

# Additional Housing Programs: Housing First

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**T**wo decades of research and evaluation support the efficacy of Housing First as a means of ending homelessness, including for chronically homeless individuals (people with severe disabilities, including mental illness or substance use disorders, who have been homeless for a long time). Housing First prioritizes access to safe, stable, accessible housing with services when needed to ensure long-term housing stability and effective treatment for underlying health conditions, including substance use and mental health disorders.

## PROGRAM SUMMARY

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.

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.

## Evidence Supporting Housing First

Research shows that Housing First rapidly ends homelessness, is cost-effective, and improves quality of life and community functioning. 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 and veteran homelessness by 50% since 2009.

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.

A random assignment study found that homelessness programs utilizing low-barrier access to housing and services were more successful in reducing homelessness than programs where housing and services were contingent upon sobriety. When individuals were provided access to stable, affordable housing and given autonomy in deciding whether and when to use services, 79% remained stably housed at the end of six months, compared to 27% of individuals in the control group.

In addition to greater housing retention, Housing First has shown success in reducing drug use among chronically homeless people with a history of substance use, more effectively

increasing outpatient service utilization, and increasing outreach to and engagement of clients not appropriately served by the public mental health system. Housing First has also been shown to decrease costs among chronically homeless individuals utilizing emergency medical services. 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.

### **Attempts to Undermine Housing First**

Despite its proven success and bipartisan support in Congress, 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 attesting to the validity of Housing First, but failed to address the underlying, systemic causes of homelessness and housing instability.

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, the Trump Administration rejected decades of research, learning, and bipartisan support for Housing First to focus instead on returning to failed “behavioral modification” strategies. Trump Administration officials made several false claims about Housing First, relying on manipulated data and misrepresented research to make its case.

USICH Director Robert Marbut, appointed under the Trump Administration, 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 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.

## **Housing First, Homelessness, and COVID**

Access to safe, stable, accessible, and affordable housing is a key determinant of health, and this connection has never been more apparent than during the ongoing coronavirus pandemic. Policies that would actively deny people experiencing homelessness or housing instability access to housing, including Marbut's proposed "treatment first" approach, 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) announced a federal moratorium on evictions for nonpayment of rent, 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 states 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 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 2021**

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 of providing people experiencing or on the verge of homelessness low-barrier access to affordable housing and supportive services when needed is central to realizing this 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 developing homes affordable to the lowest-income people, including through programs like the Housing Trust Fund. The private sector cannot, on its own, build or maintain homes at a price extremely low-income people can afford, making it necessary for the federal government to play a leading role in the construction and maintenance of these homes. Congress must also preserve our nation's existing affordable housing infrastructure, including public housing, rather than allowing homes to fall into disrepair.

A major expansion in rental assistance through the Housing Choice Vouchers program would help bridge the growing gap between wages and housing costs, keep people stably housed, and ensure people experiencing homelessness can find safe, affordable housing. With greater investments in this program, low-income households would be able to keep more of their income for other essentials like food, medical care, education, and transportation, and would be able to save money for larger investments, like a down payment on a home or a child's college savings account.

It is imperative to invest in culturally responsive homeless assistance systems as well, so that people who slip into homelessness can be quickly identified, moved into safe, immediate shelter, 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. 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.

### **What to say to Legislators**

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.

Moving away from evidence-based approaches to addressing homelessness, as the Trump Administration proposed, 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 work 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.