



Supportive Housing Research FAQs: Do Voluntary Services Work?

A voluntary services model is based on the philosophy that tenants of supportive housing have a right to safe, affordable housing with the same rights and obligations as any other leaseholder. Participation in services, therefore, should not be a condition of tenancy, and services should be designed to help tenants maintain housing stability and maximize their independence.

FINDING: Research and practical experience has shown that ‘low demand’ housing leads to better housing outcomes, particularly among those who have been homeless for long periods of time.

The evaluation of the Closer to Home Initiative found that programs using a low demand model were much more likely to house and retain formerly homeless people, especially those with significant disabilities and long homeless histories. The key components of a low demand model include: (1) a simple application process that does not require numerous site visits and excessive documentation, (2) a housing-first approach that does not require sobriety or adherence to a medication regime in order to be housed, and (3) no conditions of tenancy that exceed the normal conditions under which any leaseholder would be subject, including participation in treatment and other services, abstinence, or money management. Like any tenant, however, residents of supportive housing are required to pay their rent and can be evicted for destroying property or engaging in activities that would harm other tenants.

The supportive housing projects in the Closer to Home Initiative achieved high levels of housing stability in part because of these low demand policies – 83% of formerly chronically homeless tenants remained housed one year later and 77% were still housed after two years. Even among those with the most severe psychiatric disorders, 79% remained housed a year later.¹

In addition to the Closer to Home evaluation, other research suggests that ‘housing readiness’ is not a strong predictor of housing stability as long as low demand housing options exist. An analysis of outcome data from California’s AB2034 programs (community mental health services targeted to people who are homeless or at risk of being homeless) found that programs that served a high proportion of people with co-occurring disorders had similar levels of housing stability as programs that served people with fewer challenges.²

FINDING: Even when services are not required as a condition of tenancy, tenants participate at high rates.

In the Closer to Home Initiative, supportive housing tenants were engaged in a wide variety of services. The vast majority of participants received health care services (81%) and mental health treatment (80%) through these programs. Tenants participated in other services including substance abuse treatment (56%), money management (65%), assistance in applying for benefits (51%), and

¹ S Barrow, G Soto, P Cordova, [Final Report on the Evaluation of the Closer to Home Initiative](#), (Corporation for Supportive Housing, 2004).

² Martha Burt and Jacquelyn Anderson, [AB2034 Program Experiences in Housing Homeless People with Serious Mental Illness](#), (Corporation for Supportive Housing, 2005).

employment services (41%). These high levels of participation were facilitated by providers that actively engaged with tenants – making them aware of what services were available and promoting participation in the services that met their needs and addressed their challenges. Experience has shown that building trusting, respectful relationships with tenants is a critical component of service engagement. As such, one of the key strategies that providers use to encourage participation is to have frequent, informal contact with tenants on a day-to-day basis. In fact, many supportive housing projects have found that it is helpful to have separate agencies providing supportive services and property management – the property management staff can collect rent and enforce the rules of the building thus freeing up the service staff to develop trusting relationships with tenants and engage them in appropriate services.

In addition to the services provided to tenants, housing itself seems to have a therapeutic effect in that it gives people the stability they need to start addressing the mental health and substance abuse problems that have gone untreated as a result of long-term homelessness. An analysis of outcomes data from the AB2034 programs, for example, shows that having housing is strongly correlated to retention in mental health treatment programs.

FINDING: Tenants value the services available to them in supportive housing as well as the autonomy to decide which services to participate in based on their needs and individual goals.

The evaluation of California’s Supportive Housing Initiative Act (SHIA), which used a voluntary services model, showed that participants were satisfied with their access to services in supportive housing and felt that the services appropriately met their needs. The large majority of participants felt that the services helped improve their daily functioning, particularly in terms of their ability to deal more effectively with daily problems (84%), their ability to control their own lives (83%), and their ability to deal with a crisis (79%).³

³ Stephen W. Mayberg, *California’s Supportive Housing Initiative Act (SHIA) Program Evaluation Report: Fiscal Year 2002-2003, Report to the State Legislature* (California Department of Mental Health, November 2003).