



Housing First: A Model to End Chronic Homelessness

What is Housing First? The Housing First model is an approach to serving formerly chronically homeless individuals (a group that makes up approximately 20 percent of the total homeless population) regardless of their choice to use substances or engage in other risky behaviors. Since 2000, the Housing First model has been widely accepted across the United States based on findings from multiple studies that demonstrated resident improvement in a number of areas.

Pathways to Housing Inc., based in New York, is credited with developing the first Housing First program in the early 1990s. A key feature that distinguished the agency's Housing First program was that, unlike abstinence-based programs, it did not require sobriety for individuals to be admitted to or to retain their housing. This approach is based on a harm reduction service philosophy which seeks to reduce the negative consequences related to substance use (and other high-risk behaviors) rather than eliminating substance use altogether.

The Housing First model has been endorsed by the U.S. Interagency Council on Homelessness, National Alliance to End Homelessness, and the U.S. Department of Housing and Urban Development (HUD).

Housing First is characterized by:

- Direct placement into permanent housing;
- Availability of supportive services without requirement to participate;
- Use of assertive outreach to engage reluctant participants;
- Approaches to ensure relapse does not result in eviction; and
- Continuation of housing and case management services even while participants leave for short time periods (HUD).

Outcomes of Housing First include:

- Reductions in problematic substance use;
- Fewer emergency room visits and hospitalizations;
- Higher perceived choice in services;
- Reduced involvement in criminal activity; and
- Higher housing retention rates.



Essential program elements of Housing First:

1. Low-threshold admissions policy: This describes a policy that places as few entry requirements as possible on participants, thus eliminating traditional barriers to accessing housing, such as required abstinence from alcohol or other drugs or medication compliance. Such a policy has been recognized as providing a basis for developing strong consumer-staff relationships necessary for housing stability and recovery. Such a policy complements assertive outreach which is often used by these programs to help reach and engage the participants who are the most vulnerable and the most alienated from services.

2. Harm reduction-based policies and practices: While a low-threshold admissions policy is the mechanism that helps participants gain access to housing, harm reduction is considered the practice that is used to keep participants housed. Harm reduction focuses on reducing the negative consequences of high-risk behaviors, rather than eliminating them completely. When practiced correctly, harm reduction leads to stronger and more honest relationships between participants and staff and reduces the fear and stress related to losing one's housing due to substance use or other risky behaviors.

3. Separation of housing and services: Role definition between landlords/property management and case managers is clearly defined and separated, with case managers focusing on the role of advocate for the participant and landlords and property managers occupying the role of rule enforcer. Separation of these functions is essential for building and preserving the relationship between case managers and participants, which serves as the basis for positive change.

4. Reduced service requirements: This reflects a strengths-based service approach that acknowledges that participants know what they need and will take advantage of it if it is offered, rather than an approach that requires participation in services that may or may not be interesting or useful to participants.

5. Eviction prevention: This involves developing a plan to address behaviors that have led to lease violations and advocating with the landlord or property manager on behalf of the participant. Plans should focus on the problematic behavior itself (e.g. non-payment of rent, causing disruptions in common areas, etc.), especially for participants who are not interested in or ready for abstinence as a service goal. Plans should not focus on substance use or mental illness if those issues are the antecedents of the behavior. The plan should be based on realistic ways to eliminate or mitigate the problematic behavior (e.g, budgeting to ensure that rent gets paid, going directly to the apartment if intoxicated, or staying at a friend's house if intoxicated), and should be developed in conjunction with the participant.

6. Participant Education: Participant education about the Housing First program model and about Harm Reduction strengthens the impact of harm reduction policies and practices. It allows participants to attach meaning to the choices provided them and helps them to feel good about their choices and personal achievements. Without education, participants are likely to continue to understand the program in light of previous experiences with non-Housing First programs, believing that their housing is tenuous and so avoid interactions with staff.

Additional Resources:

- Housing First Practice Community
<http://housingfirstpracticecommunity.weebly.com/>
- Pathways to Housing
www.pathwaystohousing.org
- Downtown Emergency Service Center (DESC)
www.desc.org
- National Alliance to End Homelessness
http://www.endhomelessness.org/pages/housing_first
- USICH Housing First Checklist
https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf
- Housing First in Permanent Supportive Housing Brief (HUD)
<https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>
- Canadian Housing First Toolkit
<http://www.housingfirsttoolkit.ca/>

About the Midwest Harm Reduction Institute

The Midwest Harm Reduction Institute provides training and technical assistance aimed at increasing the understanding of the harm reduction philosophy; building the skills necessary to implement harm reduction strategies; strengthening harm reduction leadership across a diversity of disciplines and communities; and developing an awareness of the attitudes that contribute to discrimination against drug users and other marginalized groups. Learn more at: www.heartlandalliance.org/mhri