Housing First Model

At its core, Housing First is an approach that provides people experiencing homelessness (PEH) stable housing with as few barriers as possible.[1] Housing First programs offer supportive services that prioritize engagement and problem-solving instead of clinical outcomes. Access to these types of programs is not contingent on sobriety, minimum income requirements, criminal record, enrollment in or adherence to treatment programs or other services, or other standards that may be hard to reach or demonstrate. Housing First is a "proven model for addressing homelessness that prioritizes access to permanent, stable housing, linked with voluntary services as needed,"[2] including economic benefits and improved health and safety outcomes. These benefits include "societal cost savings of $1.44 for every dollar invested"[3] due to the "combined savings from healthcare, emergency housing, judicial services, welfare and disability costs, and benefits from increased employment."[4] One result is that "the average cost savings to the public ranges from $900 to $29,400 per person per year after entry into a Housing First program."[5] Stable housing provides a foundation that allows people to address other basic needs and offers the opportunity to recover from the traumas of chronic homelessness.[6] Because participation in therapeutic services is not required to obtain or maintain housing, Housing First programs provide an alternative to coercive systems and inequitable power relationships that can lead to distrust and withholding of information.

KEY TERMS

CM: Case Manager

PEH: People Experiencing Homelessness

PWH: People with HIV

PWUD: People Who Use Drugs

SUD: Substance Use Disorder

JIM

Jim briefly entered a transitional housing program in Fort Lauderdale and found abiding by the restrictions difficult. He was often in situations where he didn't feel like he could be honest about his drug use for fear of losing access to housing and other services. Jim found that the program made no allowances while residents made the complex transition from unsheltered homelessness to living inside with roommates. The program emphasized employment, and Jim was able to find work. But his largest issue with the program was the curfew. Jim's second-shift job meant he would get back to the house about 30 minutes after curfew. While at work, Jim missed mandatory group counseling. Missing curfew and mandatory counseling put his housing at risk, even though he had successfully met the expectation of getting a job. "They were hypocritical. I didn't like that structure. I followed the rules with my mom and dad, but I'm a grown man." Jim opted to leave his job to stay housed, but he soon returned to using drugs because he was "sitting around doing nothing. The rules didn't make sense." Since his first experience living in a Housing First program in Boston, Jim has found that the flexibility has worked well for him, and he appreciates the focus on individual needs: "They want to see you take care of yourself and maintain the things you need to do."

The Housing First model incorporates:[7]

- Direct or nearly direct placement of PEH into permanent housing

- No requirements for participation in supportive services or medical care

- Use of proactive outreach practices for people reluctant to enter shelters

- Continued efforts to provide case managers and hold housing for clients, even if they leave the program for a short period

- Sufficient time and support for people who have experienced chronic homelessness to transition into stable housing

George feels that the solid foundation he got from Housing First programming and staff helped to make the changes he wanted in his life. George's case manager(CM) worked with CM services at other agencies to help meet various needs and goals, including substance use disorder (SUD) treatment. "I think what helped me most when I was trying to get housed was the support," says George:

> *My case managers would call me...and ask me how I was doing, how I was feeling, if there was anything they could do to support me. I had multiple support systems for my mental health. When you want to die every day, and you have somebody consistently checking on you, that says something. They didn't push recovery on me.*

His case managers became trusted sources of support and encouragement. Even when George went to jail, his case managers would visit him and ensure that he would continue to receive services once he was released. Thinking back to that time, George reflects:

> *When you're feeling that you're the smallest thing in the world and that nobody can see you and then being in jail, which is probably the worst place you can be, and then getting out and still have your housing because somebody was looking out for you, I don't have words for that.*

For George, permanent supportive housing gave him less to worry about. It allowed him "a place to clear my head. It gave me a safe place to use [drugs]." Although he relapsed a few times, he says, "having an apartment really contributed to my recovery. It gave me a foundation to start from, and it became about my choices at the end of the day." There were several times that George went to jail or rehab for more than a month, and he was relieved to have a home to which he could return. "It was a great thing—as long as I wasn't there for longer than 90 days, I wouldn't lose my apartment. I did do a couple of 60-day bids, and I would have lost my apartment anywhere else in any other situation," he notes.
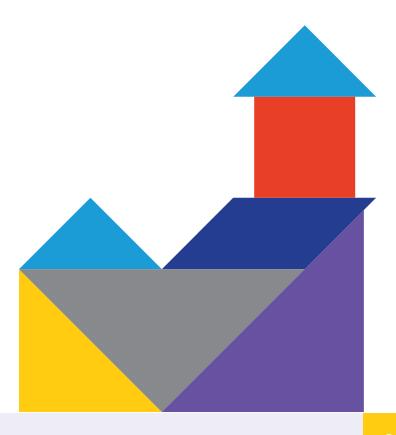
Contrary to the common belief that there is a "unidirectional causal pathway between drug use and homelessness…the association between homelessness and drug use is bidirectional, and homelessness itself plays a role in drug use and overdose risk. People experiencing homelessness may use drugs for adaptive reasons."[8]

Housing First Model
The Role of Housing in Improving Health Outcomes and HIV Care Continuity for People Who Use Drugs

2

Considerations and Recommendations

Health departments, drug user health and harm reduction programs, housing service providers, policymakers, and other stakeholders can adopt and expand Housing First approaches and strengthen local service networks in the following ways:

- State and local governments and housing agencies should work collaboratively and with other stakeholders to reduce bureaucratic barriers and identify strategies to expedite approval and development processes for high-quality affordable housing and supportive housing programs.[9,10]

- Take a harm reduction-informed approach and work with participants to jointly define their goals and priorities related to health and housing. Programs should proactively identify services and connections that might be of interest.[11,12,13]

- Offer housing options that are responsive to participants' goals. Not everyone will thrive in a Housing First program – some will want or need a more rigorous structure, like transitional or sober housing. Work with participants to check in on and explore their options.[14]

- Harm reduction programs should identify the supportive services they may be able to offer to bolster Housing First programs or adapt for residents.[15,16,17,18,19]

- Housing First programs should prioritize collaborating with re-entry programs and clean-slate services for criminal-legal involved residents.[20]

Housing First Model
The Role of Housing in Improving Health Outcomes and HIV Care Continuity for People Who Use Drugs

3

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Housing First Model
The Role of Housing in Improving Health Outcomes and HIV Care Continuity for People Who Use Drugs

4