

# HOUSING FIRST: Q&A

## “WHAT IS HOUSING FIRST?”

**Answer: Housing First is the most effective approach for ending homelessness for most individuals and families.** Housing First is a bipartisan, evidence-based practice backed by multiple, national studies. Under the Housing First model stable, affordable, and accessible housing is provided to people experiencing homelessness quickly and without prerequisites, and voluntary supportive services are offered to help improve housing stability and well-being. It is a flexible model that can be adapted to address the unique needs in local communities and tailored to the challenges facing individuals.

## “DOES HOUSING FIRST INCLUDE SERVICES?”

**Answer: Yes. Housing First is not “housing only.” It includes an array of voluntary supportive services** – such as case management, substance use services, peer support services, and supported employment services, among others – that help individuals live stably in the community. Housing First recognizes that people with mental health challenges or substance use disorders often need stable housing before they can engage effectively in other services. Once stably housed, individuals are better able to take advantage of other services and supports, which can help them maintain housing stability, attain employment, and achieve physical and mental overall health. Without stable housing, achieving these goals can be much more difficult. Housing First programs are twice as effective at ending homelessness, compared to the older, outdated “stairstep” approach that Housing First has replaced. This older, more costly model left individuals to languish in shelter without a clear pathway to exit homelessness. Learn more [here](#).

## “WHY WAS THE OLDER “STAIRSTEP” MODEL LESS INEFFECTIVE?”

**Answer: Research shows that the “stairstep” approach is half as effective at ending homelessness as Housing First.** Housing First was initially developed in the early 1990s as a response to the “stairstep” model. This earlier model set housing as the end goal – requiring participants to first participate in various service programs, abstain from drugs and alcohol, and adhere to a set of behavioral requirements before they could access housing. Far too many people experiencing homelessness were unable to meet the high barriers set by “stairstep” programs, leaving them to languish in shelters for long periods of time with no clear path to exit homelessness. Because shelters are far more expensive than providing individuals with housing, the “stairstep” approach drove up costs for communities.

## “HOW CAN HOUSING FIRST BE TAILORED TO MEET THE NEEDS OF DIFFERENT HOMELESS POPULATIONS?”

**Answer: The Housing First model can be adjusted to meet the needs of different populations among those experiencing homelessness.**

Rapid Rehousing programs, for example, use the Housing First model to offer shorter-term rental assistance to individuals who can quickly become housing stable. The goals of Rapid Rehousing are aligned with Housing First: help people obtain housing quickly, increase their self-sufficiency, and stay housed. Rapid Rehousing is particularly effective for the majority of families and individuals experiencing homelessness who become homeless due to a financial crisis or other crisis that leads to the loss of housing.

Permanent Supportive Housing (PSH) programs also use the Housing First model to offer long-term housing assistance and services for those who are chronically homeless with serious mental illness, substance use disorder, or physical disability. These individuals have experienced long or repeated episodes of homelessness, and they often need wrap-around services and long-term assistance to remain stably housed.

## “HOW DOES HOUSING FIRST HELP INDIVIDUALS ADDRESS MENTAL HEALTH CHALLENGES AND SUBSTANCE USE DISORDERS?”

**Answer:** Under Housing First, individuals are placed in their own apartments and, as a result, they are better able to engage with voluntary services, such as case management, and substance use services, peer support services, and supported employment services. Recent evidence shows that Housing First is as effective, if not more effective, at increasing access to treatment. Housing First participants are more likely to report reduced usage of alcohol, stimulants, and opiates. Housing First programs are more effective at increasing utilization of community-based services, as well as outreach to and engagement of clients who are not yet adequately served by the public mental health system. Housing First is supported by the [U.S. Department of Health and Human Services](#) (HHS) and the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA). Learn more [here](#).

## “HOW CAN CONGRESS EXPAND ACCESS TO HIGH-QUALITY MENTAL HEALTH AND SUBSTANCE USE RECOVERY SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS?”

**Answer:** Congress should consider legislation to create a joint initiative to combine HUD housing assistance with high-quality supportive services, including mental and physical health and substance use recovery services, from the U.S. Department of Health and Human Services (HHS). A similar model combining HUD housing assistance with U.S. Department of Veterans Affairs (VA) healthcare is credited as a major factor in successfully cutting veteran homelessness in half in recent years. Expanding this model to other homeless populations could help individuals both end their homelessness and address mental, physical, and behavioral health challenges. States can receive federal financial support for services to help people with these challenges through Medicaid. Federal legislation could help pilot new models and better coordinate services with housing for enrollees.

## “HOW ARE INDIVIDUALS HELD ACCOUNTABLE IN HOUSING FIRST PROGRAMS?”

**Answer:** Housing First participants are held to the same lease requirements as any other tenant. If an individual breaks the lease agreement – whether through nonpayment of rent or violating apartment rules – they can be evicted from the home. The major difference with Housing First is that the leases are written in a way that recognizes that relapse and other setbacks are common on the path to recovery. Rather than treating these challenges as an automatic cause for eviction, which can push individuals back into homelessness where their issues worsen, Housing First providers and case managers work with landlords and tenants to resolve any conflicts and get things back on track. Learn more [here](#).

## “WHY DOES HOUSING FIRST EMPHASIZE INDIVIDUAL CHOICE, RATHER THAN REQUIRING SERVICES?”

**Answer:** Emphasizing choice is more effective. It also respects an individual’s right to run their own lives without bureaucratic intervention. Housing First replaced an earlier model that set housing as a distant goal – requiring participants to first achieve numerous benchmarks before accessing housing. This approach was expensive and only half as effective at ending homelessness for individuals. With Housing First, each person is offered a tailored approach – including access to stable, affordable housing, linked with voluntary services as needed. While this approach will be different for everyone, the goal is the same: to quickly end homelessness and provide individuals with the support they want and need to achieve housing stability. Learn more [here](#).

## “WHAT IS THE ROLE FOR FAITH-BASED GROUPS IN HOUSING FIRST?”

**Answer:** Faith-based organizations establish and operate permanent supportive housing programs and rapid rehousing based on the principles of Housing First. Many faiths and religious denominations support the principles that serve as the foundation of Housing First - upholding the dignity and autonomy of the individual being served, recognizing that all people deserve help even if a person may struggle, and focusing on an individual's needs and interests rather than the organization's. Leading faith-based organizations, such as Catholic Charities, Salvation Army, Church World Service, Lutheran Services in America, and the Evangelical Lutheran Church of America, support Housing First. Learn more [here](#).

## “HOW DOES HOUSING FIRST SERVE PEOPLE WHO WANT AN ABSTINENCE-FOCUSED ENVIRONMENT?”

**Answer:** The Housing First model is premised on choice and provides people in recovery with several options - including supportive housing and recovery housing - to address their health and housing needs. Individuals in recovery from substance use conditions who prefer to live in an abstinence-focused environment are able to live independently in apartments or single-family homes in residential neighborhoods, with access to services. Individuals can also be accommodated under Housing First with shared housing with others who also want to live that lifestyle, and intensive programming and structured service approaches. When recovery housing is operated to center [individual choice](#), Housing First and recovery housing can be complementary, not in conflict. Learn more [here](#).

## “WHY IS HOMELESSNESS INCREASING?”

**Answer:** The [underlying cause](#) of homelessness is the severe shortage of homes affordable to people with the lowest incomes and a widening gap between incomes and housing costs. Additional factors that contribute to homelessness include chronic health and mental health conditions, domestic violence, and [systemic racial inequality](#) that results in higher rates of poverty, discrimination, incarceration, and lack of access to healthcare and other barriers to stable housing, particularly among people of color and people with disabilities. Until we address the underlying causes of homelessness, this crisis will not end.

America's severe rental housing affordability crisis continues to push more and more people into homelessness. According to HUD, between 2017 and 2020, 908,530 people became homeless each year, while 900,895 people exited homelessness. Over those years, 38,000 more people became homeless than those who exited homelessness. We see this acutely at the local level: in Los Angeles County, for example, 207 individuals experiencing homelessness are rehoused each day, but [227 people become homeless daily](#).

At the same time, local homelessness groups do not have enough resources to provide every individual experiencing homelessness with the housing and services they need. As a result, communities have to triage and only serve a small fraction of the people who need help the most, leaving them to cycle through expensive and temporary emergency solutions. The solution is to increase investments in affordable housing and services, including expanding rental assistance to every eligible household and building and preserving homes affordable to people with the lowest incomes.

## “WHY IS HOUSING FIRST NEEDED TO ENSURE THAT THOSE WITH THE GREATEST NEEDS ARE SERVED?”

**Answer:** Without Housing First, homelessness programs are incentivized to serve people with the easiest cases - individuals without significant mental health conditions, physical disabilities, or substance use conditions. Before Housing First was widely adopted, many individuals with these

conditions, or those who had difficulty adapting to congregate shelter models, were left behind by state and local governments to be chronically homeless for long periods of time. The vicious cycle of reentry and eviction addressed by Housing First models also saves critical onboarding resources and time. Housing First empowers homelessness programs to serve individuals with the greatest needs.

## “CAN HOUSING FIRST BE USED TO END VETERAN HOMELESSNESS?”

**Answer: Yes. Housing First is supported by the U.S. Department of Veterans Affairs (VA) in its two largest homelessness programs** – Supportive Services for Veteran Families (SSVF) and HUD-Veterans Affairs Supportive Housing (HUD-VASH). These programs, which are considered to be the gold standard for homelessness programs both domestically and abroad, have been instrumental in reducing veteran homelessness by [nearly 50%](#) over the past decade. Learn more [here](#).

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