

Overview of Best Practices in Housing First

Understanding and implementing what we've learned from experience and research over the past decades is essential to effectively address the complex needs of people experiencing homelessness. Below are selected "person-centered, housing-focused, trauma-informed, recovery-oriented, peer integrated, self-compassionate" approaches that inform our work in a housing first context.

From housing-ready to housing-first

- Housing-first principles, practices, and outcomes
- Tenancy support in permanent supportive housing

Essential best practices in housing first approaches

- What they are and why they matter
- The mindset and heart-set of best practices

Trauma-informed care

- Understanding trauma and its impact
- Principles of trauma-informed care

Enhancing motivation to change

- Spirit, processes, and skills of motivational conversations
- A personal taste of enhancing motivation

Integrating peer support providers

- Involving and integrating peers in service delivery
- Principles and practices of recovery-oriented care

Caring for self while caring for others

- Why self-care matters
- Sources of resilience and renewal

Implementing best practices

- Why training is not enough
- Steps for successful implementation of best practices

Housing First

The United States Interagency Council on Homelessness (USICH) defines Housing First as a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. Housing First offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing. Without clinical prerequisites like completion of a course of treatment or evidence of sobriety and with a low-threshold for entry, Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and institutions.



Housing First is based on two core convictions:

1. Housing is a basic human right, not a reward for clinical success, and
2. Once the chaos of homelessness is eliminated from a person's life, clinical and social stabilization occur faster and are more enduring.

Housing First principles:

1. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.
2. The provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion.
3. Continued tenancy is not dependent on participation in services.
4. Units targeted to most disabled and vulnerable homeless members of the community.
5. Embraces harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery.
6. Residents must have leases and tenant protections under the law.
7. Can be implemented as either a project-based or scattered site model.

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