HOUSING FIRST

Housing First is an important program developed to address the problems of individuals who are homeless, especially those with long term mental health and substance abuse issues. The basic definition of Housing First is that the most vulnerable homeless populations need housing first and that once housed, support and services can be provided in the stable environment.

The purpose of this bibliography is to present some of the research describing the problem Housing First addresses, studies that suggest the need for supportive housing in general and support for the effectiveness of supportive housing, some information describing Housing First, studies presenting the outcomes of Housing First interventions, studies of Veterans and Housing First and some policy issues. This information can then help providers, consumers, and policy makers make informed decisions towards ending homelessness for Veterans.

The problem & the need


This study is the first to utilize a population-based sample that experienced chronic homelessness in sheltered and unsheltered locations to examine the distribution of service
utilization and costs. Persons who experienced chronic homelessness were identified from shelter and street outreach records from a large U.S. city over a three-year period (N = 2,703). Psychiatric care, substance abuse treatment and incarceration utilization and costs for the same three-year period were examined for those identified as persons who experienced chronic homelessness.

Results from this study indicate that the majority of total service costs were incurred by a small minority of persons who experienced chronic homelessness; the majority of these costs were due to psychiatric care and jail stays. The study authors conclude that “supportive housing models for people with serious mental illness who experience chronic homelessness [such as Housing First] may be associated with substantial costs offsets, because the use of acute care services diminishes in an environment of housing stability and access to ongoing support services”. The authors further state that such supportive housing models may not be appropriate or offer opportunities for cost offsets for populations with less severe behavioral health needs.

Newman, S., & Goldman, H. (2008). Putting housing first, making housing last: Housing policy for persons with severe mental illness. American Journal of Psychiatry, 165(10), 1242-1248. This article provides a review of housing policy for persons with severe mental illness with the goal of suggesting a research agenda to inform public policy. The authors provide an overview of: the current housing context, including the housing status of persons with severe and persistent mental illness, housing programs and policy, mainstream housing assistance programs, earmarked housing programs for persons with severe and persistent mental illness;
as well as the state of the evidence regarding housing, support services and housing access. The authors argue that addressing the problem of accessible, decent and affordable housing is the first step necessary to addressing homelessness among those with severe mental illness.


This article provides a review of academic and applied research on housing and service arrangements that have been found to facilitate stable housing outcomes for homeless, formerly homeless, and precariously housed individuals and families. This article focuses on three subpopulations, including: 1) homeless persons with behavioral health disorders and/or HIV/AIDS; 2) adults in homeless families; and 3) survivors of domestic violence. Following their review of the literature the authors conclude that “services in the absence of housing support are generally not enough to prevent initial or repeat episodes of homelessness, particularly for individuals and families with more severe barriers to stable housing.”


This policy paper presents “the case for policies both to expand the availability of permanent supported housing for chronically homeless persons and establish practices that would make appropriate, needed and effective Medicaid services available for highly selected and targeted
populations”. Given the recent health care legislation that expands Medicaid-eligibility to include all chronically homeless adults, the authors argue that “minimizing the utilization of preventable and expensive acute health care services by chronically homeless persons is of vital importance”. Further, the authors state that the demonstrated effectiveness of permanent housing services to reduce health care service utilization among chronically homeless adults supports the “expansion of permanent supported housing and facilitating Medicaid reimbursement for services in supported housing”. In support of these arguments, the authors provide a review of the evidence supporting permanent supported housing as an effective strategy to end chronic homelessness as well as the ability of permanent supported housing to provide for cost-offsets – if not cost-savings – among chronically homeless adults. The authors conclude their paper by emphasizing the importance of the partnering of multige agencies “to fund both housing and defined support services, to their mutual benefit as well as to the benefit of recipients and communities”.

Outcomes for supportive housing


This study examines the provision of supportive housing for homeless persons with severe mental illness and its corresponding impact on public investment through the costs associated with supportive housing and reductions in public service use. Homeless persons with severe
mental illness placed in supportive housing in New York City \((N = 4,679)\) between 1989 and 1997 were compared to a matched comparison sample not receiving supportive housing. Homeless persons receiving and not receiving supportive housing services were compared using administrative data on costs associated with service utilization of public shelters, public and private hospitals and correctional facilities.

Results from this study found that homeless persons with severe mental illness utilized over \$40,000 per year \(\text{(in 1999 dollars)}\) in services prior to receiving supportive housing services. Persons placed in supportive housing experienced marked reductions in shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated. Those receiving supportive housing services had significant reductions in service utilization and associated costs \(\text{(over \$16,000 per housing unit per year). Given these substantial cost savings, 95 percent of the costs associated with providing supportive housing units to homeless persons with severe mental illness were offset with other service utilization reduction. The authors argue that the provision of supporting housing to homeless persons with severe mental illness can substantially reduce public service utilization at only a modest cost to taxpayers.}


This study examines outcomes associated with full-service partnerships (FSPs) which provide housing and engage chronically homeless adults with severe mental illness in treatment. Homeless clients served by the FSP were recruited from a variety of inpatient facilities.
(including jail, shelters and those providing behavioral health services), facilities providing homelessness assistance services and the street. Homeless clients served by the FSP received subsidized permanent housing and team-based services focused on rehabilitation and recovery; however, consistent with the Housing First approach, it was not necessary for homeless clients to participate in services to receive housing support.

Results from this study found an association between participation in the FSP and: 1) substantial increases in time spent housed as well as outpatient service use; and 2) reductions in costs associated with the use of inpatient/emergency and justice system services compared to the matched control group.


This study examines service use and two-year treatment outcomes amongst chronically homeless persons who received comprehensive housing and healthcare services through the federal Collaborative Initiative on Chronic Homelessness (CICH) program in five communities \( n = 281 \), compared to chronically homeless persons who received usual care in the same communities \( n = 104 \). Participants completed baseline and follow-up interviews every three months for a two-year period following program entry assessing both client outcomes (e.g., housing) and service use.
Results indicated that those participants served by the CICH program experienced a significantly larger number of days housed and were also significantly more likely to report having a usual care provider for physical and behavioral healthcare needs as well as more days of receiving care for physical and behavioral healthcare needs. However, no differences were found in the level of overall health status, substance use or community adjustment. The authors conclude that the evidence from this study supports the ability of a permanent housing, intensive case management and healthcare services to improve “housing outcomes, but not substance use, health status or community adjustment outcomes, among chronically homeless adults”.

Descriptions of Housing First


This article contrasts the ‘Housing First’ approach to addressing homelessness as compared to the Continuum of Care approach. Additionally, the authors describe the research literature supporting the use of the Housing First approach to address homelessness in both North America and Europe. The authors conclude the article by arguing for the extension of Housing First approaches throughout Europe as well as continued research to document and support the effectiveness of Housing First approaches.

This manual offers a complete description of the Housing First model as developed in the Pathways program including the origins of Housing First, the principles, initial program steps, in depth descriptions of housing and housing support services, how assertive case management and intensive case management teams can work with the Housing First model, establishing the program within communities, and essential program ingredients to establish fidelity.

**Housing First outcomes**


This study examines the effectiveness of a Housing First program over a five-year period for persons housed between 1993 and 1997 in New York City. Study analyses compared housing stability outcomes for those receiving Housing First services ($n = 242$) compared to a sample of persons housed through a linear residential treatment approach during the same five-year period. ($n = 1,600$).

**Results:** Compared to those who received housing through a linear residential treatment approach, more clients served through the Housing First program remained stably housed during the study follow-up period (88 versus 47 percent). Moreover, results from the survival analyses controlling for client differences at baseline supported the superiority of the Housing First approach for retaining client housing stability. The study authors argue that the results of
this study challenge “widely held clinical assumptions regarding the relationship between the symptoms and the functional ability of an individual”.


This study examines the longitudinal impacts of a Housing First program for homeless persons with severe mental illness on participant housing stability, substance use and treatment utilization, psychiatric symptoms as well as perceptions of consumer choice. The study authors utilized a randomized design to compare those who received Housing First services (experimental group; n = 99) versus those who received housing contingent upon treatment and sobriety (control group; n = 126). Participants completed follow-up measures every 6 months for a two-year period following randomization into either Housing First or the control group.

Results from this study indicated that homeless persons with severe mental illness receiving Housing First services “obtained housing earlier, remained stably housed, and reported higher perceived choice”; in addition, while the control group utilized a significantly higher amount of substance abuse treatment services, the two groups did not differ in their level of self-reported substance use or psychiatric symptoms. The results from this study provide evidence against the assumptions underlying the Continuum of Care model and that the Housing First model has significant potential to “end homelessness and increase integration into the community for individuals with psychiatric disabilities living on our streets”.

This study examines the long-term impacts of a Housing First program for homeless persons with severe mental illness in New York City on substance use and treatment service utilization. Participants included homeless persons with severe mental illness served in the Housing First program ($n = 99$) compared to those were served in the treatment-as-usual condition ($n = 126$), with housing dependent upon abstinence. Participants were randomly assigned to either the Housing First or treatment-as-usual condition. Both groups were assessed on their level of substance use and treatment service utilization every six months over a four-year period. Participants in both groups did not differ on any key baseline demographic characteristics or level of use of alcohol or illegal drugs.

Results from this study indicated that there were no significant differences between the two study groups in their level of alcohol or illegal drug use, despite the fact that those in the treatment-as-usual group received significantly greater amounts of substance use treatment services. The results of this study show that individuals with severe mental illness and substance use problems do not have to undergo mandatory treatment to be able to live independently in the community. The authors further state that the evidence from their study does not support the assumption that Housing First models lead to higher levels of participant substance use due to their lack of sobriety requirements for participant receipt of housing services.

This study examines the longterm impacts of a Housing First program for homeless persons with severe mental illness on participant housing stability. Participants from this study included persons who were chronically homeless with a severe mental illness and who had the longest histories of shelter use in a suburban county. Participants were randomly assigned to either one of two Housing First programs (n = 209) or a treatment-as-usual group not receiving Housing First services (n = 51). Treatment-as-usual was defined as the standard array of services offered by the county studied for persons experiencing homelessness. Follow-up data on housing stability were available for four years for persons receiving Housing First services and for a 20-month period for those receiving treatment-as-usual following randomization.

**Results:** Compared to those who received treatment-as-usual, those receiving Housing First services were placed in permanent housing at higher rates. The authors conclude that providers new to Housing First must be aware of ways in which their practices may deviate from the essential features of Housing First, particularly with respect to enrolling eligible consumers on a first-come, first-served basis and separating clinical issues from tenant or housing responsibilities.

This study examines longterm impacts of three Housing First programs for homeless persons with severe mental illness, often with co-occurring substance use disorders, on housing stability during the first year of their program enrollment. Participants included persons who were chronically homeless with a severe mental illness enrolled in three different Housing First programs (*N* = 80). Data collected included housing status, impairment due to substance use and/or mental illness, as well as service contacts. Focus groups were conducted at each of the three Housing First programs to gauge participants perspectives on the quality of their housing, satisfaction with their housing, and their quality of life experience with the Housing First program during their first year of placement.

*Results* indicated that the majority of participants remained engaged in the Housing First program and stably housed although participants “experienced temporary program departures, most frequently for short stays in psychiatric hospitals or short periods of time on the streets”. There were no significant differences in the level of impairment due to substance use or mental illness. Based upon results obtained from qualitative feedback, “participants cited the privacy, independence, safety, and quality of their housing as positive features of their housing experience”. Further, the authors suggest that while the direct placement of chronically homeless individuals into housing is an immediate benefits of utilizing a Housing First approach, this does not necessarily address “other issues that may impede one’s housing success”.

This study examines the impact of a Housing First intervention for chronically homeless persons with severe alcohol use disorders on health care utilization and associated costs. Participants were selected based upon a rank-ordered list of chronically homeless persons who utilized the most services, and had the highest associated costs, corresponding with alcohol-related hospital services, detoxification facilities and jail stays. Participants receiving the Housing First intervention (*n* = 95) were compared to a wait-list group of participants who had not yet received Housing First services (*n* = 39). Study measures included the number of days of service utilization and associated costs. Participants were examined for a six-month follow-up period.

**Results** from this study indicated that Housing First participants utilized 53% less costs over the first six months of the study compared to the wait-listed control condition. After accounting for expenses related to the provision of housing, Housing First participants had a cost-offset of $2449 per month compared to the control condition due to reduction in alcohol-related hospital services, detoxification facilities and jail stays. Moreover, results from this study found that the “length of time in housing was significantly related to reductions in use and cost of services, with those housed for the longest period of time experiencing the greatest reductions”. Results support the basic premise of Housing First services - that is, “providing housing to individuals who remain actively addicted to alcohol, without conditions such as
abstinence or treatment attendance, can reduce the public burden associated with overuse of crisis services and reduce alcohol consumption”.


This study examines the impact of a case management and Housing First program on the “use of urgent medical services among homeless adults with chronic medical conditions”. Homeless persons with chronic medical conditions were recruited from two hospitals and randomized to either receive the case management and Housing First intervention (n = 201) or usual care (n = 206). The main outcome measures included hospitalizations, hospital days and emergency department visits with an 18-month follow-up period. Three quarters (73%) of all participant experienced at least 1 hospitalization or emergency department visit.

Results indicated that the treatment group receiving case management and Housing First services had a relative reduction in service use of; 29% in hospitalizations, 29% in hospital days, and 24% in emergency department visits. The findings support the ability of interventions providing case management and Housing First services to reduce utilization of hospital and emergency department services for homeless adults with chronic medical conditions.

This study examines the impact of a Housing First program on use of hospitalization services for chronically homeless persons with disabilities, primarily mental health and substance use disorders. A total of twenty participants were recruited for the study, which included both non-veterans (60%) and veterans (40%). Hospitalization utilization was examined for the six-months prior to and the six-months following participant housing.

Results indicated that, while there was a decrease in the utilization of hospital services these differences were not statistically significant. This lack of statistical significantly difference is not surprising given the small sample size employed in the study. The authors conclude that, while they did not find statistical significance, the reductions in participant hospital utilization were financially significant and demonstrate the value of Housing First approaches.


This study examines the impact of a Housing First program on housing outcomes and use of health and detoxification services as well as criminal justice involvement of chronically homeless persons. Specifically, this study examined participant outcomes for the two years prior to enrollment and the two years following enrollment in a Housing First program ($N = 18$). In the two-year follow-up period, all but one client maintained stable housing (94%); in addition, three other clients transferred from their original Housing First placement, with two rehoused in another location and a third client transitioned to a substance abuse program.
**Results:** While not statistically significant, participants increased their utilization of outpatient services and decreased their utilization of emergency services as well as detoxification services in the two-year follow-up period. Participants also experienced a statistically significant decrease in the mean number of citations related to criminal offenses.

**Comparison of housing models (Housing First vs. treatment first)**


This study systematically reviews the literature examining the effectiveness of housing and support, assertive community treatment and intensive case management on the housing outcomes of homeless persons with mental illness (N = 16 studies). Study selection criteria included research articles that: were empirical in nature and published in refereed journals; dealt with housing and support, assertive community treatment and/or intensive case management; utilized experimental or quasi-experimental research designs that made comparisons between the types of interventions studied or used a comparison/control group; and included persons with mental illness who had a history of homelessness. Studies labeled as housing and support included supportive housing interventions as well as various other housing programs labeled as residential treatment, residential continuum, or community residences (if they provided staff support, either on-site or off-site).
**Results** indicated that housing outcomes were superior for programs that combined housing and support (effect size = .67), followed by assertive community treatment alone (effect size = .47), while the weakest outcomes were found for intensive case management programs alone (effect size = .28). The results of the study suggest that permanent housing and support is the most effective approach to reduce homelessness among persons with mental illness.


This study employs a meta-analytic approach to examine multiple outcomes for homeless persons with severe mental illness receiving different models of housing support, including residential care and treatment, residential continuum, permanent supportive housing and non-model housing. Housing stability, symptoms, hospitalization and satisfaction were examined as study outcomes. Studies selection criteria studies included research articles that: were empirical or quantitative research in nature and published in refereed journals; dealt with different models of housing support, including residential care and treatment, residential continuum, permanent supportive housing and non-model housing; utilized experimental or quasi-experimental research designs that made comparisons between the types of interventions studied or used a comparison/control group; and included persons with a severe mental illness who had a history of homelessness. A total of thirty studies were included in the meta-analysis, although some studies reported on more than one type of housing intervention.
Results indicated that all housing models were superior to non-model housing interventions in promoting participant housing stability: residential care and treatment (effect size = .48); permanent supportive housing (effect size = .63); and residential continuum (effect size = .80). Other interesting findings indicated the superiority of permanent supportive housing in reducing hospitalization (effect size = .72) as well as satisfaction (effect size = .73) compared to the other housing models examined. The results provided support for all three types of housing models.


This article examines the longterm outcomes of chronically homeless persons with severe mental illness participating in the Collaborative Initiative to End Chronic Homelessness (CICH). CICH was a national, multisite housing project to determine whether clients who receive residential treatment or transitional housing before being placed in independent housing achieve superior outcomes to clients who are immediately placed into independent housing, and whether they incur greater health care costs. Participants were assessed every 3 months for a total follow-up period of two years after CICH entry. Participants were assessed on housing outcomes, community adjustment, work and income, mental and physical health as well as health service costs.

Results indicated that those in the Independent Housing First group had better housing outcomes and fewer days incarcerated. Those in the Independent Housing First group also
reported having more choice over treatment. However, there were no observed differences on clinical outcomes or community adjustment outcomes. Yet, those in the Residential Treatment First group incurred higher substance abuse service costs. This study was observational in nature and the authors call for randomized controlled trials of these conditions to establish causation.


This study examines the longitudinal substance use and receipt of substance use treatment outcomes among homeless persons with severe mental illness and a history of substance use disorders receiving Housing First versus treatment first services. Participants for this study included those receiving Housing First ($n = 27$) versus those receiving Treatment First ($n = 48$) services. Participants completed comprehensive qualitative interviews at baseline and follow-up interviews on a monthly basis for a year following program admissions.

Results indicated that persons receiving Treatment First services were 3.4 times as likely to use substances and 10 times as likely to receive substance abuse treatment services compared to persons receiving Housing First services. The authors state that their study “provides strong evidence that Housing First clients are significantly less likely to use or abuse substances when compared to Treatment First clients;” and further, that “they are also far less likely to use substance abuse treatment services and to drop out of services”. Further, the
authors conclude that the results of their study provide support that Housing First services “extend to greater [participant] control over drug and alcohol use”.

**Veteran-specific outcomes**


This study examines the housing status, treatment outcomes and Veterans Affairs service utilization among Veterans entering substance abuse treatment. Participants were recruited as part of a prospective, randomized controlled trial examining on-site versus referral primary care services ($N=2,731$); clinical indicators were used to determine Veteran participation in substance abuse treatment services ($n=622$). Participants completed assessments at baseline and at three, six, and twelve months post baseline. The Addiction Severity Index, which measures the severity of problems caused by substance use, was used as the primary study outcome measure. Four mutually exclusive groups were created based upon participant housing status at baseline and the final twelve-month follow-up: consistently housed ($n=255; 41\%$); consistently homeless ($n=168; 27\%$); housed at baseline but homeless at final follow-up ($n=51; 8\%$); and homeless at baseline but housed at final follow-up ($n=148; 24\%$).

**Results** indicated that consistently housed Veterans had better drug use outcomes than consistently homeless Veterans, although there were no significant differences in their alcohol use outcomes. There were no differences in substance use treatment retention rates amongst
those inconsistently versus consistently homeless Veterans. However, “all homeless groups were more likely than the consistently housed group to have inpatient admissions and [incur] higher total treatment costs”. Although the relationship between housing status and treatment outcomes is a complex one, results suggest that associations exist between stable housing, lower VA treatment service utilization, and more positive treatment outcomes among Veterans with substance use disorders.


This study reports on the housing preferences of homeless veterans with co-occurring mental health and substance use disorders in comparison to homeless non-veterans with co-occurring disorders. Participants for this study included homeless veterans with co-occurring disorders referred to a addictions housing team at a hospital which provides transitional residences and employment for homeless veterans (n = 141). The housing preferences of these veterans were compared to a sample of male non-veteran homeless persons with co-occurring disorders staying in a transitional shelter for homeless persons with mental illness (n = 62).

Results indicated that “most of the homeless veterans with [co-occurring disorders]...preferred to live alone, even though many had moved into a transitional shelter at the time of the survey. They were also less interested in staff support than the [non-veteran] homeless comparison group.” Both groups expressed a greater desire for living independently than was suggested by clinician recommendations. Results suggest the observed discrepancies argue for the the assessment of housing preferences before the formulation of housing
placement policies. “For many consumers, supported housing – living independently with on-demand staff support – seemed to be the preferred model”.


This study examines the longterm impact of previous time-limited residential treatment on the treatment outcomes of homeless veterans with severe mental illness placed into permanent supported housing. Participants for this study included homeless veterans with a psychiatric or substance abuse disorder who received supportive housing services from the Department of Veterans Affairs (*N* = 655). Prior residential treatment in the past six-months was coded as a three-level categorical variable (0 days, 1 - 90 days, 91 - 180 days). The main outcome variable examined was tenure in supported housing (continuous variable) although study analyses also examined other dichotomous variables: mode of termination (mutually agreed upon, premature termination); residential status (independently living in one’s own apartment, room or house, or not); and employment (employed part- or full-time, or not).

Results indicated that “clients who received residential treatment 6 months prior to entering supported housing showed no better outcomes than clients who received no such treatment”. “(T)his lack of significant association between prior residential treatment and client outcomes applied to not only to homeless individuals having a serious mental illness, but also to homeless individuals having substance abuse disorder or some other condition”. This
evidence supports the effectiveness of supportive housing to a broader swath of the homeless population, and not just to homeless persons with severe mental illness.


This study presents the longterm outcomes of homeless veterans participating in two models of supported housing provided through the Housing and Urban Development – Veterans Affairs Supported Housing (HUD-VASH): 1) a direct placement approach (*n* = 139), and 2) a multistage continuum approach (*n* = 183). The direct placement housing group consisted of “those who spent at least 72 days of the 90 days prior to HUD-VASH baseline homeless or in shelters, were literally homeless at the time of HUD-VASH baseline assessment, and had no days in residential care prior to the interview when first housed”. The multistage continuum housing group consisted of “those who spent 72 (80%) of the 90 days prior to the HUD-VASH baseline assessment in residential treatment, were in residential treatment at the time of the HUD-VASH baseline interview, and had zero days homeless in the 90 days prior to the interview when first housed”. Following the completion of a detailed baseline assessment, participants in both groups completed follow-up interviews every three months for the duration of the time participation in the HUD-VASH program, for up to 5 years. Data were collapsed into six-month time period during the first two years of the study for the purposes of this study.

Results indicated “participants in both models achieved similar overall levels of housing, quality of life, and clinical outcomes”. However, participants in the multistage continuum
housing group had “significantly worse scores on baseline measures of alcohol and drug use, quality of life, and social support, and subsequently experienced significantly greater improvements over time so that, with the exception of employment outcomes, between-groups differences were no longer significant at later time periods. Moreover, health care costs for the initial period of residential care for participants in the multistage continuum housing group were more than three times higher than participants in the direct placement housing group. The authors state that it is “impossible to know from [their] data whether the similar outcomes were related to being housed, to the place participants resided prior to being housed, or to other fundamental differences in the group”. The authors conclude their paper by stating the need for more definitive research using more controlled samples to determine what could account for the findings observed in their study.


This study examines the longterm effectiveness of three interventions – supported housing, integrating clinical and housing services (HUD-VASH; n = 182), intensive case management (n = 90), and standard care (n = 188)– on housing outcomes, mental health and substance abuse status as well as community adjustment for homeless veterans with mental illness. Participants were randomly assigned to one of the three study conditions. Participants completed baseline and follow-up interviews every three months for the three years following baseline admission to the program. Participant housing status in the past 90 days was assessed at each interview.
The Addiction Severity Index assessed participant psychiatric, alcohol and drug problems; additional measures were used to quantify participant social support and their treatment process.

Results from main study analyses indicated that participants in the HUD-VASH condition had significantly more days spent housed and fewer days spent homeless than both the standard care and case management groups; statistical significance was found for the first two years but attenuated in the third. Veterans in the HUD-VASH condition also reported significantly higher ratings of satisfaction and larger social networks compared to the other groups; there were no significant differences between the three groups in mental health and substance abuse status or community adjustment. Combining health care and non-health care resource consumption to estimate costs from the perspective of society as a whole, HUD-VASH clients consumed $6200 (15%) more resources than standard care clients [across the three-year study period]. The authors state that “assignment to HUD-VASH was associated with improved housing outcomes and greater social contacts but no other benefits, and costs increased. Case management by itself, yielded no advantage over standard care”. The authors conclude their study by stating that their study “demonstrates the potential benefit of housing vouchers for [homeless veterans with mental illness], although the associated clinical costs are not inconsiderable”.

Housing Policy

This article reviews studies examining outcomes for homeless persons with addictive disorders receiving Housing First versus more traditional, or linear, recovery interventions. Findings from this review suggest that homeless persons who received Housing First services had excellent rates of housing retention, although a small amount of these participants had active and severe addiction. Findings further document reductions in addiction severity but less positive findings in long-term rates of housing retention for homeless persons who received more traditional, or linear, recovery interventions. The study authors state that much of the evidence supporting Housing First interventions have been based upon homeless persons whose primarily disorders are severe mental illness, and not active and severe substance use disorders. As such, the authors caution against the generalization of the effectiveness of Housing First interventions for participant housing and substance use outcomes to homeless persons whose primary disorder(s) are active and severe substance use disorders. Further, the authors caution against potential risks of providing Housing First interventions to homeless persons with active and severe substance use disorders, e.g., worsening of participant addiction issues. The authors conclude by stating that “future studies of Housing First would be strengthened by recruiting persons with severe and active addictive disorders, more rigorously assessing addiction, and determining whether addiction treatment (when offered) conforms to evidence-based principles”.

This editorial provides an extension of the previous discussion regarding the evidence supporting Housing First interventions published by Kertesz, Crouch, Milby, Cusimano, & Schumacher (2009). Specifically, Kertesz & Weinter discuss the role of Housing First and “how the provision of secure housing to the most vulnerable members of society – the sickest of the chronically homeless – can be a win-win situation for all parties concerned,” in that chronically homeless persons become housed and society incurs fewer overall costs due to reduced health and judicial service utilization. Kertesz and Weiner then raise the logical question regarding the extent to which Housing First services should be provided “to a wider subset of the homeless population,” wherein the “strictly economic benefits [of providing Housing First services] will likely diminish or disappear”. The authors conclude their editorial by stating that the current “challenge now is to determine which subgroups of the homeless population could benefit most from Housing First”.


This study employs qualitative methods to examine and compare the perceptions of ‘first-line providers’ serving homeless persons with co-occurring psychiatric and substance use disorders in Housing First (n = 20) and traditional programs (n = 21; referred to as ‘Treatment First’). Qualitative data were coded and interpreted using thematic analyses. Three broad themes
emerged from study analyses: “the centrality of housing, engaging consumers through housing, and (limits to...) a right to housing”. Further, study findings indicated that “Treatment First providers were consumed with the pursuit of housing, whereas Housing First providers were able to focus more on clinical concerns since consumers have already obtained permanent housing”. Moreover, study findings indicated that Housing First providers “viewed immediate access to permanent apartment living as an effective means to engage consumers and establish a trusting relationship”. The authors conclude their study by exploring issues related to the “implementation of Housing First in diverse geographic areas and service systems,” with a focus on the real-world implementation of emerging best practices and recovery-oriented care for homeless persons with co-occurring psychiatric and substance use disorders.


This study employs qualitative methods to examine the perceptions of formerly homeless persons placed into housing via a Housing First approach regarding their receipt of homelessness assistance services and Housing First services in particular. Twenty formerly homeless persons who received housing via Housing First services completed in-depth qualitative interviews; qualitative data were analyzed for broad themes using ongoing comparative analysis. The study authors “identified five major themes: (1) negative perceptions of homeless services and service resistance; (2) readiness to leave the street; (3) believable housing options as triggers for change; (4) adapting to new surroundings and
discovering benefits; and (5) the importance of know supports are in place”. The authors
conclude their study by stating the importance of “fulfilling promises in the wake of past
disappointments and providing an ongoing sense of support [as] key elements that have
enabled the [Housing First] program to egage and maintain clients”.
