The Criminalization of Unsheltered Homelessness and a Better, Proven Path Forward for Policymakers

Research Project for the National Low Income Housing Coalition

Fels Institute of Government

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Definitions

Homeless:
The Department of Housing and Urban Development considers an individual to be homeless if they lack a fixed, regular, and adequate nighttime residence. Individuals living in both sheltered and unsheltered locations are considered to be homeless.[1]

Sheltered Homelessness:
Sheltered homelessness, "refers to people experiencing homelessness who were found in emergency shelters, transitional housing, or other temporary settings."[2]

Unsheltered Homelessness:
A person is considered to be unsheltered if they have, "a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground."[3]

Criminalization of homelessness:
Refers to, "measures that prohibit life-sustaining activities such as sleeping/camping, eating, sitting, and/or asking for money/resources in public spaces."[4]

Housing First:
An approach that provides individuals experiencing homelessness with permanent housing and wraparound services immediately and without any prerequisites.[5]

Treatment First:
An approach that requires individuals to address any substance use or mental health issues before being connected to permanent housing.[6]

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[1] "Homeless Definition." HUD Exchange, n.d.
  https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf.
[2] "HUD Releases 2021 Annual Homeless Assessment Report Part 1," HUD.gov / U.S. Department of Housing and Urban Development (HUD), September 27, 2022,
  https://www.hud.gov/press/press_releases_media_advisories/hud_no_22_022.
[3] "42 U.S. Code § 11302 - General Definition of Homeless Individual." Legal Information Institute, n.d.
  https://www.law.cornell.edu/uscode/text/42/11302.
[4] "Civil Rights and Homelessness." National Homeless, March 23, 2023. https://nationalhomeless.org/civil-rights-criminalization-of-homelessness/.
[5] "Housing First in Permanent Supportive Housing." HUD Exchange, n.d.
  https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf.
[6] Peng, Yinan, Robert A. Hahn, Ramona K. Finnie, Jamaicia Cobb, Samantha P. Williams, Jonathan E. Fielding, Robert L. Johnson, 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 26, no. 5 (October 13, 2021): 404–11. https://doi.org/10.1097/phh.0000000000001219.

Continuum of Care (CoC):
A local or regional entity responsible for coordinating housing and housing-related services for individuals experiencing homelessness.[7]

Housing Choice Vouchers:
A federal program that provides low income individuals and families with financial assistance for privately-owned rental housing.[8]

Rapid Re-Housing:
A federal homeless intervention that, "rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services."[9]

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[7] "What Is a Continuum of Care?" HUD Exchange, July 2014. https://www.hudexchange.info/faqs/programs/continuum-of-care-coc-program/.

[8] "About the Housing Choice Vouchers Program." HUD, n.d. https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/about.

[9] "Rapid Re-Housing." HUD Exchange, n.d. https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf.

Executive Summary

On any given night, there are approximately 583,000 people experiencing homelessness across the United States.[10] While many sleep in temporary shelter accommodations, some 234,000 live unsheltered in places not suited for human habitation, such as abandoned buildings, on the street, or in encampments.[11]

Since 2015, the number of people experiencing unsheltered homelessness in the U.S. has increased by 35%.[12] As this problem has become more visible, states and cities have faced mounting public pressure to act quickly.

Areas like Houston, Texas have responded to this increase by expanding access to permanent housing coupled with wraparound services, effectively cutting homelessness by 64% in just over ten years.[13] Meanwhile, a number of other cities and states have taken a different approach–one that criminalizes unsheltered homelessness through bans and restrictions on unavoidable behaviors such as sitting, lying, or sleeping in public areas.

Rather than addressing the root cause of unsheltered homelessness, which is a lack of affordable housing, criminalization efforts temporarily and inhumanely erase those experiencing unsheltered homelessness from public view. Further, by increasing the likelihood of arrest and incarceration, these laws perpetuate the very cycle they claim to address.[14]

Not only is the criminalization of homelessness counterproductive, but it takes limited resources away from policies and investments proven to work. In the last three decades, best practice for addressing homelessness has shifted from an outdated Treatment First approach to an evidence-backed Housing First model.[15] The Treatment First approach, which informs many recent criminalization efforts, requires that individuals address any substance use or mental health issues they may have before being connected to permanent housing.[16] In

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[10] de Sousa, Tanya, Alyssa Andrichik, Marissa Cuellar, Jhenelle Marson, Ed Prestera, and Katherine Rush. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress." huduser.gov, December 2022. https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf.

[11] *Ibid.*

[12] *Ibid.*

[13] Villarreal, Catherine. "Coalition for the Homeless' 2022 Homeless Count Results Suggest Housing-Focused Pandemic Response Kept Numbers Down." Homeless Houston, March 16, 2022. https://www.homelesshouston.org/2022-pit-count-results.

[14] Peiffer, Emily. "Five Charts That Explain the Homelessness-Jail Cycle-and How to Break It." Urban Institute, September 16, 2020. https://www.urban.org/features/five-charts-explain-homelessness-jail-cycle-and-how-break-it.

[15] Peng et al. "Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health among Homeless Populations with Disability: A Community Guide Systematic Review." 404–11.

[16] Tsai, Jack, Alvin S. Mares, and Robert A. Rosenheck. "A Multisite Comparison of Supported Housing for Chronically Homeless Adults: 'Housing First' versus 'Residential Treatment First'." Psychological Services 7, no. 4 (August 7, 2011): 219–32. https://doi.org/10.1037/a0020460.

contrast, the Housing First model provides individuals experiencing homelessness with permanent housing and wraparound services immediately and without any prerequisites.[17] The Housing First model is grounded in evidence proving that people first need access to permanent housing before they can effectively stabilize other aspects of their life such as mental and physical health, substance use, employment, and interpersonal relationships.[18] As opposed to Treatment First programs, Housing First programs are cost-effective and produce more positive outcomes for participants.[19]

In the face of increasing rates of unsheltered homelessness and criminalization efforts that threaten the progress made towards the Housing First model, this paper aims to equip policymakers and stakeholders with: 1) an overview of the state of unsheltered homelessness today; 2) an analysis of why criminalization measures are ineffective and harmful; 3) an analysis showing why Housing First is the best way to solve unsheltered homelessness; and 4) recommendations for effectively implementing the Housing First model in their own communities.

Of the 583,000 people experiencing homelessness on any given night across the United States, about 234,000 are unsheltered.[20]

Often living without access to basic necessities like a bathroom to maintain hygiene, a kitchen to prepare meals, or a bed to sleep in, individuals experiencing unsheltered homelessness live in vulnerable, isolated, and precarious conditions.

Access to healthcare among those who are unsheltered is limited, contributing to adverse physical and mental health outcomes among this population.[21] Individuals who are unsheltered are at higher risk of infections, traumatic injuries, and chronic disease, as well as untreated mental health conditions like anxiety, depression, post-traumatic stress disorder, and substance use disorder. [22] [23]

Due to adverse health outcomes, those experiencing unsheltered homelessness face significantly higher mortality rates than both their counterparts living in shelter and the general

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[17] Tsai. "A Multisite Comparison of Supported Housing for Chronically Homeless Adults: 'Housing First' versus 'Residential Treatment First'." 219–32.

[18] "The Case for Housing First." NLIHC, February 13, 2023. https://nlihc.org/sites/default/files/Housing-First-Research.pdf.

[19] *Ibid.*

[20] de Sousa et al. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress."

[21] Richards, Jessica, and Randall Kuhn. "Unsheltered Homelessness and Health: A Literature Review." *AJPM Focus* 2, no. 1 (2023): 100043. https://doi.org/10.1016/j.focus.2022.100043.

[22] *Ibid.*

[23] *Ibid.*

population.[24] [25] One study done in Boston, Massachusetts found the mortality rate among unsheltered adults to be 3-times that of adults living in shelter, and nearly 10-times that of Boston's general adult population. [26] [27] According to official counts, more than 16,000 people died while experiencing homelessness across the U.S. in 2021, with some experts estimating that number to be much greater.[28]

While Unsheltered Homelessness Affects All Groups, Certain Subpopulations Experience a Disproportionate Impact.

Characteristics of the 234,000 people experiencing unsheltered homelessness on any given night vary widely:[29]

- 51% are individuals living on their own
- 28% are people living in families, many of whom have children
- 22% are stuck in a chronic cycle of homelessness
- 6% are veterans
- 5% are unaccompanied youth

Although the experience of being unsheltered is unique for each individual, there are common vulnerabilities that certain subpopulations face.

Black, African American, Hispanic/Latino(a/x) and Native American individuals are overrepresented among those experiencing unsheltered homelessness, reflecting historical and present-day racism:

- People who identify as Black, African American, or African make up only 14% of the U.S. population but account for 27% of those experiencing unsheltered homelessness. [30] [31]

[24] Richards and Kuhn. "Unsheltered Homelessness and Health: A Literature Review."

[25] Oppenheimer, Sarah C., Paula S. Nurius, and Sara Green. "Homelessness History Impacts on Health Outcomes and Economic and Risk Behavior Intermediaries: New Insights from Population Data." *Families in Society: The Journal of Contemporary Social Services* 97, no. 3 (2016): 230–42. https://doi.org/10.1606/1044-3894.2016.97.21.

[26] Richards and Kuhn. "Unsheltered Homelessness and Health: A Literature Review."

[27] Oppenheimer et al. "Homelessness History Impacts on Health Outcomes and Economic and Risk Behavior Intermediaries: New Insights from Population Data." 230–42.

[28] Cournoyer, Caroline, and Katie League. "HOMELESS PERSONS' MEMORIAL DAY: AN OPPORTUNITY TO HONOR THOSE WHO PASSED—AND TO TAKE ACTION." United States Interagency Council on Homelessness, December 16, 2021. https://www.usich.gov/news/homeless-persons-memorial-day-an-opportunity-to-honor-those-who-passedand-to-take-action.

[29] de Sousa et al. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress."

[30] *Ibid.*

[31] "Quickfacts - Census.Gov." Census, 2022. https://www.census.gov/quickfacts/fact/table/US/RHI225222.

- People who identify as Hispanic/Latino(a/x) make up 19% of the U.S. population but account for 24% of the those experiencing unsheltered homelessness. [32] [33]

- People who identify as Native American make up 2% of the U.S. population but account for about 5% of those experiencing unsheltered homelessness.[34] [35]

Because these racial and ethnic groups are overrepresented among those experiencing unsheltered homelessness, they are also disproportionately impacted by efforts to criminalize it.

Unsheltered homelessness also has disparate impacts across gender:

The majority (60%) of those experiencing unsheltered homelessness are men.[36] However, unsheltered homelessness has been increasing most drastically among women, transgender individuals, and those who identify as non-binary.[37] Between 2015 and 2022, there was a 23% increase in unsheltered homelessness among men.[38] Meanwhile, there was a 29% increase in unsheltered homelessness among women, and a 70% increase among transgender individuals.[39]

While historical data regarding unsheltered homelessness among individuals who identify as non-binary is limited, this group has also seen drastic increases in more recent years. Between 2020 and 2022, unsheltered homelessness among nonbinary individuals increased by 60%.[40]

Women

The vast majority (80%) of unsheltered women self-report trauma or abuse as the immediate cause of their homelessness.[41] Violence and abuse often happen in the home and can sever social and familial connections, causing individuals to seek out a safer environment, even if that environment may be considered to be "unsuitable" for human habitation.[42]

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[32] de Sousa et al. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress."

[33] "Quickfacts - Census.Gov." Census, 2022. https://www.census.gov/quickfacts/fact/table/US/RHI225222.

[34] de Sousa et al. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress."

[35] "Quickfacts - Census.Gov." Census, 2022. https://www.census.gov/quickfacts/fact/table/US/RHI225222.

[36] de Sousa et al. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress."

[37] *Ibid.*

[38] *Ibid.*

[39] *Ibid.*

[40] *Ibid.*

[41] Turk, Amy. "Recognizing Women Experiencing Homelessness: A Women's History Month Spotlight on Downtown Women's Center." End Homelessness, March 28, 2022. https://endhomelessness.org/blog/recognizing-women-experiencing-homelessness-a-womens-history-month-spotlight-on-downtown-womens-center/.

[42] "United States Strategy to Prevent and Respond to Gender-Based Violence Globally 2022." U.S. Department of State, February 27, 2023. https://www.state.gov/reports/united-states-strategy-to-prevent-and-respond-to-gender-based-violence-globally-2022/.

Upon becoming unsheltered, women are significantly more likely to contract a sexually transmitted disease, experience an unwanted pregnancy, and be the victim of a physical assault compared to their sheltered counterparts.[43]

Moreover, women living unsheltered are three times as likely to have poor physical health and over 12x as likely to have poor mental health compared to women living in shelter.[44] Compared to their male counterparts, unsheltered women are not only more likely to be the victim of violence but are also more likely to die prematurely.[45]

Transgender and Non-binary

Today, the majority of transgender and non-binary individuals experiencing homelessness are unsheltered, making them more likely to be unsheltered than their cisgender counterparts.[46] Similar to the vulnerabilities faced by women, transgender individuals living unsheltered are significantly more likely to experience violence as well as negative mental and physical health outcomes compared to those living in shelter.[47]

The Department of Housing and Urban Development (HUD) Equal Access Rule "requires equal access to HUD housing programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status." [48] Under this rule, homeless shelters must provide accommodations that align with an individual's expressed gender identity.[49] While the implementation of this rule in 2016 was an important step, the growing rates of unsheltered homelessness among those who identify as transgender and non-binary indicate that more must be done to meet the unique needs of these subgroups. A 2020 survey of transgender individuals experiencing homelessness conducted by the UCLA Williams Institute found that about 30% of those who had sought shelter reported being denied due to their gender expression.[50] Of those who did stay in shelter, 44% reported experiencing some form of mistreatment such as harassment or assault.[51] While research regarding the experience of non-binary individuals who are unsheltered is limited, it is likely that they face similar barriers when

[43] Nyamathi, Adeline M., Barbara Leake, and Lillian Gelberg. "Sheltered versus Nonsheltered Homeless Women." Journal of General Internal Medicine 15, no. 8 (August 2000): 565–72. https://doi.org/10.1046/j.1525-1497.2000.07007.x.

[44] Ibid.

[45] Montgomery, Ann Elizabeth, Dorota Szymkowiak, and Dennis Culhane. "Gender Differences in Factors Associated with Unsheltered Status and Increased Risk of Premature Mortality among Individuals Experiencing Homelessness." Women's Health Issues 27, no. 3 (2017): 256–63. https://doi.org/10.1016/j.whi.2017.03.014.

[46] de Sousa et al. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress."

[47] "Transgender Homeless Adults & Unsheltered Homelessness: What the Data Tell Us." End Homelessness, July 24, 2020. https://endhomelessness.org/wp-content/uploads/2020/07/Trans-Homelessness-Brief-July-2020.pdf.

[48] "Housing Discrimination and Persons Identifying as Lesbian, Gay, Bisexual, Transgender, and/or Queer/Questioning (LGBTQ)." HUD.gov / U.S. Department of Housing and Urban Development (HUD), February 1, 2022. https://www.hud.gov/program_offices/fair_housing_equal_opp/housing_discrimination_and_persons_identifying_lgbtq#:~:text=HUD's%20Equal%20Access%20Rule%20requires,gender%20identity%2C%20or%20marital%20status.

[49] "Hud's Equal Access Rule." National Alliance to End Homelessness, April 26, 2021. https://endhomelessness.org/resource/huds-equal-access rule/#:~:text=The%202016%20Equal%20Access%20Rule,individual's%20self%20expressed%20gender%20identity.

[50] O'Neill, Kathryn, Bianca Wilson, and Jody Herman. "Homeless Shelter Access Among Transgender Adults." Williams Institute, October 12, 2021. https://williamsinstitute.law.ucla.edu/publications/trans-homeless-shelter-access/.

[51] Ibid.

entering shelter given that our current shelter system often splits people up according to binary gender categories.

Veterans are also a Vulnerable Subgroup of the Unsheltered Population:

Thanks to Housing First programs, unsheltered homelessness among veterans has decreased by more than 11% since 2020 and by more than 55% since 2010.[52] While substantial progress has been made towards eradicating veteran homelessness in many communities across the country, there is still significant work left to be done.

As of 2022, about 13,600 veterans were experiencing unsheltered homelessness, making up 6% of the unsheltered population at large.[53] Individuals who identified as Black or African American and Hispanic/Latino(a/x) were overrepresented among unsheltered veterans.[54]

Compared to the general population, veterans are more likely to suffer from mental health disorders—most notably post-traumatic stress disorder (PTSD), anxiety, and depression.[55] Further, veterans are also at a higher risk of experiencing adverse physical health outcomes, which may be exacerbated by lack of access to permanent housing.[56] According to the U.S. Veteran's Administration, "unsheltered homeless Veterans are more likely to have criminal justice history, medical and drug problems, poor social support, and financial hardship."[57]

Criminalization Efforts are Increasing, Fueling a Vicious Cycle of Homelessness.

Efforts to Criminalize Homelessness are Increasing:

Between 2006 and 2019, criminalization measures were expanded in 187 cities across the U.S.[58] Many of these measures criminalized even the most basic functions of daily living:[59]

- 213% increase in bans on sleeping in vehicles
- 103% increase in bans on loitering
- 92% increase on citywide bans on camping

[52] Diaz, Monica. "Veterans Affairs." VA.gov, April 12, 2023. https://www.va.gov/HOMELESS/featuredarticles/negative-health-impacts-of-unsheltered-homelessness.asp.

[53] de Sousa et al. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress."

[54] *Ibid.*

[55] Inoue, Shawler, CH Jordan, and CA Jackson. Veteran and Military Mental Health Issues, March 28, 2023.

[56] *Ibid.*

[57] Diaz, Monica. "Veterans Affairs." VA.gov, April 12, 2023. https://www.va.gov/HOMELESS/featuredarticles/negative-health-impacts-of-unsheltered-homelessness.asp.

[58] "Housing Not Handcuffs 2021: State Law Supplement." Homeless Law, November 2021. https://homelesslaw.org/wp-content/uploads/2021/11/2021-HNH-State-Crim-Supplement.pdf.

[59] *Ibid.*

- 78% increase in bans on sitting and lying in public
- 50% increase in bans on sleeping in public

As of 2021, 48 states had at least one law in place restricting or prohibiting survival activities typically relied on by those experiencing unsheltered homelessness such as sleeping in public places, loitering, or asking for donations.[60]

These behaviors are unavoidable for those who lack access to housing. Thus, when such bans are enforced by police, breaking the law becomes inevitable. A study comparing police interactions among more than 64,000 individuals experiencing homelessness across 15 states found that unsheltered adults are ten times as likely to interact with police and nine times as likely to have spent at least one night in jail during the last six months compared to adults living in shelter.[61]

Efforts to criminalize homelessness are not only increasing, but also becoming more coordinated, therefore posing a greater threat than ever before:

While the criminalization of homelessness is not new, the coordinated advocacy, lobbying, and statewide legislative efforts to expand such measures are. Since the start of 2023 alone, 13 criminalization bills have been introduced in 9 states across the U.S..[62] An analysis by the National Alliance to End Homelessness reported that many of the criminalization bills introduced in states like Texas, Tennessee, and Missouri have three things in common: "a statewide camping ban with criminal penalties for people experiencing homelessness, a policy of 'sanctioned' camps or temporary shelters aimed at corralling people into designated places, and financial penalties for local jurisdictions that refuse to enforce the camping ban."[63]

Many of these bills mirror model legislation created by the Cicero Institute–an organization that lobbies against proven Housing First solutions and instead for punitive, short-sighted policies that harm those experiencing unsheltered homelessness.

Cicero's ineffective approach to homelessness has four main tenets: [64]
1) States should ban unauthorized street camping, instituting punitive fines and jail sentences on violators.

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[60] "Housing Not Handcuffs 2021: State Law Supplement."

[61] Rountree, Janey, Nathan Hess, and Austin Lyke. "Health Conditions Among Unsheltered Adults in the U.S." CA Policy Lab, October 2019. https://www.capolicylab.org/wp-content/uploads/2023/02/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S..pdf.

[62] Admin. "Emergent Threats: State Level Criminalization." Housing Not Handcuffs, February 3, 2023. https://housingnothandcuffs.org/emergent-threats-state-level-criminalization/.

[63] Jones, Jerry. "Take a Stand Against the Criminalization of Homelessness." End Homelessness, February 22, 2023. https://endhomelessness.org/blog/take-a-stand-against-criminalization-of-homelessness/.

[64] Glock, Judge, and Jared Meyer. "Homelessness." Cicero Institute, January 13, 2022. https://ciceroinstitute.org/issues/homelessness/.

2) States should direct funds away from Housing First programs and instead towards "short-term shelter and sanctioned, policed encampments," that require participation in mental health and drug treatment programs.
3) States should withhold funding from communities that refuse to enforce criminalization laws.
4) States should expand civil commitment laws, making it easier for government to force those experiencing unsheltered homelessness into treatment for mental health or substance use.

The tenets of Cicero's approach, as well as the recent criminalization bills introduced in states across the U.S., are grounded in outdated research and debunked theories. Understanding why this approach to homelessness, which has served as inspiration for cities, state legislators and most recently, Congresspersons like JD Vance, is misdirected, wasteful, and harmful will enable stakeholders to respond effectively to criminalization efforts and propose alternative evidence-based solutions.

Criminalization fails to address the underlying causes of homelessness, further harms those who are most in need, and wastes limited government resources.

Criminalization is Misdirected:

Criminalization efforts, which are grounded in the belief that one falls into homelessness due to individual decision making, overlook evidence proving that homelessness is largely a product of deeply-rooted economic structures.[65]

In numerous studies where those experiencing homelessness are provided the opportunity to self-identify the immediate cause of their homelessness, economic hardship is often cited as the main contributor.[66] [67] Most recently, a comprehensive study by UC San Francisco of nearly 3,200 people experiencing homelessness in California found that the most frequently reported reason for loss of housing was reduction of income.[68] These studies shed light on the broader economic factors at play—-like housing availability and rental pricing—that create the conditions for homelessness to occur.

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[65] Colburn, Gregg, and Clayton Page Aldern. Homelessness is a housing problem: How structural factors explain U.S. patterns. Oakland, CA: University of California Press, 2022.
[66] "2020 O'Ahu Point in Time Count." Honolulu.gov, 2020. https://www.honolulu.gov/rep/site/ohou/PIC2020PITCountReportFinal.pdf.
[67] Barile, John P., Anna Smith Pruitt, and Josie L. Parker. "A Latent Class Analysis of Self-Identified Reasons for Experiencing Homelessness: Opportunities for Prevention." Journal of Community & Applied Social Psychology 28, no. 2 (2018): 94–107. https://doi.org/10.1002/casp.2343.
[68] "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness." Homelessness, June 2023. https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf.

The U.S. Government Accountability Office reports that every $100 increase in an area's median monthly rent is associated with a 9% increase in that area's rate of homelessness.[69] The link between housing affordability and homelessness was further defined in 2022 by researchers Greg Colburn and Clayton Page Aldern.[70] In their book, *Homelessness is a Housing Problem*, Colburn and Aldern establish that there is no causal relationship between rates of homelessness and conventionally held beliefs regarding its cause such as poverty, drug use, mental illness, or the generosity of welfare programs.[71] Instead, they find housing market conditions—notably, the availability and affordability of housing—to be predictors of homelessness across various geographic regions.[72]

Given Colburn and Aldern's findings, it is unsurprising that unsheltered homelessness is on the rise. Nationwide, rent increases have far outpaced wage growth.[73] Between 2001 and 2021, the median rent for an average U.S. household increased by about 18% while median household income increased by only about 3%.[74] The growing gap between housing costs and income has contributed to the nationwide shortage of 7.3 million affordable and available rental units for extremely low-income renters that we see today.[75] In lieu of an affordable option, millions of the lowest-income households pay more than half of their limited income on rent, putting them at higher risk of eviction and in worst cases, homelessness.[76] Without addressing the root cause of homelessness—lack of affordable housing—unsheltered homelessness will not only continue, but it will worsen.

Criminalization is Harmful:
Criminalization efforts divert limited resources towards policies that not only fail to address the root cause of homelessness, but also impose harm on those who are living unsheltered.

Encampment Sweeps are Detrimental to One's Health and Safety.
Following the nationwide increase in unsheltered homelessness has been a rise in homeless encampments and in turn, concerted efforts to disband them.[77] Encampment sweeps—a tactic endorsed by the Cicero Institute and other criminalization advocates—involve the forcible removal of homeless encampments from public or private land.[78] Often done with little advance warning (just 24 hours in some cases) and without the provision of storage or housing

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[69] "Homelessness: Better HUD Oversight of Data Collection Could Improve Estimates of Homeless Population." gao.gov, July 14, 2020. https://www.gao.gov/products/gao-20-433.

[70] Colburn and Aldern. Homelessness is a housing problem: How structural factors explain U.S. patterns.

[71] *Ibid.*

[72] *Ibid.*

[73] Clark, Matt, Andrew Aurand, Dan Emmanuel, Emma Foley, Ikra Rafi, and Diane Yentel. "The Gap: A Shortage of Affordable Rental Homes." National Low Income Housing Coalition, March 16, 2023. https://nlihc.org/news/nlihc-releases-gap-2023-shortage-affordable-homes

[74] *Ibid.*

[75] *Ibid.*

[76] *Ibid.*

[77] "An Overview of Homeless Encampments for City Leaders." National League of Cities, March 7, 2023. https://www.nlc.org/resource/an-overview-of-homeless-encampments/.

[78] *Ibid.*

accommodations, an encampment sweep can cause residents to lose vitally important belongings like identification cards, personal documents, and medications.[79] Not only can a sweep elongate an episode of homelessness by causing someone to lose documents required for housing or job applications, but it may also result in the loss of life.[80] One study found that involuntary displacement of individuals living in encampments can lead to significant increases in overdose deaths, infections, and hospitalizations.[81]

Encounters with law enforcement–such as during an encampment sweep–can be traumatic and may cause an individual to seek out more isolated sleeping arrangements so that such interactions are less likely. A study conducted in Denver, Colorado found that concerns about prospective encounters with police lead individuals experiencing unsheltered homelessness to further isolate themselves which in turn, increased their likelihood of experiencing physical assault and negative mental health outcomes.[82]

Criminalization Leads to High Rates of Arrest and Incarceration.

In many states, persons charged with violating an ordinance or law—such as sleeping or camping on public land—could be subject to expensive fines. In Missouri, where new legislation makes it illegal for people to sleep on state-owned land, such violations could result in a $750 penalty.[83] This is a significant cost, particularly for someone with limited resources who could otherwise put that money towards security deposit or first month rent for an apartment.

In some states, those who don't have money to pay such a fine may have to go to court to contest the charge. Failure to appear in court due to barriers such as lack of money for transportation or physical limitations that make accessing public transportation difficult can result in arrest and incarceration. This series of events—whereby unsheltered individuals face punitive fines and/or jail time for minor and unavoidable violations of the law—is all too common. Not only are unsheltered adults more likely to interact with law enforcement, but they are also nine times as likely to have spent at least one night in jail in the last six months compared those living in shelter.[84]

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[79] "Impact of Encampment Sweeps on People Experiencing Homelessness." NHCHC, December 2022. https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf.

[80] Barocas, Joshua A., Samantha K. Nall, Sarah Axelrath, Courtney Pladsen, Alaina Boyer, Alex H. Kral, Ashley A. Meehan, et al. "Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities." JAMA 329, no. 17 (April 10, 2023): 1478. https://doi.org/10.1001/jama.2023.4800.

[81] *Ibid.*

[82] Westbrook, Marisa, and Tony Robinson. "Unhealthy by Design: Health & Safety Consequences of the Criminalization of Homelessness." Journal of Social Distress and Homelessness 30, no. 2 (May 12, 2020): 107–15. https://doi.org/10.1080/10530789.2020.1763573.

[83] Headlee, Peyton. "New Law Makes It Illegal for Homeless People to Sleep on State Owned Land in Missouri." KMBC, January 3, 2023. https://www.kmbc.com/article/new-law-makes-it-illegal-for-homeless-people-to-sleep-on-state-owned-land-in-missouri-kansas-city/42380842#.

[84] Rountree, Janey, Nathan Hess, and Austin Lyke. "Health Conditions Among Unsheltered Adults in the U.S." CA Policy Lab, October 2019. https://www.capolicylab.org/wp-content/uploads/2023/02/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S..pdf.

A brief interaction with the police or a single night spent in jail can have a permanent impact on someone's criminal record. This is especially the case for individuals living unsheltered who often lack the resources and support needed to navigate the complex criminal justice system.

The dehumanizing conditions of prisons, which are oftentimes understaffed, overcrowded, lack privacy, and have few medical resources, can exacerbate pre-existing health conditions and/or cause individuals to develop health complications that did not previously exist.[85] Numerous studies have found that individuals with a history of incarceration are at higher risk of chronic disease, mental illness, and substance use compared to the general public.[86]

The relationship between homelessness and the criminal justice system is a pervasive cycle: not only are people experiencing unsheltered homelessness at higher risk of being incarcerated, but people with a history of incarceration are also more likely to be homeless.[87] One study found that individuals with a history of incarceration are about 10x as likely to be homeless than the general public.[88] This is likely due in part to the limited supportive services that many receive in advance of their release, as well as discrimination that they encounter upon their exit.[89] While the federal Fair Housing Act provides some protections to prospective tenants with a criminal history, housing discrimination based on one's criminal record remains widespread.[90] A survey conducted across 14 states found that nearly 80% of formerly incarcerated individuals and their families "were either ineligible for or denied housing because of their own or a loved one's conviction history."[91] This pattern between homelessness and jail is known as the Homeless-Jail Cycle.[92]

Civil Commitment Increases Risk of Overdose.
In addition to advocating for increased use of encampment sweeps, many criminalization advocates are pushing for expanded civil commitment laws, making it easier for the government to force those experiencing homelessness off the street and into treatment for mental illness and/or substance use.[93] Informing the expansion of civil commitment laws is the belief that one must achieve sobriety and "mental stability" before they can be given access to permanent housing—an approach known as Treatment First.

[85] "Incarceration." - Healthy People 2030, n.d. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration

[86] *Ibid.*

[87] Couloute, Lucius. "Nowhere to Go: Homelessness among Formerly Incarcerated People." Prison Policy, August 2018. https://www.prisonpolicy.org/reports/housing.html.

[88] *Ibid.*

[89] Abedin, Shanti, Cathy Cloud, Alia Fierro, Debby Goldberg, Jorge Andres Soto, and Morgan Williams. "Making Every Neighborhood a Place of Opportunity." National Fair Housing, 2018. https://nationalfairhousing.org/wp-content/uploads/2018/04/NFHA-2018-Fair-Housing-Trends-Report_4-30-18.pdf.

[90] *Ibid.*

[91] Saneta deVuono-powell, Chris Schweidler, Alicia Walters, and Azadeh Zohrabi. Who Pays? The True Cost of Incarceration on Families. Oakland, CA: Ella Baker Center, Forward Together, Research Action Design, 2015. https://www.whopaysreport.org/wp-content/uploads/2015/09/Who-Pays-FINAL.pdf

[92] Peiffer. "Five Charts That Explain the Homelessness-Jail Cycle-and How to Break It."

[93] Glock, Judge, and Jared Meyer. "Homelessness." Cicero Institute, January 13, 2022. https://ciceroinstitute.org/issues/homelessness/.

Research shows that involuntary treatment through civil commitment is not only less effective, but can cause significant harm to recipients.[94] We see these harms playing out in states that rely heavily on civil commitment laws to get people off the street and into treatment. In Massachusetts, for example, it was found that those who have been civilly committed to receive substance use treatment were "twice as likely to die of opioid-related overdoses as those who seek help voluntarily."[95]

Criminalization Wastes Limited Resources:

The enforcement of criminalization laws cost communities millions of dollars per year. Given the ineffectiveness of such measures, this is money that goes to waste.

Encampment sweeps are not only harmful, but also expensive:

The cost of encampment sweeps vary, depending mostly on the size and nature of the encampment. During fiscal year 2019, the annual cost of encampment clearings ranged from around $3.5 million in a city like Chicago to $8.6 million in a city like San Jose.[96]

- Houston: $3,393,000 ($2,102 per person)
- San Jose: $8,557,000 ($1,672 per person)
- Chicago: $3,572,000 ($2,835 per person)
- Tacoma: $3,905,000 ($6,208 per person)

In many cases, a small percentage of the encampment clearing budget goes towards outreach and delivery of services for residents living there. In San Jose, only about 9% of the $8.6 million that it cost to clear around 300 encampments in 2019 went towards homeless outreach services.[97] Even less was spent on services to support those who were being displaced; about 2% of the total budget was spent on healthcare and financial assistance for encampment residents.[98] The vast majority was spent on the clearance, closure, and future encampment prevention through the installation of fences and blockades.[99]

When homeless encampments are cleared hastily and without the effective delivery of permanent housing and wraparound services for all of its residents, those residing there end up displaced—often forming another encampment elsewhere and remaining unsheltered.

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[94] Werb, D., A. Kamarulzaman, M.C. Meacham, C. Rafful, B. Fischer, S.A. Strathdee, and E. Wood. "The Effectiveness of Compulsory Drug Treatment: A Systematic Review." International Journal of Drug Policy 28 (December 18, 2018): 1–9. https://doi.org/10.1016/j.drugpo.2015.12.005.

[95] Szalavitz, Maia. "Why Forced Addiction Treatment Fails." The New York Times, April 30, 2022. https://www.nytimes.com/2022/04/30/opinion/forced-addiction-treatment.html.

[96] Dunton, Lauren, Jill Khadduri, Kimberly Burnett, Nichole Fiore, and Will Yetvin. "Exploring Homelessness Among People Living in Encampments and Associated Cost." HUD User, February 2020. https://www.huduser.gov/portal/sites/default/files/pdf/Exploring-Homelessness-Among-People.pdf.

[97] Fiore, Nichole, Will Yetvin, Kimberly Burnett, Lauren Dunton, and Jill Khadduri. "San Jose, California Community Encampment Report." HUD User, 2020. https://www.huduser.gov/portal/sites/default/files/pdf/SanJose-Encampment-Report.pdf.

[98] *Ibid.*

[99] *Ibid.*

Encampment clearing is only a small part of overall criminalization costs.
Criminalization fuels the pipeline from homelessness to prison, therefore increasing the overall cost borne by the public for the criminal justice system.

In Denver, a single person experiencing homelessness and cycling in and out of jail is estimated to cost the city about $4,000 over just a 90 day period.[100] A 2014 study done in three Central Florida counties found the cost of criminalizing a single person experiencing homelessness to be about $31,000 per year.[101] These costs can add up quickly. During a single fiscal year in Los Angeles, jail costs for those who were experiencing homelessness exceeded $70 million.[102]

Leaving those who are unsheltered cycling through homelessness and jail also leads to significant hospitalization costs which are typically paid for by the public. One study estimates that on average, a person experiencing homelessness goes to an emergency health department around six times per year.[103] Due to lack of access to primary care, these visits are often for non-emergencies. Regardless, each visit is costly. For someone without insurance, the average cost of an emergency room visit is about $2,600.[104]

Criminalization Makes Homelessness Worse. Housing First is Proven, Cost-Effective, and Compassionate.

Real-World Examples Prove Housing First Reduces Homelessness:
Housing First has been successfully implemented in small and large, rural, suburban, and urban communities across the country, underscoring the adaptability and effectiveness of the model. A 2020 meta-analysis, which assessed outcomes of 26 programs across the U.S. and Canada, found that Housing First programs reduced homelessness by 88% and improved housing stability by 41% compared with Treatment First programs.[105]

Listed below are a few of the many communities across the country that have found success using the Housing First model to address homelessness.

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[100] Peiffer. "Five Charts That Explain the Homelessness-Jail Cycle-and How to Break It."

[101] Fraieli, Andrew. "The Cost to Criminalize Homelessness." Homeless Voice, May 10, 2021. https://homelessvoice.org/the-cost-to-criminalize-homelessness/

[102] *Ibid.*

[103] Vohra, Neha, Vibhu Paudyal, and Malcolm J. Price. "Homelessness and the Use of Emergency Department as a Source of Healthcare: A Systematic Review." *International Journal of Emergency Medicine* 15, no. 1 (July 28, 2022). https://doi.org/10.1186/s12245-022-00435-3.

[104] "What Are My Care Options and Their Costs?" UnitedHealthcare, n.d. https://www.uhc.com/member-resources/where-to-go-for-medical-care/care-options-and-costs.

[105] Peng et al. "Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health among Homeless Populations with Disability: A Community Guide Systematic Review. 404–11.

Vermont

The Pathways Vermont Housing First Program provides permanent housing and wraparound services (including intensive case management and Assertive Community Treatment) to individuals experiencing homelessness with a history of mental illness.[106] Many of Pathways Vermont's services are targeted towards rural areas of the state, requiring the program to leverage technology and telehealth services to bridge the digital divide between its staff and service recipients.[107] Despite the unique challenges that came with implementation in rural communities, an evaluation of the program found that it achieved a housing retention rate of 85% over about three years.[108]

New York, New York

Housing First is similarly successful in urban areas. A 2002 evaluation of the Pathways New York City Housing First Program, which connected participants to permanent housing and wraparound services, found that at the study's five-year follow up period, 88% of participants remained housed.[109] Comparatively, only 47% of people enrolled the in the city's default residential treatment program, which required participants to be "housing ready" before being connected to permanent housing, remained housed after the same five-year period.[110]

Houston, Texas

Houston, Texas is a more recent example of the Housing First model's success in a large metropolitan area. In just over a decade, Houston has moved more than 25,000 people into permanent housing, and in turn, has cut homelessness by 64%.[111]

> More examples showing the effectiveness of the Housing First model can be found in the appendix.

Housing First is Cost-Effective:

Not only is the Housing First model proven to work in communities across the country, but it also saves the government and in turn, taxpayer money. The economic benefits of implementing the Housing First model far outweigh the costs associated with it.
One estimate found that for every $1 invested in Housing First programs, the community saves around $1.44 in costs associated with incarceration, emergency department, and other public

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[106] Stefancic, Ana, Benjamin F. Henwood, Hilary Melton, Soo-Min Shin, Rebeka Lawrence-Gomez, and Sam Tsemberis. "Implementing Housing First in Rural Areas: Pathways Vermont." American Journal of Public Health 103, no. S2 (December 2013). https://doi.org/10.2105/ajph.2013.301606.

[107] *Ibid.*

[108] *Ibid.*

[109] Tsemberis, Sam, and Ronda F. Eisenberg. "Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities." Psychiatric Services 51, no. 4 (April 1, 2000): 487–93. https://doi.org/10.1176/appi.ps.51.4.487.

[110] *Ibid.*

[111] Kimmelman et al. "How Houston Moved 25,000 People From the Streets Into Homes of Their Own."

services that would've been frequently used if permanent housing had not been provided.[112] Looking at this cost saving on an individual and societal level, estimates consistently demonstrate that Housing First is a cost-effective solution. On the low end, Housing First programs can save government about $7,000 per person annually in costs associated with avoided prison, hospital, and shelter stays.[113] For example, an evaluation of the Denver Supportive Housing Social Impact Bond Initiative, which provided permanent housing to hundreds of individuals experiencing homelessness, found that the annual cost of services for an individual enrolled in the program was about $6,900 lower than the annual cost of $25,600 for someone who did not receive permanent housing through the program.[114] Some evaluations have found the benefit to be even more substantial, with cost savings reaching as high as $2,500 per person per month, or about $30,000 per year; a net savings of about 53%.[115]

The findings are clear and consistent: providing permanent housing and wraparound services to those experiencing unsheltered homelessness, who are often cycling through government-funded jails and hospitals, reduces service use and in turn, results in lower costs to government and taxpayers.

Housing First is Compassionate:

The Housing First model is grounded in the belief that everyone deserves housing, regardless of substance use or mental health history. For those struggling with substance use or mental health disorders, the Housing First model has been found to produce more positive housing- and health-related outcomes when compared to the Treatment First model.

In one such study, Housing First participants, who could voluntarily opt into substance use treatment, had lower rates of substance use and higher program retention rates compared to those who received Treatment First services (which required detoxification, sobriety, and "housing readiness").[116]

Further, a randomized control trial conducted in Canada, which assessed Housing First versus Treatment First outcomes among high-need individuals with severe mental illness, found that

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[112] "Housing First Programs Lead to Net Economic Benefits." The Community Guide, October 20, 2022.
        https://www.thecommunityguide.org/news/housing-first-programs-lead-net-economic-benefits.html.
[113] Gillespie, Sarah, Delvin Hanson, Josh Leopold, and Alyse Oneto. "Analyzing the Costs and Offsets of Denver's Supportive
        Housing Program." Urban Institute, July 15, 2021. https://www.urban.org/sites/default/files/publication/104495/analyzing-
        the-costs-and-offsets-of-denvers-supportive-housing-program_2.pdf.
[114] Ibid.
[115] Larimer, Mary E. "Health Care and Public Service Use and Costs before and after Provision of Housing for Chronically Homeless
        Persons with Severe Alcohol Problems." JAMA 301, no. 13 (2009): 1349. https://doi.org/10.1001/jama.2009.414.
[116] Padgett, Deborah K., Victoria Stanhope, Ben F. Henwood, and Ana Stefancic. "Substance Use Outcomes among Homeless
        Clients with Serious Mental Illness: Comparing Housing First with Treatment First Programs." Community Mental Health
        Journal 47, no. 2 (2010): 227–32. https://doi.org/10.1007/s10597-009-9283-7.

73% of Housing First participants remained stably housed compared to only 31% of Treatment First participants.[117]

The efficacy of the Housing First model in addressing mental health/substance use for individuals experiencing unsheltered homelessness disproves the myth that one must be "housing ready" in order to be connected to permanent housing. Further, it underscores the importance of self-determination when it comes to effective substance use disorder treatment. Housing First programs do not require sobriety or detoxification prior to housing placement or during a participants' residency; instead, they create the conditions—like stability and safety— necessary for someone to improve other aspects of their life.

Implementing Housing First: Key Recommendations

As the number of successful Housing First programs has grown, many best practices and recommendations for implementing the model have emerged.

Key Recommendations for Outreach and Engagement:

Outreach is a necessary first step in implementing the Housing First model, and it must be followed by continual engagement until those experiencing unsheltered homelessness are connected to housing.

Homeless outreach teams should be made up of trained social workers and/or case managers. Not police.

A recent analysis by Boston University Initiative on Cities found that 76% of Homeless Outreach Teams located in the nation's 100 largest cities formally involve police in primary roles related to homeless outreach services.[118] Some cities even operate their Homeless Outreach Team out of their local police department. Centering law enforcement in homeless outreach means that service provision and enforcement of civil or criminal penalties often go hand in hand. Almost 60% of Homeless Outreach Teams analyzed in this study include enforcement of civil or criminal violations as a central goal of their operations, compared to only 24% that cite permanent housing as a goal. [119]

Shifting away from enforcement-focused outreach and instead towards permanent housing-focused outreach will require state and local governments to restructure their Homeless Outreach Teams. Rather than being made up of law enforcement personnel—who are trained to enforce the law—outreach teams should be made up of a collaborative of social workers, case managers, and mental health providers who are trained in de-escalation, Trauma-Informed

[117] Aubry, Tim, Sam Tsemberis, Carol E. Adair, Scott Veldhuizen, David Streiner, Eric Latimer, Jitender Sareen, et al. "One-Year Outcomes of a Randomized Controlled Trial of Housing First with ACT in Five Canadian Cities." *Psychiatric Services* 66, no. 5 (2015): 463–69. https://doi.org/10.1176/appi.ps.201400167.

[118] "Policing and the Punitive Politics of Local Homelessness Policy." Community Solutions, n.d. https://community.solutions/wp-content/uploads/2023/05/Policing-and-Punitive-Politics-of-Local-Homelessness-Policy-Brief.pdf.

[119] *Ibid.*

Care, harm-reduction techniques, and are equipped to connect those experiencing unsheltered homelessness to long-term housing solutions.[120]

Outreach should be routine, reliable, and connected to an array of community providers.

In order to build the trust and relationships needed to effectively deliver services, outreach and engagement with those experiencing unsheltered homelessness should be routine and reliable. Further, it should integrate an array of community providers such as food banks, hospital systems, and legal aid organizations–entities with services that those living unsheltered may not otherwise be able to access. This integrative approach should be done in a coordinated manner, ensuring that "outreach is conducted on behalf of the community rather than one agency."[121]

Outreach should meet the immediate needs of those who are unsheltered while focused on long-term housing solutions.

Routine, reliable, and collaborative partnerships between stakeholders are necessary for communities to meet the immediate needs of unsheltered people. Such partnerships should be paired with services designed to meet individuals' long-term housing needs. In abiding by the Housing First framework, outreach workers should avoid imposing any preconditions (such as sobriety, minimum income, absence of a criminal record, entry into shelter, etc.) for individuals to be provided permanent housing or temporary shelter options.[122] Structuring outreach in this way will require communities to review and when needed, amend policies and procedures across their homeless service system.

Closure of homeless encampments should be a last resort.

As previously discussed, outreach and engagement with individuals experiencing unsheltered homelessness, including those living in homeless encampments, should be routine, equipped to address the immediate needs of those experiencing unsheltered homelessness, and focused on long-term, permanent housing solutions. Ideally, encampments should never have to be forcibly cleared. However, in the case that they do, communities should take steps to mitigate the harm that could be caused by encampment closure:

- **Significant Notice:** Outreach workers must be able to provide encampment residents with significant notice of an encampment closure.

- **Provision of permanent housing and wraparound services for all encampment residents:** The amount of time between the provision of notice and the closure of the

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[120] "Policing and the Punitive Politics of Local Homelessness Policy.".

[121] "Core Elements of Effective Street Outreach to People Experiencing Homelessness." USICH, June 2019.
    https://www.usich.gov/resources/uploads/asset_library/Core-Components-of-Outreach-2019.pdf.

[122] *Ibid.*

encampment should be significant enough to allow outreach workers to connect all encampment residents with permanent housing and wraparound services.

- **Alternative non-congregate shelter options, when needed**: If permanent housing is not immediately available for all encampment residents, vouchers for temporary hotel/motel stays should be provided alongside wraparound services. In such an instance, outreach workers should continue to work with individuals during their stay in a hotel/motel to eventually connect them to permanent housing.

Key Recommendations for Addressing Funding Gaps:

Structuring outreach to be permanent housing-focused would require a community to take a comprehensive look at their homeless response. For example, an outreach worker can only effectively focus on long-term, permanent housing solutions during their outreach if those solutions are readily available. Due to decades of federal disinvestment in permanent housing, communities will have to explore and leverage innovative funding options to address the severe shortage of affordable housing that exists today.[123]

Innovative Funding Options:

Medicaid Dollars

In 2014, states were given the option to expand Medicaid eligibility under the Affordable Care Act. In states that chose to opt into this expansion, nearly all individuals experiencing chronic homelessness who had previously lacked health insurance became eligible for Medicaid.[124] In states that did not opt into Medicaid expansion, the Affordable Care Act still provides some health and supportive services for those experiencing homelessness.[125]

Since then, many states, localities, and nonprofit organizations like Pathways to Housing DC and the Massachusetts Behavioral Health Partnership have innovatively leveraged Medicaid dollars to fund infrastructure and services that assist in keeping previously homeless individuals healthy and housed.[126] [127] Such services include housing navigation, home modifications, and payment of expenses to establish living arrangements when transitioning from an institutional setting to housing.[128]

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[123] Hanlon, Seth and Lorena Roque. "Reversing a Decade of Domestic Disinvestment." American Progress, November 7, 2021. https://www.americanprogress.org/article/reversing-decade-domestic-disinvestment/.

[124] Katch, Hannah. "Medicaid Can Partner With Housing Providers and Others to Address Enrollees' Social Needs." CBPP, January 27, 2020. https://www.cbpp.org/research/health/medicaid-can-partner-with-housing-providers-and-others-to-address-enrollees-social.

[125] *Ibid.*

[126] Wilkins, Carol, Martha Burt, and Gretchen Locke. "A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing." HHS, July 2014. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//44471/PSHprimer.pdf.

[127] "Innovative Funding Strategies." HUD Exchange, n.d. https://files.hudexchange.info/resources/documents/H2-Innovative-Funding-Strategies.pdf.

[128] "Medicaid's Role in Housing." MACPAC, June 2021. https://www.macpac.gov/wp-content/uploads/2021/06/Medicaids-Role-in-Housing-1.pdf.

The Center on Budget and Policy Priorities provides an overview of a few ways that states can leverage Medicaid to build partnerships and ensure that the needs of those experiencing chronic homelessness are met.[129] One way of doing so is through Medicaid's Home- and Community-Based Services (HCBS) waiver, which can be leveraged in states that have opted into Medicaid expansion. These waivers "are designed to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting."[130] This waiver has been successfully employed in a number of states, including Louisiana. Through the HCBS waiver, the state established a partnership between the Louisiana Housing Authority and the Department of Health, providing permanent supportive housing to people with disabilities who otherwise may have remained homeless or been unnecessarily institutionalized. [131]

Housing Trust Fund

A Housing Trust Fund is a dedicated funding source established by government or a nonprofit organization aimed at providing routine funding for the preservation and creation of affordable housing.[132] Common sources of revenue for city, county, or state housing trust funds include developer impact fees, sales taxes, or real estate transfer taxes.[133] [134] A housing trust fund is typically established by an elected body through the passing of a resolution, ordinance, or legislation.[135] A well-structured housing trust fund should be equipped to effectively address current community needs, while also retaining the ability to adapt and respond to future challenges.[136]

In leveraging a housing trust fund to implement and/or expand the Housing First model, communities should not only allow for funds to be used for the development and preservation of permanent housing, but also on essential wraparound services such as mental health and drug use counseling, case management, and training/education opportunities.[137]

Leveraging Partnership:
Partnering Across Jurisdictions
The Way Home, the Continuum of Care based in the Houston region of Texas, provides a model for how Housing First can be effectively implemented on a large scale and across numerous jurisdictions. Made up of partners across the Harris, Fort Bend, and Montgomery

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[129] "Home & Community-Based Services 1915(c)." Medicaid.gov, n.d. https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c/index.html.

[130] *Ibid.*

[131] Katch. "Medicaid Can Partner With Housing Providers and Others to Address Enrollees' Social Needs."

[132] "Innovative Funding Strategies."

[133] Kenton, Will. "Impact Fee: Meaning, Overview, Examples in Real Estate Investing." Investopedia, May 1, 2023. https://www.investopedia.com/terms/i/impact_fees.asp#:~:text=An%20impact%20fee%20is%20typically,and%20sewerage%2C%20among%20other%20services.

[134] Anderson, Michael. "State and Local Housing Trust Funds." NLIHC, n.d. https://nlihc.org/sites/default/files/2022-03/2022AG_5-09_State-Local-Housing-Trust-Funds.pdf.

[135] "Housing Trust Fund Elements." Housing Trust Fund Project, n.d. https://housingtrustfundproject.org/htf-elements/.

[136] *Ibid.*

[137] *Ibid.*

counties of Texas, The Way Home works collaboratively to provide permanent housing and supportive services such as case management, healthcare, and counseling to those experiencing homelessness. By implementing the Housing First model on a large scale, The Way Home has housed more than 28,000 people since 2012, has achieved a 90% success rate across their housing programs, and has cut homelessness by about 64%.[138]

The Way Home has found widescale collaboration and coordination to be key to navigating fiscal restraints and effectively and efficiently delivering services. This collaboration not only spans the service providers that make up the Harris, Fort Bend, and Montgomery Continuum of Care, but also city and county officials, local landlords, and most importantly, those living unsheltered.[139]

<u>Public-Private Partnership</u>
Launched in 2016, the Denver Supportive Housing Social Impact Bond Initiative (Denver SIB) was created to address housing instability and in turn, prevent incarceration among chronically homeless individuals through the provision of permanent supportive housing.[140] This initiative was funded through a combination of state and federal resources, including Medicaid dollars, as well as a substantial investment from eight private stakeholders.[141] These investors committed to supporting the program with an understanding that they would receive a return on investment if the program achieved its intended outcomes.[142] This program was a success, not only for the investors but also for the program participants –77% of whom remained housed at the study's three-year follow up period.[143]

<u>Partnership with Landlords</u>
Establishing and maintaining relationships with landlords can enable Housing First providers to take advantage of existing housing stock available on the private rental market. For individuals receiving a Section 8 Housing Choice Voucher or enrolled in a Rapid Re-Housing program, this partnership can expand housing options and expedite what might otherwise be a lengthy period of time between homelessness and housing placement. Here are some things for communities to consider when establishing a landlord outreach and partnership strategy:

- Collaboration with other housing providers in the community can help to, 1) establish credibility between providers and landlords, and 2) address housing shortages on a larger scale.

- Regular attendance at local landlord association meetings can help Housing First programs establish relationships with landlords.

138 The Way Home Houston, n.d. https://www.thewayhomehouston.org/.
139 *Ibid.*
140 "Denver Supportive Housing Social Impact Bond Initiative." Urban, n.d. https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative.
141 *Ibid.*
142 *Ibid.*
143 *Ibid.*

- Conducting a landlord survey can help Housing First providers better understand the needs, priorities, and challenges facing local landlords. [144]

- Establishing and maintaining flexible program dollars that can be used by landlords for needed repairs or maintenance to a unit, as well as by tenants for unexpected emergencies, can act as an incentive for property owners who might otherwise be hesitant to rent to those exiting homelessness.[145]

- Hiring a designated landlord engagement specialist/coordinator can help to foster long-term engagement and partnership between landlords and Housing First providers.[146]

- Instituting a feedback loop that allows landlords to easily provide input on programs and services can enable Housing First providers to more quickly respond to landlord concerns and identify areas of programmatic improvement.[147]

Key Recommendations for Wraparound Services:

The Housing First model involves not only access to permanent housing, but also wraparound services such as mental health counseling, voluntary substance use treatment, and case management. Research suggests that in order to be most effective, these wraparound services should utilize best practices related to harm reduction and Trauma-Informed-Care.

Harm Reduction:

Given that the Housing First model does not require that participants abide by any sobriety requirements, harm reduction practices should be embedded into any Housing First program design. Harm reduction refers to a set of strategies aimed at mitigating the negative consequences associated with substance use.[148] These strategies look different depending on the individual and the type of substance being used.[149] For example, harm reduction strategies for heroin and opioid use may include injection sites focused on preventing overdose, or needle exchange programs aimed at preventing the spread of infectious disease.[150] For alcohol use, harm reduction strategies may include the creation and facilitation of support groups.

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[144] "The Landlord Engagement Toolkit." Homeless Hub, n.d.
    https://www.homelesshub.ca/sites/default/files/attachments/LANDLORD%20TOOLKIT_ENG_web.pdf.
[145] *Ibid.*
[146] *Ibid.*
[147] Developing an Intentional Landlord Engagement Strategy, n.d. https://www.nlc.org/wp-content/uploads/2022/05/CS-Developing-an-Intentional-Landlord-Engagement-Strategy.pdf.
[148] "Principles of Harm Reduction." Harm Reduction, December 20, 2022. https://harmreduction.org/about-us/principles-of-harm-reduction/.
[149] Mosel, Stacy. "Harm Reduction Guide." American Addiction Centers, July 18, 2023.
    https://americanaddictioncenters.org/harm-reduction.
[150] *Ibid.*

Evidence shows that harm reduction strategies such as these play an integral role in preventing the negative health and safety outcomes that can result from substance use such as death from overdose, transmission of infectious disease, and emergency department visits–to name a few.[151] [152] [153]

Trauma-Informed Care:

The trauma that results from homelessness can have a long-term impact on someone's health and well-being, even after being placed in permanent housing. Housing First programs must take this into account when designing and implementing program policies, procedures, and wraparound services for those exiting homelessness who may have complex trauma histories. One way to do this is through leveraging Trauma-Informed Care practices which are intended to promote safety, trustworthiness, choice, collaboration, and empowerment across services designed for individuals with histories of trauma. [154]

At minimum, Trauma-Informed Care training should be provided to all program staff, helping them to better understand the "biological, psychological and social impact of trauma."[155] Furthermore, Trauma-Informed Care principles should be leveraged to influence 10 key areas of an organization's structure:[156]

1) **An organization's governance and leadership** should support and invest in the implementation of trauma-informed practices.
2) **Organizational policy** and protocol should reflect trauma-informed principles (safety, trustworthiness, choice, collaboration, and empowerment).
3) The **physical environment** of a Housing First program, including its housing and wraparound services, should promote safety and collaboration.
4) There is **engagement and involvement** of people receiving services and those with lived experiences of homelessness in program design and decision-making.

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[151] Ritter A, Cameron J. A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug Alcohol Rev*. 2006;25(6):611-624. doi:10.1080/09595230600944529

[152] Puzhko, Svetlana, Mark J. Eisenberg, Kristian B. Filion, Sarah B. Windle, Andréa Hébert-Losier, Genevieve Gore, Elena Paraskevopoulos, Marc O. Martel, and Irina Kudrina. "Effectiveness of Interventions for Prevention of Common Infections among Opioid Users: A Systematic Review of Systematic Reviews." *Frontiers in Public Health* 10 (February 22, 2022). https://doi.org/10.3389/fpubh.2022.749033.

[153] Ruiz, Monica S, Allison O'Rourke, Sean T Allen, David R Holtgrave, David Metzger, Jose Benitez, Kathleen A Brady, C Patrick Chaulk, and Leana S Wen. "Using Interrupted Time Series Analysis to Measure the Impact of Legalized Syringe Exchange on HIV Diagnoses in Baltimore and Philadelphia." Journal of Acquired Immune Deficiency Syndromes, December 1, 2019. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6820712/.

[154] "What Is Trauma Informed Care?" Trauma Informed Care Training, June 24, 2019. https://traumainformedcaretraining.com/what-is-trauma-informed-care/

[155] *Ibid.*

[156] "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." SAMHSA, July 2014. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf.

5) Efforts are made to foster **cross-sector collaboration** with other providers who also leverage Trauma-Informed Care principles and provide services that may benefit Housing First program participants.
6) **Screening, assessment, and treatment services** are guided by a deep understanding of trauma and its impact.
7) **Training and workforce development** ensures that staff are trained in Trauma-Informed Care and are provided the resources and support needed if they are experiencing vicarious trauma as a result of their work.
8) **Progress monitoring and quality assurance** processes are in place to ensure that organizational operations are continuously aligned with trauma-informed principles and practices.
9) **Financing** that provide resources for staff training and implementation of the principles associated with Trauma-Informed Care.
10) **Evaluation** of services and programs.

Research suggests that when implemented on both an individual and systematic level, Trauma-Informed Care may lead to higher quality of services and improved outcomes among program participants.[157] [158] Thus, it is a worthwhile pursuit to incorporate these practices into not just wraparound services, but all other components of a Housing First program.

Key Recommendations for Equitable Service Delivery:

Due to lack of resources, individuals experiencing unsheltered homelessness frequently face barriers in accessing vital social services, especially if these services are enmeshed in complex bureaucratic systems. Taking steps to simplify these systems ensures that those who are most vulnerable understand how to reach essential services, and that they can do so quickly.

Streamlined Processes and Minimal Barriers to Entry:

Consistent with the Housing First model, access to housing and wraparound services should not be contingent on sobriety, income, credit or rental history, participation in services, etc. Ideally, a Housing First program's application and screening criteria should only reflect the minimum number of questions needed to determine a person's eligibility and/or the minimum amount of information needed as per grant guidelines.

The systems that someone must navigate to access said program should be streamlined and simplified to ensure that few steps are needed to receive assistance. Houston, Texas provides a model of how this may be done. There, the community developed a centralized database

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[157] M, Alix. "Latest Research on Trauma-Informed Care in Child Welfare." Texas Institute for Child & Family Wellbeing, December 15, 2021. https://txicfw.socialwork.utexas.edu/latest-research-on-trauma-informed-care-in-child-welfare/.

[158] Menschner, Christopher, and Alexandra Maul. "Key Ingredients for Successful Trauma-Informed Care Implementation." SAMHSA, April 2016. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf.

system and intake processes for the more than 100 service providers that make up the community's Continuum of Care.[159] The progress that Houston has made to streamline their services is exemplified in how quickly homeless veterans may now access Housing First services: "Ten years ago, homeless veterans, one of the categories that the federal government tracks, waited 720 days and had to navigate 76 bureaucratic steps to get from the street into permanent housing with support from social service counselors. Today, a streamlined process means the wait for housing is 32 days."[160]

According to the U.S. Department of Housing and Urban Development, there are three mechanisms that communities should consider when strategizing how to increase access to housing programs:[161]

1) **Smoothing mechanisms** make it easier for people experiencing homelessness to know what programs they are eligible for and how to apply by "improving the knowledge, skills, and interactions of homeless assistance workers and intake workers." Strategies include creating one-stop intake centers, improving language accessibility, and increasing training for outreach and case workers. [162]

2) **Changing mechanisms** "include modifications of restrictions on eligibility for housing subsidies for ex-offenders, and establishing 'homeless priorities' for health care, mental health care, and housing subsidies." These strategies ensure comprehensive service delivery, and ensure particularly high-need individuals do not fall through the cracks. [163]

3) **Expanding mechanisms** are those that commit additional resources for housing and wraparound services through both federal dollars and innovative funding solutions. [164]

Person-Centered Approach:
Continuums of Care should integrate a person-centered approach into their intake, referral, and housing placement process. In practice, this may look like creating paperwork and facilitating conversations with program participants to ensure that they are provided the opportunity to exercise choice over their housing placement and the type of wraparound

[159] Lee, Renee C. "Agency Hopes to Streamline Homeless Services." Chron, December 9, 2011.
https://www.chron.com/news/houston-texas/article/agency-hopes-to-streamline-homeless-services-2390957.php.

[160] Kimmelman, Michael, Lucy Tompkins, and Christopher Lee. "How Houston Moved 25,000 People From the Streets Into Homes of Their Own." The New York Times, June 14, 2022. https://www.nytimes.com/2022/06/14/headway/houston-homeless-people.html.

[161] Burt, Martha R., Jenneth Carpenter, Samuel G. Hall, Kathryn A. Henderson, Debra J. Rog, John A. Hornik, Ann V. Denton, and Garrett E. Moran. "Strategies for Improving Homeless People's Access to Mainstream Benefits and Services." HUD User, March 2010. https://www.huduser.gov/portal/publications/StrategiesAccessBenefitsServices.pdf.

[162] *Ibid.*

[163] *Ibid*

[164] *Ibid*

services they want to engage with.[165] It also involves the continual leveraging of harm-reduction and Trauma-Informed Care practices.

Involve Those with Lived Experiences:

Consistent with Trauma-Informed Care best practice, programs should make efforts to involve those with lived experiences of unsheltered homelessness, as well as current program participants in "decision-making processes related to policy, funding, program design and implementation, etc."[166] Communities must be thoughtful in doing so to ensure that those with lived experiences are not tokenized or exploited, but rather, that engagement is meaningful and beneficial for all involved. Some core components of meaningful engagement pulled from best practice research include:

- **Centering those with lived experience through sharing of power:** [167]
  - Those in positions of authority must be willing to share power and in some cases, relinquish power to those with lived experience, allowing them to serve on community boards or in paid leadership positions in the organization.

- **Continual engagement:** [168]
  - Beyond ensuring the availability of more formal roles for those with lived experience, there should be ongoing efforts to involve those with lived experience in programmatic planning and improvement processes.

- **Accessibility:** [169]
  - Efforts should be made to ensure that opportunities for community input and engagement are accessible.
    - Meetings are held at convenient times (including outside of business hours).
    - Meetings provide accommodations such as transportation, food, childcare, etc.
    - Meetings are held in spaces that are open and welcoming.
    - Language accessibility is taken into account.

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[165] "Coordinated Entry Core Elements." HUD Exchange, n.d. https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf.

[166] "Homeless System Response: Engaging Individuals with Lived Expertise." USICH, August 2021. https://www.usich.gov/resources/uploads/asset_library/COVID-19-Homeless-System-Response-Engaging-Individuals-w.pdf.

[167] *Ibid.*

[168] *Ibid.*

[169] *Ibid.*

The Housing First Model and Associated Best Practice Strategies Must be Integrated into Other Aspects of a Community's Homeless Response System, Including Access to Shelter and Homeless Prevention.

Implementing Lower Barrier, Permanent Housing-Focused Shelters:

Unlike permanent housing, homeless shelters are not a solution to homelessness. However, they are an important part of our nation's current homeless response system. As they are currently structured, many shelters impose strict requirements on those staying there such as limitations on personal belongings, rigid hours, and sobriety requirements. Further, many split up couples and families who may be entering shelter together. This system may further exacerbate the traumatic experience of homelessness, and steps should be taken to change harmful policies. Policy changes to consider include the following:

- Creating **accommodations such as temporary storage** lockers where personal belongings can be held during someone's stay.
- **Expanding shelter hours**, allowing for later arrival in the evening and providing accommodations to residents who want to stay during the day.
- **Expanding shelter options for individuals who are using substances** and/or struggling with substance use disorder. This may include amending current shelter policy and/or providing alternative shelter options such as "wet" shelters or non-congregate shelters (i.e. hotel or motel options). These temporary shelter options should be provided alongside wraparound services that align with best practice for treating substance use disorder and should be focused on long-term, permanent housing solutions.
- Providing **accommodations for individuals with unofficial service animals** so that they don't have to choose between a pet and shelter.
- **Expanding shelter options, including non-congregate shelter, for non-traditional families**, such as a mother and son, father and daughter, or an unmarried couple–all of whom may face barriers to shelter in a system that commonly splits people up along binary gender categories.
- Expanding **staff training on resident rights**, specifically those guaranteed through the Department of Housing and Urban Development's Equal Access Rule, which requires that homeless shelters provide accommodations that affirm an individual's expressed gender identity.

Expanding Investment in Homelessness Prevention:

The nationwide shortage of 7.3 million affordable and available rental homes for extremely low-income renters puts millions of individuals and families in precarious living situations where one emergency could throw them into homelessness. Through emergency rental assistance programs–which many local governments became familiar with during the COVID-19

pandemic–communities can provide low-income renters with a cushion of support should they fall on hard times. In doing so, communities should leverage best practices that were learned during the pandemic including the effectiveness of targeted outreach, low-barrier requirements, and direct-to-tenant payments, when possible.[170]

Further, expanded homeless prevention efforts should also be extended to individuals exiting institutions who may lack the resources needed to navigate and secure permanent housing.[171] The aforementioned UC San Francisco study found that out of the survey participants who reported entering homelessness from an institutional setting, very few received any sort of supportive services.[172] Greater funding for financial assistance and case management services targeted at individuals exiting institutions such as prison could help to address this gap.

The Indiana Housing and Community Development Authority's Home Tenant-Based Rental Assistance (TBRA) program provides an example of how localities can tailor their existing services to meet the unaddressed needs of those exiting institutions. The program is designed "to exclusively service income-eligible households in which at least one member was formerly incarcerated."[173] Individuals who are preparing to exit prison and lack a stable home to return to, as well as those who were formerly incarcerated and currently experiencing homelessness, may be eligible to receive financial assistance and supportive services through the program.[174]

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[170] Aiken, Claudia, Ingrid Gould Ellen, Isabel Harner, Tyler Haupert, Vincent Reina, and Rebecca Yae. "Can Emergency Rental Assistance Be Designed to Prevent Homelessness? Learning from Emergency Rental Assistance Programs." *Housing Policy Debate* 32, no. 6 (June 7, 2022): 896–914. https://doi.org/10.1080/10511482.2022.2077802.

[171] Couloute. "Nowhere to Go: Homelessness among Formerly Incarcerated People.".

[172] "Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness." Homelessness, June 2023. https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf.

[173] "Home Tenant-Based Rental Assistance (TBRA)." IHCDA, July 3, 2023. https://www.in.gov/ihcda/program-partners/home-tenant-based-rental-assistance-tbra/.

[174] *Ibid.*

Summary

Criminalizing homelessness is ineffective, harmful, and wastes limited resources. In contrast, Housing First is consistently proven to cost-effectively and compassionately reduce homelessness, produce higher rates of housing retention, and more effectively address substance use and mental health issues among participants.

Housing First is not housing only—it needs to include both permanent housing and wraparound services. Moreover, it should be embedded into a community's larger homeless response system and will be strengthened by homelessness prevention, low-barrier and permanent housing-focused shelter, and non-congregate shelter options.

As the number of successful Housing First programs has grown, a number of best practices have emerged, supported in many cases by innovative funding options. Communities that leverage the Housing First model to address homelessness now have a roadmap for implementation of a proven, humane solution that significantly improves the lives of those who are most vulnerable.

Appendix:

Additional Housing First Evaluations:

Geography	Study	Program	Outcomes	Implications
Santa Clara County, CA	A Randomized Trial of Permanent Supportive Housing for Chronically Homeless Persons with High Use of Publicly Funded Services	Provided permanent supportive housing to chronically homeless individuals who frequently cycled through Santa Clara County's jails, shelters, and hospitals.	86% of program participants remained housed throughout the study's 29 month follow-up period. Further, the intervention successfully reduced psychiatric emergency department visits and shelter use.	The intervention was successful in ending homelessness for the vast majority of participants. The program resulted in cost savings from decreased reliance on emergency services.
New York, New York	Evaluation of NYC's Frequent Users Services Enhancement (FUSE) II Initiative	Provided permanent supportive housing to high-need New Yorkers who were frequently cycling through the city's jails, homeless shelters, and emergency departments. The program targeted services towards individuals with "diagnoses of serious and persistent mental illness and/or substance use disorder." Participants received permanent housing coupled with case management and other wraparound services.	Nearly all (91%) of the 200 program participants who received permanent supportive housing through FUSE II remained housed after 12 months, and 86% remained housed after 24 months (through the end of the study's follow up period). Further, the FUSE II intervention successfully reduced jail involvement, shelter stays, and drug use, and resulted in improved social functioning (lower degrees of psychological stress and higher degrees of social support) among participants.	Housing First is successful at ending homelessness for high-need individuals and decreases the likelihood of incarceration, drug use, and shelter stays.

New York, New York	Substance Use Outcomes Among Homeless Clients with Serious Mental Illness: Comparing Housing First with Treatment First Programs	This study compared outcomes between Housing First participants, who were enrolled in NYC's Pathways program, and Treatment First participants, who were required to achieve "housing readiness" before being connected to permanent housing.	Individuals enrolled in the Pathways Housing First program had lower rates of substance use and higher rates of program retention. Treatment First participants had lower rates of program retention and in turn, higher rates of relapse.	According to the researchers, "having the security of a place to live appears to afford greater opportunities and motivation to control substance use when compared to the available alternatives of congregate residential treatment or a return to the streets." Thus, Housing First can assist in recovery from substance use and can contribute to more positive mental health outcomes.
New York, New York	Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities	Pathways NYC is the country's inaugural Housing First program, providing those experiencing unsheltered homelessness who have psychiatric disabilities with immediate access to permanent housing and supportive services.	Five years after receiving permanent housing, the vast majority (88%) of Pathways participants remained housed. Comparatively, only 47% of those who went through NYC's default residential treatment system remained housed after the same five year period.	For individuals using substances or who have mental illness, Housing First is a more effective at addressing homelessness than a Treatment First approach. Previously homeless individuals suffering from these challenges can successfully maintain independent housing when provided permanent housing and supportive services.

Vermont	Implementing Housing First in Rural Areas: Pathways Vermont	Pathways Vermont, modeled on the original Housing First program implemented in NYC, provides permanent housing and supportive services to those experiencing chronic homelessness with severe mental illness.	The rate of housing retention for program participants over the study's three year follow up period was 85%.	Housing First can be successfully deployed to solve chronic homelessness among those with severe mental illness in rural areas of the U.S..
Ottawa, Canada	Housing First for Adults with Problematic Substance Use	The study compared outcomes among homeless adults with problematic substance use who received permanent housing and case management services to those who had access to standard care.	Compared to homeless adults who received standard care, "Housing First clients moved into housing more quickly, reported a greater proportion of time housed, were more likely to spend the final six months housed, and had longer housing tenure at 24 months."	Adults experiencing homelessness with problematic substance use can successfully maintain housing without sobriety and/or treatment requirements.
Honolulu, HI	Evaluation of Housing First Program	Honolulu provided 326 people with Housing First services between 2014 and 2019. All received permanent housing and wraparound services.	Housing First recipients reported improved in mental and physical health. 77% of surveyed clients reported not using illegal drugs in the past month. The program saw a 26% reduction in ER use.	Permanent housing and wraparound services through a Housing First model create the conditions needed for participants to stabilize other aspects of their life such as substance use and medical complications.

Canada	One-year outcomes of a randomized controlled trial of housing first with ACT in five Canadian cities	Individuals with mental illness who were either homeless or precariously housed were randomly assigned to receive either Housing First or Treatment First services.	At the study's one-year follow up, 73% of Housing First participants and 31% of Treatment First participants resided in stable housing. Housing First participants also had improved community functioning.	Housing First was more effective at keeping participants stably housed and improving their social-emotional health compared to the Treatment First intervention.
Canada	Housing First for Homeless Youth with Mental Illness	Provided individuals with mental illness who were experiencing homelessness with permanent housing as well as assertive community treatment or intensive case management.	Youth enrolled to receive Housing First services were stably housed for more days than youth who received Treatment First services.	Housing First is also effective at address housing instability for youth with mental illness.

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