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Overview of the Housing First Model: An Underutilized Approach to Ending Homelessness

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By

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Thesis Summary

Homelessness is a nuanced social issue that affects every demographic in a community. My final thesis has developed from two main components, a creative project and a research paper, to better understand this multifaceted topic. The creative project was an art-based event to raise both awareness and funds for a local homeless shelter in Columbia, South Carolina. The project was completed in partnership with Transitions Homeless Center and the University of South Carolina. By working with Transitions, I became more aware of the current state of homelessness in South Carolina and of different methods that can continue to mitigate the prevalence of homelessness in the state. The second part of my thesis focuses on one such solution, Housing First. The research component of my thesis is a summary and explanation of the published literature on the Housing First Model, one of the most effective solutions at mitigating homelessness. My paper provides an overview of the model, the benefits and drawbacks of Housing First, and how the model has been implemented in the city of Columbia over the past decade. My thesis concludes with a personal reflection of how these two components together have helped to inform my current understanding of homelessness and to influence decisions for my future career.

Part I: The Creative Aspect

A. Beneath the Surface Art Project

During my junior year, I starting volunteering at Transitions Homeless Center in Columbia, South Carolina. I wanted to learn more about the specifics of homelessness both in South Carolina and the United States and about how I could better support different programs to help solve the issue of homelessness. Meanwhile, as the University of South Carolina continued to expand, I wanted to also renovate the Assembly Tunnel located between 1112 Greene and the Darla Moore School of Business. For my senior thesis, I developed a creative project to address both of these initiatives and goals. Over the fall and spring semesters of my junior year, I worked with the University of South Carolina's Facilities Department and Student Government and with administrators from Transitions on a campus wide art project. Together, we converted the Assembly Street Tunnel into a temporary art walk in April 2019 called "Beneath the Surface." Students and organizations could design and decorate a portion of the tunnel with chalk by donating to Transitions Homeless Center. The event raised over $200 for Transitions. I also had the opportunity to work directly with one of their clients and artists, Cheryl. Cheryl and her family were present for the event and were able to contribute to the project artistically as well.

After the project concluded, I was still curious about what both I and the city could do to further help the homeless population in the community. As I became aware of the demographics of homelessness and the various housing solutions proposed over the years, I decided to focus the research component of my senior thesis on the Housing First model. The Housing First model is one of the most effective methods of reducing homelessness, and is further explained in **Parts II – IV** of the paper.

Part II: Introduction to Homelessness

A. What is Homelessness

Homelessness is quite a visible facet of most communities, especially in the urban sections of cities. Despite fluctuating interest and research into this social issue throughout the years, homelessness has yet to be significantly diminished in the United States and abroad. Quantitative estimates of the homeless population and the social factors contributing to homelessness were especially documented in the "tramp (1890s-1920s), Great Depression (1930s), and skid row (1940s-1970s) eras" (Lee 502). A renewed interest in homelessness beginning in the late-1980s to the mid-1990s and extending to the present day has resulted in a more nuanced approach to the issue and yearly data collections on the number of affected individuals (Lee 502).

As of today, the United States Department of Housing and Urban Development (HUD) defines a homeless individual as one who "lacks a fixed, regular, and adequate nighttime residence" (AHAR 2019). In the previous decades, the general public incorrectly assumed that homelessness mainly affected only middle-aged or older males and that the causes of homelessness stemmed from the men's poor work ethics or inability to maintain employment (Kuhn 208). However, current research has shown that homelessness can affect all demographics; regardless of age, gender, or race; including families and youths ("Who Experiences Homelessness?"). While mental illness and racial and socioeconomic disparities also contribute to the prevalence of homelessness in a community, the lack of sufficient and affordable housing and of adequate wages significantly contribute to the problem as well ("What Causes Homelessness?"). Homelessness can be viewed in terms of who it affects, why it happens, and what category are people experiencing. Of the overall population, researchers and

sociologists now recognize three main types or subgroups of homelessness: the transitionally homeless, the episodically homeless, and the chronically homeless (Lee 503).

B. Typology of Homelessness

The transitionally homeless comprise the largest percentage of the total homeless population. The number of transitionally homeless individuals usually ranges from about sixty-five to seventy-five percent of the total population depending on the city (Kuhn 219-222). This subgroup includes people who are usually homeless only once in their lifetime for a brief time period. These people are usually homeless due to a sudden financial hardship, such as a medical emergency or changes in employment, but will quickly regain stable housing with little to no organizational intervention (Kuhn 210-211). People in this subgroup are generally younger and do not have any coexisting issues, such as mental illnesses or addiction habits. After a short stay in a homeless shelter, these individuals are able to successfully migrate back into more permanent housing (Kuhn 211). The episodically homeless are also a small percentage, about ten to fifteen percent, of the larger homeless population (Kuhn 219-222). This subgroup usually becomes homeless and stably housed in cyclical periods. These repeated changes are usually due to fluctuations in employment, like in the case for seasonal jobs or contracted labor (Kuhn 211). Members of this subgroup are also generally younger, but they have coexisting disorders that make it difficult to maintain steady employment and stable housing for more than a few months at a time. People with these characteristics cycle in and out of shelters for varying lengths of time. When not in shelters or permanent housing, they may also be in jails, hospitals, or rehabilitation facilities (Kuhn 211).

i. The Chronically Homeless

The third subgroup is the chronically homeless. This homelessness type comprises a relatively small percentage of the total homeless population; in 2019 almost twenty-five percent of the total homeless population was considered to be chronically homeless (AHAR 2019). However, this percentage is probably an over-estimate of the actual number of chronically homeless individuals. The transitionally homeless are more difficult to identify due to the short time periods in which they are homeless. They also utilize alternative housing solutions that are not typically included in traditional data collection methods, such as temporarily staying with friends and relatives or sleeping in one's car. Despite these potential inaccuracies, the percentage of chronically homeless individuals usually ranges from fifteen to twenty-five percent depending on the community being observed (Kuhn 219-222).

One is deemed to be chronically homeless if they have been continually homeless for a year or more. They are also considered to be chronically homeless if they have experienced four or more homelessness episodes in the past three years, in which the total amount of time spent without a home equals at least 12 months (AHAR 2019). Despite their small size, this group needs the most assistance in achieving stable housing and improving their overall health. People in this subgroup typically have a chronic illness, disorder, or addiction that prevents them from obtaining and maintaining stable housing (Kuhn 211-212). The chronically homeless usually have overlapping characteristics with the general public's stereotypical vision of the homeless. These individuals are usually older, chronically unemployed, and stay in shelters or on the streets for extended periods of time (Kuhn 211-212). The chronically homeless also have the worst health statuses than the other typology groups and a greater mortality and morbidity rate than the general public. They are more at risk at being victims of violence, crime, sexual assault, and

homeless-on-homeless aggression (Lee 506). This population benefits the most from housing interventions and programs, and they are the ones who need the most support since they are rarely able to regain stable housing and living conditions without assistance.

C. Determining the Number of Homeless Individuals

The main source of the United States' current data comes from the yearly Point in Time count. The Point in Time count always occurs during the last ten days in January each year throughout the United States. During these ten days, the number of homeless individuals, both sheltered and unsheltered, in an area for one night are counted (AHAR 2019). Although the data is comprehensive geographically, it also contains discrepancies due to variations in temperature, human error, and seasonal contributions. Since the Point in Time count is isolated to a short time period in January, the data may not be representative of the average number of homeless individuals for an entire year. The count also relies on volunteers whose data collection methods may differ in the various state communities. In colder climates and in years where there is an unusual drop in temperature, the number of individuals may be misrepresented due to people finding shelter in locations that deviate from the normal habitats that volunteers visit. Despite these shortcomings, the count provides valuable data for researchers and policy makers to use as a foundation for deciding on future housing solutions and policies. Highlights from the past year's point in time count is included in the following table (AHAR 2019).

Table 1. Data from the United States and South Carolina 2019 Point-in-Time Count

	Total Homeless Population	Sheltered	Unsheltered	Chronically Homeless	Under 18	18 to 24	Over 24
U.S.*	567,715	356,422 *(63%)*	211,293 *(37%)*	96,141 *(16.9%)*	107,069 *(18.9%)*	45,629 *(8.0%)*	415,017 *(73.1%)*
SC‡	4,172	2,455 *(58.8%)*	1,717 *(41.2%)*	942 *(22.6%)*	520 *(12.5%)*	263 *(6.3%)*	3,389 *(81.2%)*
MACH CoC⁂	1,215	923 *(76.0%)*	292 *(24.0%)*	277 *(22.8%)*	142 *(11.7%)*	95 *(7.8%)*	978 *(80.5%)*

* (AHAR 2019); ‡ (Homelessness Report 19); ⁂ The city of Columbia is included in the MACH Continuum of Care Data (Homelessness Report 87)

D. Current Housing Interventions and Programs

The main operational bodies who have the responsibility to organize and coordinate homelessness services in a given geographical area are Continuums of Care (AHAR 2019). The housing services that Continuums of Care usually oversee are permanent supportive housing, rapid re-housing, homeless shelters, housing assistance, and housing first programs (Fact Sheet).

South Carolina is divided into four Continuums of Care regions: the Lowcountry, the Midlands Area Consortium for the Homeless (MACH), the Total Care for the Homeless Coalition (TCHC), and the Upstate (Homelessness Report 51). The city of Columbia is located in the MACH Continuum of Care region (MACH). Additional information about South Carolina's work on homelessness and the MACH Continuum of Care specifically can be found at the following websites respectively, www.schomeless.org/ and www.midlandshomeless.com/.

Part III: Housing First

A. What is Housing First

Housing First is a recently developed solution to end homelessness, and is one of the main models that advocates are attempting to widely implement throughout communities. Proposed by Sam Tsemberis with Pathways to Housing in New York in the late 1990s, the model was originally targeted towards people who were homeless due to chronic mental illnesses ("Pathways Housing First"). The Housing First model's name is self-explanatory. Tsemberis and his colleagues, Dennis Culhane and Philip Mangano, believed that the best "cure" for homelessness is housing. They thought that before the underlying factors, whether socioeconomic or biopsychosocial, for homelessness could be properly addressed, those who did not have a home needed to be quickly and stably housed first. The Housing First model is attributed to these three founders, and together, they first laid the groundwork for the Housing First system in New York City (*The Homemakers*).

B. The Model

Tsemberis, Culhane, and Mangano's model reverses the order of traditional housing solutions. These earlier solutions are usually "treatment first" focused models. Many times, organizations and assistive programs require applicants to fulfill a series of step wise requirements before being eligible for supportive housing (Providing Housing First). Participants must abstain from drugs and alcohol, participate in counseling, and if applicable, adhere to their scheduled medication and dosage for an extended amount of time before fulfilling the requirements. This process usually takes between one and two years, and is very difficult for most applicants to successfully accomplish (Providing Housing First). The Housing First model, on the other hand, does not require eligible participants to meet prior conditions before they are

able to be placed into supportive housing. The model is founded on the value of consumer choice. Members in the program do not need to remain sober from drugs and alcohol to receive housing nor can they lose their housing by continuing to drink or use drugs (Fact Sheet). Clients are also not required to participate in counseling services in order to be eligible for housing. Although mental health and addiction resources are provided and encouraged, these services are not mandatory to use for participants to keep their housing (Fact Sheet). Tsemberis and his partners developed this model with consideration to the belief that it is difficult for a person to reintegrate into society, stabilize their financial situation, and improve their health without a permanent address (Fact Sheet). The only requirements for individuals in the program are to fulfill or uphold modified obligations of a typical tenant, such as paying an adjusted monthly rent. Participants in Housing First have access to stable housing that is not time-limited and to financial resources to help supplement their monthly expenses (What is Housing First). Housing First's readily accessible housing and limited client requirements are beneficial for all people experiencing homelessness. However, this model is still the most beneficial for the population that the program was originally designed for— the chronically homeless.

C. Benefits and Drawbacks of Housing First

The most obvious benefit of the Housing First model is the humanitarian aspect of immediately providing some of the most vulnerable populations in society with a safe living environment. However, the model also results in financial savings for communities and an increase in participant satisfaction and retention of housing. Since the Housing First model provides participants with a stable home, they are less likely to use emergency services (Fact Sheet). Clients are no longer housed with strangers in shelters or living on the streets so they are less likely to suffer judicial ramifications, such as jail time. They are also able to better care for

their health and preexisting conditions and thus, they will use less hospital and emergency room services. Depending on the population demographic and size of the city, communities can save about $20,000 per person annually by adopting the Housing First model versus traditional treatment services (Fact Sheet). Individuals in housing first programs are also able to retain their housing for more than a year, and they hold the perception that housing first has provided them with more consumer choice and autonomy than traditional housing services had in the past (Tsemberis 654). One of the main benefits of the model has been its effectiveness at diminishing homelessness.

i. Evidence Based Practice

Housing First is viewed as the most effective housing solution to mitigate homelessness and to help participants maintain their housing arrangements. The model and its efficacy have been supported and proven to be an evidence based practice (EBP) by multiple experimental and comparative studies. The most influential studies that established Housing First as an EBP are Tsemberis' own published articles on the initial implementation of the program in the 1990s and the At Home/Chez Sois study in Canada, a summary of both can be found later in **Section D**.

The main drawbacks of the Housing First model stem from the availability of appropriate housing and the implementation process of the program in cities. All Housing First programs are dependent on the number of available homes to allocate to participants. However, it is difficult to extend this program to more clients without a steady supply of affordable housing. As a result, the program is only able to help a small proportion of the people who need access to housing (Coyne). Some communities also tailor Tsemberis' original model to better suit their own city's demographic and existing programs. However, these alterations can impact the effectiveness of the model.

ii. Fidelity to Housing First

The fidelity of new housing first programs to the original model is important to ensure the continued effectiveness of the program. The fidelity of Housing First programs are assessed based on five main domains: "Housing Choice & Structure, Separation of Housing & Treatment, Service Philosophy, Service Array, and Program Structure" (Fidelity to Housing First). If programs lack fidelity, inconsistencies could arise in the research for the program parameters are no longer controlled for. A lack of fidelity may also make it more difficult for the Housing First model to be implemented elsewhere, and it may deprioritize the clients' needs and well-being (Fidelity to Housing First). In the following section, some of the contradicting results may be attributable to fidelity issues between the researchers' program and Tsemberis' original model.

D. Summary of Published Housing First Studies

Table 2. Main Findings of Influential Housing First Studies

Article Title	First Author, Publication Year	Summary of Main Findings
From Streets to Homes: An innovative approach to supported housing for homeless adults with psychiatric disabilities	Tsemberis, 1999	Participants in a Housing First group experienced almost 25% greater housing retention rate compared to participants in traditional housing programs. The Housing First group also reported higher satisfaction levels with the program as compared to their counterparts.
National Final Report: Cross-Site At Home/Chez Soi Project	Goering, 2014	The study of the largest Housing First trials implemented in the world. The study found that Housing First helped to rapidly end homelessness and increase the odds for other beneficial changes in the participants' lives. The researchers found the model to be a worthwhile investment that could be applied to all different communities with only slight modifications.

Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities	Tsemberis, 2000	After 5 years, 88% of Housing First participants retained housing compared to 47% of traditional treatment-based program participants. Participants with psychiatric disabilities and addictions were also capable of maintaining long-term residency with the proper support.
Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis	Tsemberis, 2004	Participants in the experimental Housing First group received housing quicker than the control group, maintained their housing, and reported feeling a higher perceived choice in their actions. The experimental group significantly used substance abuse treatment resources more than the control group, but the use of substances and the severity of psychiatric symptoms remained equal between the two groups.
Participant perspectives on housing first and recovery: Early findings from the At Home/Chez Soi project.	Polvere, 2013	The majority of participants reported that Housing First helped them regain a sense of identity and ability to reintegrate into society. A small subgroup reported personal challenges and indicated that increased external support could aid in the adjustment/ transitional period.
A systematic review of outcomes associated with participation in Housing First programs	Woodhall-Melnik, 2015	Article provided a review of the previously published literature. Overall analysis of the studies shows that Housing First results in an increase in housing retention, a greater perception of choice and quality of life by participants, and a reduction in health services, legal expenses, and mental health services.
Permanent Supportive Housing for Homeless People — Reframing the Debate	Kertesz, 2016	Controlled studies have shown that housing first (HF) results in increased housing retention versus “treatment as usual” (TAU) programs. However, there is little to no net cost savings from decreased use of health services, shelters, or legal expenses. Though there is no decrease in costs, most cities have equal net costs for both HF and TAU. Kertesz proposes that HF proponents shift from this economic perspective to focus more on the social and humanitarian effects of HF.

Part IV: Housing First in Columbia

A. Homelessness in South Carolina

South Carolina is divided into four Continuum of Care regions that oversee the different counties' housing and homeless services. Columbia is located in the Midlands Area Consortium for the Homeless Continuum of Care (MACH CoC). The MACH CoC was founded in the early 1990s and includes thirteen counties, including Richland and Lexington County (MACH). The MACH CoC is centralized to the middle of South Carolina and oversees counties that lie on the borders of North Carolina and Georgia (MACH). In the 2019 Point in Time Count, South Carolina reported a total of 4,172 homeless individuals (Homeless Report 19). In 2019, Richland County also had the highest count of homeless individuals, 851 people total, and the largest chronically homeless population, 225 individuals (Homelessness Report 23-24).

B. Housing First Implementation

The Housing First model was first implemented in Columbia, South Carolina in the late 2000s. In 2008, the City of Columbia announced they would award a $1.2 million grant to the University of South Carolina School of Medicine to implement the housing first program in the city. Columbia was the first city to have their medical school coordinate housing services for participants (Gieskes). Two years later, the School of Medicine published their preliminary results from the Housing First program. Their study followed 20 participants, who were previously chronically homeless, for six months after receiving housing. The School of Medicine determined that there was a slight increase in the number of participants who received support services, such as special needs bus passes, food stamps, and approval for Medicaid/Medicare (Parker). There was also a nonsignificant decrease in the number of emergency department visits and inpatient hospitalizations that resulted in about $250,000 in savings for the city (Parker). The

School of Medicine has yet to release an updated report on the health statuses and health costs analyses of Columbia's Housing First participants. However, as previously alluded to, Housing First is the most effective housing solution for the chronically homeless. In 2019, Richland County alone reported about 26.4% of their total homeless population identified as chronically homeless (Homelessness Report 24).

C. Current Status of the Housing First Program

Although no formal research reports have been published since 2010, South Carolina has still decided upon the benefits of fully incorporating and sustaining a Housing First program throughout the state. The South Carolina Coalition for the Homeless listed Housing First as one of their seven principles in their most recent five-year plan: "We must be committed to developing programming that responds to the needs of our clients instead of expecting clients to adapt to the programs that exist. We must embrace the Housing First philosophy as a system" (Five Year Strategic Plan).

Despite this commitment, the City of Columbia is currently struggling to expand its housing first program. The Columbia Housing Authority was forced to close their waiting list for public housing in 2014 due to a 99.7% occupancy rate and a waitlist of over 9,000 families (Coyne). To help supplement the housing first program, strides should also be made to make housing more affordable in South Carolina. As the National Low Income Housing Coalition reported, the average wage needed to afford housing without spending more than 30% of one's income on rent was $17.27 per hour in 2019 in South Carolina. However, the average wage earned by renters was only $13.25 (Out of Reach 2019). Housing is needed for one's environmental security, physical health, and their ability to effectively interact within society. The need for housing is especially apparent during times of crises, such as natural disasters or national pandemics.

Part V: Self Reflection

Over the past two years, many aspects of my thesis have changed, whether it has been due to time constraints, logistic restrictions, or a pandemic. Although my interest in homelessness, especially in how to solve it, has remained constant, my understanding of the topic has become decidedly less naïve. When I first started working on my thesis in the fall of 2018, my only interactions with the homeless were through volunteering at local shelters and food banks or through the occasional encounter on the street. I incorrectly assumed that homeless shelters and non-profit organizations were the only effective solutions currently being utilized to address homelessness. However, despite this original inaccuracy, I still wanted to support the efforts of these shelters and organizations through my senior thesis.

As I began to volunteer more at Transitions Homeless Center in Columbia, SC, I wanted my thesis to directly benefit the shelter. I also wanted to help continue the legacy of the university by renovating the rundown Assembly Tunnel on campus. I was able to successfully unite these two goals into a singular creative project for my thesis. I soon began working with Transitions, Student Government, and the university's Facilities Department to transform the tunnel into a temporary art-walk to serve as a fundraiser for Transitions. Just as quickly, I learned about the potential challenges that face students and administrators in implementing a three-dimensional project on campus. The university was very receptive towards and encouraging of my ideas, and I was surprised at how easy it was gain approval for my project. However, I was unaware of some of the difficulties there would be in raising awareness for my project. I coordinated with Student Government in order to contact organizations around campus and to secure supplies for the tunnel. Since my project was being completed in partnership with Student Government, it had to also follow the typical restrictions/guidelines for all university events. Thus, all marketing

materials, such as flyers and social media posts, had to be generated by Student Government and not by a third-party person; promotion of the event had to be unbiased and relatively neutral; and all monetary transactions must be transparent and not-for-profit for all students. Regardless of these slight challenges, the project helped me to grow as a leader and communicator, and it gave me a deeper appreciation for how the university balances administrative duties and operations with student-led initiatives. Through the creative aspect of my thesis I was able to learn how universities can partner and work with local organizations to benefit the greater community. Most importantly, my project also furthered my interest in other ways I could help the homeless.

During my senior year, I continued to research homelessness, and I became aware of a promising, yet seemingly underutilized, solution for homelessness. The Housing First Model was first introduced in the late 1990s, and since then the literature has found it to be an effective measure at reducing homelessness. The Housing First model seems so obvious, yet it took many years for this solution to first be proposed. Traditional housing solutions required participants to first successfully meet a series of requirements before they could be considered for housing. Housing First, on the other hand, insists that all people need housing to survive and that the homeless need to be provided with this housing before they are able to properly address other co-existing issues in their lives. This solution is both simple and painfully apparent, however, I was still surprised at how straightforward the Housing First model is.

Throughout my senior year, I became more knowledgeable about the Housing First model and how it compares to other housing solutions, such as permanent supportive housing and rapid re-housing measures. I also became more knowledgeable about the actual demographics of homelessness. Before starting my research, I too held the general public's view of homelessness. Most people, my past-self included, usually think of a homeless person as an unemployed

individual forced to live on the street or in a shelter. However, this stereotypical description is mainly constrained to the chronically homeless, a small portion of the total homeless population. My misconceptions were soon corrected when I learned that the majority of homeless individuals are the transitionally homeless, people who are homeless only once or twice in their entire lives for just a short period of time. These individuals usually become homeless due to unpredictable circumstances, such as a sudden change in employment or a medical emergency. Many times, we are unaware that these people are homeless since they are able to "bounce back" quickly. Other times, these individuals find alternative housing solutions; such as temporarily living with friends or family, in motels/hotels, or in their cars; and so, we would not typically label them as not having a home.

I learned that the majority of the homeless population are able to successfully regain stable housing with very little outside support or intervention. However, this means that a renewed and focused effort must be implemented in order to aid the population that needs it most, the chronically homeless. The chronically homeless are the ones who most need extra health services and housing support to gain and maintain stable housing and to improve the quality of their lifestyles. Housing First is beneficial for everyone, but it is most effective for the chronically homeless population. Despite the widespread support for this model, many cities still face difficulties in implementing the program. Challenges mainly stem from a lack of fidelity to the original Housing First model, a lack of housing, or a lack of affordable housing. Columbia recently had to close their waiting list for permanent housing due to a severe lack of appropriate housing. The housing that is available is unaffordable by workers receiving the average renter's wage of about $14.00 per hour in South Carolina. Again, it seems obvious, but I did not previously consider how much wages and the housing market affected the prevalence of

homelessness in a city. One could be stably employed, but still not paid enough in order to remain permanently housed.

My thesis has corrected many of my assumptions and misconceptions about homelessness. My project has allowed me to directly interact with people who are directly affected by this social issue. It has also made me more aware of other underserved populations in the community, such as those who lack access to healthcare. I will be attending the University of Florida College of Medicine in the Fall of 2020. I can greatly credit my thesis for better preparing me to serve the diverse patient populations in the medical field. I am more aware of the various socioeconomic factors that could also be affecting my patients, and I feel more equipped to find the right information and resources with which to help them.

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