



Supportive Housing Research FAQs: Are Housing First Models Effective?

At its foundation, the “housing first” strategy operates under the philosophy that safe, affordable housing is a basic human right and a prerequisite for effective psychiatric and substance abuse treatment. Key components of the housing first model include (1) a simple application process that does not require numerous site visits and excessive documentation; (2) a harm reduction approach in which tenants are not required to be clean and sober in order to obtain or keep their housing; and (3) no conditions of tenancy that exceed the normal conditions under which any leaseholder would be subject, including participation in treatment or other services. Research has demonstrated the effectiveness of this model, particularly among people who have been homeless for long periods of time and have serious psychiatric disabilities, substance use disorders, and/or other disabilities. These studies of housing first models have a number of similar findings:

FINDING: Housing first models lead to higher rates of housing retention.

An evaluation of Pathways to Housing, a housing first program in New York City, showed a much higher level of residential stability over time and a much lower proportion of time spent homeless as compared with non-housing first models that had sobriety and other “housing readiness” requirements. At the 24-month follow up, survey respondents in the Pathways group spent almost no time homeless whereas respondents in the comparison group spent about a quarter of their time homeless, on average.¹

The supportive housing projects in the Closer to Home Initiative – an initiative that funded housing first projects in New York City and the San Francisco Bay Area – achieved high levels of housing stability. Eighty-three percent of formerly chronically homeless tenants remained housed one year later and 77% were still housed after two years. Even among those with the most severe psychiatric disorders, 79% remained housed a year later.²

Other research suggests that “housing readiness” is not a strong predictor of housing stability as long as low demand housing options exist. An analysis of outcome data from California’s AB2034 programs (community mental health services targeted to people who are homeless or at risk of being homeless) found that programs serving a high proportion of people with co-occurring disorders had similar levels of housing stability to programs serving people with fewer challenges.³

FINDING: There is very little difference in the level of tenant substance use and psychiatric symptoms between housing first and non-housing first models.

The Pathways to Housing evaluation measured levels of substance use among participants in both the housing first and non-housing first models. Few differences were found, providing evidence that housing first models do not increase the use of alcohol and drugs despite the lack of abstinence

¹ S Tsemberis, L Gulcur, M Nakae, *Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis*, (American Journal of Public Health, 94(4), 651-656, 2004).

² S Barrow, G Soto, P Cordova, *Final Report on the Evaluation of the Closer to Home Initiative*, (Corporation for Supportive Housing, 2004).

³ Martha Burt and Jacquelyn Anderson, *AB2034 Program Experiences in Housing Homeless People with Serious Mental Illness*, (Corporation for Supportive Housing, 2005).

and/or treatment requirements. The number of psychiatric symptoms was also similar in housing first and non-housing first models, indicating that the housing first model is as successful at addressing mental health issues despite the fact that services are not required as a condition of tenancy.

FINDING: Participation in services is still relatively high in housing first models, but lower than in non-housing first models where services are required as a condition of tenancy.

In the Closer to Home Initiative, supportive housing tenants were engaged in a wide variety of services. The vast majority of participants received health care services (81%) and mental health treatment (80%) through these programs. Tenants participated in other services including substance abuse treatment (56%), money management (65%), assistance in applying for benefits (51%), and employment services (41%).

While most tenants may take advantage of the services offered, they tend to participate at lower rates than in models where participation is a requirement of tenancy. The Pathways to Housing evaluation shows a significantly lower average number of substance abuse treatment services used by tenants.

The AB2034 data analysis shows that being housed is strongly correlated with retention in a mental health program, providing evidence that housing is a key component – and a necessary foundation – to start addressing serious mental health issues.