THE EVIDENCE IS CLEAR: HOUSING FIRST WORKS

Housing First is the most effective approach to ending homelessness. Housing First is a bipartisan, evidence-based strategy that provides people experiencing homelessness with stable, affordable housing quickly and without prerequisites. Voluntary supportive services – such as case management, mental health treatment, substance use services, and supported employment services, among others – are offered to help individuals remain stably housed and improve their well-being.

Housing First is a flexible approach that can be tailored to meet the unique needs of individuals, including youth and older adults, people experiencing chronic homelessness, individuals with substance use disorders, and people with mental health conditions. In contrast, Treatment First programs are one-size-fits-all programs that create high barriers to housing by requiring that people achieve health or employment goals as a condition of receiving housing -- even though housing would provide the stability they need to pursue those and other goals.

Everyone deserves a safe, affordable, and accessible place to call home. Housing is a basic human right, and evidence indicates that prioritizing housing leads to improved housing stability and other positive outcomes.

EVIDENCE SUPPORTS HOUSING FIRST OVER TREATMENT FIRST AND ABSTINENCE-BASED PROGRAMS

By prioritizing stable housing and giving clients the power to decide the services they need, the Housing First approach is more effective at reducing homelessness and increasing housing stability than the high-barrier Treatment First or abstinence-based programs.

- **Housing First Programs Are More Effective at Reducing Homelessness than Treatment First and Abstinence-Based Programs.**
  - Evidence from a systematic review of 26 studies indicates that Housing First programs decreased homelessness by 88% and improved housing stability by 41%, compared to Treatment First programs. Clients in stable housing experienced better quality of life and showed reduced hospitalization and emergency department use.
  - Three major studies of the Pathways to Housing program – one of the first Housing First programs in the U.S. – found that Housing First programs were more successful in reducing homelessness than abstinence-based programs.
    - 79% of participants remained stably housed at the end of 6 months in Housing First programs, compared to 27% in the control group.
    - After two years, Housing First participants spent almost no time experiencing homelessness, while participants in the city's residential treatment program spent on average 25% their time experiencing homelessness. Participants in the Housing First model obtained housing earlier, remained stably housed after 24 months, and reported higher perceived choice than participants in abstinence-based programs.
    - After five years, 88% of Pathways to Housing participants remained housed, compared to only 47% of the residents in the control group.

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- **Individuals in Housing First Programs Report Reduced Substance Use.**
  - Individuals served through the Housing First Model are less likely to misuse substances compared to clients who are involved in programs that require substance use disorder (SUD) treatment as a condition of housing.
  - In one study, people receiving the Housing First intervention experienced substantial declines in their alcohol use and likelihood of drinking to intoxication over time.
  - Evidence indicates that, compared with people in abstinence-based programs, individuals in programs with greater fidelity to Housing First principles are more likely to remain housed and less likely to report using stimulants or opiates.
  - The New York City Frequent User Service Enhancement (FUSE II) initiative was highly successful in helping individuals with extensive prior experiences of homelessness and housing instability obtain and maintain permanent housing. FUSE II participants also experienced less problem drinking and less hard drug use than those in the comparison group.
  - Individuals served through the Housing First Model are more likely than individuals served through other programs to continue taking medication assisted treatment (MAT) medications —the gold standard treatment for opioid use disorder — as prescribed for at least three years.
  - Fears about increased substance use and psychiatric symptoms with Housing First programs have not been supported by research.
- **Housing First Helps People with Mental Health Challenges Access Housing and Services.**
  - Housing First helps individuals who have severe mental illness and substance use challenges obtain and maintain housing. One study found that 86% of participants with long histories of frequent emergency room visits and arrests who have diagnoses of substance use and severe mental illness entered and remained in permanent supportive housing. By providing housing with voluntary services, the vast majority of high-risk individuals were housed successfully.
  - Among individuals experiencing chronic homelessness who have mental health and substance use challenges, supportive housing increases housing retention and improves residents' mental health and their engagement in mental health treatment.
  - Housing First has been shown to significantly improve housing stability among older and younger adults experiencing homelessness with mental illness.
  - A systematic review found that, compared with usual care, permanent supportive housing programs result in a significant increase in the number of days spent stably housed; that stability is foundational to helping individuals with serious mental health challenges achieve long-term housing stability and other goals.
- **Housing First Helps Break the Homelessness-Jail Cycle Among People Experiencing Long-Term Homelessness.**
  - The Denver Supportive Housing Social Impact Bond Initiative (Denver SIB), launched in 2016, found that providing supportive housing through a Housing First approach can help people exit homelessness, decrease experiences of incarceration, and remain housed, even after experiencing long-term homelessness and struggling with mental health and substance use challenges.
  - Denver SIB supportive housing participants spent significantly more time in housing (560 days), compared with those who received services as usual. After accessing supportive housing, most participants stayed housed over the long term, with 86% of participants remaining in stable housing one year after entering housing, 81% after two years, and 77% after three years.
  - The initiative demonstrated that stable, supportive housing can decrease police interactions and arrests, and disrupt the homelessness-jail cycle. Denver SIB participants experienced a 34%

reduction in police contacts, 40% reduction in arrests, 30% reduction in unique jail stays, and a 27% reduction in total jail days.

The Denver SIB demonstrated that investing in supportive housing at the scale needed could end homelessness, break the homelessness-jail cycle, and shift resources from costly emergency services to preventive services that support the well-being of individuals and communities.

- **Housing First is a Flexible Model That Can Be Tailored to the Challenges Facing Individuals.**
  - The Housing First approach has been instrumental in reducing veteran homelessness by 11% since early 2020 and by more than 55% since 2010.
  - Housing First can be adjusted to meet the needs of different populations among those experiencing homelessness. Rapid Rehousing Programs, for example, offer shorter-term rental assistance to individuals who can quickly become housing stable, while Permanent Supportive Housing (PSH) programs offer long-term housing assistance and services for individuals with chronic health conditions.
  - Research has demonstrated that permanent supportive housing programs have long-term housing retention rates of up to 98%, while rapid-rehousing can help people exit homelessness as quickly as an average of two months, and remain housed. Research shows between 75 and 91% of households remain housed a year after participating in a rapid re-housing program.

EVIDENCE DEMONSTRATES THE COST EFFECTIVENESS OF HOUSING FIRST

Housing First can reduce healthcare, criminal legal system, and other public costs. Studies also show that Housing First can reduce hospital visits and admissions, and duration of hospital stays among homeless individuals.

- **Economic Benefits Can Exceed the Intervention Cost for Housing First Programs.**
  - The Community Preventive Services Task Force (CPSTF) found that the economic benefits exceed the intervention cost for Permanent Supportive Housing with Housing First programs in the United States. The finding is based on a systematic review that showed societal cost savings of $1.44 for every $1 invested.
  - The economic benefits of Housing First stem from combined savings from healthcare, emergency housing, judicial services, welfare and disability costs, and benefits from increased employment.

Housing First programs lead to net economic benefits. Every dollar invested in Housing First programs results in $1.44 in cost savings.

- **Housing First is a Cost-Effective Intervention Among People Experiencing Homelessness with Substance Use Disorder and/or Mental Illness.**
  - Housing First programs result in significant cost savings among unhoused individuals with mental health challenges over the course of the first year. The costs of supportive housing are offset by reductions in the use of expensive crisis-oriented systems like hospitals and jails.

- A study tracking the public service use of unhoused New York City residents with mental health diagnoses found that supportive housing was associated with a $12,146 annual net reduction in costs per person for health, corrections, and shelter use. Ninety-five percent of the costs of supportive housing were offset by reductions in other services attributable to the housing placement.
- In addition to short-term cost savings, the Housing First model is cost-effective in the long term. Among people experiencing homelessness who have a diagnosis of schizophrenia or bipolar disorder, the Housing First model proved a cost-effective intervention in the long-term, with resource savings within the first 14 years.

- **Housing First Can Reduce Healthcare, Criminal Legal System, and Other Public Costs.**
  - The City of Charlotte, North Carolina, saved $2.4 million over the course of a year after creating a Housing First program. Tenants spent 1,050 fewer nights in jail and 292 fewer days in the hospital, and they had 648 fewer visits to emergency rooms.
  - One study found that the average cost savings to the public range from $900 to $29,400 per person per year after entry into a Housing First program.
  - A pre-post study conducted in Portland, Maine, found reductions in the cost of shelter nights, health care, jail, and police one year after participants entered supportive housing, compared with participants' use of these services in the year before entering supportive housing. The average annual cost of care savings produced by the first year of living in permanent supportive housing was $944 per person, resulting in total annual cost savings of over $93,400 for the 99 tenants.
  - Research from a seven-year study placing 51 seniors experiencing homelessness in permanent supportive housing estimated a $1.46 million cost reduction in hospital-based health care, as well as Medicaid savings of $9.2 million from avoiding placing some of these seniors in a skilled nursing facility.
- **Housing First Reduces Public Costs of the Homelessness-Jail Cycle.**
  - Housing First programs can help people find stability while reducing the public costs of the homelessness-jail cycle. Approximately half the total per person annual cost of the Denver SIB initiative was offset by cost avoidances in other public services, with some of the largest avoidances in reduced jail costs ($2,386), ambulance rides ($1,662), and emergency department visits ($534).
  - The New York City FUSE II evaluation found a stark increase in housing stability and decrease in jail stays for the target population. This resulted in a savings of $15,680 in public funding spent on people in supportive housing and those in the comparison group receiving other services as usual, and a 67% offset of program costs associated with supportive housing.

EVIDENCE SUPPORTS VOLUNTARY TREATMENT OVER FORCED TREATMENT

There is little evidence that forced treatment is effective for individuals – and there is some evidence that it can be harmful. Providing safe, stable, and affordable permanent housing, paired with voluntary supportive services, has been shown to help individuals stabilize and avoid hospitalization and incarceration.

- **Involuntary Treatment Causes Harm, While Active Engagement Encourages Treatment Participation.**
  - There is little evidence that inpatient psychiatric care is effective for individuals—and there is some evidence that it can be harmful.
  - The harm of civil commitment can be cascading, as negative experiences within inpatient psychiatric facilities can lead to reduced trust and engagement with the health care system, resulting in poorer health outcomes.

- Effective engagement of people with mental health conditions, including by peer specialists, helps individuals see the value and agree to participate in supportive services. (See the Bazelon Center for Mental Health Law's amicus letter)
- Housing First programs are effective at increasing outpatient service utilization, as well as outreach to and engagement of individuals who are not appropriately served by the mental health system.

- **Voluntary, Community-Based Services Promote Health and Housing Stability, While Forced Treatment Perpetuates the Homelessness-Jail Cycle.**
  - Voluntary, culturally-competent, and trauma-informed community-based services, such as assertive community treatment (ACT), supported employment, crisis services, and peer support services – delivered in a person's home and community, not in a hospital – have been shown to break the cycle of homelessness, hospitalization, and incarceration.
  - Supportive housing can help people use less emergency health care, use more office-based health care, and receive more prescription medications.
  - Coercive approaches fail to address individuals' basic needs. The involuntary commitment of people experiencing homelessness can cause more harm by perpetuating a cycle of hospitalization, unnecessary police interactions, and incarceration.
  - Involuntary treatment does not help individuals experiencing homelessness and with mental health conditions access housing and needed mental health resources.
- **Emphasizing Choice and Self-Determination is More Effective than Forced Drug Treatment.**
  - Forced drug treatment is less effective and can even be harmful, elevating the risk of overdose. One study found that people who were involuntarily committed for drug treatment were twice as likely to die from an overdose than those who received treatment voluntarily.
  - Emphasizing self-determination and individual choice of housing and treatment model results in improved treatment outcomes among people with substance use disorder.
  - Approaches to supportive housing that emphasize choice for individuals with opioid use disorders offer both the opportunity and support for individuals to enter into and maintain recovery. The study finds "individual choice of housing and services is essential to support individuals over the course of their recovery."
- **Involuntary Hospitalization and Criminalization Further Harms Marginalized Communities.**
  - Involuntary hospitalization and criminalization further marginalize Black, Indigenous, and other communities of color, people with disabilities, and LGBTQ youth and adults, who are disproportionately impacted by homelessness and mass incarceration. In New York, coercive Assisted Outpatient Treatment has been found to further marginalize and discriminate against New Yorkers of color.
  - Policies to involuntarily hospitalize unhoused individuals with perceived mental health needs – such as those in New York City and California – unfairly target people with mental illness and create cycles of hospitalization and unnecessary police interactions. These policies can be traumatizing, and even fatal, for people with mental health challenges, especially those from marginalized communities.

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