

HOUSING WITH SUPPORTIVE SERVICES

AN EVIDENCE-BASED SOLUTION

COLORADO
COALITION
FOR THE HOMELESS



Support-Centered Housing builds on the longstanding success of Housing First principles and is an evidence-based approach to homelessness resolution that prioritizes getting people into stable housing as a first step — but not the only step — toward stability. Robust bipartisan support, as well as a wide body of local, state, and national research, backs this approach.

People can successfully regain stability when they have a safe place to call home. And, with appropriate wraparound services, they will retain that stability. Support-Centered Housing does not mean “housing only.” Once people are provided with stable housing, best practices dictate that intensive and individualized supportive services including case management, vocational support, mental and behavioral health support, and other services should be made available.

Much of the media coverage and political discourse around of homelessness overlooks the root cause — a lack of affordable housing. (1) This oversight, paired with false and paternalistic assumptions of causes, leads to ineffective policies which do not meaningfully address homelessness. Often referred to as “treatment first” or “work first,” programs which mandate that people achieve sobriety, seek mental health treatment, or meet work requirements before accessing housing are ineffective. In addition to growing efforts to arrest, fine, and jail people for basic life-sustaining activities such as sleeping, sitting, or sharing food, these efforts do more harm than good. They coincide with restrictions on supportive housing development and slashing funding to programs that support people experiencing homelessness.



Rene, a CCH resident in his one-bedroom apartment

These ineffective approaches are not backed by evidence and will only exacerbate the current crisis by forcing people to stay in the cycle of homelessness rather than putting them on a path to housing stability. Instead, we must rely on the person-centered, evidence-based approach that Support-Centered Housing offers to help individuals regain and maintain stability.



Renewal Village, a hotel-to-housing conversion in Denver, CO

WHAT IS SUPPORT-CENTERED HOUSING?

Support-Centered Housing includes crisis intervention, rapid access to housing, case management, and support services to help people gain housing and sustain housing over the long term. This low-barrier, flexible service model provides immediate housing, allowing people to address physical and behavioral health needs, and preventing the recurrence of homelessness.

What differentiates a Support-Centered Housing approach from traditional emergency shelter or transitional housing models is the immediate and primary focus on helping people experiencing homelessness secure long-term housing. Support-Centered Housing is designed to respond to the most acute need of unhoused individuals — housing. Without housing, employment, psychiatric care, substance abuse treatment, and healthcare are significantly more difficult to access and maintain. Once a person is housed, an individualized support services plan can address the issues that led to them into the cycle of homelessness and provide interventions to ensure they are able to stay stably housed.

THE EVIDENCE

A robust systematic comparison against Treatment First programs found that Housing First reduced homelessness by 88%, improved housing stability by 41%, and provided greater health benefits.(2) The principles of Support-Centered housing have also been fundamental to the U.S. Department of Veterans Affairs, which has cut veteran homelessness by 50% over the past decade and functionally eliminated veteran homelessness in Connecticut, Delaware, Virginia, and dozens of other cities and municipalities.(3)

In addition to its effectiveness in promoting housing stability, it is also the best practice for reducing substance use and addressing mental health challenges, because it provides a foundation from which individuals can address health holistically, keeps participants connected to healthcare services, and allows people to address these issues on their own terms. Participants who achieved housing stability first had significantly lower rates of long-term substance use, higher utilization of substance use treatment, and were more likely to remain in the program for its duration.(4) Housing First interventions have decreased the use of expensive crisis-oriented systems like hospitals and jails, as well as substantially decreased consumption of alcohol in chronically alcohol-dependent populations—despite no sobriety requirement within the provided housing.(5) The same is true for mental health conditions. One study found that 88% of Housing First participants with psychiatric disabilities were housed after five years, compared to 47% of those in a residential treatment program.(6)



David, a Coalition client, is a veteran who had experienced homelessness for over a decade. Now with support-centered housing, he has improved his health including diabetes stabilization and cataracts surgery. David has also reduced his drinking since he gained housing access.



Wendell, a resident of the Renaissance Legacy Lofts (RLL) in Denver, CO (above). A private unit at RLL (below)



SUPPORT-CENTERED HOUSING IN COLORADO

Launched in 2016, Denver's Social Impact Bond (SIB) program provided housing and supportive services to 363 unhoused individuals who were frequent users of the city's emergency services. Eighty-six percent (86%) of participants remained housed for at least the following year, 81% remained housed after two years, and 77% were still housed after three years.(7) In addition to keeping people housed, the program saw reductions in shelter stays, police interactions, jail time, emergency detox services, and emergency care, along with increased outpatient medical care, access to prescription medications, and overall utilization of preventative care measures. This program was also cost effective. Roughly half the total per person cost was offset by reductions in other expenses such as jail, ambulance, and emergency department costs.(8) Housing this group of individuals provided the comfort, safety, security, and privacy they needed to begin addressing physical and behavioral health challenges.

LEADING THE WAY AT CCH

The Colorado Coalition for the Homeless (CCH or the Coalition) serves over 22,000 individuals each year through housing, healthcare, and supportive services. CCH has been successful in housing thousands of individuals through an expanded support-centered housing approach that includes 23 high-quality permanent supportive housing and affordable housing properties as well as the administration of nearly 2,000 vouchers, supporting over 4,400 households annually.



The Stout Street Health Center



These housing services are supported by intensive healthcare services at CCH's Federally Qualified Health Centers (FQHCs), including the Stout Street Health Center which serves approximately 15,000 individuals each year. In addition to housing and healthcare, the Coalition provides a wide array of supportive services such as counseling, case management, benefits acquisition, life skills training, employment services, and more.



Noah (left) and his manager Kristi in his unit.

The Coalition's Education & Advocacy team prioritizes advocacy for upstream policy approaches to homelessness and community engagement with the goal of breaking down barriers and stigma around issues related to homelessness. Pushing for increased Support-Centered Housing is a cornerstone of the Coalition's advocacy work. CCH was a partner in an effort that launched in 2021 to expand housing paired with essential supports called the Statewide Supportive Housing Expansion (SWSHE) Pilot Project. CCH was also a leader in crafting and passing HB24-1322 which builds upon SWSHE's success and will allow Medicaid to fund housing and nutrition services including temporary housing, rent and utility assistance, housing navigation services and housing transition cost supports, tenancy services, including eviction prevention, medically tailored meals, pantry stocking, and nutrition.

CONCLUSION

To effectively reduce homelessness, communities must continue to invest in initiatives centered on housing stability and reject efforts that impose unnecessary barriers or seek to punish people experiencing homelessness. By prioritizing stable housing as a foundation for recovery, this approach not only improves wellbeing, but also reduces strain and costs for systems such as law enforcement, healthcare, and emergency services. The evidence is clear — providing housing with supportive services is a compassionate, cost-efficient, and effective solution to addressing homelessness, especially for individuals with acute needs.

REFERENCES

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