

Housing First and the Future of General Assistance Housing

What is Housing First? The Housing First model is an evidence-based practice that is focused on providing unhoused people with stable and accessible housing quickly and without prerequisites. It is a model that has enjoyed strong bipartisan support, including from Presidents George W. Bush, Barack Obama, and Joe Biden. Housing First is a flexible model that can be adjusted based on the needs at both the community and individual levels, including both short- and long-term needs. It also recognizes that stable and accessible housing may only be one part of the solution for unhoused people, and thus incorporates voluntary support services that people may need to live stably in their community, including substance use and mental health supports, employment training, and more.

Why Housing First? By prioritizing housing without prerequisites, Housing First provides people with a better opportunity to utilize the support services that they may need to support housing stability, employment, and health. In addition to its documented success in providing housing stability when compared with treatment first models,ⁱ the Housing First model has also led to better treatment outcomes,ⁱⁱ positive cost/benefit investments,ⁱⁱⁱ reduced costs to taxpayers for public services (e.g. costs for emergency health care and criminal legal systems),^{iv} and a likely increase in health equity.^v

Vermont's housing and homelessness crises will take sustained long-term investments to fully solve. Vermont's dual housing and homelessness crises are the result of multiple factors, including a lack of sufficient permanently affordable housing units, skyrocketing housing and construction costs, more people moving to Vermont, increasing short term rentals, a failure to ensure a living wage, a failure to provide adequate mental health and substance use services (and continuing to criminalize people who use drugs), and more. While we urge the legislature to make the sustained long-term investments necessary to ensure perpetually affordable housing, including with any necessary support services, to meet the demand, we also urge the legislature to provide the resources necessary to ensure sufficient Housing First-centered interim housing while we get there.

Vermont has a major need for interim housing. As we learned from the most recent (2023) Point in Time count, Vermont had the 2nd highest rate of unhoused people per capita in the country.^{vi} And, Vermont's crisis is getting worse – with an 18.5 percent increase in unhoused people between 2022 and 2023 and a 218.4 percent increase in unhoused people between 2007 and 2023.^{vii} Vermont has also seen the largest percentage increase in family homelessness since the pandemic began (a 213 percent increase or 794 more people between 2020 and 2023).^{viii} But, thanks to the legislature's investments, last year Vermont also sheltered the highest rate of unhoused people per capita in the country.^{ix} It's clear that Vermont cares, but much work and investment remains needed.

HHAV is ready to bring its deep expertise to help solve the interim housing crisis. HHAV's membership includes over 60 frontline housing and shelter organizations, and we would welcome the opportunity to work with the administration and legislature to design and establish a program that provides safe and habitable interim housing for all households experiencing homelessness. But, this process cannot be completed by March 15, April 1, or June 30. We urge the legislature to work with and listen to service and shelter providers and people with lived experience to build a sustainable interim housing system that is centered in Housing First principles and guided by progress to goal rather than dates in a vacuum.

-
- ⁱ Yinan 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, *Journal of Public Health Management & Practice*, Sept./Oct. 2020, Volume 26, Number 5, available at <https://www.thecommunityguide.org/media/pdf/he-jphmp-evrev-housing-first.pdf> (“Compared with Treatment First, Housing First programs decreased homelessness by 88% and improved housing stability by 41%. For clients living with HIV infection, Housing First programs reduced homelessness by 37%, viral load by 22%, depression by 13%, emergency departments use by 41%, hospitalization by 36%, and mortality by 37%.”).
- ⁱⁱ Todd P Gilmer, et. al., Fidelity to the Housing First Model and Variation in Health Service Use Within Permanent Supportive Housing, *Psychiatr Serv.*, Dec. 1, 2015, available at <https://pubmed.ncbi.nlm.nih.gov/26325459/> (“Clients in housing programs with higher fidelity to the Housing First model had greater increases in outpatient visits. Compared with lower-fidelity programs, higher-fidelity programs also enrolled clients who used fewer mental health outpatient services in the year before enrollment. Higher-fidelity programs may be more effective than lower-fidelity programs in increasing outpatient service utilization and in their outreach to and engagement of clients who are not appropriately served by the public mental health system.”).
- ⁱⁱⁱ Jacob Verugheze, et. al., Permanent Supportive Housing With Housing First: Findings From a Community Guide Systematic Economic Review, *Am J Prev Med* 2022;62(3):e188–e201, available at <https://www.thecommunityguide.org/media/pdf/he-ajpm-ecev-housing-first.pdf> (“The evidence from this review shows that economic benefits exceed the cost of Housing First Programs in the U.S.”).
- ^{iv} Mary E. Larimer, et. al., Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems, *JAMA*. 2009;301(13):1349-1357, available at <https://jamanetwork.com/journals/jama/fullarticle/183666> (“In this population of chronically homeless individuals with high service use and costs, a Housing First program was associated with a relative decrease in costs after 6 months. These benefits increased to the extent that participants were retained in housing longer.”).
- ^v Community Preventive Services Task Force, Social Determinants of Health: Permanent Supportive Housing with Housing First (Housing First Programs), Finding and Rationale Statement, June 2019, available at <https://www.thecommunityguide.org/media/pdf/SDOH-Housing-First-Programs-508.pdf> (“The Community Preventive Services Task Force (CPSTF) recommends permanent supportive housing with Housing First (Housing First programs) based on strong evidence of effectiveness in decreasing homelessness, increasing housing stability, and improving the quality of life for people who are experiencing homelessness and have a disabling condition. For clients living with HIV infection, Housing First programs improve clinical indicators and physical and mental health and reduce mortality. Housing First programs also lead to reduced hospitalization and use of emergency departments for homeless persons with disabling conditions, including HIV infection. ¶The CPSTF finds the economic benefits exceed the intervention cost for Housing First programs in the United States. Because homelessness is associated with lower income and is more common among racial and ethnic minority populations, Housing First programs are likely to advance health equity.”).
- ^{vi} U.S. Dept. of Housing and Urban Development, The 2023 Annual Homelessness Assessment Report (AHAR) to Congress, Part 1 - PIT Estimates of Homelessness, Dec. 2023, p. 16, available at <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf>.
- ^{vii} *Id* at p. 113.
- ^{viii} *Id* at p. 46.
- ^{ix} *Id* at p. 30.