Housing First Promotes Health
February 21, 2023

Moderated by Peggy Bailey, Vice President for Housing and Income Security, Center on Budget and Policy Priorities
Welcome & Opening Remarks
• Peggy Bailey, CBPP

Housing First Promotes Health
• Margot Kushel, UCSF Benioff Homelessness & Housing Initiative
• Whitney Joy Howard, Washington State Department of Social and Health Services

(Continued)
• Christy Respress, Pathways to Housing DC

Discussion & Q&A

Take Action & Closing Remarks
• Peggy Bailey, CBPP
Welcome & Opening Remarks

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Housing First Promotes Health

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Housing First and Health

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2/21/2023
Housing improves health conditions

- Housing provides
  - Protection from the elements, protection from some violence
  - A place to rest/sleep, attend to hygiene, cook, store food and medicine
  - A stable address for receiving services, mail
  - A sense of belonging and stability

- In so doing, housing provides:
  - Prevention against infectious disease
  - The ability to engage in longitudinal healthcare, adhere to medication, prioritize one’s health

In our longitudinal studies of older homeless adults

Remaining homeless vs regaining-housing associated with:

- 2x odds of victimization
- 1.8x hazard of dying
- Elevated risk of depression


Dobbins SK, Garcia CM, Evans JL, Valle K, Guzman D, Kushel M. Continued Homelessness is Associated with Higher Depressive Symptoms in Older Homeless Adults: Results from the HOPE HOME Study. Under Review
Housing First

- Housing First is THE evidence-based approach to housing homeless individuals
  - NOT a specific program
  - NOT “Housing Only”
  - Housing First IS an evidence-based approach:
    - Prioritizes safe, permanent, affordable housing as the foundation
    - Engagement in services (or other pre-requisites) not required
    - Individualized approach
    - Not only for those with severe behavioral disabilities, but strong evidence for those with these disabilities
Housing First vs Alternatives

- HF seeks to offer immediate permanent housing without requiring adherence to treatment, abstinence from substances, or “housing readiness”

- Alternatives (“high demand” “treatment first”) demand that individuals be “housing ready” prior to placement
  - Maintain sobriety, participate in treatment, agree to intensive services
Housing First has substantial evidence-base

- Experimental evidence comparing HF strategies to alternatives
- Real-world evidence from implementation of Housing First
- ALL rigorous studies favor Housing First over alternative strategies
- Housing First does not itself *create* housing (nor do alternative strategies)
  - Appropriate comparison is HF vs alternative possible strategies
Evidence for Housing First (HF)

- Compared to those in treatment first housing:
  - Those living in HF stayed housed longer
    - Less shelter use
    - Keeps people from becoming homeless again
  - What is the evidence for improved health?
    - Improved quality of life
    - Decreased psychiatric symptoms
    - Decreased substance use
    - Increased engagement in services

Alternatives to Housing First tend to struggle with engagement

- Treatment First/Sober living
  - Programs that require treatment as a condition of housing have been found to have limited engagement in treatment OR housing
HUD-VASH program

- Collaborative program between HUD and the VA
- **Housing First** model
  - Housing voucher is paired with VA case management and supportive services
- Positive outcomes:
  - Keeps veterans housed
  - Fewer days using alcohol and/or drugs (compared to standard care)
  - Increased healthcare utilization
- Veteran homelessness has decreased dramatically over past decade with adherence to HF policies

Housing First works for those with severe behavioral disabilities

- Permanent supportive housing
  - Subsidized housing
  - Linked supportive services that are voluntary
  - **Housing First** model – start with the housing
Permanent Supportive Housing keeps people housed

- Meta-analysis found that PSH offered on HF basis increases long-term housing stability for those with moderate and high support needs

- An RCT using chronically homeless, highest users of services found:
  - PSH housed 86.4% of participants (vs. 36.2% usual care)
  - Participants stayed housed for 92.9% of 3-year follow up period

https://doi.org/10.1016/S2468-2667(20)30055-4.

Raven, Niedzwiecki, & Kushel. (2020) A randomized trial of permanent supportive housing for chronically homeless persons with high use of publically funded services. Health Services Research.
Permanent Supportive Housing improves some health and healthcare access measures

- While not consistent, studies show positive benefits for:
  - HIV outcomes (new diagnosis, viral load, mortality)
  - Medication management
  - Preventive screenings
  - Non-acute healthcare utilization (mental and physical health)
- If housing happened earlier, would outcomes be even better?

Raven, Niedzwiecki, & Kushel. (2020) A randomized trial of permanent supportive housing for chronically homeless persons with high use of publically funded services. Health Services Research.
Some evidence to support PSH improves mental health

- Possible improvements in depression, anxiety, problematic substance use


Housing First is a philosophy

- Not everyone needs PSH
- Some just need housing
- But principles of housing first remain the same!

- Housing ends homelessness
Final thoughts

- Housing is foundational to good health
- Housing First keeps people housed, but has limited evidence of health benefits
- Everyone needs housing that they can afford - and our solutions to homelessness have to start there
There is no medicine as powerful as housing!
Housing First Promotes Health

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Housing First Promotes Health

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February 21, 2023
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Pathways to Housing DC:

Pathways to Housing DC seeks to transform individual lives by ending homelessness and supporting recovery for those with psychiatric disabilities and other complex health challenges. We believe housing is a basic human right, and aspire to change the practice of homeless services by:

- Providing immediate access to permanent housing without preconditions
- Setting the standard for services driven by consumer choice that support recovery and community integration
Programs & Services

Homeless Services
Street Outreach
Downtown Day Services Center

Housing First
ACT Teams
DHS Case Management
Veteran Services

DC Superior Court
Urgent Care Clinic
Who We Serve

- Average length of time homeless 5+ years. As many as 30 yrs.
- 56% over the age of 55
- 72% male, 26% female, 2% transgender
- 87% African American, 10% Caucasian, 2% Latino
- 100% serious mental illness & 80% co-occurring disorders on the ACT teams
- High medical needs: hypertension, diabetes, HIV, obesity, cancer, etc.
- 100% living well below the poverty level
Housing First Programs

813 people supported in our Housing First programs in DC and MD

- Assertive Community Treatment (ACT)
- Veterans: Assertive Case Management (ACT ‘lite’)
- PSH: Case Management
Housing First for Health

- Grant funded project to bring primary care to our Housing First participants
- Nurse Practitioner partnered with one of our ACT team members to conduct home visits
- Triaging most complex needs and those disconnected from medical care
- Ultimate goal to connect to ongoing care in the community
Contact

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Discussion and Q&A
Take Action & Closing Remarks

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Housing First Resources

- State and Congressional District Profiles
- Factsheets on Housing First
  - Why Housing First is a critical strategy for ending homelessness.
  - Research on the effectiveness of Housing First.
  - How Housing First cut veteran homelessness in half.
  - How Housing First supports recovery from substance use disorders.
  - How Housing First supports people with mental health conditions.
- Key facts about Housing First.
- Q&A on Housing First.
- Responding to Unsheltered Homelessness.
- Talking Points to Oppose the Cicero-Backed Legislation.
- Talking Points to Oppose the Housing PLUS Act.
Take Action—Educate Stakeholders About How Housing First Supports Health

- Build alliances with state and local health care providers and leaders
  - Health Care for the Homeless Clinics and other Federally Qualified Health Centers (FQHC)
  - Mental health and substance use providers, including Certified Community Behavioral Health Clinics (CCBHC)
  - Medicaid managed care organizations (MCO)
  - Hospitals and health systems

- Advocate for and help implement Medicaid coverage of housing-related services
  - Use this CSH map to learn if your state Medicaid program covers or is seeking coverage of tenancy support services
  - Connect with state Medicaid advocates and state Medicaid agency officials

- Educate and engage mayors, local council members, state interagency councils on homelessness, etc.
We are inviting organizations to share stories you have already collected about how Housing First has benefited the people you serve. If you have gathered stories for your organization’s annual report or other resources, please let us know! Reach out to Alayna Calabro at acalabro@nlihc.org.

This will be part of an ongoing effort to incorporate and uplift the stories of people with lived experience; we are working to expand our capacity to better collect stories directly from people with lived experience in the future.
Resources

Next Webinar: Monday, March 20 from 2:30-4:00 pm ET
Register at: https://bit.ly/3XJFKOe

Learn more about Housing First: https://bit.ly/3vHf8YR