

EVIDENCE MATTERS

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Transforming Knowledge Into Housing
and Community Development Policy



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HOUSING FIRST AND HOMELESSNESS

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PD&R





Message From PD&R Leadership

In this issue of *Evidence Matters*, we highlight how Housing First can address the challenges of homelessness in the United States. Housing First is a service model that prioritizes moving households quickly into housing without any preconditions. The model typically includes additional supportive services for households after they are successfully and stably housed. Housing First is a flexible, adaptive approach that guarantees that the basic housing needs of families at risk of homelessness or experiencing homelessness are met.

We focus on Housing First for a simple reason: these programs work. A growing body of evidence, much of it presented throughout this issue, shows the lasting benefits of a service model that prioritizes the delivery of housing.

Housing First is not a narrow, one-size-fits-all model. Instead, as we emphasize throughout the publication, it is an expansive approach to ending homelessness. Although Housing First programs are commonly associated with rapid rehousing strategies and permanent supportive housing, the model is intentionally broad and includes multiple types of locally tailored programs to address community needs.

In this edition of *Evidence Matters*, we highlight case studies from Boston and Chattanooga. In Boston, city leaders embraced a Housing First approach to end homelessness among veterans. Chattanooga's approach centered on rapid rehousing programs to end long-term homelessness. These examples are a few of the countless models from communities nationwide that prioritize the provision of housing in the fight to end homelessness.

Housing First is the centerpiece of the Biden-Harris administration's approach to ending homelessness. By presenting an evidence-based policy that can be adopted, tailored, and deployed in communities throughout the United States, we hope that this edition of *Evidence Matters* contributes to important policy discussions.

— Brian J. McCabe, *Deputy Assistant Secretary for Policy Development*

Editor's Note

This issue of *Evidence Matters* explores the role of the Housing First model in addressing homelessness. Unlike other delivery methods for solving homelessness, Housing First relies on the principle of getting individuals and households experiencing homelessness into housing with as few barriers as possible.

The lead article, "Housing First Works," finds that the foremost researchers and policymakers addressing homelessness agree: homelessness is solvable. A resolution, however, will be possible only when evidence-based practices align with political will.

The In Practice article, "Housing First in Action," details successful case studies in two very different cities: Boston and Chattanooga. These cities focus on wraparound services offered in tandem with service providers coupled with efforts to increase housing supply, which support those experiencing homelessness and incentivize landlords to provide affordable housing.

The Research Spotlight article, "Housing First: A Review of the Evidence," examines research supporting Housing First as a successful delivery method for addressing homelessness. Studies have shown that the Housing First model has been successful in housing veterans, those with substance abuse issues, individuals with mental illness, and individuals with chronic medical conditions.

We hope that the articles in this issue of *Evidence Matters* will offer readers greater insight into the Housing First model. We welcome feedback at www.huduser.gov/forums.

— Parker A. Lester, *Social Science Analyst*

FEATURE Housing First Works

High rents, low wages, various forms of discrimination, an inadequate supply of affordable housing, evictions, and other factors contribute to the persistence of homelessness in the United States. Based on HUD Point-in-Time counts, an estimated 582,500 people in the United States were experiencing homelessness on a single night in 2022, roughly 40 percent of them in unsheltered locations unsuitable for human habitation.¹ For a significant minority, mental health and physical challenges further complicate their ability to sustain stable housing.² Yet when policymakers invest sufficient resources, make housing accessible, and offer services through an effective delivery model, they can significantly reduce rates of homelessness in their jurisdictions. Evidence shows that the Housing First model, which focuses on placing unhoused people into housing as quickly as

possible without preconditions and offering voluntary supportive services, is a highly effective strategy for addressing homelessness. The Biden-Harris administration has directed the federal government to prioritize the Housing First model when investing resources toward ending homelessness. Several initiatives from HUD and other federal agencies, such as the U.S. Interagency Council on Homelessness (USICH), emphasize and promote the adoption of evidence-based Housing First models. Housing First principles have been used through HUD programs and initiatives such as the Continuum of Care (CoC) program, *House America: An All-Hands-on-Deck Effort to Address the Nation's Homelessness Crisis*, and HUD-Veterans Affairs Supportive Housing (HUD-VASH) implemented with local partners across the country. "Homelessness," says USICH executive director Jeff Olivet, "is not inevitable, and it is

HIGHLIGHTS

- Homelessness continues to be a challenge throughout the United States, especially in areas where affordable housing is scarcest.
- Housing First — an adaptable, evidence-based service model focused on getting families into housing as quickly as possible and offering voluntary supportive services — has been proven to successfully promote housing stability, improve some health outcomes, and reduce the use of high-cost services.
- Federal, state, and local governments can align investments in Housing First approaches as well as efforts to increase the supply of affordable housing to effectively solve homelessness.

not unsolvable.... The United States of America can end homelessness by fixing public services and systems...."³



Photo courtesy of Allison Zapata

Housing First is not “housing only” but is paired with the offer of voluntary supportive services.

What Is Housing First?

Housing First is a flexible and adaptable service model that addresses homelessness by quickly placing individuals and families with children experiencing homelessness into housing without any preconditions or barriers and offering voluntary supportive services to meet individuals’ needs. Jurisdictions may offer these services before placement in housing, as soon as a client interacts with a jurisdiction’s homelessness services entities, but participation in services is not a precondition of placement. HUD clarifies the low-barrier approach in a recent notice of funding availability: “This means the projects allow entry to program participants regardless of their income, current or past substance use, history of victimization (e.g., domestic violence, sexual assault, childhood abuse), and a criminal record—except restrictions imposed by federal, state, or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries).”⁴

Crucially, the Housing First approach differs from those that require individuals or families with children to meet criteria such as sobriety or participation in services *before* receiving permanent housing.⁵ Called the “staircase,” “linear,” or “treatment first” model, these alternative approaches tie admission to or movement from one program, level of services, or housing type to the next to attainment of treatment goals.⁶ The effectiveness of the staircase model, however, proves to be especially limited in meeting the needs of, and ending homelessness for, people with multiple challenges. Tainio and Fredrikson write, “[T]he insistence on service users being intoxicant-free and able to take control of their life has proven to be an insuperable barrier for many.... They face immense difficulties finding the motivation to receive care or change their lifestyles and need considerable support with everyday life.”⁷ A Housing First approach removes barriers to assisting people who are most difficult and costly for public systems to serve, and it helps those people

who have difficulty with congregate settings.⁸

The Housing First model originated with the Pathways to Housing program, which was established in 1992 by Sam Tsemberis. The program served clients with addiction or mental health issues by providing rental supplements to secure housing. Although the program initially required clients to agree to two staff visits per month, it provided supportive services on a voluntary basis.⁹ Through voluntary participation in services as well as independent housing and community integration, the approach affirmed “consumer choice” for clients. Pathways to Housing sought harm reduction, not abstinence, from clients.¹⁰ Beginning in 1996, the New York Housing Study included Pathways to Housing as the experimental portion of a randomized trial, comparing it with treatment first programs. The study found higher rates of housing stability and no significant group differences in most health and treatment outcomes (treatment first programs did

have higher rates of use of substance abuse treatment services). The success of Pathways to Housing provided a foundation and momentum for the Housing First model to be adopted more widely.¹¹

The Housing First approach itself rests on the foundational premise that housing is a basic right and considers homelessness to be primarily a housing problem (and, for many people, the lack of housing is the only problem). As Colburn and Aldern, authors of *Homelessness Is a Housing Problem*, explain, “[T]he narrative about homelessness is often dominated by a focus on drugs and mental health, which may obscure other (often structural) explanations for the crisis” — namely, a scarcity of affordable housing — and “when housing is scarce, vulnerabilities and barriers to housing are magnified.”¹² The primary evidence supporting the

conclusion that affordable housing scarcity is driving the homelessness crisis, says Colburn, is that “the places in the United States with the highest rates of homelessness are the places where housing is very expensive and not very accessible.”¹³ The individual behaviors and characteristics sometimes posited as explanations for homelessness are spread evenly across the United States, yet rates of homelessness are higher in areas with affordable housing shortages.¹⁴ “Homelessness is driven by the lack of housing that’s affordable to the lowest income families,” says Margot Kushel, professor of medicine at University of California San Francisco.¹⁵

Finally, Housing First is premised on the assumption that everyone is “housing ready,” meaning that people can be housed successfully and remain in housing without preconditions such as sobriety, a minimum income, or

the absence of a criminal record.¹⁶ Moreover, whatever other challenges a person might face, housing instability or homelessness typically compounds those challenges, and housing stability makes addressing them more manageable.¹⁷ Ample evidence suggests that Housing First programs that maintain high fidelity to the model increased housing stability and participants’ use of supportive services compared with programs maintaining lower fidelity to the model.¹⁸

What Housing First Is Not

Housing First has enjoyed bipartisan support for many years. As Urban Institute Metropolitan Housing and Communities Policy Center vice president Mary Cunningham points out, “[I]t’s a strategy based on evidence of what works, not an ideology associated with one political party.”¹⁹ Some critics, however, have mischaracterized



Photo courtesy of Allison Zapata

According to Point-in-Time counts, HUD estimates that 582,500 people were experiencing homelessness on a single night in 2022.

Housing First approaches, arguing for reduced investment in them in favor of treatment first approaches. Housing First is not a program; rather, it is a service model based on flexible and adaptable principles. It also is not a one-size-fits-all approach, as some critics claim. Jurisdictions can integrate Housing First principles into numerous interventions, including permanent supportive housing, housing vouchers or affordable housing, rapid rehousing or short-term rental assistance programs, and flexible financial assistance, and they can be applied to any subgroup, including youth and veterans, among others. And, crucially, the Housing First model is centered on the client's ability to choose whether and what services to use. As Resnikoff puts it, "The specific treatment program is voluntary and customized to meet the needs of the client — precisely the opposite of 'one-size-fits-all.'"²⁰ Clients' needs will vary and change over time. Housing First combines permanent housing with flexible services that can be adapted as clients' needs change so that they receive an appropriate level of services.²¹

In other words, Housing First is not "housing only." As Cunningham puts it, "Housing First doesn't end with housing; it starts with it."²² The offer of trauma-informed, wraparound supportive services as they are wanted and needed is intrinsic to the model. Some people exiting homelessness into housing in a program employing a Housing First approach will not need any additional supports, and others will have complex and significant needs. Colburn notes that homelessness can be both a cause and a consequence of some of the mental and behavioral health issues that people experiencing homelessness may face.²³ This does mean that the funding and capacity for such services are critical components of a Housing First approach, and one or both may be lacking in some cases, thereby reducing fidelity to the model.

Housing First is not a single program or program type; rather, it is a delivery



Housing First is a flexible, evidence-based service model that quickly provides people with housing without preconditions and offers wraparound services.

Photo courtesy of Allison Zapata

approach. Although Housing First is commonly associated with permanent supportive housing, not all permanent supportive housing programs adhere to a Housing First approach, and other programs, such as rapid rehousing, when implemented with fidelity, are using a Housing First approach. Whatever the program, if it is not adequately funded to provide both housing and services, it will fail to achieve fidelity to the Housing First model.²⁴ Jurisdictions can apply the Housing First approach not only to programs but also to entire communities and systems. Streamlined coordinated entry to match people experiencing homelessness to permanent housing and services, implementation of low barriers to housing and services across mainstream systems, and system-wide training of housing and services staff in evidence-based practices are among the steps that communities can take to adopt a Housing First orientation.²⁵

Some critics have alleged that Housing First is an ineffective approach because homelessness has persisted and, in some contexts, increased despite widespread adoption of the model

(albeit with varying degrees of fidelity). Yet, increases in rates of homelessness caused by an insufficient supply of affordable housing are not proof that Housing First is ineffective. As HUD senior advisor Richard Cho puts it, "The increase in homelessness from 2016 to 2020 is not because the Housing First approach is ineffective; in fact, more people were exiting homelessness into permanent housing during this period than ever before. Rather, it is because housing market conditions and other factors were leading more people to become newly homeless than were being exited from homelessness into housing in the prior years."²⁶ As noted above, the scarcity of affordable and accessible housing is the primary cause of homelessness, and rates of homelessness are rising in the places where rental costs are increasing, and vacancy rates are decreasing. Cho notes that rates of homelessness have decreased in two-thirds of CoCs since 2010, when federal policy shifted to Housing First, and even as national rates began to rise in 2016, half of CoCs continued to see decreases in their rates of homelessness.²⁷ The more apt comparisons for evaluating the effectiveness or success

of Housing First, says Kushel, are alternative strategies for addressing homelessness, such as treatment first approaches. “When these approaches are compared head-to-head, on which is more likely to house more people, Housing First wins hands-down,” says Kushel.²⁸

The Evidence

A number of studies, including some randomized controlled trials, indicate the effectiveness of Housing First approaches for outcomes such as housing stability, health, and reduced use of high-cost services such as emergency departments and jails.²⁹ (See “Housing First: A Review of the Evidence,” p. 11, for a more detailed discussion of the evidence base for Housing First.)

Meta-analysis of randomized controlled trials by Baxter et al. found that Housing First approaches showed significant improvements in housing stability compared with treatment as usual.³⁰ The At Home/Chez Soi study, for example, found that over 2 years, participants in a program with a Housing First approach spent 73 percent of their time in stable housing compared with 32 percent for those receiving treatment as usual.³¹ Similarly, a comparison of Housing First and a program requiring sobriety for chronically homeless individuals with psychiatric disabilities and substance abuse issues found that individuals randomly assigned to a program with a Housing First approach spent less time experiencing homelessness and in psychiatric hospitals compared with those in the program that required sobriety.³²

Compared with treatment as usual, Housing First approaches reduce the use of certain high-cost municipal services. A quasi-experimental study based in Seattle examining people with severe problems with alcohol found that “[i]n this population of chronically homeless individuals with high service use and costs, a Housing First program was associated with a relative decrease in costs after 6 months,” and more

cost savings were achieved the longer individuals stayed in housing. The participants had reduced number and duration of hospital visits.³³ Likewise, evaluation of the Housing First Charlotte-Mecklenburg program found that Housing First reduced high-cost service uses, including fewer nights spent in shelter, fewer arrests and incarceration events, and fewer health and emergency department visits, but increased the use of less costly supportive services and assistance.³⁴

In their meta-analysis, Baxter et al. found insufficient evidence of the effect of the Housing First approach on mental health and other health outcomes.³⁵ Cho notes that most studies only have a 2-year follow-up, which may not be long enough to observe improvements in many chronic health conditions.³⁶ One area of health improvement, however, was found among individuals with HIV. Meta-analysis by Peng et al. found that, compared with treatment first programs, programs adopting the Housing First approach “decreased homelessness by 88% and improved housing stability by 41%. For clients living with HIV infection, Housing First programs reduced homelessness by 37%, viral load by 22%, depression by 13%,

emergency departments use by 41%, hospitalization by 36%, and mortality by 37%.”³⁷ More generally, the At Home/Chez Soi randomized controlled trial found improved community functioning and quality of life for Housing First participants.³⁸ Another study found that Housing First was associated with reduced use of stimulants and opiates.³⁹

HUD and Other Federal Efforts

Recognizing the soundness and success of the evidence-based approach, the Biden-Harris administration has adopted various programs and initiatives to recenter the Housing First model and has set an ambitious goal to reduce homelessness by 25 percent by 2025.⁴⁰ The administration calls on state and local governments to follow federal guidance on best practices and ensure that agencies direct federal investments to proven Housing First strategies.⁴¹

One of the more successful demonstrations of the efficacy of the Housing First approach has been the HUD-VASH program, through which the federal government has made significant progress in curtailing experiences of homelessness among veterans. HUD-VASH pairs HUD housing choice



The Biden-Harris administration has centered Housing First approaches in addressing homelessness and aims to reduce homelessness by 25 percent by 2025.

Photo courtesy of John Fitzhugh, Open Doors Homeless Coalition



Photo courtesy of Allison Zapata

Housing First rests on the premise that virtually everyone is “housing ready” — able to be and remain successfully housed without preconditions.

vouchers with support services provided by the U.S. Department of Veterans Affairs (VA). VA began implementing a Housing First approach to the HUD-VASH program in federal fiscal year (FY) 2013, although regulations do require clients to communicate with VA case managers at least once a month. Individuals can access wraparound services, often at VA medical centers and sometimes through other community-based service providers.⁴² HUD-VASH’s strides toward ending veteran homelessness suggests a path for ending homelessness among all populations; as the secretaries for VA and HUD and the USICH executive director write, “[W]

hen leadership is committed, resources are invested, and government and community partners take collective action, the fight against homelessness is one we can win.”⁴³ Since 2010, the number of veterans experiencing homelessness has fallen by 55.3 percent, including an 11 percent reduction since 2020. During 2022 alone, VA housed 40,401 veterans experiencing homelessness in safe, stable homes.⁴⁴

The Houston/Harris County CoC, for example, effectively ended veteran homelessness in 2015 (with ongoing efforts to maintain the reduction) through coordinated investment,

including HUD-VASH resources. Supported by extensive regional collaboration among more than 70 partner agencies and organizations, the Houston/Harris County CoC formed The Way Home to coordinate regional efforts to prevent and end homelessness. The development of affordable housing in the region augments the supply of units available for HUD-VASH voucher recipients. For example, Travis Street Plaza provides 192 units in Houston’s Midtown neighborhood, and nearby Midtown Terrace provides 286 units for veterans with access to case management and supportive services.⁴⁵ Likewise, Bergen County, a county of more than 900,000 in northeast New Jersey, met the federal criteria for ending veteran homelessness through a concerted and collaborative effort to identify and track needs, target resources, and invest in a Housing First approach. Before it met the criteria for ending veteran homelessness, the county met the criteria for ending chronic homelessness, and it is now working toward ending youth homelessness while maintaining current levels in other categories.⁴⁶

HUD’s CoC program, which funds efforts by state and local governments and nonprofits to rehouse individuals and families with children experiencing homelessness, prioritizes Housing First approaches in its selection criteria. HUD awards most of its CoC program funding competitively, and applicants receive points for incorporating a Housing First approach. In FY 2021, HUD awarded approximately \$2.66 billion, including \$77 million in noncompetitive Youth Homelessness Demonstration Program awards and \$102 million for domestic violence projects, all of which must adopt a Housing First approach. CoC awards can fund various programs, including permanent supportive housing and rapid rehousing. HUD requires CoC-funded joint transitional housing and rapid rehousing projects to have a Housing First approach. HUD encourages CoCs to assess implementation in their jurisdiction, which will allow them to monitor projects and encourage fidelity

to the Housing First model.⁴⁷ The CoC program is a longstanding funding stream for addressing homelessness and aligning it with the Housing First approach represents a long-term commitment to the model.

Jurisdictions need to direct even nonrecurring investments to proven strategies to maximize their impact. In response to the COVID-19 pandemic, the federal government directed significant resources toward housing, including issuing 70,000 emergency housing vouchers and \$5 billion in HOME grants as well as \$350 billion in Coronavirus State and Local Fiscal Recovery Funds, to address housing instability and homelessness, among other challenges.⁴⁸ As of April 2, 2023, the federal government had issued emergency housing vouchers to 52,861 households.⁴⁹ *House America: An All-Hands-on-Deck Effort to Address the Nation's Homelessness Crisis* is a HUD and USICH initiative focused on channeling these and other federal resources to support Housing First programs. Seventy-nine municipalities, 16 counties, a regional leadership council of governments, 4 states, a U.S. territory, and a Tribal nation representing more than half of people experiencing homelessness in the United States have signed on to the initiative.⁵⁰ Under this initiative, communities have issued 22,500 emergency housing vouchers and directed \$450 million in Emergency Solutions Grants for rapid rehousing, rehousing 62,000 households, and communities have added 15,500 units of affordable and supportive housing through September 2022. For communities participating in *House America*, HUD provided \$1.25 billion through CoC awards in 2021 for services and housing for people experiencing homelessness; \$1.3 billion for housing, shelter, and outreach; and, through a Special Notice of Funding Opportunity, \$322 million (\$54.4 million of which is set aside for rural communities) for permanent housing, supportive services, and other costs and \$43 million for incremental housing vouchers. Finally, HUD and the U.S. Department

of Health and Human Services jointly created the Housing and Services Resource Center to foster collaboration among community organizations providing housing and health services.⁵¹

The administration articulates a comprehensive, whole-of-government framework to address homelessness in the USICH report *All In: The Federal Strategic Plan to Prevent and End Homelessness*, which highlights the importance of Housing First principles. The report asserts, “To truly bring Housing First to scale for all populations, communities need access to housing and wraparound services and other supports that can be offered to implement this approach with fidelity to the model.” The report outlines several strategies needed to ensure fidelity to the Housing First model. Localities will need to maximize the use of existing federal housing assistance; create more safe, affordable, and accessible housing; and increase the supply of permanent supportive housing for individuals and families with children who have complex service needs. The USICH report suggests that when directing federal funds, localities should give preference to owners who agree to use a Housing First approach.⁵²

supportive services and income supports. The report recommends increasing the use of evidence-based service delivery practices across programs; supporting fair housing enforcement and antidiscrimination efforts; and removing and reducing programmatic, regulatory, and other barriers such as eligibility and documentation requirements that systematically delay or deny access to housing for households with the highest needs.⁵³

Homelessness Is Solvable

Cunningham notes that although homelessness is a complex social problem, “it’s also a simple math equation. To reduce homelessness, policymakers need to help people exit homelessness faster than people entering homelessness. Prevention — helping people stay in their housing — is just as important as helping people exit homelessness.”⁵⁴ Ending homelessness requires both scaling up the Housing First approach to meet the needs of those currently experiencing homelessness as well as various strategies to prevent new entries into homelessness. In many places, especially those with a high incidence of homelessness, increasing the supply of affordable

Ending homelessness requires both scaling up the Housing First approach to meet the needs of those currently experiencing homelessness as well as various strategies to prevent new entries into homelessness.

The report also calls for improving the effectiveness of rapid rehousing for individuals and families with children, strengthening capacity to address chronic health conditions, including mental health and substance use disorders, and maximizing resources that provide voluntary and trauma-informed

housing is essential to accomplish both goals. To implement Housing First approaches with fidelity, communities need available housing units for permanent supportive housing and rapid rehousing options along with needed supportive services. A sufficient supply of accessible, affordable housing is also

critical for ensuring that people can avoid housing insecurity and homelessness. Expanding the supply of affordable housing is particularly challenging and requires its own set of strategies. The Biden-Harris administration's Housing Supply Action Plan outlines steps to reduce barriers and increase investment to close housing supply gaps. In addition to dramatically expanding the supply of affordable housing, fair housing enforcement, eviction prevention initiatives, and higher wages can help stem new entries into homelessness. When evidence-based practices align with political will and the investment of resources, homelessness becomes a solvable problem. As Kushel argues, "We *have* to focus on preserving, protecting, and producing housing that's affordable for our lowest income households, and it's the federal government that can solve this problem through both investment in expanding the supply of vouchers and in supporting the development of housing."⁵⁵ **EM**

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³ United States Interagency Council on Homelessness. 2022. "All In: The Federal Strategic Plan to Prevent and End Homelessness," 6.

⁴ U.S. Department of Housing and Urban Development. 2022. "Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants," 68.

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¹⁴ Ibid.

¹⁵ Interview with Margot Kushel, 14 March 2023.

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²² Interview with Mary Cunningham.

²³ Interview with Gregg Colburn.

²⁴ Tim Aubry, Geoffrey Nelson, and Sam Tsemberis. 2015. "Housing First for people with severe mental illness who are homeless: a review of the research and findings from the At Home—Chez Soi demonstration project," *Canadian Journal of Psychiatry* 60:11.

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⁴⁸ Emergency Housing Vouchers are housing choice vouchers issued by public housing agencies to "assist individuals and families who are homeless, at-risk of homelessness, fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or were recently homeless or have a high risk of housing instability." U.S. Department of Housing and Urban Development. "Emergency Housing Vouchers" (www.hud.gov/ehv). Accessed 6 June 2023; U.S. Department of Housing and Urban Development. "House America: Frequently Asked Questions" (www.hud.gov/house_america/faq). Accessed 31 March 2023.

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⁵⁰ U.S. Department of Housing and Urban Development. 2022. "Fact Sheet: One-Year Anniversary of HUD's 'House America' Initiative to Address Homelessness," 20 September press release.

⁵¹ Ibid.

⁵² United States Interagency Council on Homelessness 2022.

⁵³ Ibid.

⁵⁴ Interview with Mary Cunningham.

⁵⁵ Interview with Margot Kushel.

Housing First: A Review of the Evidence

The early 1980s marked the beginning of what could be considered the “modern era of homelessness.”¹ A sequence that included two severe recessions at the start of the decade, persistent inflation, and an economic shift marked by deindustrialization hit many central cities hard. This economic shift, along with the widespread deinstitutionalization of individuals experiencing mental illness, cuts to core programs at HUD and other agencies funding social services, and an inadequate supply of affordable housing facilitated a dramatic rise in homelessness. In central areas of many major cities, zoning changes prohibited the boarding houses and single-room occupancy buildings that had traditionally accommodated individuals at risk of homelessness, and rising property values made them redevelopment targets. Most notably, since the early 1980s, rents in metropolitan areas have increased steadily while wages have stagnated.² These factors combined to change the frequency and nature of homelessness in America; a report from the National Academies of Sciences, Engineering, and Medicine notes, “The typical homeless person of the 1980s was younger (less than 40 years old), more impoverished, and had a higher burden of co-occurring medical, mental health, and substance use disorders than previous generations of persons experiencing homelessness.”³ For the first time, women and families appeared in significant numbers among those seeking assistance.⁴ Previous typographies of those experiencing chronic homelessness as mainly poor, older alcoholic males or transient individuals unwilling to shackle themselves to the constraints of industrialized employment and modern society (“tramps” or “hobos”) were fundamentally challenged by these developments.

In their study of the changing nature and demographics of homelessness in

the 1990s, Kuhn and Culhane categorized homelessness into three temporal groups: transient (roughly 80% of those using a shelter), episodic (10% of all shelter users), and chronic (10% of all shelter users).⁵ Individuals experiencing transient homelessness do so briefly and only once, often because of an acute disruption such as loss of employment or a costly medical event. Individuals experiencing episodic homelessness have repeated, albeit brief, shelter stays. The final group, individuals experiencing chronic homelessness, are the hardest to house, often because they have significant medical issues, disabilities, or unique service needs. Related studies from the same authors found that adults experiencing chronic homelessness disproportionately used the shelter system, accounting for 53 percent of all shelter days despite representing only 18 percent of all homeless individuals assessed in the study.⁶ Stories about the disproportionate and costly use of hospital systems by individuals experiencing chronic homelessness were further reinforced by media reports, especially Malcolm Gladwell’s *New Yorker* story “Million Dollar Murray.”⁷ A 2010 report from the U.S. Department of Health and Human Services (HHS) found similarly that “the top 5 percent of hospital users — overwhelmingly poor and housing insecure — are estimated to consume 50 percent of health care costs.”⁸ Such chronically homeless individuals are more likely to have documented issues concerning substance use, mental health, trauma, and chronic medical conditions, including HIV/AIDS. Although this subpopulation of individuals experiencing homelessness is a minority of all individuals experiencing homelessness, this group is the most visible and is often a target of media coverage and political rhetoric.

The response to this contemporary rise in homelessness rates and the

HIGHLIGHTS

- Several studies have found that, compared with the treatment first model, **Housing First approaches offer greater long-term housing stability, especially among people experiencing chronic homelessness.**
- Some studies have found that **Housing First programs may also reduce costs by shortening stays in hospitals, residential substance abuse programs, nursing homes, and prisons.**
- Research suggests that **Housing First programs successfully house people with intersecting vulnerabilities, such as veterans and people with a history of substance abuse, mental illness challenges, domestic violence, and chronic medical conditions such as HIV/AIDS.**

emergent, highly visible phenomenon of individuals experiencing chronic homelessness was a “treatment first” model — also frequently referred to as a “linear” or “staircase” model. In this model, individuals experiencing homelessness must be treated for underlying issues, such as addiction or mental health issues, before becoming eligible for independent, sustained housing. This model involves progression on a continuum of different types of assistance: emergency shelter, transitional living arrangements, and permanent housing.⁹ Often, this meant that individuals entered highly regulated, congregate facilities; accessed relevant treatment services while stabilizing in this transitional program; improved in treatment; and became ready for independent, permanent housing. Those who relapsed or left the program at any point forfeited their opportunity for housing assistance. This system came to prominence during the 1990s, a period when many policymakers in the federal government were deeply concerned about increasing household self-sufficiency and minimizing dependence on government programs — perhaps best captured in the epigraph of the United States Interagency Council on Homelessness’ 1994 strategic

plan, in which President Clinton wrote, “Work organizes life.” In other words, housing was available only to individuals experiencing homelessness who were willing to work for it.

Testing an alternate approach, Sam Tsemberis and his colleagues founded Pathways to Housing in New York City in 1992, allowing individuals experiencing homelessness to access scattered-site housing and assertive community treatment (ACT) services without requiring commitments to sobriety or treatment. Pathways to Housing’s only requirements were, first, that tenants pay 30 percent of their income (usually Supplemental Security Income) toward rent by participating in a money management program, and second, that tenants must meet with a staff member at least twice a month.¹⁰

This alternative to the treatment first approach was found to be more effective by several studies. As the model evolved and gained popularity, it came to be known as Housing First. The George W. Bush administration embraced Housing First principles, which contributed to a 30 percent reduction in homelessness rates in the United States between 2005 and 2007.¹¹ The HEARTH Act of 2009 further entrenched Housing First principles in federal policy, expanding the availability of permanent housing to families, youth, and nondisabled single adults and authorizing rapid rehousing (RRH) assistance.¹² In addition, this act mandated the creation of a national strategic plan to end homelessness, which was released in 2010.¹³ Since that time, Housing First principles have been guiding federal homeless

response programs. This article summarizes the evidence that underpins the Housing First approach.

What the Evidence Says

The Limitations of Treatment First

Despite the widespread adoption of the treatment first model in federal programs, many of which had no actual permanent housing component, critics doubted the potential of this paradigm to address issues of contemporary homelessness — especially those concerning individuals experiencing chronic homelessness. Long before the rise of contemporary homelessness, sociologists such as Erving Goffman had questioned the intentions and efficacy of treatment models that imposed rigid conditions on patients, which often were intended as much to institutionalize and control the patient as to effect



Sam Tsemberis and his colleagues founded Pathways to Housing in New York City in 1992, allowing individuals experiencing homelessness to access housing and services with the only requirements that tenants pay 30 percent of their income toward rent by participating in a money management program and meet with a staff member at least twice a month.

any sort of “cure.” Moreover, emerging evidence suggested that the treatment first model lacked relative effectiveness. In a study evaluating outcomes for people experiencing chronic homelessness based on data from 11 communities receiving coordinated funding from HUD, HHS, and the U.S. Department of Veterans Affairs, Tsai et al. found that, although participants in both transitional housing and Housing First programs experienced improved psychosocial outcomes over time, participants in the Housing First program were independently housed for longer periods despite experiencing homelessness for longer periods at the study’s baseline.¹⁴ Because the study was not randomized, the authors caution that participants in the transitional housing programs group were more likely to have severe substance use issues and report greater satisfaction with transitional housing. Nevertheless, they conclude, “These results suggest that clients with substance use disorders do experience more problems living independently, but prior transitional/residential treatment may not particularly benefit them any more than Housing First approaches, especially on independent housing outcomes.”¹⁵

Other studies have found that the imposition of external values and lack of agency on the part of the consumer (i.e., individuals experiencing homelessness) critically limit the capability of the treatment first model. Henwood et al. note, “Providers in [treatment first] programs attempted to have consumers conform to system-centered goals, which at times appeared to overlook the individuals that the system was intended to serve, resulting in higher rates of disengagement from services.”¹⁶ Put differently, the rigid nature of the treatment first model produces inferior housing stability outcomes for individuals experiencing homelessness and can result in disengagement from critical services. Furthermore, retrospective analysis from HUD’s Family Options Study indicates that families experiencing homelessness may face unique,

Housing First participants spent 73% of their time in stable housing compared with 32% of those who received treatment as usual.

relative barriers to accessing transitional housing. In addition, outcomes for families in the project-based transitional housing group were not significantly different than usual care.¹⁷

Chronic Homelessness

To assess the effectiveness of Housing First and the role of consumer choice, a randomized controlled trial (RCT) was performed on the Pathways to Housing program in 2004. Participants were assigned randomly to either a Housing First experimental group or a local Continuum of Care control group to receive treatment as usual (TAU). Eligibility for this study reflected key characteristics of the chronically homeless population: participants must have spent half of the previous month living on the street or in public places, exhibited a history of homelessness over the previous 6 months, and been diagnosed with an Axis I mental health disorder. The results indicate that Housing First participants experienced significantly faster decreases in homeless status and increases in stably housed status than the TAU group did, with no significant differences in either drug or alcohol use. Overall, the Housing First experimental group demonstrated a housing retention rate of approximately 80 percent, roughly 50 percentage points above that of TAU, which, the authors noted, “presents a profound challenge to clinical assumptions held by many Continuum of Care supportive housing providers who regard the chronically homeless as ‘not housing ready.’”¹⁸

Four major RCTs have been performed to compare the effectiveness of Housing First programs with treatment first

programs. Three of these RCTs were conducted in the United States, and the other was conducted in Canada. In a review of these RCTs, Tsai notes that two RCTs conclusively found that Housing First led to quicker exits from homelessness and greater housing stability than did TAU.¹⁹ In the Canadian trial, an RCT in five of Canada’s largest cities known as At Home/Chez Soi, analysis revealed that, in findings similar to those of the American RCTs, “Housing First participants spent 73% of their time in stable housing compared with 32% of those who received treatment as usual.”²⁰ Baxter et al. also performed a systematic literature review and meta-analysis of these four RCTs, finding that Housing First resulted in significant improvements in housing stability.²¹ This study also found that no clear differences existed between Housing First and TAU for mental health, quality of life, and substance use outcomes, ultimately concluding, “The combination of a strong, positive impact on housing with little additional impact on mental health and substance use, compared with TAU, is consistent with the findings of other reviews.”²² Rog et al. performed a similarly extensive literature review to describe various permanent supportive housing (PSH) programs, assess the methodological quality of existing studies, and assess the effectiveness of PSH compared with TAU. In assessing the evidence base for PSH, which included a review of eight literature reviews, seven RCTs, and other quasi-experimental studies, Rog et al. were able to examine several major studies examining the effectiveness of Housing First, finding, “All studies found that participants in Housing

First had significantly less homelessness compared with participants receiving standard care, day treatment with no housing, or housing that was contingent on treatment and sobriety.²³ These findings were confirmed in a more recent analysis by researchers from the Centers for Disease Control and Prevention (CDC) and HUD's Office of Policy Development and Research (PD&R): in a systematic review of 26 studies comparing Housing First with treatment first or TAU programs, Peng et al. found that, compared with treatment first programs, Housing First programs decreased homelessness rates by 88 percent and improved housing stability by 41 percent.²⁴ This analysis also found that participants in Housing

First programs reported improved quality of life, community integration, and positive life changes compared with clients in TAU programs.

In addition to the consistent evidence that Housing First programs increase housing stability among people experiencing chronic homelessness, some evidence indicates that Housing First programs may also limit costs more effectively than do treatment first programs. In a study of adults who had been homeless for at least a month and had a chronic medical condition, Sadowski et al. found that, using an intent-to-treat analysis, participants in Housing First reported a significant reduction in costly emergency room

visits and hospitalizations compared with TAU — 24 percent and 29 percent, respectively.²⁵ Based on these findings, Basu et al. evaluated the relative costs of Housing First versus treatment first programs, assessing differences in hospital days, emergency room visits, outpatient visits, days in residential substance abuse programs, nursing home stays, legal services (including days in incarceration), days in shelter housing, and case management between the two programmatic models.²⁶ Basu et al. found that participants in Housing First programs had decreased costs because they spent fewer days in hospitals, emergency rooms, residential substance abuse programs, nursing homes, and prisons or jail. On the other hand,



Long-term evidence from HUD's Family Options Study indicates that having priority access to permanent housing offers substantial benefits for families.

Housing First participants incurred higher costs from higher outpatient visits per year and a greater number of days in stable housing than TAU participants. Ultimately, a comprehensive cost analysis from this RCT found that Housing First saved \$6,307 annually per homeless adult with a chronic medical condition, with the highest cost savings occurring for chronically homeless individuals, at \$9,809 per year.²⁷ The authors note that, if scaled, these savings would amount to \$5.5 billion over the next 10 years. However, note that this RCT was performed in only one U.S. city, and other studies have associated Housing First models with higher costs. For example, HUD’s own Family Options Study found that PSH for families was more expensive than TAU. The previously referenced report from the National Academies of Sciences, Engineering, and Medicine similarly concluded that sufficient evidence does not yet exist to conclude that PSH reduces healthcare costs. Nevertheless, although evidence about relative costs is less certain, evidence of positive outcomes is not; furthermore, evidence also exists for improved outcomes for important subpopulations that experience intersecting, challenging vulnerabilities.

Families With Children

The Housing First model has been adopted largely by programs that serve individuals — that is, single adults in households without children rather than families — in part because chronic homelessness is much less common among households with minor children. However, many of the most effective tools for serving families experiencing homelessness broadly adhere to the core principles of the Housing First model. Beginning in 2010, HUD began enrolling families in emergency shelters in the Family Options Study, an RCT performed in 12 communities to gather evidence about which types of housing and services programs work best for homeless families. Families were assigned to one of four treatment groups: permanent housing subsidies (SUB), community-based rapid rehousing

(CBRR), project-based transitional housing (PBTH), and usual care (UC). Of these four, the first two — SUB, in which families receive priority access to a permanent housing subsidy with no dedicated supportive services, and CBRR, in which families receive priority access to temporary rental assistance — represent strategies that are broadly aligned with the principles of Housing First in that they do not require service participation or have preconditions for receiving assistance. The other two groups — PBTH, in which families receive temporary accommodation, often with intensive service requirements, and UC — represent alternatives to the Housing First approach in the form of transitional and emergency shelters. Long-term evidence from the Family Options Study indicates that

Many of the most effective tools for serving families experiencing homelessness broadly adhere to the core principles of the Housing First model.

having priority access to deep, permanent housing offers substantial benefits for families. Specifically, “assignment to the SUB group more than halved most forms of residential instability, improved multiple measures of adult and child well-being, and reduced food insecurity.”²⁸ Families assigned to the CBRR group had housing stability outcomes that were comparable to those of UC families but at a substantially lower cost because they avoid the use of costly transitional housing programs. Perhaps

most important, compared with UC, the treatment first group (PBTH) exhibited no impacts on eight indicators concerning family well-being and self-sufficiency, and assignment to the PBTH intervention did not facilitate improved family preservation or child well-being outcomes compared with UC. The authors conclude, “The striking impacts of assignment to the SUB group in reducing subsequent stays in shelter and places not meant for human habitation provide support for the view that, for most families, homelessness is a housing affordability problem that can be remedied with permanent housing subsidies without specialized homeless-specific psychosocial services.”²⁹ As for the more treatment first-aligned PBTH group, the authors state that “[o]verall, 3 years after assignment, the study did not find evidence that the goals of this distinctive approach to assisting families facing unstable housing situations were achieved relative to leaving families to find their way out of shelf without priority access to the program.”³⁰

Rapid Rehousing

Housing First can also include RRH programs, in which individuals experiencing homelessness are given temporary assistance that quickly moves them into private housing while providing time-limited services in some cases. This programmatic model corresponds with Housing First principles and can be an effective intervention for individuals and families who fit the typology of experiencing episodic or transient homelessness. A review of RRH program outcomes by Abt Associates for PD&R confirms this expectation; in a review of 18 studies measuring exits to permanent housing from RRH programs, the expected range for successful transition to permanent housing was 71 to 84 percent.³¹ RRH programs within a Housing First framework also are successful at avoiding returns to homelessness, thus preventing many individuals and families from experiencing episodic or chronic homelessness. The largest study examining returns to homelessness from RRH programs to date is the Supportive Services

for Veteran Families program, which provided RRH assistance for homeless veterans and their families. This study found that RRH assistance prevented 84 percent of individuals and 91 percent of families from returning to homelessness after 1 year.³² Another study found that, of the 1,500 families who exited from RRH programs, only 6 percent were found to have returned to homelessness after 1 year.

Housing First and Relevant Subpopulations

According to the Substance Abuse and Mental Health Services Administration, in 2010, 26.2 percent of all sheltered persons who were homeless had a severe mental illness, and 34.7 percent of all sheltered adults who were homeless had chronic substance use issues. Of those who experienced chronic or long-term homelessness, approximately 30 percent had a mental health condition and 50 percent had co-occurring substance use problems.³³ In addition, previous studies have found that having HIV/AIDS-positive status and experiencing homelessness frequently co-occur, with Culhane et al. finding that individuals using homeless shelters in Philadelphia had nine times the risk of having HIV/AIDS-positive status than did the general population.³⁴

Individuals Experiencing Mental Illness

As mentioned previously, the first major RCT in the United States examining the effect of Housing First on homelessness was the Pathways to Housing evaluation, which concluded, “Our findings indicate that ACT programs that combine a consumer-driven philosophy with integrated dual diagnosis treatment based on a harm-reduction approach positively affect residential stability and do not increase substance use or psychiatric symptoms.”³⁵

Canada’s multicity At Home/Chez Soi study was launched in 2008 to test the effectiveness of Housing First as an approach for addressing homelessness among people experiencing severe

mental illness. Canada, like the United States, saw a wave of deinstitutionalization during the 1970s. Following federal policy changes during the 1990s that slashed the number of affordable housing units created, significant numbers of people with severe psychiatric disabilities living on deficient incomes found themselves no longer able to sustainably access housing, leading to a rise in homelessness rates.³⁶ As with the Pathways for Housing evaluation, the At Home/Chez Soi experimental group received priority access to housing and supportive services, and the control group received TAU.³⁷ In findings much like those of similar U.S. studies, Housing First proved to be more effective than TAU at achieving housing stability: During the 2-year course of the study, Housing First participants spent 73 percent of their time stably housed, whereas the control group was stably housed only 32 percent of the time. In the last 6 months of the study, 62 percent of Housing First participants were housed the entire time compared with 31 percent of TAU participants. Moreover, Housing First participants also displayed greater improvements in community functioning and quality of life than did TAU participants, although these effects began to fade for the “high need” experimental subgroup receiving ACT after 2 years.³⁸

Individuals With Substance Use Issues

As mentioned previously, studies have found elevated substance use among individuals experiencing homelessness; one major study found that the occurrence of drug and alcohol disorders was as high as 78 percent of all individuals experiencing chronic homelessness. In addition, for these individuals, substance use can be a barrier to accessing housing, with many expressing concern that providing housing to such individuals will result in property damage, worsening addiction, and community harm — all of which imply the need for transitional, treatment first housing programs. Davidson et al. assessed the relationship between Housing First

program components and substance use across nine scattered-site projects in New York City. More specifically, the authors examined the relationship between programmatic fidelity and substance use outcomes, hypothesizing that clients in programs with higher fidelity to Housing First principles (lower barriers) would experience superior housing stability and lower rates of substance use at followup than clients in lower fidelity programs. As with all previous studies, clients in programs that maintained higher fidelity to Housing First principles were less likely to be discharged from the program, and they remained stably housed. The study also assessed alcohol, cannabis, and stimulant or opioid use during the evaluation period. The authors conclude that “[t]here was no association between fidelity in implementation of supportive housing components and client substance use. On the other hand, clients in consumer participation–consistent programs were less likely than others to report using stimulants or opiates at follow-up.”³⁹ In other words, programs maintaining greater fidelity to Housing First principles resulted in increased therapeutic trust and alignment with supportive services, which, in turn, reduced high-risk substance use even when the programs did not mandate sobriety.

Individuals Living With HIV/AIDS

Since the emergence of HIV/AIDS in the early 1980s, the association between HIV and homelessness has been clear. A report from the Congressional Research Service notes, “In the earlier years of the epidemic, as individuals became ill, they found themselves unable to work, while at the same time facing health care expenses that left few resources to pay for housing.”⁴⁰ Without stable housing, individuals with HIV who are experiencing homelessness may not have a secure location to receive, store, and take medications, often leading to decreased adherence to treatment protocols and increased viral loads that increase the likelihood of transmission. Nearly four decades



Photo courtesy of Jleitner Photography

Roosevelt Gardens in Austin, Texas, provides 40 units of supportive affordable housing for people living with HIV. All units receive HUD's HOPWA assistance.

later, the financial and medical vulnerability associated with HIV/AIDS continues to increase the likelihood that an individual will experience homelessness. Because of intersecting areas of vulnerability involving health-care access, financial precarity, lack of shelter, and socioeconomic stigma, individuals experiencing homelessness are more likely to engage in high-risk behaviors that increase the likelihood of HIV transmission such as needle sharing, transactional sexual relationships, and unprotected sex. Accordingly, Congress enacted the Housing Opportunities for Persons with AIDS (HOPWA) housing program as part of the Cranston-Gonzalez National Affordable Housing Act of 1990. HOPWA is a grant program administered by HUD that distributes funds by formula allocation and competitive grant competitions to eligible metropolitan

statistical areas that meet minimum HIV/AIDS case requirements based on CDC data. To be eligible for HOPWA assistance, individuals must test positive for HIV/AIDS and earn incomes that do not exceed 80 percent of the area median income. HIV-positive individuals and their families receive housing assistance and supportive services as part of the program. However, jurisdictions can use HOPWA funds to develop and operate multifamily residences; fund short-term rental, mortgage, and utility assistance programs as well as rental assistance programs for PSH; construct or acquire and rehabilitate property for single-room occupancy housing; provide supportive services; and offer housing counseling and referral services.⁴¹ HOPWA funds are used primarily for housing assistance; HUD data indicate that, for the 2014 to 2015 program year, 69 percent of

all HOPWA grant funds were used for housing assistance.

In 2003, CDC and HUD initiated the Housing and Health Study, an RCT assessing the effects of HOPWA rental assistance on the health and housing outcomes of unstably housed individuals living with HIV/AIDS. Treatment group members received HOPWA housing and services, whereas individuals in the control group received only social and health services. After 18 months, 82 percent of the treatment group members were stably housed compared with 51 percent of control group members. After the same amount of time, 15 percent of the treatment group were unstably housed compared with 44 percent of the control group. Individuals in the treatment group experienced relative mental health improvements, with



Photo courtesy of U.S. Department of Housing and Urban Development Flickr

A systematic literature review and meta-analysis of four RCTs that compared the effectiveness of Housing First programs with treatment first programs found that Housing First significantly improved housing stability.

notable improvements in perceived stress and depression. Although some issues with research design generally limited the study’s ability to compare the two groups, participants who were homeless during followup had 2.5 times the odds of having a detectable viral load compared with those who had been stably housed.⁴² Another similar RCT, the Chicago Housing for Health Partnership study, found that after 12 months the group that received housing assistance, had higher rates of intact immunity and were more likely to have undetectable viral loads. These findings were recently confirmed in a 2020 analysis performed by CDC, HUD, and academics.⁴³ Providing housing also reduced the use of high-cost emergency health services. The authors note, “Compared to those in the usual care group, those in the treatment group showed 29% reduction in hospitalizations, a 29% reduction in the number of days spent in the hospital, and a 24% reduction in visits to the emergency room.”⁴⁴

Domestic Violence

Another group shown to benefit from Housing First programs is survivors of domestic violence. An analysis from

the National Center for Children in Poverty found that, among mothers with children who were experiencing homelessness, 80 percent were survivors of domestic violence.⁴⁵ A 2005 study of homelessness in four major Florida cities found that approximately one out of every four women experiencing homelessness lacked stable housing primarily because of experiences with violence.⁴⁶ Individuals experiencing homelessness, in turn, will also experience domestic violence because of their publicly exposed daily activities, sleeping patterns, and routines. Recently, a team from Michigan State University, with support from the Washington State Coalition Against Domestic Violence, the Office of the Assistant Secretary for Planning and Evaluation in HHS, and the Gates Foundation completed a study to assess the effects of Housing First programmatic assistance on domestic violence survivors experiencing homelessness. For this program, adherence to the Domestic Violence Housing First (DVHF) model included mobile, housing-focused advocacy; flexible financial assistance for housing and other needs; and community engagement. The study found that adherence to this survivor-centered, low-barrier service model

yielded a statistically significant difference between DVHF recipients and those receiving TAU, with DVHF recipients experiencing improved outcomes⁴⁷ in the categories of housing instability, physical abuse, emotional abuse, stalking, economic abuse, use of the children as an abuse tactic, depression, anxiety, posttraumatic stress disorder, and children’s prosocial behaviors.

Conclusion

Overwhelming evidence from several rigorous studies indicates that Housing First programs increase housing stability and decrease rates of homelessness. The best available evidence indicates that Housing First programs successfully house families and individuals with intersecting vulnerabilities, such as veterans, individuals experiencing substance use or mental health issues, survivors of domestic violence, and individuals with chronic medical conditions such as HIV/AIDS. Although findings concerning the relative costs of Housing First programs — as well as the model’s ability to facilitate secondary outcomes such as sobriety or mental stability — are less certain, preliminary evidence indicates that the Housing First approach does not facilitate negative outcomes compared with treatment first programs. Rather, Housing First programs appear to reduce the use of hard drugs, improve the health status of people living with HIV/AIDS, and reduce the use of costly emergency services, all of which are indicators of improved health.

In December 2022, the Biden-Harris administration released *All In: The Federal Strategic Plan to Prevent and End Homelessness*.⁴⁸ The plan aims to decrease overall homelessness in the United States by 25 percent by January 2025. As noted in the introduction message by HUD Secretary Marcia Fudge, this new strategic plan restores the Housing First approach as the nation’s guiding policy for addressing homelessness, coupling Housing First principles with homelessness prevention resources and strategies to reduce inflows into homelessness. In addition, the plan recommends

a person-centered, trauma-informed approach that employs evidence-based solutions. By prioritizing housing stability and restoring the dignity of those experiencing homelessness, this policy presents a more humane, proven strategy than treatment first approaches. President Biden eloquently summarizes the benefits of the strategic plan in his conclusion: “When we provide access to housing to people experiencing homelessness, they are able to take steps to improve their health and well-being, further their education, seek steady employment, and bring greater stability to their lives and to the community that surrounds them.... By ensuring more Americans have safe, stable, and affordable homes, we can build a stronger foundation for our entire Nation.”⁴⁹ EM

— Joseph R. Downes, Office of Policy Development and Research

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²⁶ Anirban Basu, Romina Kee, David Buchanan, and Laura S. Sadowski. 2012. “Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care,” *Health Services Research* 47:1, 523–43.

²⁷ Ibid.

²⁸ Gubits et al., 2016

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid. Note: These studies were weighted according to size.

³² Daniel Gubits et al. 2018. “Understanding Rapid Re-housing: Systematic Review of Rapid Re-housing Outcomes Literature,” U.S. Department of Housing and Urban Development, Office of Policy Development and Research.

³³ Substance Abuse and Mental Health Administration. 2011. “Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States.

³⁴ Dennis P. Culhane, Erica Gollub, Randall Kuhn, and Mark Shpaner. 2001. “The Co-Occurrence of AIDS and Homelessness: Results from the Integration of Administrative Databases for AIDS Surveillance and Public Shelter Utilisation in Philadelphia,” *Journal of Epidemiology and Community Health* 55, 515–20.

³⁵ Tsemberis et al.

³⁶ Aubry et al. 2015.

³⁷ The experimental group was further divided into two groups: “High need” individuals received ACT while “moderate need” individuals received ICM. Tim Aubry, Paula Goering, Scott Veldhuizen, Carol E. Adair, Jimmy Bourque, Jino Distasio, Eric Latimer, Vicky Stergiopoulos, Julien Somers, David L. Streiner, and Sam Tsemberis. 2016. “A Multiple-City RCT of Housing First with Assertive Community Treatment for Homeless Canadians with Serious Mental Illness,” *Psychiatric Services* 67:3, 275–81.

³⁸ Aubry et al. 2016.

³⁹ Clare Davidson, Charles Neighbors, Gerod Hall, Aaron Hogue, Richard Cho, Bryan Kutner, and Jon Morgenstern. 2014. “Association of housing first implementation and key outcomes among homeless persons with problematic substance use,” *Psychiatric Services* 65:11, 1318–24. Note: “Consumer participation-consistent” is used to refer to programs with greater fidelity to Housing First principles.

⁴⁰ Congressional Research Service. 2016. “Housing for Persons Living with HIV/AIDS.”

⁴¹ Ibid.

⁴² Richard J. Wolitski, Daniel P. Kidder, Sherri L. Pals, Scott Royal, Angela Aidala, Ron Stall, David R. Holtgrave, David Harre, and Cari Courtenay-Quirk. 2010. “Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV,” *AIDS Behavior* 14:3.

⁴³ Peng et al.

⁴⁴ Sadowski et al.

⁴⁵ Yumiko Aratani. 2009. “Homeless Children and Youth: Causes and Consequences,” National Center for Children in Poverty, Mailman School of Public Health – Columbia University. More recent data from HUD’s Family Options Study found that 49 percent of all homeless individuals had experienced domestic violence as an adult. For more see: Gubits et al.

⁴⁶ Jana L. Jasinski, Jennifer K. Wesely, Elizabeth Mustaine, and James D. Wright. 2005. “The Experience of Violence in the Lives of Homeless Women: A Research Report.”

⁴⁷ Judy Chen and Cris M. Sullivan. 2022. “Domestic Violence Housing First Demonstration Evaluation Project: Final Report of Findings through 24 Months,” Prepared for Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

⁴⁸ United States Interagency Council on Homelessness. 2022. “ALL IN: The Federal Strategic Plan to Prevent and End Homelessness.”

⁴⁹ Ibid.

Housing First in Action

Many U.S. cities have adopted a Housing First approach to reduce the prevalence of homelessness, meaning that they move people experiencing homelessness into housing without preconditions for sobriety, treatment, or participation in supportive services.¹ In 2015, the city of Boston released Boston's Way Home, an action plan with the ambitious goal of ending veteran and chronic homelessness in the city through a Housing First approach. Since implementing this plan, Boston has helped more than 6,800 households experiencing homelessness access permanent housing.² In 2018, the city of Chattanooga, Tennessee, enacted its Homelessness Action Plan, which embraces the Housing First approach primarily through rapid rehousing (RRH) interventions. These local Housing First models have successfully reduced long-term, chronic, and veteran homelessness by developing streamlined data systems, targeted action plans, and low-barrier housing. Both cities are using federal funding and

partnering with local service providers to develop additional housing units for people who require a higher level of care. Boston and Chattanooga have also signed onto *House America: An All-Hands-on-Deck Effort to Address the Nation's Homelessness Crisis*, an initiative launched in 2021 by HUD and the U.S. Interagency Council on Homelessness (USICH) to assist communities with implementing Housing First plans.

Addressing Homelessness in Boston

The city of Boston has been following a Housing First approach for several years.³ Some of the city's earliest Housing First efforts began in December 2014, when Mayor Martin Walsh established the Mayor's Task Force on Individual Homelessness, which worked to reduce long-term homelessness among sheltered and unsheltered adult individuals. The group also focused on improving discharge planning for people leaving institutions of care and channeling more financial resources

HIGHLIGHTS

- **Boston's Housing First approach includes a front-door triage assessment process conducted at shelters and through street outreach to help route people to appropriate services and permanent housing.**
- **Rapid rehousing is a vital component of Chattanooga's Housing First strategy, which relies on housing navigators who match people with housing and services tailored to their specific needs.**
- **Financial incentive programs for local landlords who are willing to lease units to people exiting homelessness who may have criminal records or a poor rental history are a vital component of Housing First approaches in Boston and Chattanooga.**

into addressing homelessness. These steps laid the groundwork for Boston's Way Home: An Action Plan to End Veteran and Chronic Homelessness, which emerged in 2015 from the goals and shared vision of the task force.⁴

The Housing First approach that Boston's Way Home follows routes anyone entering the shelter system onto a path to permanent, stable housing.⁵ According to Laila Bernstein, deputy director of the Supportive Housing Division at the Mayor's Office of Housing (MOH), Boston has a large influx of people entering and reentering homelessness.⁶ Boston's Way Home recommended creating a front door triage system within shelters along with street outreach to connect people experiencing homelessness to services tailored to their specific needs. Front door triage provides an immediate response for people who enter an emergency shelter or are living on the street. Much like an emergency room triage system, front door triage staff assess the vulnerability and individual needs of those they encounter, engage in collaborative problem solving with them, and route them to the supports that best address their particular situations.⁷



The Mayor's Office of Housing deems front door triage a vital component of Boston's Housing First approach to assess people's needs and route them to housing and appropriate services.

Photo courtesy of City of Boston, Mayor's Office of Housing

In August 2016, Boston established a coordinated access system — a centralized data system that matches people who are experiencing long-term homelessness with permanent supportive housing (PSH) opportunities.⁸ Housing providers with a vacancy notify MOH, which then matches that information with Homeless Management Information Systems (HMIS) data to identify a person in need. As a tool of coordinated entry, the coordinated access system tracks people as they transition from homelessness to permanent housing. One unique feature of Boston’s coordinated access system software is that its code is open source, meaning that anyone can use the code free of charge, and communities can invest in new features and improvements that benefit everyone using the platform. Boston modeled its coordinated access system after the city of Houston’s system, and it has been a major success for targeting PSH, Bernstein noted. Boston also developed an open-source data warehouse that merges different front-end systems, including HMIS, and offers systemwide reporting as well as unified records for clients who access multiple programs. According to Bernstein, “[T]he open-source component is unique, and something we want to see spread. We’re really excited when we also can learn from other communities or benefit from the iterations or the tools that they’ve created within these platforms. The more communities that join in using these tools, the more we all benefit.”⁹

Pathways to Housing

Housing First principles are embedded in all of Boston’s housing programs, and the approach’s low barrier to entry is a critical component. MOH has ensured that all city-funded housing maintains low barriers to entry by applying fewer screening measures, which addresses the concerns of prospective tenants who have past criminal histories or active substance abuse disorders.¹⁰ A critical component of Boston’s Way Home is the development of additional low-barrier, subsidized rental PSH units

that include wraparound supports. MOH ensures that PSH units offer enough services to address tenants’ potential safety concerns. Long-term, wraparound supports for tenants include medical care, mental health care, substance use counseling, and employment services, which help tenants improve their well-being and develop life skills to further their stability.¹¹

Several new PSH projects are under development in the city. In November 2019, the Boston Planning and Development Agency approved a proposal for Pine Street Inn, a nonprofit service

assistance to quickly rehouse and stabilize households. In Boston, RRH focuses on preventing long-term homelessness by supporting the rapid transition of households from homelessness to being housed.¹⁴ Several nonprofit service providers, including Pine Street Inn, receive city funding to house people via RRH and provide case management and other supportive services to people exiting homelessness.¹⁵

In addition, the Boston Housing Authority (BHA) prioritizes applicants in need of subsidized housing who are experiencing homelessness.¹⁶ To

Housing First principles are embedded in all of Boston’s housing programs, and the approach’s low barrier to entry is a critical component.

provider for people experiencing homelessness, and The Community Builders to create 202 units of supportive and income-restricted housing in the city’s Jamaica Plain neighborhood. Once completed in early 2024, this project will be the city’s largest supportive housing development. A total of 140 units will be designated as PSH and reserved for people who are transitioning out of homelessness.¹² Another project, 140 Clarendon Street, will create 210 units of affordable housing in a former Young Women’s Christian Association building located in Boston’s Back Bay neighborhood. Of the 210 units, 111 will be PSH for people who are transitioning out of homelessness. This project is slated for completion in 2024, and Pine Street Inn is also supporting this project by offering its services to residents in need of additional care.¹³

The city is also reducing reliance on shelters and preventing new people from experiencing chronic homelessness through RRH, which provides

qualify for housing through BHA, these applicants must complete a certificate of homelessness form and meet BHA’s definition of homelessness. A shelter, police department, or a social services agency can also complete the form on the applicant’s behalf to certify that they meet the criteria for priority service.¹⁷ HUD awarded a limited number of Emergency Housing Vouchers to BHA for high-priority populations, including households that are experiencing or are at risk of homelessness, domestic violence, dating violence, sexual assault, or human trafficking. These households must be currently living in a shelter in or outside of Boston or already enrolled in a city-funded RRH program but are at risk of returning to an emergency shelter or unsheltered living situation.¹⁸ Although the percentage of unsheltered people in the city is low, BHA’s priority service for households experiencing homelessness has been helpful in quickly providing housing to people directly off the street, said

Bernstein.¹⁹ The city also maintains a set-aside policy that requires all affordable housing projects with 10 or more units that receive city funding to reserve 10 percent of the units for people transitioning out of homelessness.²⁰

Engaging with landlords is also a critical component of Boston's Housing First approach. The city launched a landlord incentive program in 2022 to encourage landlords to lease units to households exiting homelessness. The program aims to allay concerns among landlords about renting to people transitioning out of homelessness who may have a poor rental history or limited income to afford rental payments. The program supports landlords through signing bonuses of up to \$4,000, broker fees, unit retention bonuses, and a dedicated customer service provider. The city also pays the tenant's security deposit. The financial support to landlords encourages their participation and, in turn, provides residents with a stable place to call home. The landlord incentive program received approximately \$1 million in HUD Emergency Solutions Grants – CARES Act (ESG-CV) funds under the coronavirus pandemic stimulus relief package as well as city funding. As of February 2023, more than 160 people moved into rental units supported by the program. The program empowers landlords to be part of the housing solution for residents who can sign a 12-month lease. Residents typically qualify for housing vouchers or RRH to cover their monthly rent payments.²¹ Bernstein noted that, although the landlord incentive program is gaining momentum, the ESG-CV funding for it will end in September 2023. Conversations are ongoing on how to continue the program through alternative funding streams.²² The program offers an avenue to tap into private and existing housing stock to fulfill housing needs for people exiting homelessness.²³

Building on Successes

In 2016, Boston ended chronic veteran homelessness under USICH criteria,

but it has not yet ended all veteran homelessness.²⁴ Since the 2014 launch of “Boston Homes for the Brave,” an initiative to end veteran homelessness by 2015, the city has reduced veteran homelessness by 60 percent.²⁵ The 2022 Point-in-Time (PIT) count identified 180 veterans who were experiencing homelessness, a considerable reduction from the 450 veterans experiencing homelessness identified in the 2014 PIT count.²⁶ The city's Supportive Housing Division has a veterans working group that maintains a list of veterans in need of housing and coordinates supportive services. The working group also collaborates with federal, local, and nonprofit agencies to address housing barriers facing Boston's veterans.²⁷ The New England Center and Home for Veterans (NECHV) is a local nonprofit service provider that offers several permanent and supportive housing services for veterans who are experiencing homelessness and their families. NECHV manages a 97-unit building at 17 Court Street for veterans who previously experienced homelessness and also provides case management, housing and financial counseling, and resources for accessing benefits.²⁸ In addition, a partnership among BHA, Brighton Marine (a local nonprofit service provider that supports veterans and active-duty members), and other service organizations led to the development of Veterans Housing at Brighton Marine, which opened in fall 2020. Funded through the HUD-Veterans Affairs Supportive Housing program, Veterans Housing at Brighton Marine provides 25 fully furnished PSH units to veterans in need. On the same campus, Brighton Marine also operates The Residences at Brighton Marine, a 102-unit, mixed-income housing community for veterans earning between 30 percent and 120 percent of the area median income. These developments offer onsite medical and mental health care as well as substance abuse counseling, financial literacy coaching, and other wraparound supports to maintain housing stability.²⁹

Boston has accessed several federal funding sources to implement its Housing First agenda. In 2020, the city received Community Development Block Grant CARES Act funding of \$10.6 million and \$9.8 million during the first and third rounds, respectively. A portion of this funding helped finance PSH projects.³⁰ The city also received American Rescue Plan Act of 2021 (ARPA) Coronavirus State and Local Fiscal Recovery Funds (SLFRF), of which approximately \$19 million was allocated for PSH for people with substance use and behavioral health disorders. In addition, approximately \$19 million more in SLFRF funding was directed toward low-barrier transitional housing and supportive services. This transitional housing helped address crowded living conditions at a large encampment in the city known as Mass and Cass.³¹ In 2022, the Mayor's Office, public health officials, outreach staff, and mental health providers mitigated the encampment crisis through a humane, dignified response that included low-threshold, noncongregate shelter. The city created 6 low-threshold shelters, which included 131 noncongregate shelter beds plus 79 low-threshold beds in smaller congregate spaces for a total of 210 beds across the sites, to serve this unsheltered population. According to Bernstein, the “low-threshold sites, designed specifically for people with active substance use disorders who are having difficulty accessing our shelters, have transformed shelter options in Boston. There was a lot of thought about how to make shelter accessible to people who are actively using drugs, including harm reduction specialists, amnesty lockers, ability to leave at any point to use, and other best practices to meet people where they are and prevent overdose.”³²

“There are a lot of different funding sources that are coming into the city — and a lot of them are related to COVID — that are spurring more investments that we wouldn't be able to make otherwise,” Bernstein stated. The Supportive Housing Division is the

lead agency for Boston's Continuum of Care (CoC), and in March 2023, HUD granted the city a CoC award of more than \$42 million to be allocated to 14 nonprofit organizations that support residents experiencing homelessness and help fulfill the goals of Boston's Way Home. According to Bernstein, approximately 92 percent of this CoC funding supports 2,150 PSH and RRH units.³³ In April 2021, the city also received \$21.6 million in HOME Investment Partnerships Program – American Rescue Plan (HOME-ARP) funds from HUD.³⁴ These funds are earmarked for affordable rental units, rental assistance, supportive services, and the development of noncongregate shelters. A small

portion of the funding can be used for administrative and operating costs.³⁵ In September 2021, Boston joined the *House America* initiative. The city committed to rehousing 1,100 households that had experienced or would experience homelessness from September 2021 through December 2022. The city aimed to fund and develop 650 housing units combined with supportive services to ensure the long-term stability of tenants.³⁶ According to Bernstein, *House America* helped the city document its production status and track the number of households that had been rehoused. The initiative supported work that was already underway, and, as Bernstein indicated, the city exceeded its goals.³⁷

As of February 2023, Boston had 3,230 PSH units and 1,964 RRH units in scattered sites. Through the work of Boston's Way Home, from July 2015 to February 2023, the city provided stable housing for 6,821 single adults, 11,295 families with children, and 1,107 veterans. Bernstein attributes these positive outcomes to the city's success in pairing affordable or subsidized housing with services. Although most households remain stably housed once they have been allocated a unit, the city monitors the rates of return to homelessness on the street, emergency shelters, transitional housing, and safe havens. In 2022, the city determined that approximately 10 percent of households



Photo courtesy of City of Boston, Mayor's Office of Housing

Boston Mayor Michelle Wu participated in the annual Point-in-Time count, which showed 270 fewer veterans experiencing homelessness in 2022 compared with 2014.



Photo courtesy of City of Boston, Mayor's Office of Housing

Boston's coordinated access system tracks people as they transition from homelessness to stable housing, and the open source feature has facilitated resource sharing of Housing First strategies among communities.

had returned to homelessness within 2 years of receiving stable housing, and approximately 4 percent of households had returned to homelessness within 6 months of receiving stable housing.³⁸

The state of Massachusetts is also a right to shelter state. Although local CoCs have traditionally focused on single adult homelessness, several state regulations and funding sources focus on emergency shelter for families with children. Bernstein noted that the Supportive Housing Division is now shifting its focus to families experiencing homelessness to better align with state initiatives. In 2020, the Boston City Council passed an ordinance establishing a Special Commission to End Family Homelessness, which Mayor Michelle Wu launched in March 2022. The commission is composed of nonprofit representatives and city and state officials. Although the Boston's Way Home action plan is still Boston's guiding document for Housing First initiatives, the city is embarking on a new phase of work as the commission develops a new strategic plan to end family homelessness.³⁹

Overcoming Challenges

Boston's large shelter system often means that limited staff is available to triage everyone in need. People may enter shelters in the middle of the night, when triage teams are unavailable, and people may have other impairments that hinder them from being fully triaged. In addition, community pushback and not in my back yard (better known as NIMBY) sentiments can make developing additional PSH units difficult. Overcoming stereotypes that existing residents may hold about people experiencing homelessness will be critical to increasing PSH production. Bernstein indicated that some existing residents perceive these developments as shelters and predict that people transitioning out of homelessness and moving into the neighborhood may contribute to neighborhood crowding or alter its character. Furthermore, Boston is a dense city, and its geography also limits the amount of space available for new developments in an already tight housing market. State and city funding streams for vouchers, PSH, and services are not always coordinated, and the Boston CoC connects these three

components into a unified system to ensure that housing and services continue to be offered uninterrupted and with few barriers. Predicting the number of PSH units that will satisfy demand is also difficult because the number of people experiencing long-term homelessness constantly fluctuates.⁴⁰

Lessons Learned

Bernstein explained that, although Boston has several low-barrier shelters, the influx of people from outside of the city and state is higher than that of most metropolitan areas. According to Boston HMIS data from 2016 to 2018 and a 2019 community of origin custom assessment, more than 50 percent of the people in Boston's shelters come from ZIP Codes outside of the city limits. "If there were more low-barrier shelters across the country, people wouldn't need to come to Boston to be sheltered," Bernstein noted. In addition, it is critical for jurisdictions to perform higher-level "housing problem solving within every system of care and in every community and have the resources for it," she said. For example, all hospital staff should be trained in routing people to housing resources "so that shelter doesn't just become the default and we all accept that homelessness is inevitable for someone," Bernstein emphasized. "The work of training hospitals in housing problem solving and holding them accountable [for] not discharging to homelessness has started in Massachusetts thanks to leadership at MassHealth [Massachusetts' state Medicaid agency], but more needs to be done in all systems of care to prevent [these] discharges," said Bernstein.⁴¹

Partnering with the state to coordinate services is one strategy for using existing state-funded programs in innovative ways. Bernstein noted that pairing Medicaid services with public housing units can create a PSH package for people in need.⁴² The Massachusetts Housing and Shelter Alliance and the Massachusetts Behavioral Health Partnership partnered to create the Community

Support Program for People Experiencing Chronic Homelessness (CSPECH), which funds services for people experiencing chronic homelessness. CSPECH allows people to use their MassHealth state Medicaid plan to access supportive services within permanent housing rather than having to rely on more expensive care accessed within emergency rooms. CSPECH was the nation's first program of its kind and represents a model for providing PSH services through Medicaid.⁴³ For seniors experiencing homelessness who also need nursing home care, the Supportive Housing Division has partnered with the federal Program of All-inclusive Care for the Elderly (PACE), locally administered by MassHealth. In addition to the PACE enrollment, Boston's CoC partnered with BHA to prioritize seniors experiencing chronic homelessness for public housing. Pairing the wraparound supports of PACE with public housing has created PSH for seniors exiting shelters or entering directly from the street. PACE helps seniors exiting homelessness effectively age in place with health services

brought to their homes and a van to take them to appointments. People who enroll in PACE and public housing tend to stay housed, Bernstein noted, further underscoring the potential for state and local partnerships to help communities lower barriers to housing and carry out a Housing First approach. These programs have been expanded under a 1115 MassHealth Demonstration ("Waiver") issued in 2022 by the Centers for Medicare and Medicaid Services (CMS), which created a new framework called health-related social needs (HRSN). CMS granted \$8 million to Massachusetts to support HRSN work, including case management, data systems and management, trauma informed training, cultural competency training, operational support, and creation of community outreach materials.⁴⁴

Housing First in Chattanooga

In spring 2018, the Chattanooga Interagency Council on Homelessness conducted a needs assessment to understand the state of homelessness in the

city and identify resource gaps.⁴⁵ The needs assessment led to the development of the 2018 Homelessness Action Plan and the Office of Homelessness and Supportive Housing (OHS), one of the city's lead agencies for implementing Housing First principles, primarily through its RRH program.⁴⁶ Sam Wolfe, former director of OHS, explained that a strategic planning process revealed the need for more RRH. Wolfe indicated that many OHS clients are experiencing homelessness for the first time, and RRH can help them quickly return to stable housing.⁴⁷ Housing navigators working for the city's RRH program identify housing vacancies and services that meet the specific needs of households and foster strong relationships with landlords, offer landlords financial incentives to encourage their participation, and assist households with move-in costs and other expenses.⁴⁸ OHS prioritizes housing navigation and partners with the Chattanooga Housing Authority (CHA), which operates a Housing First program that provides preference on some waiting lists — such as CHA-managed



Photo courtesy of WinnCompanies

Developments such as the Residences at Brighton Marine provide affordable units and onsite wraparound services to help veterans remain stably housed.



To ensure people can transition quickly to stable housing, Chattanooga's rapid rehousing program relies on housing navigators who assess the specific needs of households and maintain strong partnerships with local landlords.

housing and the Housing Choice Voucher program — for individuals experiencing homelessness or domestic violence to be quickly housed. Although OHSB does not offer addiction management or mental health treatment itself, it offers case management services to its clients in need.⁴⁹

Navigating Households to Rapid Rehousing

Housing navigators are the backbone of Chattanooga's Housing First model. Housing navigators offer direct outreach to clients and assess the specific needs of households experiencing homelessness. They help streamline the administrative process to allow families to move quickly into housing. The lead housing navigator for OHSB, Johnetta

Langston, indicated that navigators follow up with tenants each week to determine whether they are remaining stably housed or need additional connections to services in the community. The navigators also regularly engage with landlords to maintain good working relationships. OHSB primarily works with mom-and-pop landlords, who often are more willing to negotiate with OHSB and accept clients who may have criminal records or a history of eviction. These small landlords form the “lifeblood for our program,” Wolfe stated, and have helped increase the number of people that OHSB has been able to move into stable housing. In December 2021, OHSB housed 7 people, and by December 2022, OHSB housed 98 people through RRH offered through

participating landlords. Langston and her team check in with landlords weekly and work closely with the CHA to ensure that landlords and tenants complete required paperwork.⁵⁰

Landlord Incentives

Offering landlords incentives to participate in RRH has been critical to the program's success. In 2019, OHSB created a city-funded Landlord Risk Mitigation Fund managed by its partner organization, the Chattanooga Regional Homeless Coalition (CRHC).⁵¹ The Landlord Risk Mitigation Fund provides additional protection to landlords who lease units to people with low incomes, past evictions, or criminal records. The fund helps landlords defray costs associated with damage to



the unit, unpaid rent, or other fees that a security deposit does not cover.⁵² Landlords can receive up to \$1,000 per reimbursement claim to pay for repairs. Motel units converted to studio apartments with a 1-year lease can also qualify.⁵³ As of February 2023, OSHH had more than 150 landlord partners, including mom-and-pop landlords, the CHA, and apartment complexes. Local property management companies also provide OSHH with vacant units for RRH.⁵⁴ As outlined in the 2018 Homelessness Action Plan, the city also created the Flexible Housing Fund (FHF), which CRHC operates, to further reduce barriers to housing for people experiencing homelessness. FHF assistance can be used to help tenants cover past-due rent, move-in costs, utility payments,

security deposits, pet surcharges, and short-term rental assistance. Applicants must access the FHF assistance through their housing navigator, who submits a request to CRHC.⁵⁵ Both the Landlord Risk Mitigation Fund and FHF require participating landlords to accept tenants with criminal records, previous evictions, substance abuse challenges, and limited employment histories. Together, these funds will help improve landlord participation in RRH.⁵⁶

Financing Permanent Supportive Housing

Although OSHH focuses primarily on RRH, it also recognizes the demand for PSH for those who need a higher level of care.⁵⁷ Federal funding sources have been vital for financing PSH in Chattanooga. Mayor Kelly allocated most of the city's \$38.6 million in ARPA SLFRF to community development initiatives such as homelessness prevention, affordable housing development, and supportive services.⁵⁸ In response to the need for more supportive housing units in Chattanooga, the city has initiated plans to renovate the former Airport Inn (a dilapidated hotel). In October 2021, the city council unanimously voted to purchase the Airport Inn for \$2.79 million using ARPA SLFRF. This project will add approximately 70 new PSH units.⁵⁹ The city plans to assign each Airport Inn resident to a dedicated case manager who can provide wraparound support. Discussions are underway to identify local service providers who can offer residents case management services to keep them housed and maintain daily operations. Onsite staff will also be available to connect residents to the Chattanooga Area Regional Transportation Authority shared ride service to allow residents to access grocery stores, offsite appointments, and other community amenities. City officials are also examining the feasibility of adding two commuter vans so that onsite staff can coordinate outings for residents.⁶⁰ In April 2021, HUD awarded Chattanooga nearly \$3 million in HOME-ARP funds.⁶¹ One third of this funding has been allocated

to tenant-based rental assistance, and it is helping to finance several housing placements. "It is a tremendous resource and has really led to our ability to get more folks housed," Wolfe stated. Although discussions are underway to explore the feasibility of using HOME-ARP funds to finance services and renovations at the Airport Inn, OSHH is also working to leverage private investment for the renovation.⁶²

Reaching Positive Outcomes

In 2019, as a result of collaboration among the city, the U.S. Department of Veterans Affairs, and CRHC, the Chattanooga/Southeast Tennessee CoC, which serves an area of Southeast Tennessee with a population of nearly 700,000, reached functional zero on all veteran homelessness. Achieving functional zero means that a community has established a coordinated system of care that connects people experiencing homelessness to housing and services. Once an individual has been identified, their experience of homelessness becomes rare and brief.⁶³ Since that time, however, veteran homelessness in Chattanooga has risen, largely because of the COVID-19 pandemic. As of February 2023, 56 veterans in Chattanooga were experiencing homelessness, still a dramatic improvement from the 300 veterans who experienced homelessness before the city implemented the housing action plan. CRHC will be launching a 100-day challenge to reduce the number of veterans experiencing homelessness. "We're really confident that we'll be able to get back to that functional zero benchmark with some intentional work," said Wolfe.⁶⁴

From 2021 to 2023, Chattanooga had rehoused more than 2,000 people experiencing homelessness.⁶⁵ From January 2022 to January 2023, the total number of people experiencing homelessness in Chattanooga declined by 28 percent, and the unsheltered population declined by 40 percent. Wolfe indicated that the rate of chronic homelessness in the city is also declining, adding, "We

feel really confident that we're within striking distance on a lot of subpopulations to reach functional zero."⁶⁶ The number of agencies that refer households to OSHH for services, including local schools, domestic violence shelters, and area hospitals, has also increased.⁶⁷ These referrals have helped households in need learn how to access stable housing.

OSHH has also begun a data cleaning process in partnership with CRHC. Streamlining the paperwork and data entry processes will improve tracking of service delivery and allow more providers to participate and receive funding for housing placements. CRHC maintains a database to identify households that have received housing but returned to homelessness after 6 months to a year. In these situations, CRHC communicates with the housing navigator that was assigned to that individual to determine whether the city could have offered additional training or support to keep the individual housed. CRHC also communicates with the landlord to determine whether any

challenges existed that may have caused the person to return to homelessness. In the future, CRHC will create a landlord satisfaction survey to collect feedback on landlords' experiences and identify areas for improvement. Taking these steps can improve housing outcomes for people exiting homelessness and encourage more landlords to participate in RRH.⁶⁸

In December 2021, Chattanooga joined *House America* with the goal of rehousing 240 households and adding 100 PSH units for people transitioning out of homelessness.⁶⁹ According to Wolfe, *House America* encouraged the city and its partners to rally behind a common goal. The city exceeded its goals by rehousing 620 households and adding 115 PSH units. In 2022, approximately 428 people received housing through OSHH's RRH program using HOME-ARP funding. In addition, roughly 250 people were housed using FHF. Once residents move into their units, 90 percent of households remain stably housed, Wolfe noted. The OSHH team closely monitors the

retention rate throughout the year to determine whether the interventions continue to be effective. As of January 2023, Chattanooga had 160 occupied PSH units and more than 70 under development through the Airport Inn redevelopment project.⁷⁰

Best Practices for Implementation

Communication with existing residents, partners, developers, and stakeholders is critical for successfully implementing Housing First. Wolfe explained that staff and partners must communicate frequently with residents, even on topics that may seem obvious. He learned that a lack of information can sometimes lead to "people assuming the absolute worst." Approximately 90 percent of Chattanooga's PSH is located across scattered sites, which is helpful for integrating people into the broader community. Some people exiting homelessness, however, require higher levels of care in which their supportive services are collocated with their housing. Once completed, the redevelopment of the Airport Inn will stand as a visible PSH example and lay the groundwork for future PSH developments in the city. According to Wolfe, "We've had to face a lot of hurdles in terms of resistance from local residents and their concerns about the [Airport Inn] and what supportive housing would entail. It's been a really great learning process for us for community engagement." OSHH has worked to dispel myths and ease negative perceptions that existing residents might have about people experiencing homelessness. "If we had just acted a little bit quicker" to communicate with community residents, Wolfe said, "it would've helped out tremendously."⁷¹

Over the past decade, the city's housing supply has not kept up with the demand among those experiencing chronic homelessness, who may need PSH units. Although some landlords are offering scattered-site units, some households "do not do well in those types of environments... We want to try



Photo courtesy of the Chattanooga Office of Homelessness and Supportive Housing

Staff members of Chattanooga's Office of Homelessness and Supportive Housing work to reduce barriers for people transitioning out of homelessness by using resources such as the Flexible Housing Fund, which helps tenants cover move-in costs and other housing fees.

to have something that's owned and operated by a nonprofit that could be a little bit more lenient" and responsive to the individual service needs of people transitioning from chronic homelessness, Wolfe indicated. Key to OHSH's success has been the innovative strategies it has pursued to increase housing capacity. The Airport Inn project is a hotel conversion that also leveraged city funding. "We're also hoping to leverage private resources, and we're going to quickly scale 70 units as opposed to traditional construction, [which] could take years to build," Wolfe stated.⁷²

OHSH has been successful in aligning its objectives with those of its service providers and other partners. OHSH staff recognize that everyone in the Housing First community is working toward the same goal. Information sharing is critical for partners to progress in their shared goal of ending homelessness. If another local housing provider is applying for grant funding, OHSH will not compete for it. "We try to help out as much as we can," said Wolfe, who often will first check with other executive directors to determine whether they are applying for a grant before OHSH applies for it. "We complement the work that's being done, and I think that intentionality has been able to point everyone in the same direction and allow us to go a lot further," Wolfe stated.⁷³

Strengthening relationships with landlords is critical to the success of any housing program, Langston emphasized. This is especially important when working to overcome the existing stigma toward voucher holders. Many landlords refuse to accept housing vouchers, so Langston is taking measures to improve their perceptions. In addition, some funding resources limit the amounts that OHSH can allocate for landlord incentives. In the past, OHSH could use Emergency Solutions Grants to double landlords' security deposits, incentivizing their participation in RRH.⁷⁴ Although this measure is no longer an option, participating landlords have stated that the process for

receiving payments from the Landlord Risk Mitigation Fund is simple and quick. CRHC typically processes checks within a week of receiving a payment invoice.⁷⁵

Conclusion

The Housing First approaches in Boston and Chattanooga have reduced barriers for people who may not be able to access housing otherwise and provide vulnerable households with the stability they need to succeed. As Wolfe stated, "Housing is the only thing that solves homelessness, in our view. Every single thing we do around homelessness in terms of providing emergency shelter or food or other things, while they are critically important from a life-saving standpoint, at the end of the day, the housing unit is the thing that ultimately ends someone's homelessness and gives them the stability to build their life."⁷⁶ Both cities recognize that landlords are a fundamental component of their Housing First models and have adopted landlord incentive programs to increase the supply of housing available to people transitioning out of homelessness. Collaboration with service providers and housing navigators has streamlined the process of rapidly rehousing households and ensured that agencies tailor their resources to the specific needs of households. In addition, both cities are actively engaging and educating community residents to overcome misconceptions about supportive housing. Using financial resources in innovative ways and developing staff capacity to continue to meet housing demand will be critical to sustaining progress. **EM**

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²² Interview with Laila Bernstein.

²³ Brinker.

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Additional Resources

- The National Alliance to End Homelessness hosts “Data Visualization: The Evidence on Housing First” (2021), which links to many of the strongest studies on Housing First, including domestic and international studies and literature reviews. endhomelessness.org/resource/data-visualization-the-evidence-on-housing-first/.
- The Canadian Observatory on Homelessness created the “Canadian Housing First Toolkit” to help communities in Canada adopt a Housing First approach. The toolkit builds on experience and research related to the At Home/Chez Soi project as well as Pathways to Housing. The toolkit includes practical advice as well as case studies. www.homelesshub.ca/solutions/housing-first/canadian-housing-first-toolkit.
- The National Low Income Housing Coalition has presented a series of webinars on Housing First that are recapped and archived on their website. Past webinars have featured policymakers and practitioners who are engaged in implementing Housing First approaches at different levels of government. nlihc.org/housing-first-webinar-recaps.
- “Breaking the Homelessness-Jail Cycle with Housing First: Results from the Denver Supportive Housing Social Impact Bond Initiative” (2021), by Mary K. Cunningham, Devlin Hanson, Sarah Gillespie, Michael Pergamit, Alyse D. Oneto, Patrick Spauster, Tracey O'Brien, Liz Sweitzer, and Christine Velez, presents findings from a 5-year study of Denver’s Supportive Housing Social Impact Bond Initiative and examines the effect of supportive housing on housing stability and shelter use, criminal justice system involvement, and substance use treatment. www.urban.org/sites/default/files/publication/104501/breaking-the-homelessness-jail-cycle-with-housing-first_1.pdf.
- “The Value of Ending Veteran and Chronic Homelessness in Four Communities: A Framework for Measuring Community-Wide Costs and Benefits” (2021), by Samantha Batko, Claudia D. Solari, and Nicole DuBois, examines the broader community benefits of reaching functional zero for veteran and chronic homelessness through stakeholder interviews and a review of administrative data in Bergen County, New Jersey; Lake County, Illinois; Montgomery County, Maryland; and Rockford, Illinois. www.urban.org/sites/default/files/publication/104640/the-value-of-ending-veteran-and-chronic-homelessness-in-four-communities.pdf.
- “Rapid Re-Housing of Families Experiencing Homelessness in Massachusetts: Maintaining Housing Stability” (2012), by Tim H. Davis and Terry S. Lane, examines the housing stability of 486 Massachusetts families previously living in shelters or motels who received rapid re-housing assistance. scholarworks.umb.edu/cgi/viewcontent.cgi?article=1060&context=csp_pubs.
- “How Houston’s homeless strategy became a model for other US cities” (2022), by Danielle McLean, discusses the factors that led to Houston’s success in using a Housing First approach to reduce homelessness. www.smartcitiesdive.com/news/how-houstons-homeless-strategy-became-a-model-for-other-us-cities/637515/.

For additional resources archive, go to www.huduser.gov/portal/periodicals/em/additional_resources_2023.html.

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