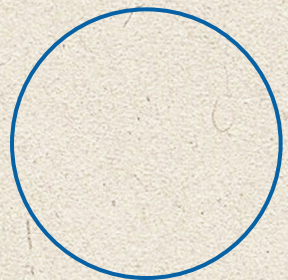
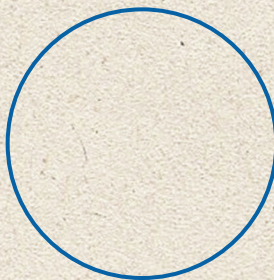
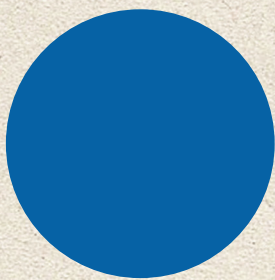
CARING FOR THE WORKFORCE

Burnout in homelessness and housing work is very real.

To sustain this work, staff need:

- Clear boundaries (emotional and time)
- Everyday recovery practices (movement, breathing, hobbies, social support)
- Supervision that acknowledges emotional labor
- Permission and support to seek help, not pressure to “just push through”

We cannot support long-term recovery for others
if we never refuel ourselves.



ACTIVITY

As you support people experiencing homelessness, consider:

One change you can make in how you identify or engage people with possible housing instability

One way you can strengthen partnerships in your community (e.g., warming/cooling centers, outreach teams, clinics, behavioral health providers)

One step you can take this month to support your own sustainability in this work

Homelessness is complex—but with housing-focused supports, trauma-informed practice, and strong partnerships, you can help people move from surviving day-to-day to building stable, meaningful lives.

For additional resources related to homelessness, housing, and behavioral health, visit dmh.mo.gov and explore available trainings and supports.

Visit HHRC Homelessness and Housing Resource Center website to access on-demand, no-cost trainings no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

<https://hhrctraining.org/training-courses>