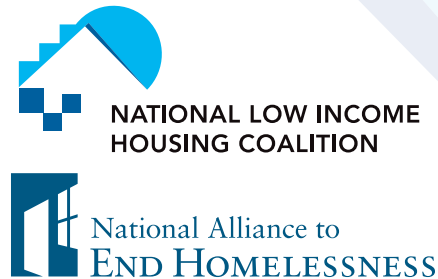


THE CASE FOR HOUSING FIRST



Housing First is a proven model for addressing homelessness that prioritizes access to permanent, stable housing. Housing First recognizes that stable housing is a prerequisite for effective psychiatric and substance abuse treatment and for improving quality of life. Once stably housed, individuals are better able to take advantage of wrap-around services - to help support housing stability, employment, and recovery. Without stable housing, attaining these goals becomes much more difficult.

THE EVIDENCE FOR HOUSING FIRST

Research shows that Housing First rapidly ends homelessness, is cost-effective, and positively impacts quality of life and community functioning. This model is [particularly effective](#) among people who have been homeless for long periods of time and have serious psychiatric disabilities, substance use disorders, and/or other disabilities. Housing First results in higher rates of housing retention. There is little difference in the level of substance use and psychiatric symptoms between Housing First and other models.

EARLY EVALUATIONS

The Pathways to Housing program, one of the early versions of Housing First, has greatly informed the field of homeless services. Between 2000 and 2004, there were three major studies of the Pathways model in New York City. These initial studies found:

- At the 24-month follow up, Pathways participants spent almost no time experiencing homelessness, while participants in the city's residential treatment program spent about a quarter of their time experiencing homelessness on average. After five years, [88 percent of the program's tenants remained housed](#), compared to only 47 percent of the residents in the control group.
- A random assignment study found that homelessness programs that eliminated barriers to access to services, like Housing First, were [more successful in reducing homelessness than programs where housing and services were contingent on sobriety and progress in treatment](#). When individuals were provided access to stable, affordable housing, with services under their control, 79% remained stably housing at the end of 6 months, compared to 27% in the control group.
- [A long-term study](#) found that participants in the Housing First model obtained housing earlier, remained stably housed after 24 months, and reported higher perceived choice than participants in programs where housing and services were contingent on sobriety and progress in treatment. The study found that no differences among participants in substance use or psychiatric symptoms.

MAJOR EVALUATIONS

Encouraged by initial results, Canada implemented the Housing First model. It conducted a [significant evaluation](#), encompassing five cities - Vancouver, Winnipeg, Toronto, Montreal, and Moncton - and over 2,000 participants. The Canada study found:

- Participants in Housing First rapidly obtained housing and retained their housing at a much higher rate than the treatment as usual group. After two years, 62 percent of the Housing First participants were housed the whole time compared to 31 percent of those who were required to participate in treatment prior to the receipt of housing.
- The economic analysis found some cost savings and cost offsets. Every \$10 invested in Housing First services resulted in an average savings of \$9.60 for high-needs participants and \$3.42 for moderate-needs participants. Significant cost savings were realized for the 10 percent of participants who had the

highest costs at study entry; for these individuals, every \$10 invested in Housing First services resulted in an average savings of \$21.72.

- Having a place to live and the right supports can lead to other positive outcomes beyond those provided by existing services. Housing stability, quality of life, and community functioning outcomes were all more positive for participants in Housing First programs.

MORE RECENT STUDIES

Additional evaluations of Housing First have been completed in multiple locations, including California, New York City, and Helsinki, Finland.

These studies have consistently found greater housing stability among Housing First participants:

- A [2014 study](#) found that Housing First programs led to better housing and substance use outcomes among chronically homeless individuals with a history of substance use problems.
- A [2015 study](#) found that Housing First programs are more effective at increasing outpatient service utilization, as well as outreach to and engagement of clients who are not appropriately served by the public mental health system.
- Housing First is credited with [dramatic successes treating homelessness in Helsinki, Finland](#).

Studies also show that Housing First reduces hospital visits, admissions, and duration of hospital stays among homeless individuals, and [overall public system spending is reduced](#) by nearly as much as is spent on housing. Moreover, participants in Housing First reduced alcohol use and likelihood of intoxication, despite no requirement to abstain from or reduce drinking to remain housed.

FEDERAL SUPPORT

The [U.S. Interagency Council on Homelessness \(USICH\)](#) and [HUD](#) cite Housing First as a best practice. In a [memorandum](#) for local officials, USICH describes Housing First as:

“a proven method of ending all types of homelessness and (it) is the most effective approach to ending chronic homelessness...Without clinical prerequisites like completion of a course of treatment or evidence of sobriety and with a low-threshold for entry, Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and institutions...Housing First should be adopted across your community’s entire homelessness response system, including outreach and emergency shelter, short-term interventions like rapid re-housing, and longer-term interventions like supportive housing.”

HUD emphasizes the [success of Housing First](#) in treating the most difficult category of homelessness:

“Permanent supportive housing models that use a Housing First approach have been proven to be highly effective for ending homelessness, particularly for people experiencing chronic homelessness who have higher service needs. Studies such as HUD’s The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness have shown that Housing First permanent supportive housing models result in long-term housing stability, improved physical and behavioral health outcomes, and reduced use of crisis services such as emergency departments, hospitals, and jails.”

Additional research by USICH on Housing First can be found at: https://www.usich.gov/resources/uploads/asset_library/evidence-behind-approaches-that-end-homelessness.pdf

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