



**U.S. Department of Veterans Affairs**

**National Center on Homelessness among Veterans**

*Research-driven solutions to prevent and end homelessness*

**RESEARCH BRIEF**

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## **The Evidence Behind the Housing First Model**

### **Authors**



*Left to Right: Jack Tsai, PhD, MSCP; Roger Casey, PhD, LCSW; Dina Hooshyar, MD MPH*

### **Background**

Starting in the 1990s, the Housing First model was developed in North America to meet the housing and treatment needs of the chronic homeless population who typically have mental health disorders, including substance use disorders.<sup>1</sup> Unlike the preexisting model, the Housing First model advances the principles that housing is a basic right and the housing program should identify and address the needs of the people it serves from the people's perspective. These principles are foundational for its hallmark features of providing immediate access to permanent, subsidized, independent housing without the prerequisites of treatment participation or sobriety. These principles also contribute to this model being called "Housing First" as opposed to the preexisting model that requires a demonstration of "housing readiness" before the person is provided permanent, non-transitional housing.

This research brief evaluates the evidence existing about the Housing First model. The gold standard of research designs is the randomized controlled trial because it reduces bias and supports the examination of cause-effect between the study intervention and outcome. Three of its principal attributes include the study design randomly providing the intervention being tested only to one of its two study groups, its researchers only knowing which study group received the intervention after the study is completed (i.e.,

blinding) and the outcome(s) being tested being declared at the start of the study.<sup>2</sup> Thus far, the existing randomized control trials evaluating the Housing First model include randomizing study participants, declaring outcome(s) being tested at the start of the study and not being blinded.

Studies about the Housing First model have evaluated clinical and social outcomes in part because the “Housing First” model is not a “Housing Only” model. For example, the Housing First model, as developed by Pathways to Housing, closely links housing provision with treatment that is provided by its Assertive Community Treatment (ACT) team. Their ACT team consists of social workers, nurses, psychiatrists and vocational and substance abuse counselors who are available 7 days a week, 24 hours a day to the people enrolled in this Housing First program.<sup>1</sup>

### **Synthesis of the Evidence from Peer-Reviewed Articles**

Strong evidence exists that the Housing First model leads to quicker exits from homelessness and greater housing stability over time compared with treatment as usual.<sup>1,3</sup> This assessment is based on four studies analyzed by a systematic review, which included a meta-analysis, of articles published from 1992 to 2017 about randomized controlled trials that provided rapid access to non-abstinence-contingent, permanent housing.<sup>4</sup> To date, no large randomized controlled trial of the Housing First model has been done in the U.S. Department of Veterans Affairs (VA) settings. In 2010, one demonstration project in the VA setting, which did not randomly assign Veterans to Housing First versus treatment as usual, found that Veterans who utilized the Housing First model had reduced time to housing placement (from 223 to 35 days) and higher housing retention rates than treatment as usual (98% vs. 86%).<sup>5</sup>

Moderate evidence exists that the Housing First model may result in reduced use of emergency department services, fewer hospitalizations and less time hospitalized compared with treatment as usual although the meta-analysis found considerable variability between its examined studies.<sup>4</sup>

Weak evidence exists that the Housing First model improves health outcomes associated with mental health, substance abuse or physical health;<sup>1,6</sup> however, a randomized trial of Housing First found improved health outcomes for people living with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).<sup>3</sup>

A lack of evidence exists about which homeless subpopulations, based on biopsychosocial characteristics, benefit the most from the Housing First model if one is to assume that a one-size-fits-all approach to housing is not effective.<sup>7</sup>

## Summary

Studies about the Housing First model have found that the Housing First model results in greater improvements in housing outcomes for homeless adult populations in North America. Housing First may lead to greater clinically appropriate reductions in inpatient and emergency health care services but may have limited effects on clinical and social outcomes.

## References

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