

# THE HOUSING PLUS ACT UNDERMINES PROVEN SOLUTIONS TO HOMELESSNESS



If enacted, the “Housing Promotes Livelihood and Ultimate Success (PLUS) Act” (H.R. 3405), introduced by Representative Andy Barr (R-KY), would undermine federal investments in proven solutions to homelessness. Despite opposition to this bill, we remain committed to working with all members of congress to expand and strengthen real solutions to homelessness.

Under current law, HUD is required to use the best available evidence to prioritize proven solutions to homelessness, allowing HUD to adjust its policy in response to new research. The Housing PLUS Act undermines HUD’s ability to prioritize evidence-based solutions by directing HUD to set aside 30% of federal homeless assistance funds for programs that require sobriety, treatment, and/or other supportive services as a precondition to housing assistance for people experiencing homelessness. The bill creates a rigid, arbitrary requirement to fund these high-barrier programs – regardless of the evidence that shows this approach tends to be more expensive and ineffective. Such a requirement could force Continuums of Care (CoCs) to defund existing permanent supportive housing programs.

The bill ignores decades of learning, [research](#), and bipartisan agreement on solutions to homelessness, and reverts to an outdated, ineffective and costly strategy, known as the “stairstep” or “linear” approach. This model required homeless individuals to participate in various supportive programs, abstain from drugs and alcohol, and adhere to a set of behavioral requirements in order to access housing. Costs were high, and results were limited.

The Housing First Model developed in the early 1990s as a response to this failed approach. Housing First prioritizes immediate access to permanent, stable housing, linked with voluntary services as needed. Housing First is not “housing only.” It includes an array of voluntary support services to help individuals live stably in the community, recognizing that stable housing is required for effective psychiatric and substance use treatment and for improved quality of life. Once stably housed, individuals are better able to take advantage of wrap-around services to help support housing stability, employment, and overall health.

Housing First rapidly ends homelessness, is cost-effective, and positively impacts quality of life and community functioning. For that reason, CoCs tend to focus scarce resources on high-performing programs that are most effective in addressing homelessness. CoCs can - and do - support services-rich programs, including quality recovery housing. Any attempt to divert limited federal resources to underperforming programs, however, will result in fewer people becoming stably housed.

## H.R. 3405 harms efforts to end homelessness by:

- **Undermining HUD’s ability to prioritize evidence-based solutions**, including the Housing First model. Housing First is the most effective approach to ending homelessness for most individuals and families, backed by [multiple, national studies](#).
- **Diverting scarce resources to outdated, ineffective, and costly strategies**, wasting limited federal resources on underperforming programs.
- **Punishing individuals struggling to address substance use disorders**, pushing them back into homelessness when they face challenges.
- **Undermining access to effective treatment.** Housing First is more effective at increasing service utilization than non-Housing First programs. Studies show Housing First programs are equally, if not more effective, than non-Housing First programs in [reducing usage of alcohol](#), stimulants, and [opiates](#). Fears about increased substance use and psychiatric symptoms have [not been supported](#) by research findings.

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