



Data Spotlight: Housing First

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Background



HOUSING FIRST | Service model that addresses homelessness by quickly getting individuals and households experiencing homelessness into housing without any preconditions or barriers.

DATA | Impacts-focused; Evaluations, case studies, and systematic reviews; Evidence



Community Preventive Services Task Force



COMMUNITY GUIDE SYSTEMATIC REVIEW | ~20
Subject matter experts reviewed evidence from 26 studies

CONCLUSION | The independent panel of public health and prevention experts appointed by the director of the U.S. Centers for Disease Control and Prevention recommends Housing First programs

Systematic/Narrative Review SDC

Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review

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ABSTRACT
Context: Poor physical and mental health and substance use disorder can be causes and consequences of homelessness. Approximately 2.1 million persons per year in the United States experience homelessness. People experiencing homelessness have high rates of emergency department use, hospitalization, substance use treatment, social services use, arrest, and incarceration.
Objectives: A standard approach to treating homeless persons with a disability is called Treatment First, requiring clients be "housing ready"—that is, in psychiatric treatment and substance-free—before and while receiving permanent housing. A more recent approach, Housing First, provides permanent housing and health, mental health, and other supportive services without requiring clients to be housing ready. To determine the relative effectiveness of these approaches, this systematic review compared the effects of both approaches on housing stability, health outcomes, and health care utilization among persons with disabilities experiencing homelessness.
Design: A systematic search (database inception to February 2018) was conducted using 8 databases with terms such as "housing first," "treatment first," and "supportive housing." Reference lists of included studies were also searched. Study design and threats to validity were assessed using Community Guide methods. Medians were calculated when appropriate.

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention, the US Department of Housing and Urban Development, or the National Institutes of Health.
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Key Findings by Subgroup



Impacts for Clients Living with Disability



Compared with clients in control groups, clients in Housing First programs experienced the following:

- Median 41% greater housing stability
- Median 88% greater decrease in homelessness
- Median 5% greater improvement in quality of life
- Median 5% greater reduction in emergency department use
- 7% and 36% greater reduction in hospitalization



Impacts for Clients Living with HIV



Compared with clients in control groups, clients in Housing First programs experienced the following:

- 63% greater housing stability
- 38% greater reduction in homelessness
- Median 22% greater improvement in physical health
- 13% greater improvement in mental health
- 32% to 42% greater reduction in mortality
- 41% greater reduction in emergency department use
- 36% greater reduction in hospitalization





Economic Evidence: Economic Benefits Exceed Intervention Costs





Median Economic Benefit Per Person Per Year:
\$17,750

Benefit to Cost Ratio: 1.44
Societal cost savings of \$1.44 for every \$1 invested

Peng Y, Hahn RA, Finnie RK, Cobb J, Williams SP, Fielding JE, Johnson RL, Montgomery AE, Schwartz A, Muntaner C, Garrison VH. Permanent supportive housing with housing first to reduce homelessness and promote health among homeless populations with disability: a community guide systematic review. Journal of public health management and practice: JPHMP. 2020 Sep;26(5):404.





PD&R

Thank you!

