United States
Interagency Council on
Homelessness

Preventing and Ending Homelessness in the United States

The Housing First Checklist: A Practical Tool for Assessing Housing First in Practice

Introduction

Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. Housing First offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing. Without clinical prerequisites like completion of a course of treatment or evidence of sobriety and with a low-threshold for entry, Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and institutions.[1] Due its high degree of success, Housing First is identified as a core strategy for ending homelessness in *Opening Doors: the Federal Strategic Plan to End Homelessness* and has become widely adopted by national and community-based organizations as a best practice for solving homelessness.

Housing First permanent supportive housing models are typically designed for individuals or families who have complex service needs, who are often turned away from other affordable housing settings, and/or who are least likely to be able to proactively seek and obtain housing on their own. Housing First approaches also include rapid re-housing which provides quick access to permanent housing through interim rental assistance and supportive services on a time-limited basis. The approach has also evolved to encompass a community-level orientation to ending homelessness in which barriers to housing entry are removed and efforts are in place to prioritize the most vulnerable and high-need people for housing assistance.

As Housing First approaches become adopted more widely, the need for clarity increases around what the Housing First approach entails and how to know whether a particular housing program or community approach is truly using a Housing First approach. Robust tools and instruments are available which can quantitatively assess and measure a housing program's fidelity to Housing First, and recent research has attempted to rigorously evaluate Housing First implementation.[2] For quick screening, policymakers and practitioners will benefit from this practical, easy to use guide to identify and assess the implementation of the core components of the Housing First approach.

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[1] Lipton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," Psychiatric Services 51(4): 479-486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.

[2] Tsemberis, S. (2010). *Housing First: The Pathways model to end homelessness for people with mental illness and addiction.* Center City, MN: Hazelden. The National Center on Addiction and Substance Abuse at Columbia University. (2012). *Unlocking the door: An implementation evaluation of supportive housing for active users in New York City.* New York. http://www.casacolumbia.org/upload/2012/20121907casahope2full.pdf

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How to Use this Tool

This user-friendly tool is intended for use by policymakers, government officials, and practitioners alike to help make a basic assessment of whether and to what degree a particular housing program is employing a Housing First approach. The tool can be used as a checklist that can be reviewed during a site visit, program audit, or program interview, or as a guide and checklist when reviewing funding applications or reviewing a program's policies and procedures.

The tool is organized in two sections. The first section is a checklist of the core and additional elements of Housing First at the housing program or project level. The second section is a checklist of elements of Housing First at the community-level. Users of this tool should be aware that this tool assesses Housing First adoption along a spectrum, rather than as a simple *yes/no* or *pass/fail*. This tool is also not intended to serve as or supplant a more comprehensive housing and program quality assessment tool, but may supplement or be used in conjunction with such tools.

Quick Screen: Is permanent supportive housing Housing First?

1. *Are applicants required to have income prior to admission?*
2. *Are applicants required to be "clean and sober" or "treatment compliant" prior to admission?*
3. *Are tenants able to be evicted for not following through on their services and/or treatment plan?*

If the answer is "Yes" to any of these questions, the program is not Housing First.

Housing First at the Program/Project Level

Core Elements:

- ❑ Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- ❑ Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness."
- ❑ Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness.
- ❑ Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance.
- ❑ Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

Additional Elements Found in Advanced Models:

- ❑ Tenant selection plan for permanent supportive housing includes a prioritization of eligible tenants based on criteria other than "first come/first serve" such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services.
- ❑ Tenants in permanent supportive housing given reasonable flexibility in paying their tenant share of rent (after subsidy) on time and offered special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management (including representative payee arrangements).

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- ❑ Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.

- ❑ Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants' lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.

- ❑ Building and apartment unit may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants. These may include elevators, stove-tops with automatic shut-offs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, etc.

Housing First at the Community Level

- ❑ Emergency shelter, street outreach providers, and other parts of crisis response system are aligned with Housing First and recognize their roles to encompass housing advocacy and rapid connection to permanent housing. Staff in crisis response system services believes that all people experiencing homelessness are housing ready.

- ❑ Strong and direct referral linkages and relationships exist between crisis response system (emergency shelters, street outreach, etc.) and rapid re-housing and permanent supportive housing. Crisis response providers are aware and trained in how to assist people experiencing homelessness to apply for and obtain permanent housing.

- ❑ Community has a unified, streamlined, and user-friendly community-wide process for applying for rapid re-housing, permanent supportive housing and/or other housing interventions.

- ❑ Community has a coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services, and where individuals experiencing chronic homelessness and extremely high need families are matched to permanent supportive housing/Housing First.

- ❑ Community has a data-driven approach to prioritizing highest need cases for housing assistance whether through analysis of lengths of stay in Homeless Management Information Systems, vulnerability indices, or data on utilization of crisis services.

- ❑ Policymakers, funders, and providers collaboratively conduct planning and raise and align resources to increase the availability of affordable and supportive housing and to ensure that a range of affordable and supportive housing options and models are available to maximize housing choice among people experiencing homelessness.

- ❑ Policies and regulations related to permanent supportive housing, social and health services, benefit and entitlement programs, and other essential services support and do not inhibit the implementation of the Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require the completion of treatment or achievement of sobriety as a prerequisite.

- ❑ Every effort is made to offer a transfer to a tenant from one housing situation to another, if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Fact Sheet: Housing First

Questions and Answers on Homelessness Policy and Research

Updated April 2016

What is Housing First?

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.[i]

How's Housing First different from other approaches?

Housing First does not require people experiencing homelessness to address the all of their problems including behavioral health problems, or to graduate through a series of services programs before they can access housing. Housing First does not mandate participation in services either before obtaining housing or in order to retain housing. The Housing First approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services are offered to support people with housing stability and individual well-being, but participation is not required as services have been found to be more effective when a person chooses to engage.[ii] Other approaches do make such requirements in order for a person to obtain and retain housing.

Who can be helped with Housing First?

A Housing First approach can benefit both homeless families and individuals with any degree of service needs. The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to help end homelessness for a household who became homeless due to a temporary personal or financial crisis and has limited service needs, only needing help accessing and securing permanent housing. At the same time, Housing First has been found to be particularly effective approach to end homelessness for high need populations, such as chronically homeless individuals.[iii]

What are the elements of a program that follows a Housing First approach?

Housing First programs often provide rental assistance that varies in duration depending on the household's needs. Consumers sign a standard lease and are able to access supports as necessary to help them do so. A variety of voluntary services may be used to promote housing stability and well-being during and following housing placement.

Two common program models follow the Housing First approach but differ in implementation. Permanent supportive housing (PSH) is targeted to individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. It provides long-term rental assistance and supportive services.

A second program model, rapid re-housing, is employed for a wide variety of individuals and families. It provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-

sufficiency, and remain housed. The Core Components of rapid re-housing—housing identification, rent and move-in assistance, and case management and services—operationalize Housing First principals.

Does Housing First work?

There is a large and growing evidence base demonstrating that Housing First is an effective solution to homelessness. Consumers in a Housing First model access housing faster[iv] and are more likely to remain stably housed.[v] This is true for both PSH and rapid re-housing programs. PSH has a long-term housing retention rate of up to 98 percent.[vi] Studies have shown that rapid re-housing helps people exit homelessness quickly—in one study, an average of two months[vii]—and remain housed. A variety of studies have shown that between 75 percent and 91 percent of households remain housed a year after being rapidly re-housed.[viii]

More extensive studies have been completed on PSH finding that clients report an increase in perceived levels of autonomy, choice, and control in Housing First programs. A majority of clients are found to participate in the optional supportive services provided,[ix] often resulting in greater housing stability. Clients using supportive services are more likely to participate in job training programs, attend school, discontinue substance use, have fewer instances of domestic violence,[x] and spend fewer days hospitalized than those not participating.[xi]

Finally, permanent supportive housing has been found to be cost efficient. Providing access to housing generally results in cost savings for communities because housed people are less likely to use emergency services, including hospitals, jails, and emergency shelter, than those who are homeless. One study found an average cost savings on emergency services of $31,545 per person housed in a Housing First program over the course of two years.[xii] Another study showed that a Housing First program could cost up to $23,000 less per consumer per year than a shelter program.[xiii]

The National Alliance to End Homelessness's Fact Sheets answer common and frequently asked questions about homelessness policy and research. This series draws on the best expertise, data, and research available. For more information about homelessness, please visit www.endhomelessness.org

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Moving On: Facilitating Tenants' Ability to Move from Permanent Supportive Housing to Other Housing Opportunities

By the National Alliance to End Homelessness Leadership Council

Introduction

Permanent supportive housing (PSH) is permanent affordable housing coupled with supportive services and is designed, by definition, to be long-term. PSH is generally the best intervention for individuals or families that have experienced chronic homelessness and are in need of long-term supports to help them stabilize in housing and to improve other outcomes, including health and income. PSH program designs range from single-site units in a controlled-access building with 24/7 staffing and intensive on-site services to scattered-site units with less frequent staff check-ins.

Occasionally, tenants who were previously homeless and who are living in PSH may eventually require less intensive services and housing supports. The identification of those who can benefit from the changes and the types of needed ongoing supports will be similar between scattered site and single-site facilities. There is often a difference, however, in how the new situation is provided to the tenant. Single-site intensive-services facilities generally involve 24/7 staffing, controlled entry, institutional kitchens, and other types of expensive and intensive facilities and engagement. As a result, the move to less intensive services and supports generally requires a move to another location, and it requires finding not only an alternative affordable or market rate housing unit coupled with less intensive, community-based services, but also the supports needed to create new community ties and/or preserve old ones. In the case of scattered-site units, adjusting to the tenant's changing needs and desires can often be accomplished by tailoring the services and housing supports to meet the tenant's reduced needs. When a scattered-site resident wants to relocate, many of the same new community-building supports will be required as are required for the single-site resident who moves.

Tenants may decide they are ready to leave the often highly-structured PSH environment for a range of reasons, including their ability to pay more for housing, a wish to be free from rules such as those limiting visitors (often adopted by PSH to protect vulnerable residents from predators), a desire to have a different type of unit, a wish to move closer to family or friends, or a hope of taking advantage of community-based wraparound services. Supportive housing can facilitate individuals' inherent expectation of continual self-improvement by creating opportunities for the tenant to choose new and different housing opportunities.

This kind of "graduation" from PSH facilities can be useful to both the tenant and the system. Through creation of new opportunities, tenants receive greater choice in where they want to live, what type of unit they live in, and how their daily activities will be structured. At the same time, tenants who no longer need the intensive and often expensive housing and supportive services offered in intensive-services site-based PSH can move into less expensive housing placements, freeing up the site-based resources for the households with highest needs, and tenants in scattered site facilities, by electing to use fewer supports, free up resources for other tenants.

Unfortunately, there is no known way of identifying in advance which tenants are the ones for whom a move to more conventional housing might eventually be appropriate. For many PSH residents, it will be appropriate for them to remain in PSH units permanently. Communities should ensure that there is no pressure on PSH residents to move if they are not ready to move or are not interested in doing so. Communities who actively work to move residents from PSH risk unintentionally putting pressure on clients to move on, whether or not they are ready. Careful assessment by both the tenant and case manager is necessary in order to ensure that both the program and client are comfortable with the decision to explore less structured and supportive options.

Transitioning residents from PSH can free up "bottlenecks" in supply and be an effective cost-saving tool for communities to consider. However, communities must be aware of the potential risks with implementing a formal program. This brief identifies some promising practices and key lessons learned from pilot programs in Chicago, IL; Seattle, WA; and New York, NY. Because these programs focus primarily on intensive-services, single-site PSH, this paper does as well. However, the principles explored below can also be applied to scattered-site housing.

Background

PSH works extremely well in helping people who have experienced chronic homelessness to improve their health and retain their housing. It can also be a much more efficient and effective use of community resources, as has been demonstrated in several research studies. The intensive staffing ensures that a case manager notices if tenants encounter difficulties, and services available on site or in the community allow for easy access to treatment and assistance. It is an ideal solution for people with intensive needs for long-term housing assistance and specialized services, such as addiction or mental health services.

PSH, especially single-site intensive-services PSH, is also quite expensive. It is expensive to construct on a per-unit basis because of the large common areas, the institutional kitchens, and the amenities designed to deal with a severely disabled population. It is expensive to operate because of the high level of staffing involved in having controlled entry, organizing community activities, and providing other services. Single-site PSH often involves ancillary services such as a nurse, with the associated examination, treatment room, and staffing costs.

Once residents have stabilized their lives, some may not want or need many of the expensive supports of PSH or might be able to find equivalent supports in other ways. They may have become self-confident and self-reliant enough to not need controlled access to protect them against predators or have formed ties or be able to form ties in the broader community that will prevent them from self-isolating. Tenants may also be able to travel to a more conventional location for counseling and support services.

Particularly in the single-site situation, the diminished need for supports on the part of some residents does not necessarily translate into diminished expense of construction or operation of the facility. Unlike scattered-site PSH, where services can simply be reduced, single-site PSH remains quite expensive. Amortization of the construction costs remains constant as long as intensive staffing remains in place, since 24/7 staffing will continue for the remaining tenants and sometimes an institutional kitchen is still operating. In short, a situation can be created where an individual who could be very stable and content in private market or public housing is occupying a much more expensive slot than necessary in PSH. As a community's supportive housing system expands, it may be more efficient for part of that expansion to "open up" a new unit of PSH by helping an existing resident who is stable to move on to more conventional housing rather than construct a new unit.

One of the most fundamental principles of PSH is that a resident has all of the rights and respect of tenants of any other leased housing, including the right not to be moved involuntarily. The question faced by systems with a substantial stock of PSH is how to empower and support residents who are able to move to other housing opportunities to do so, while respecting the principles of PSH.

Providers in several cities have worked on programs to enable appropriate PSH residents to move to more conventional housing, including Deborah's Place in Chicago, IL; SRO Moving On in New York, NY; and DESC, Plymouth Housing Group, and Catholic Housing Services in Seattle, WA. The following is a compilation of answers to a questionnaire that was given to those programs asking about program qualification, support services, and outcomes.

Eligibility Criteria

All of the programs surveyed were purely voluntary. Some of the programs found no shortage of applicants simply upon posting a notice of availability; others spent more time answering questions and addressing concerns. All of the providers looked for residents with good rental history and unit maintenance in the existing PSH, an ability to get along with neighbors, and qualification for the subsidy being used for the new housing. Several providers offered some interesting additional criteria – specifically, a lack of involvement in drug abuse or trafficking, an ability to maintain personal boundaries and keep others from taking advantage of him/her, a low level of need for daily contact with staff, and an ability to get meals or get to meal programs.

Barriers to Participation

As would be expected, a key barrier was a lack of subsidy for the new housing. In this respect, the participation of local housing authorities in providing Section 8 or public housing units was critical to supporting tenant's decisions to move to more independent living. Other key barriers to graduation included inability to locate or qualify for housing and difficulty affording the cost of moving, furniture, and security deposits. Additional barriers were more intangible but no less important, including a reluctance to leave staff and friends, a perceived loss of PSH benefits such as meals, activities, and a secure environment, and a reluctance to leave a particular neighborhood or community.

Support Provided to Facilitate the Choice of a More Conventional Housing Situation

The first and most important support necessary for facilitating the tenant's choice to move out of single-site intensive services PSH is a new housing opportunity. In the programs surveyed, this was provided through both subsidies and staff support in navigating the logistics of qualifying for and obtaining housing. The willingness of housing authorities to provide subsidies and units was extremely useful when available. One provider actually designated as "graduation housing" two new low-income buildings also operated by the provider. That allowed the provider to ensure a continuity of community that would not have been available with scattered-site housing. A number of the providers also supplied funding for furniture, moving costs, security deposits, and the providers who did not have that funding available identified the lack thereof as a significant missing component for success. All but one of the programs surveyed also provided ongoing support services. Significantly, these included not just continuation of services such as mental health support, but also newer and lighter case management focused on crisis intervention and on creating community-building opportunities in the resident's new housing. One provider found that inclusion of community space in the new residence was an important part of community-building for the tenant. Several providers worked to ensure that the tenant had ongoing connections with their original PSH housing community. All of these ongoing services would likely be similarly useful in the case of a scattered-site PSH resident moving to another location and fewer services.

Success and Replicability

All programs reported substantial success for the residents, with housing retention in the high 80 to low 90 percent ranges, and those not staying often moving on to other long-term housing opportunities. Several providers also offered a "right of return" for those unable to adapt to the new housing, although this was seldom used. All programs reported that they were extremely pleased at having been able to free up units in their single-site intensive services PSH buildings for those in need of the intensive services available in those facilities. All expressed a desire for more subsidies and funding to allow them to continue their programs (several had to shut down when funding was exhausted), but most also felt that the total number of people in their PSH programs who could take advantage of a graduation program was limited (the percentage of existing PSH residents felt to be eligible ranged from 25 percent in one program to 5 percent in a program that focuses specifically on the most severely mentally ill individuals).

Key Learnings

PSH will be the lifetime residence for many people with severe disabilities. In many ways, the homeless assistance system's PSH facilities are the "community-based treatment facilities" that people were promised (and never given) when government closed large institutional facilities in the 1970s and 1980s.

For others, however, the opportunity to move to other housing and service situations is a good option both for the tenant and for the system. Success of such an option depends in large part upon the system meeting the needs of the resident who is moving. It is also critical to ensure that programs understand that tenant needs are not just new housing options and financial assistance (although those are critical), but also help and support in becoming part of a new community (and often maintaining interim ties to their community of origin in the PSH), as well as a crisis intervention capability if there are transitional challenges.

As homelessness assistance systems continue to look for ways to increase availability of PSH for those in need, a community's primary focus should be on the acquisition or construction of additional facilities. However, in the context of managing the overall PSH stock, particularly the single-site, intensive services dedicated stock, an awareness of the potential contribution of graduation programs for those for whom it is appropriate (costing a fraction of new unit construction or acquisition) should be kept in mind as a potentially very useful strategy.