

Housing First 101 – A Quick Guide for Health Centers

What is Housing First?

Housing First is the basic idea that everyone is ready for housing regardless of the complexity or the severity of their needs. Most importantly, it is more than a project or program model, it is a system-wide framework. Housing First stands opposed to the “Housing Ready” approach where patients must achieve certain benchmarks, such as consistent sobriety or engagement with a healthcare provider, before receiving housing placement. Opponents of Housing First prioritize “self-sufficiency” for individuals with complex behavioral, medical, and social needs and typically occupy the position that people must “earn” or become “worthy” of housing via strict compliance with mental health or substance use disorder treatment¹. What the evidence tells us, however, is that access to safe, quality, affordable housing—and the supports necessary to maintain that housing—constitutes one of the most basic and powerful social determinants of health and why housing itself is healthcare.

The Origins and Evidence Base for Housing First

“Housing First” as a model is the creation of Dr. Sam Tsemberis and grew from his working directly with people diagnosed with mental illness living on the streets of New York City. At that time, hospitalization was the primary option with frequent discharges back to the street. This cycle from hospitalization to the streets and back again ultimately made people worse, disaffected with the system and ultimately suspicious of treatment and refusal of care. Disengagement with treatment had a spiral effect for these patients, disqualifying them from admission to housing. Existing housing programs would refuse referrals for individuals who are not already sober.

Since its development in New York City, Housing First has been widely adopted, particularly within the homelessness system funded through the Department of Housing and Urban Development (HUD). HUD is the single largest funder of the homeless response system in the US and incentivizes Housing First projects for people experiencing homelessness through its competitive Continuum of Care (CoC) funding awards. A CoC is the local homeless response system in a particular area, primarily made up of organizations such as shelters, housing providers, healthcare

¹ https://www.heritage.org/sites/default/files/2020-08/BG3513_2.pdf

and others. This incentive from HUD recognizes Housing First as an evidence-based practice, backed by studies demonstrating how Housing First permanent supportive housing models result in long-term housing stability, improved physical and behavioral health outcomes, and reduced use of crisis services such as emergency departments, hospitals and jails².

Permanent Supportive Housing

Permanent Supportive Housing (PSH) is the combination of permanent, deeply affordable housing with wrap-around supportive services. PSH is an evidence-based approach for people with more complex needs such as history of chronic homelessness, substance use disorder, incarceration or disability. As a model, PSH is inextricably linked to a Housing First systems approach, where individuals are immediately connected to housing and provided ongoing supportive services. One of the most important tenets of both is that tenancy is not dependent on participation in supportive services.



Opposition to Housing First is Rooted in Racism and White Supremacy

Systemic racism dating back centuries in the form of redlining (intentional withholding of investments into BIPOC communities), Jim Crow laws and exclusionary zoning laws have fueled racism, denied opportunities for upward mobility and serve as key drivers of homelessness. This context is critical to understand as opposition to Housing First is rooted in the ideology of White Supremacy, recognizing housing as a resource available only to those “worthy” and able to navigate white-dominated systems and structures, succeeding in denying access to BIPOC individuals and perpetuating inequality. By contrast, a “Housing First” approach prioritizes shelter for all people experiencing homelessness with complex needs, recognizing that people cannot possibly engage in self-care or

² <https://www.huduser.gov/portal/publications/hsgfirst.pdf>

health management when their basic survival needs are not met first. Once housed, tenants are given access to wrap-around supportive services including medical and behavioral health care, case management, legal services and other supports ideally tailored to their specific needs. This approach is effective because it recognizes the dignity of patients, meets people where they are in the stages of behavior change and allows for a shift from “survival mode” by providing space, security and support to be active participants in their own care.

Housing First as a Tool for Achieving Health and Racial Equity

Housing is consistently found to be a powerful determinant of health, but it is a resource routinely denied to Black, Indigenous and People of Color (BIPOC) due to structural and systemic racism. It is why Black, Latinx and Indigenous people are dramatically overrepresented among those experiencing homelessness in most communities across the United States.³ Rigorous research has demonstrated that deploying “a Housing First approach when combined with antiracist and anti-oppressive methods—can improve housing stability and community functioning for Black or ethnic minority adults experiencing homelessness.”⁴

Research has further demonstrated the positive, powerful effect when patients have immediate access to supportive housing while experiencing homelessness. These patients are more likely to be active participants in the maintenance of their own health and ultimately achieve better health outcomes including increased access and participation in primary care and decreased use of emergency services.⁵ Indeed, a 2021 systematic review found when compared with “housing ready” approach, Housing First programs decreased homelessness by 88%, and improved housing stability by 41%. For clients living with HIV, Housing First reduced viral load by 22%, mortality by 37%, depression by 13%, emergency departments use by 41% and hospitalization by 36%.⁶

As Health Centers strive to reduce persistent health disparities in their communities, health and housing partnerships have become a vital approach to addressing underlying social risk factors. Understanding the Housing First framework and evidence-base is important as the potential for these partnerships are assessed and implemented. Housing-first must be the foundation of these efforts in order to improve health outcomes long term.

³ <https://www.csh.org/supportive-housing-101/data/#evidence>

⁴ <https://housingmatters.urban.org/research-summary/housing-first-enhanced-antiracism-practices-can-improve-housing-stability>

⁵ Hanson, Devlin, and Sarah Gillespie. "Improving Health Care through Housing First." *Washington, DC: Urban Institute* (2021).

⁶ Peng, Yinan, et al. "Permanent supportive housing with housing first to reduce homelessness and promote health among homeless populations with disability: a community guide systematic review." *Journal of public health management and practice: JPHMP* 26.5 (2020): 404.

Health And Housing Partnerships Rooted in Housing First

Health and Housing partnerships are essential to meet ever-growing patient needs and address social determinants of health (SDOH). Nearly 75% of health centers are now screening for social risk factors⁷, such as housing instability, but capacity to effectively address a complex need such as housing can be daunting for an individual health center to tackle, particularly when resources are scarce. Strong health and housing partnerships are an alignment of common goals to improving population health and meeting community needs. Health and housing systems are not



traditionally aligned, but the changing healthcare landscape has proven the need to break down these silos and comprehensively address patient needs.

An understanding and support of Housing First will ensure these partnerships are built for success.

There are many health centers across the country demonstrating successful examples of health and housing partnerships rooted in Housing First. These partnerships are often, but not exclusively associated with a local Homelessness Continuum of Care and its Coordinated Entry System. Other partnerships may involve a local public housing authority or affordable housing provider outside of the homeless response system. Coordinated Entry is the screening and referral process established by a CoC to determine how to prioritize people experiencing homelessness for housing resources and be placed on the referral list. Public Housing Authorities and other affordable housing providers typically serve individuals that are low-income but do not necessarily always meet the HUD definition of homelessness. To learn more about Coordinated Entry and how health centers can connect patients to these resources, see the CSH publication [Health Center Role in Housing Innovations: Coordinated Entry](#).

The most successful examples of health and housing partnerships are deeply connected across systems serving the most vulnerable individuals. As previously mentioned, HUD strongly encourages the Housing First approach to all projects funded under the CoC grant awards. Projects are incentivized to adopt and demonstrate commitment to Housing First as it ultimately results in the best outcomes for individuals served. Housing providers outside of a CoC may utilize a

⁷ [National Health Center Program Uniform Data System \(UDS\) Awardee Data \(hrsa.gov\)](#)

Housing First model but it is by no means required nor universally adopted. Many housing programs still operate under a “housing ready” approach, requiring program compliance or other benchmarks to be eligible for housing access or maintain their tenancy once they are housed. This is especially common under programs serving individuals with substance use disorder. Abstinence requirements, mandatory drug screening and/or participation in services does not align with the Housing First Framework. The United States Interagency Council on Homelessness created a [basic assessment tool](#) to determine whether and to what degree a particular housing program is employing a Housing First approach. This checklist can be useful for health centers planning for or engaging in new partnerships with housing providers.

[The Colorado Coalition for the Homeless](#) (CCH) has been deeply involved in addressing homelessness for nearly 40 years. As a Federally Qualified Health Center

SPOTLIGHTING EXCELLENCE

and Healthcare for the Homeless provider, this organization delivers healthcare services and an array of housing options using a Housing First approach across its portfolio. In 2022, CCH opened [Renaissance Legacy Lofts and Stout Street Recuperative Care Center](#), a \$46.5m project expanding capacity for Housing First and integrated services, focusing attention on reducing the cost of emergency and inpatient medical care.



Pictured Here: Renaissance Legacy Lofts, photos by Dennis Schroeder

Financing for this project used a braided funding approach with support from the Denver Housing Authority D3 Bond Program and New Market Tax Credits (NMTC) provided by the *Corporation for Supportive Housing* and the *Colorado Growth and Revitalization Fund*. The Renaissance Legacy Lofts is intended to service frequent or “high utilizers” of emergency and health care systems. Frequent Users often cycle through emergency rooms, homeless shelters, jails, and other systems at high public

cost. Research has demonstrated the many [benefits and cost savings](#) with connecting “high utilizers” to Permanent Supportive Housing. At Legacy Lofts the Stout Street Care Center, residents have access to on-site supportive services and linkage to ongoing integrated care. Learn more at www.ColoradoCoalition.org/Housing.

Next Steps for Health Centers

As your health center continues to identify and address social risk factors such as homelessness, ensuring your team understands the premise for Housing First is critical. Despite its status as an evidence-based best practice, opposition to Housing First and efforts to criminalize homelessness have not abated. Health centers play a vital role in the continuum of services and have deep understanding of community needs and health disparities. As efforts to address rising homelessness increase, health centers must be front and center to lend expertise and weight to local homeless response systems and oppose increasing efforts to criminalize homelessness.

Action Steps

1. Consider joining your Continuum of Care and serve as an access point for Housing First programs via Coordinated Entry. [Learn more about Coordinated Entry and Health Centers here.](#)
2. Scan for pre-existing cross-sector collaborations within your clinic so as not to duplicate efforts.
3. Identify your local Housing Advocacy Coalition and connect with them to support existing campaigns.
4. Consider your role in a health and housing partnership to create new housing. [Learn more about health and housing partnerships here.](#)
5. Organization not yet ready to take these steps? Become an internal champion for housing and social determinants of health to your leadership.

Learn More by Visiting or Contacting Us—

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