

Housing First

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Homelessness is a crisis in many communities – one that demands urgent action. To end homelessness once and for all, federal, state, and local governments must invest in proven solutions at the scale necessary to address the problem. Housing First is an evidence-based practice backed by multiple, national studies that show it is the most effective approach to ending homelessness for most individuals and families. Under the Housing First model, stable, affordable, and accessible housing is provided to people experiencing homelessness quickly and without prerequisites, and voluntary supportive services are offered to help improve housing stability and well-being.

PROGRAM SUMMARY

Housing First is not “housing only.” Housing First is a whole-systems model for addressing homelessness that prioritizes access to permanent, stable housing with services when needed. Housing First recognizes that stable housing is a prerequisite for effective psychiatric and substance abuse treatment, for stable employment, and for improving quality of life. Once stably housed, individuals are better able to take advantage of wrap-around services that help support stability, employment, and recovery – goals that are difficult to attain without stable housing. Housing First is a flexible model that can be adapted to address the unique needs in local communities and tailored to the challenges facing individuals. Rapid re-housing (RRH) and permanent supportive housing (PSH) can both utilize the Housing First model. In RRH, individuals and families experiencing homelessness receive assistance identifying, leasing, and moving into new housing quickly and are connected to supportive services if needed. Similarly, PSH provides longer-term housing assistance and voluntary supportive

services, including health care, employment, and treatment services, to ensure people experiencing chronic homelessness can attain long-term housing stability.

Under federal homelessness programs, Continuums of Care (CoCs) decide which programs to fund in their communities. CoCs tend to focus scarce federal resources on high-performing shelter and service providers that are most effective in addressing homelessness. Because programs based on the Housing First model are proven to be effective for most individuals and families, CoCs often prioritize these programs.

Evidence Supporting Housing First

Research shows that Housing First rapidly ends homelessness, is cost-effective, and improves quality of life and community functioning. Housing First is the most effective approach to ending homelessness for most individuals and families, particularly for people experiencing chronic homelessness, people with substance use disorders, and people with disabilities, including individuals with mental health conditions. This model was first developed for people with serious psychiatric or substance use disorders who had been homeless for long periods of time and was later extended to all homeless populations. Housing First has been credited with helping reduce chronic homelessness by 20% since 2007.

Housing First is supported by the U.S. Department of Veterans Affairs (VA) in its two largest homelessness programs – Supportive Services for Veteran Families (SSVF) and HUD-Veterans Affairs Supportive Housing (HUD-VASH). These programs, which are considered to be the gold standard for homelessness programs both domestically and abroad, have been instrumental in reducing veteran homelessness by 50% over the past decade. Initial results from HUD’s 2022 Point-in-Time (PIT) count point to an 11% decline in homelessness among veterans between 2020 and 2022, the largest drop in

veteran homelessness in more than five years. This drop in veteran homelessness coincides with the return of Housing First practices under the Biden Administration and historic resources provided through the American Rescue Plan.

Housing First programs are twice as effective at ending homelessness, compared to the older, outdated “stairstep” or “linear” approach that Housing First has replaced. The earlier model risked lives and increased costs to communities. The “stairstep” approach set housing as the end goal – requiring participants to first participate in various service programs, abstain from drugs and alcohol, and adhere to a set of behavioral requirements before they could access housing. Far too many people experiencing homelessness were unable to meet the high barriers to set by “stairstep” programs, leaving them to languish in shelters for long periods of time with no clear path to exit homelessness. Because shelters are far more expensive than providing individuals with housing, the “stairstep” approach drove up costs for communities. Communities spent more on emergency health care, corrections, and law enforcement.

Key to the success of Housing First is its emphasis on low-barrier access to permanent, stable housing with supportive services when needed. Access to Housing First programs is not contingent upon minimum income requirements, sobriety, criminal history, successful completion of a treatment program, or participation in supportive services; rather, Housing First recognizes that stable, supportive, accessible housing is fundamental to being able to effectively utilize wrap-around services. The model eschews a “one-size-fits-all” approach to addressing homelessness and instead pairs people and families with the level of financial assistance and supportive services necessary to achieve long-term housing stability.

Several major studies have found that Housing First resulted in large improvements in housing stability. Early evaluations found that homelessness programs that eliminated barriers to service, like Housing First, were more successful in reducing homelessness than

programs where housing and services were contingent on sobriety and progress in treatment. The world’s largest study on Housing First found that individuals participating in Housing First programs rapidly obtained housing and retained their housing at a much higher rate than non-Housing First participants.

In addition to greater housing retention, Housing First can lead to better treatment outcomes and improved quality of life and other outcomes. Multiple studies have shown that participation in supportive housing improves residents’ mental health and their engagement in mental health treatment. Recent studies indicate that Housing First participants are more likely to report improved overall health and reduced usage of alcohol, stimulants, and opiates. Furthermore, Housing First programs are more effective at increasing utilization of home- and community-based services and increasing outreach to and engagement of clients not appropriately served by the public mental health system. Housing First provides a vital option to the many people who are not able to maintain perfect treatment immediately after exiting homelessness and ensures they will not be relegated to long-term homelessness.

The Housing First model reduces unnecessary and preventable costs associated with homelessness. Studies consistently show that Housing First reduces use of more costly resources, such as shelters, inpatient psychiatric hospitals, emergency rooms, and jails and prisons. Supportive housing, for example, effectively ends homelessness for people with mental health disabilities and reduces health care costs for high-need, high-cost users of health care systems. The average cost savings to the public ranges from \$900 to \$29,400 per person per year after entry into a Housing First program. Overall public spending is reduced by nearly as much as is spent on housing.

Attempts to Undermine Housing First and Criminalize Homelessness

Housing First has been proven successful and has a long history of bipartisan support. Under

past Republican and Democratic Administrations, HUD and the U.S. Interagency Council on Homelessness (USICH) have endorsed Housing First as a best practice to ending homelessness and the model has enjoyed bipartisan support from congressional leaders. First incorporated into federal recommendations under the George W. Bush Administration, Housing First was credited with reducing homelessness by 30% between 2005 and 2007. During the Great Recession, implementation of RRH under the Obama Administration helped an estimated 700,000 people at-risk of or experiencing homelessness find stable housing.

Rather than building on these successes, during its tenure the Trump Administration sought to replace Housing First models with programs that would deny people and families experiencing homelessness stable housing if they were unable to maintain treatment or attain perfect sobriety. This shift in policy not only ignored the decades of research, learning, and bipartisan support attesting to the validity of Housing First, but failed to address the underlying, systemic causes of homelessness and housing instability. The Trump Administration focused instead on returning to failed “behavioral modification” strategies, and supported its arguments through false claims about Housing First that relied on manipulated data and misrepresented research

Former USICH Director Robert Marbut, appointed under the Trump Administration and relieved from his position in February 2021, frequently used misleading and inaccurate data to falsely claim that homelessness has increased as a result of the widespread adoption of Housing First. Marbut inflated the number of people experiencing homelessness by including individuals in RRH and PSH programs in his homelessness count – individuals living in their own apartments or houses and who are, by definition, not homeless. He also falsely claimed that Housing First does not provide supportive services when needed and has drawn false conclusions about the underlying causes of homelessness to support his misguided policies. Rather than Housing First, Marbut advocated for

an approach that would make it more difficult for homeless families and chronically homeless individuals to obtain safe, stable housing. While Marbut touted his approach as “treatment first,” in reality, high-barrier programs that mandate perfect sobriety or treatment as a prerequisite to housing are not nearly as successful at ensuring long-term housing stability. A metaanalysis of existing research found that 65-85% of individuals participating in Housing First programs remained housed in the two years after entering the program, compared to just 23-39% of individuals in programs emphasizing “treatment first.” Even USICH’s own documents support the efficacy of Housing First programs, finding that pairing Housing First with supportive services when needed results in housing retention rates between 75-85% for individuals and 80-90% for families.

Available research on the efficacy of “treatment first” approaches to ending homelessness did not yield promising results. One 2004 study concluded “there is no empirical support for the practice of requiring individuals to participate in psychiatric treatment or attain sobriety before being housed.” Studies have also suggested that requiring “perfect abstinence” as a prerequisite for housing can actually hinder participants in achieving long-term housing stability, recovery, and employment.

There is a growing backlash against people experiencing homelessness and against supporting real solutions to this crisis. Dangerous rhetoric and harmful measures – including those that would criminalize homelessness, impose punitive requirements, and even prevent the development of affordable housing – are gaining traction at the federal, state, and local levels.

THE “HOUSING PLUS ACT” WOULD UNDERMINE HOUSING FIRST

At the federal level, Representative Andy Barr (R-KY) introduced legislation in the 117th Congress that would undermine federal investments in proven solutions to homelessness. The “Housing Promotes Livelihood and Ultimate Success (PLUS) Act” (H.R. 6018) would undermine HUD’s

ability to prioritize evidence-based solutions to homelessness by directing HUD to set aside 30% of federal homeless assistance funds for programs that require sobriety, treatment, and/or other supportive services as a precondition to housing assistance for people experiencing homelessness. The bill creates a rigid, arbitrary requirement to fund high-barrier programs, regardless of evidence showing this approach tends to be more expensive and less effective. Such a requirement could force CoCs to defund existing permanent supportive housing programs. Any attempt to divert limited federal resources to outdated, ineffective, and costly strategies will result in fewer people becoming stably housed and undermine access to effective treatment.

DRAFT LEGISLATION FROM THE CICERO INSTITUTE WOULD HARM PEOPLE EXPERIENCING HOMELESSNESS

Similarly, misguided efforts at the state and local levels to criminalize homelessness, impose punitive requirements, and redirect investments away from long-term solutions – such as those proposed by the Cicero Institute in its harmful draft legislation – are counterproductive and will make it even harder for people to exit homelessness. Criminalizing homelessness also further marginalizes Black, Indigenous and other communities of color, those with mental and physical disabilities, and LGBTQ youth and adults, who are already disproportionately affected by homelessness and mass incarceration. Laws contributing to the involuntary institutionalization of individuals experiencing homelessness have regularly been found to violate the civil rights of individuals with disabilities and any expansion of those laws would expand the harm they cause.

The Cicero Institute draft legislation criminalizes homelessness, punishable by fines, jail time, or both. Criminalizing homelessness is counterproductive, expensive, harmful to marginalized communities, and dehumanizing. Nearly all people experiencing homelessness are not unsheltered by choice, but because they lack access to affordable, accessible housing, physical

and mental health care, or adequate and humane emergency shelter. Arrests, fines, jail time, and conviction or arrest records make it more difficult for individuals experiencing homelessness to access the affordable housing, health services, and employment necessary to exit homelessness. Further, a growing body of research demonstrates that providing affordable housing and voluntary services is more cost-effective than outdated approaches, including criminalization. With limited state and local budgets, elected officials should turn to humane, cost-effective policies, not ineffective measures that waste taxpayer dollars.

The Cicero bill imposes punitive requirements, including time limits, work requirements, forced treatment, and sobriety. These rigid requirements are ineffective, outdated, and dangerous. By failing to prioritize access to affordable housing, this approach ignores the primary driver of homelessness: the severe shortage of housing affordable to the lowest-income and most marginalized people. Forcing people into congregate shelters and advocating for a mandatory, punitive, behavior modification approach is based on the outdated “stairstep” model that failed to rehouse people. Restricting access to shelters to only those individuals that meet strict requirements would put lives at risk. A study conducted in Boston, for example, found that unsheltered individuals experiencing homelessness faced mortality rates three times higher than those residing in shelters.

The harmful draft legislation proposed by the Cicero Institute is not a real solution. Redirecting investments away from long-term solutions to fund short-term crisis responses undermines housing stability and effective treatment. Policymakers should instead invest in proven strategies, like Housing First.

Housing First, Homelessness, and COVID-19

Access to safe, stable, accessible, and affordable housing is a key determinant of health, a connection that has never been more apparent than throughout the ongoing pandemic. Policies that would actively deny people experiencing homelessness or housing instability access to

housing risk furthering the spread of coronavirus, prolonging the pandemic, and exposing already marginalized people to irreparable harm.

The Centers for Disease Control and Prevention (CDC) enacted a federal moratorium on evictions for nonpayment of rent lasting from September 2020 to August 2021, citing the “historic threat to public health” posed by the virus and noting “eviction moratoria...can be an effective public health measure utilized to prevent the spread of communicable disease.” The CDC further stated that “housing stability helps protect public health because homelessness increases the likelihood of individuals moving into congregate settings, such as homeless shelters, which then puts individuals at higher risk to COVID-19.”

People experiencing homelessness who contract coronavirus are twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die from the illness as the general population. People who are homeless are more susceptible to severe complications from the virus due to a higher prevalence of underlying health conditions, lack of vaccine access, and the inability to engage in preventative measures recommended by the CDC, including social distancing, regular handwashing, and avoiding high-touch surfaces. The greater risk of severe illness and death for people experiencing homelessness who contract coronavirus makes ensuring low-barrier access to safe, stable, accessible housing both a moral imperative and a public health necessity.

FORECAST FOR 2023

During his campaign, President Biden committed to pursuing a “comprehensive approach to ending homelessness,” starting with developing a strategy to make housing a right for all people. Housing First’s foundational tenet – providing people experiencing or on the verge of homelessness low-barrier access to affordable housing and supportive services when needed – allows programs to be designed prioritizing the unique needs of individuals and is central to realizing President Biden’s goal. Indeed, President Biden has pledged to ensure the

federal government “commits to a ‘Housing First’ approach to ending homelessness,” including by conducting a comprehensive review of federal housing policies to ensure they incentivize a Housing First approach. Adequately adopting a Housing First approach to ending homelessness requires a major investment in expanding housing vouchers, as well as developing and preserving homes affordable to the lowest-income people.

It is imperative to invest in culturally responsive, client-centered homeless assistance systems, so that people who slip into homelessness can be quickly identified, moved into homes, and engaged in Housing First programs with supportive services if needed. In order to begin addressing the longstanding racial inequities in housing, it is also vital to target resources to historically marginalized communities and organizations embedded in those communities. Targeting resources to those with the greatest need would increase the impact of investments and help build up communities that have faced generations of disinvestment.

In addition to pushing for increased investments in affordable, accessible housing and culturally responsive services, advocates and allies in Congress must be unified in pushing back against counterproductive and dehumanizing efforts to criminalize homelessness, impose punitive requirements, and undermine proven solutions to end homelessness.

WHAT TO SAY TO LEGISLATORS

Advocates can use NLIHC’s [Housing First resources](#) to educate their Members of Congress about why Housing First is a critical strategy for ending homelessness and urge them to proactively support the model. Having a safe, stable, affordable place to live and the right supports can lead to positive outcomes beyond those provided by services alone. Over two decades of research prove that housing stability, quality of life, and community functioning are consistently higher among participants in Housing First programs.

Advocates should urge their Members of Congress to oppose the “Housing PLUS Act” and any legislation or amendments that would undermine federal investments in proven solutions to homelessness. Advocates should also urge lawmakers to oppose measures seeking to criminalize homelessness and impose rigid requirements, like time limits, work requirements, forced treatment, and sobriety. Moving away from evidence-based approaches to addressing homelessness would deny individuals and families in need of safe, decent, affordable and accessible homes. Requiring treatment or sobriety as a prerequisite to receiving stable housing does not solve homelessness – rather, it can make solving homelessness more difficult by demanding people overcome the challenges of substance abuse or mental illness without the stability and safety of a home. “Treatment first” ignores the systemic issues that allow people to live unhoused and ensures there will always be people who are homeless. Congress and the Biden Administration should continue working together to increase investments in decent, safe, affordable, and accessible rental homes for people with the lowest incomes; work to actively undo the generations of racist policies that have disproportionately exposed Black and Native people to housing instability and homelessness; and continue to pursue Housing First as a proven solution to homelessness.

RESOURCES

NLIHC’s Housing First webpage: <https://bit.ly/3fWtobo>.