

The “Housing First” Model: Immediate Access to Permanent Housing

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In North America, the traditional standard for housing homeless adults is the “treatment first” or “continuum of care” model. This involves what is essentially a lengthy and arduous audition, wherein a provider or team of providers of services to the homeless judges a homeless person’s “housing readiness.” The assessment continues as the person progresses from emergency shelter to transitional housing to permanent housing with few if any supports. To reach this goal, the person must generally abstain from drugs and alcohol and in some cases take physician-prescribed psychotropic medication. Noncompliance with any of the conditions can result in a delay in the transition or expulsion altogether.¹

For many homeless people, the conditions in the “treatment first” model are onerous and unrealistic. It is also debatable whether they in fact constitute a good litmus test for housing readiness.

Out of the criticisms of this approach has grown a new model, Housing First, which provides the homeless person with immediate access to permanent housing. Unlike “treatment first,” this approach does not involve 24-hour, on-site staffing,² although staff periodically visit participants at their new homes.

Clinical psychologist Sam Tsemberis introduced the Housing First model when he founded the non-profit Pathways to Housing agency in New York City in 1992.³ All Pathways participants are initially homeless and have a psychiatric diagnosis. Most have problems with drugs and/or alcohol.⁴ The program will not refuse a client with a history of violence and/or incarceration.⁵

The program has only two requirements: First, participants must agree

to participate in a money management program with staff that takes 30 percent of their income and directs it toward rent.⁶ The second requirement is that participants agree to at least two staff visits to their apartment per month.

Clients have round-the-clock access⁷ to a multi-disciplinary Assertive Community Treatment (ACT) team, which is led by a psychiatrist and includes a social worker, vocational trainer, addictions worker, nurse practitioner and housing worker. Abstinence is neither a

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program requirement nor an expectation. Pathways supports a harm reduction perspective and offers its own harm reduction support groups. Addictions counselling is provided and clients who wish to enrol in residential treatment programs are assisted in doing so. For clients who choose this option, a Pathways apartment unit is guaranteed upon return from treatment.⁸

Research on the Housing First approach has yielded overwhelmingly positive results. It has been found, for instance, that between 85 and 90 percent of Pathways participants are still housed at five-year follow-up.⁹ Also, compared to their “treatment first” counterparts, Housing First participants remain housed longer, spend fewer days in hospital¹⁰ and are no more likely to use drugs or alcohol.¹¹ Finally, it is cheaper to support a client through the Housing First model, due largely to the reduced need for psychiatric hospitalization.¹²

The “treatment first” approach remains the dominant service delivery model in the U.S.,¹³ but by 1996, Housing First programs had over 100,000 participants.¹⁴ This approach is increasingly popular among policy makers, politicians, business leaders and the media. Indeed, it is virtually impossible to find solid criticism of the Housing First model anywhere.

Toronto’s S2H Program

Only in recent years have the various levels of government in Canada made a concerted effort to move “rough sleepers” (i.e., those living outside the shelter system) directly into permanent housing. One of the major reasons for this was bureaucratic: community agencies liked working with non-profit housing providers, in large part because non-profit landlords charged rents that were geared to their tenants’ income. Government-assisted housing always had long waiting lists. To establish a connection with a rough sleeper was hard enough, but to complete an application and then locating the homeless person months or years later - when their application

had made its way to the top of the list – was nearly impossible.

This began to change in February 2005, with the launch of Toronto's Streets to Homes (S2H) program. Four factors motivated and facilitated S2H's development. First, in 2003-2004, Toronto City Council had a series of debates on homelessness. Concern was raised about the large sums of money being spent on homelessness, while the number of people homeless continued to grow. Second, almost 100 people a night had been sleeping rough in Nathan Phillips Square (home of Toronto City Hall). Third, beginning in 2002, the City of Toronto had undertaken a very successful re-location of the residents of Tent City, roughly 100 squatters who were given immediate access to private market housing, a deep rent supplement and staff support. Finally, in 2004, as many as 30 people were about to be evicted from under the Bathurst Street Bridge when a nearby building was being demolished. There was a great deal of media coverage at the time and several of the squatters interviewed said they had not been offered alternative housing when they were forced to leave.

It was in this context that a newly designed program emerged to “end street homelessness,” by helping homeless people move directly into permanent housing. The program's official mandate is to “serve homeless people who live outdoors, which includes individuals living in parks, ravines, under bridges, on sidewalks, laneways, alleys, stairwells, building alcoves, squats and living in vehicles.”¹⁵ When it opened its doors in 2005, the S2H budget was \$2.447 million. After the May 2008 municipal panhandling enhancement, the program's annual budget now stands at \$11.306 million which includes City staff costs and grants to the 29 community agencies that are part of the Streets to Homes program.

S2H staff work with clients who spend most nights outside and are not already receiving the services of a housing worker. In keeping with the Housing First model, abstinence from drugs or alcohol is not a prerequisite,

nor is compliance with a regime of psychiatric medication. Participants do not have to prove themselves “housing ready,” and if a landlord becomes unhappy with a tenant, S2H staff help that person move to another location.

In addition to finding suitable housing for clients, S2H staff work with the government agency providing the income support and offer follow-up support for one year after placement. According to the City of Toronto's (2007) post-occupancy follow-up survey:

Follow-up supports are for approximately a one year period, and through intensive goal setting the frequency of visits decreases over time. At the end of the year, the individual is expected to be able to live independently without ongoing support or are [sic] transitioned to more appropriate ongoing case management services. (p. 62)

When the S2H program acquires a new housing unit, staff assess the unit, going over such things as electrical, heating systems and safety. Though a client can move into a unit that has minor work to be done (where S2H staff advocate with the landlord to address the minor issues as soon as possible), the client cannot move into a unit that has any outstanding work orders.

S2H clients are housed in three types of housing: private units (62 percent); social housing units charging no more than 30 percent of a tenant's income (20 percent);¹⁶ and alternative/supportive housing units owned and operated by a non-profit organization (18 percent).¹⁷ Alternative/supportive units usually have “some form of on-site staff support and [were] often rent-gated-to-income units.”¹⁸ Some of these providers charge monthly rents calculated at 30 percent of the tenant's income while others charge the equivalent of the shelter portion of each tenant's social assistance cheque (\$325 in the case of Ontario Works and \$436 in the case of the Ontario Disability Support Program).¹⁹

Sixty-one percent of clients interviewed for the post-occupancy survey were living in independent housing,²⁰ while the other 39 percent were living in shared accommodation.²¹

Once a client has been given housing, S2H staff provide follow-up support for up to one year. This includes informal counselling, assistance with forms, finding furniture, connecting to resources in the community, dealing with the landlord, grocery shopping, transportation, accessing health services and acquiring clothing.²²

Relative to most programs for the homeless run by community agencies, S2H serves a large number of clients and has a large budget. This gives the program influence, which it has used to its advantage by creating special arrangements with key actors. For example:

- **The Ontario Disability Support Program (ODSP)** (run by the Province's Ministry of Community and Social Services) adjudicates S2H clients comparatively quickly. Whereas an ODSP adjudication would normally take six to 12 months to be approved, S2H clients have their applications approved in as little as 48 hours. This helps S2H clients increase their monthly income much more quickly than non-S2H clients.
- **The Toronto Community Housing Corporation (TCHC)** (run by an arm's length corporation of the City of Toronto) has made a few hundred of its subsidized housing units available to some S2H clients.
- **Private Landlords:** Several large property management firms have given special concessions to the S2H program. In addition to making some units available to S2H clients, they often reduce the rent by modest amounts. (S2H staff do follow-up to ensure that tenants agree to a pay-direct arrangement for their rent.)
- **Non-Profit Housing Providers:** Several non-profit housing providers²³ allow S2H clients to bypass their waiting lists and then offer them high levels of support once housed. In exchange, the S2H program gives them funding (over and above what the tenant pays them for rent) for additional supports to the entire building.

S2H Successes

S2H has met with a great deal of success. For example, over 2,000 people have been housed since February 2005; 90 percent have remained housed.

Post-occupancy survey results also show that, once housed, the majority of S2H clients report improvements in their health, the amount and quality of food they are eating, their levels of stress, sleep, personal safety and mental health. Roughly half of all S2H clients report reduced alcohol consumption, and roughly three-quarters report reduced drug use.²⁴ In fact, 17 percent of respondents reported they had quit drinking alcohol altogether²⁵ and one-third reported quitting drugs altogether.²⁶

S2H clients, once housed, reported making fewer calls to 911 (emergency), getting arrested less often, spending less time in jail,²⁷ and visiting hospital emergency rooms less often.²⁸ Once housed through S2H, the number of people reporting income from pan-handling dropped by 57 percent.²⁹ S2H clients also reported increased use of family doctors, optometrists and specialists.³⁰

City officials claim that overall number of homeless people in Toronto has decreased since the launch of S2H. Among the over 2,000 people housed by S2H, roughly 60 percent more are on ODSP than when S2H started.³¹

S2H Shortcomings

Unlike New York City's Pathways program, there is no stipulation with S2H that participants pay no more than 30 percent of their income on rent.³² In fact, S2H participants pay an average of 41 percent of their income on rent. Indeed, while some S2H clients receiving ODSP benefits have as much as \$600 per month to live on once rent is paid, others have as little as \$100 per month. With 64 percent of S2H clients on Ontario Works (i.e., basic welfare), perhaps it should come as no surprise that an almost identical number (68 percent) reported that, once rent was paid, they did not have enough money to live on.³³

The affordability problems experienced by S2H clients have important implications for their general well-be-



Toronto Community Housing's 501 Adelaide Street East, affordable rental for families to be complete in early 2009, features state-of-the-art environmental technologies.

ing. For example, due largely to housing affordability problems, few S2H participants have a telephone.³⁴ This may explain – at least in part – why fewer than half of respondents to the post-occupancy survey reported that their social interaction had improved. In fact, 26 percent reported that their social interaction had “gotten worse.”³⁵

S2H post-occupancy research does not track the extent to which participants are having their nutritional needs met. However, roughly two-thirds of respondents reported that they “regularly ran out of money to buy food.”³⁶ And not surprisingly, S2H clients report that of all the services they have used once housed, food banks are by far the ones they use the most.³⁷ Food shortages were more likely reported by people on Ontario Works (basic welfare) than people on the Ontario Disability Support Program.

Further troubling is the empirical research that demonstrates a direct relationship between a household's income level and its purchase of foods from all groups, particularly fruit, vegetables and milk. This relationship is especially strong when a household's annual income is below \$15,000.³⁸ Empirical research even shows an inverse relationship between the percentage of household income allocated to housing and the adequacy of food spending. Again, this relationship is espe-

cially strong among lower-income households.³⁹

Another worrying finding from the post-occupancy research: when asked if they felt they had a choice in the type of housing they were offered through the program, 29 percent responded with an outright “no.” Likewise, when asked if they felt they had a choice in the location of their housing, 30 percent said “no.”⁴⁰

The post-occupancy survey also identified particular problems with clients in shared accommodation, representing 39 percent of all S2H clients.⁴¹ According to the City of Toronto's (2007) post-occupancy survey report:

Those in shared accommodation are less likely to feel secure about their housing, are far more likely to move,⁴² and need more help from their follow-up workers to relocate. People in shared accommodation frequently reported issues with roommates/housemates that made it difficult to keep their housing. (p. 2)

Post-occupancy research also shows Aboriginal S2H participants faring significantly worse in several areas.⁴³

Post-occupancy survey results suggest that S2H works very well for most participants. There are some areas for improvement such as 18 percent of cli-

ents report decreases in the quantity of the food they eat; 15 percent report decreases in the quality of the food they eat; 16 percent report increases in their level of stress; 13 percent report that their sleep has “gotten worse;” 12 percent report that their mental health has “gotten worse;” and 10 percent report an increase in their consumption of alcohol.⁴⁴

Finally, it should be noted that the S2H program has been opportunistic. Indeed, one of the reasons it has been so successful is that vacancy rates have been relatively high in Toronto since the program’s inception.

Implications for Other Canadian Municipalities

The City of Toronto has developed a

Housing First model to effectively help rough sleepers move into permanent housing. While it is being adopted in other Canadian municipalities and should be adopted in more, there are several key changes that would strengthen the S2H approach to the Housing First model.

At the federal level, funding available through the Homelessness Partnering Initiative should be made permanent. Toronto and other municipalities should be able to design, implement and maintain Housing First programs secure in the knowledge that this funding will indeed be available.

Moreover, provincial governments have a responsibility to bridge the gap between what low-income tenants can afford and what the private market de-

mands in terms of monthly rent. Thus, provincial governments should provide municipalities with sufficient funding to provide portable rent supplements to each participant in a Housing First program. Once housed, tenants should be paying no more than 30 percent of their income on rent. With a portable rent supplement, a tenant will have improved access to nutritious food, more choice in housing and no need to accept shared accommodation.

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¹ Ronni Michelle Greenwood, Nicole J. Schaefer-McDaniel, Gary Winkel and Sam J. Tsemberis, “Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness,” *American Journal of Community Psychology* Vol. 36 Nos. 3/4 December 2005 pp. 223-238; Sam Tsemberis and Ronda F. Eisenberg, “Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities,” *Psychiatric Services* Vol. 51 No. 4 April 2000 pp. 487-493.

² Deborah K. Padgett, Leyla Gulcur and Sam Tsemberis, “Housing First Services for People Who Are Homeless With Co-Occurring Serious Mental Illness and Substance Abuse,” *Research on Social Work Practice* Vol. 16 No. 1 January 2006: 75.

³ Deborah K. Padgett, “There’s No Place Like (a) Home: Ontological Security Among Persons with Serious Mental Illness in the United States,” *Social Science & Medicine* Vol. 64 No. 9 May 2007: 1928.

⁴ Christina McCarroll, “Pathways to Housing the Homeless,” *Christian Science Monitor* Vol. 94, Issue 110 May 2002.

⁵ Padgett, Gulcur and Tsemberis, January 2006: 77.

⁶ Greenwood, Schaefer-McDaniel, Winkel and Tsemberis, December 2005: 225.

⁷ Ibid; Padgett, Gulcur and Tsemberis, January 2006: 77.

⁸ Ibid.

⁹ Tsemberis and Eisenberg, pp. 487-493.

¹⁰ Gulcur, Leyla, Ana Stefancic, Ma-

rybeth Shinn, Sam Tsemberis and Sean N. Fischer, “Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes,” *Journal of Community & Applied Social Psychology* Vol. 13, No. 2, 2003: 181.

¹¹ Padgett, Gulcur and Tsemberis, January 2006: 74.

¹² Gulcur, Stefancic, Shinn, Tsemberis and Fischer, 2003: 182.

¹³ Padgett, Gulcur and Tsemberis, January 2006: 81.

¹⁴ Christina McCarroll, “Pathways to Housing the Homeless” *Christian Science Monitor* Vol. 94, Issue 110, 1 May 2002.

¹⁵ City of Toronto, *What Housing First Means for People: Results of Streets to Homes 2007 Post-Occupancy Research* (Toronto: City of Toronto, Shelter & Housing Administration, July 2007: 61.

¹⁶ Ibid: 48.

¹⁷ Ibid: 76.

¹⁸ Ibid: 13.

¹⁹ Ibid: 48.

²⁰ This includes one person living in a bachelor apartment (30%), one person living in a one-bedroom apartment (24%) and a couple or family living in a two-bedroom apartment (8%) [City of Toronto, July 2007, p. 82].

²¹ According to the final report of the post-occupancy survey: “Shared accommodation includes individuals sharing a 2 or 3 bedroom private market apartment with non-related

roommates (8%), group shared accommodations in alternative/supportive housing (generally these are individual rooms with shared common areas such as kitchens and washrooms) (26%), or a rooming house (5%) [City of Toronto, July 2007, p. 14]. When the program began, all S2H participants doubled up with a roommate (due largely to a lack of program funding).

²² City of Toronto, July 2007: 84.

²³ These include Mainstay Housing, Ecuhome Corporation, Homes First Society and Fred Victor Centre.

²⁴ City of Toronto, July 2007: 86-88.

²⁵ Ibid: 44.

²⁶ Ibid: 88.

²⁷ Ibid: 89-91.

²⁸ Ibid: 50.

²⁹ Ibid: 49.

³⁰ Ibid: 50.

³¹ Ibid: 46.

³² New York’s program is by no means the only Housing First program with strong affordability stipulations. Calgary’s Housing First program has an identical stipulation: participants pay no more than 30% of their income on rent. Likewise, Ottawa’s Housing First program (run by CMHA-Ottawa) stipulates that no participant pays more than the shelter portion of his or her monthly income support cheque.

³³ City of Toronto, July 2007: 46-48.

³⁴ Not surprisingly, those receiving ODSP are far more likely to have a telephone than those receiving Ontario Works (Iain De Jong, Personal Interview, 30 May 2008).

³⁵ City of Toronto, July 2007: 88.

³⁶ Ibid: 47.

³⁷ Ibid: 90.

³⁸ L. Ricciuto, V. Tarasuk and A. Yatchew, “Socio-demographic Influences on Food Purchasing

Among Canadian Households,” *European Journal of Clinical Nutrition* Vol. 60 January 2006: 778-790.

³⁹ Sharon K. Kirkpatrick and Valerie Tarasuk, “Adequacy of Food Spending is Related to Housing Expenditures among Lower-income Canadian Households,” *Public Health Nutrition* June 2007: 1-10.

⁴⁰ City of Toronto, July 2007: 81.

⁴¹ As outlined earlier, 39% of S2H clients are in “some form of shared accommodation,” which includes any of the following scenarios: “individuals sharing a 2 or 3 bedroom private market apartment with non-related roommates (8%), group shared accommodations in alternative/supportive housing (generally these are individual rooms with shared common areas such as kitchens and washrooms) (26%), or a rooming house (5%).” [City of Toronto, July 2007, p. 14]

⁴² Results from the post-occupancy survey reveal that “46% of those who were originally in shared accommodation had moved at least once, compared to 17% of those in independent units. Of those who moved while in shared accommodation, 38% said it was because of problems with their roommates.” (City of Toronto, July 2007, p. 34).

⁴³ City of Toronto, July 2007: 43.

⁴⁴ Ibid: 88.