

# Implementing Housing First in Brazil: A National Survey of Existing Programs

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Housing First provides immediate, permanent, supportive housing with consumer choice, harm reduction, and separation of housing and services. This descriptive, cross-sectional study surveyed five Housing First programs that operate in Brazil and represent all known initiatives during data collection. Although programs adhered to Housing First's core principles, substantial variation existed across sites in governance, funding, staffing, and public service

integration. Key implementation barriers included food insecurity and neighborhood safety concerns. National policy momentum provides a pathway for coordinated scale-up; however, funding mechanisms, integration with local services, and monitoring structures remain underdeveloped. Additionally, operational guidance was lacking.

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Housing First is an evidence-based, cost-effective, supportive housing intervention for individuals experiencing chronic homelessness, including those with mental illness and substance use disorder diagnoses (1). It provides immediate access to permanent supportive housing in the community and support services without readiness or treatment prerequisites. Evidence from high-income countries has consistently demonstrated that Housing First improves housing stability, enhances health outcomes, and reduces the utilization of acute health services while respecting participant autonomy and choice (2). Commonly reported implementation barriers include limited affordable housing stock, unstable funding, shortages in specialized services, and skepticism toward aspects of Housing First's philosophy. These contextual barriers have contributed to variation in fidelity across high-income countries (3).

Brazil is an upper-middle-income country (UMIC) with a population of >200 million people and has a robust public health system. The trajectory of Housing First in Brazil has been influenced by several factors, including the adoption—but limited implementation—of a national homelessness policy in 2009, followed by an increase in homelessness in the 2010s and 2020s (4). Because the 2009 policy was not operationalized at the federal level, municipal governments and civil society independently piloted Housing First-inspired approaches between 2015 and 2023, engaging in small-scale experimentation without federal coordination or financing. A major inflection point occurred in 2023, with the *Arguição de Descumprimento de Preceito Fundamental* 976 Supreme Court decision (5). This judicial

mandate created the national plan *Ruas Visíveis*, which now serves as the operational instrument to enforce and update the 2009 policy through coordinated, interministerial action and structured monitoring across levels of government (6). In 2024, the Ministry of Human Rights and Citizenship introduced *Moradia Cidadã*, the first federal Housing First-based program; it included three pilot sites (Federal District, Rio de Janeiro, and Belo Horizonte) that were set to launch in 2025–2026. The initiative is supported by 14.9 million Brazilian reais (BRL) in combined funding streams from the federal government, as well as local contributions. In parallel, five previously existing Housing First-inspired initiatives received targeted federal infrastructure support starting in 2024. Together, these developments

## HIGHLIGHTS

- Brazil's Housing First programs emerged organically and were adapted to diverse municipal contexts, with notable variation in staffing, funding, and public service integration.
- New national policy momentum provides a pathway for coordinated scale-up, although operational guidance, integration with local services, monitoring structures, and funding remain underdeveloped.
- Early implementation revealed context-specific challenges, such as food insecurity and neighborhood safety concerns that, although reported in other settings, take on distinct forms in Brazil.

signal a transition from locally driven experimentation to a coordinated federal implementation effort.

In UMICs, upstream interventions addressing structural determinants of health remain rare—particularly those that secure stable housing as a matter of rights rather than charity (7). Therefore, Brazil's emerging Housing First initiatives represent a critical opportunity to advance a long-neglected dimension of social protection for a population historically excluded from dedicated policy. Although Housing First programs have been adopted and evaluated in several high-income countries, reliable data characterizing implementation in UMICs are scarce, particularly in Latin America (7). To address this gap, we documented the characteristics of all Housing First-inspired programs currently operating in Brazil.

## DOCUMENTING HOUSING FIRST PROGRAMS IN BRAZIL

We conducted a descriptive, cross-sectional survey of all Housing First programs in Brazil. The institutional review board of the New York State Psychiatric Institute deemed this project to be exempt. We leveraged national housing, health, and social welfare networks, as well as direct consultation with the federal team overseeing Brazil's homelessness policy, to identify all existing programs. A national environmental scan (to which the authors had early access) conducted by an independent consultant further ensured that all known programs were captured (8).

We developed a 139-item survey organized into five sections that aligned with the domains of the Housing First fidelity criteria: housing choice and structure, separation of housing and services, service philosophy, service array, and program structure (9). To develop the survey, fidelity items were transformed into close-ended questions with open-text fields for elaboration. Items were adapted to the Brazilian context through an iterative process that involved bilingual experts. We pilot tested the survey with graduate students familiar with both the Housing First model and Brazil's public health and social welfare systems and incorporated their feedback. This process ensured conceptual equivalence with the original fidelity items, while achieving contextual and linguistic appropriateness for Brazil—consistent with cross-cultural instrument adaptation standards (10).

In 2024, the first author collected data using a videoconferencing platform and subsequently entered these data into Qualtrics. We summarized quantitative data descriptively and analyzed open-text responses thematically by fidelity domain.

## BRAZIL'S HOUSING FIRST PROGRAMS

### Overall Program Description

We interviewed six program directors, coordinators, and staff members. One program had not yet launched and was excluded from the analysis, resulting in a final sample of five programs (P1–P5). Included programs varied substantially in size, funding, and eligibility; however, they all served

unhoused adults with a mental or substance use disorder in scatter-site housing units (i.e., individual housing units located in ordinary buildings throughout the community). Table 1 presents the main characteristics of Brazil's five Housing First programs, and the online supplement to this column provides additional information.

### Program Structure

Programs differed in administration and funding. P3 had the most stable public support through municipal legislation, whereas P4 and P5 operated as pilots: P4 was municipally funded, and P5 was privately funded. P1 relied on modest donations, and P2 received steady public funding under an environmental justice framework. Among the challenges observed, reliance on local political will and discretionary funding created uncertainty in program continuity, thus limiting opportunities for standardized implementation or scale-up.

### Housing Choice and Structure and Separation of Housing and Services

All programs provided participants with access to private, noncongregate housing. P1–P4 leased units in the open market, whereas P5 owned housing stock. Some P3 participants chose to live in *pensões* (boarding houses), which are a common low-income rental option in Brazil.

Housing tenure was generally permanent across the programs; however, P2 was a notable exception, with a limit of 36 months. Across all programs, eviction was rare; it was typically reserved for severe lease violations or sustained disengagement after multiple outreach attempts. Programs assisted participants in obtaining public benefits (e.g., Bolsa Família, a cash transfer program to low-income families) and limited participants' rental contributions to 30% of their income. Enrollment prioritization schemes varied by program. No program clustered participants or colocated service offices within housing sites, but some kept a copy of participants' keys. Participants in all programs held formal tenancy or occupancy agreements independent of service participation.

Securing quality rental units was an ongoing challenge. Interviewees also reported stigma toward tenants with visible disabilities, substance use histories, or prolonged homelessness. Seasonal tourism further limited affordable housing availability in one program. P3 reported local media scrutiny, which heightened community stigma and complicated housing placements. P4 operated in an area marked by territorial disputes related to the drug trade, thus complicating placements and disrupting home visits. P5 reported tenant-related issues, such as plumbing problems, appliance misuse, hoarding, and difficulty maintaining cleanliness.

Participants also reported loneliness and difficulty adapting to housed life. Three programs noted that some participants slept outside or struggled with new household routines, such as cooking or budgeting. Loss of street-based social networks was a common theme.

**TABLE 1. Characteristics of Brazil's five Housing First programs**

| Program | Location                         | Participants (N) | Waitlist (N) | Funding source                                      | Housing model                                                                                   | Eligibility or referral                                                                   |
|---------|----------------------------------|------------------|--------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| P1      | Small southern city              | 19               | 10           | Private donations                                   | Open-market rental—scatter-site housing units <sup>a</sup>                                      | Adults (≥18 years old); participatory, case-by-case enrollment                            |
| P2      | Large southeastern city          | 122              | 20           | Public (environmental agency)                       | Open-market rental—scatter-site housing units <sup>a</sup>                                      | Adults (≥18 years old); municipal referral                                                |
| P3      | Large southeastern city          | 110              | 200          | Municipal funding                                   | Open-market rental—scatter-site housing units <sup>a</sup> and some <i>pensões</i> <sup>b</sup> | Adults (≥18 years old); ≥3 years of city residence and ≥3 years experiencing homelessness |
| P4      | Northeastern metropolitan center | 20               | 100          | Municipal funding                                   | Open-market rental—scatter-site housing units <sup>a</sup>                                      | Adults (≥18 years old); prior use of social or welfare services                           |
| P5      | Large southeastern city          | 60               | None         | Private (nongovernmental organization—philanthropy) | Owned units in community buildings                                                              | Families with children; referral from partner nonprofit                                   |

<sup>a</sup> Individual housing units located in ordinary buildings throughout the community.

<sup>b</sup> Boarding houses.

### Service Philosophy

Consistent with core Housing First principles, participants were required to adhere to standard lease terms and agree to home visits. All five programs operated within a harm reduction framework, supporting participants in managing substance use without requiring abstinence. Outreach-based and mobile service models accommodated fluctuating engagement levels and maintained continuity of care. When housing instability arose (e.g., participants going back to sleeping on the streets or conducting illegal activities in the home), programs pursued individualized responses, including case reviews, outreach, and attempts to support rehousing.

### Service Array

All programs provided case management and housing retention services, primarily delivered through home visits. Most general medical health and mental health services were delivered within the public health care system, with varying specialization and integration levels. Most programs maintained pathways for 24/7 crisis support, although staffing patterns varied. For example, P2 included engineers who assessed the adequacy of units, operational staff who assisted with housing inspections and repairs, and legal advisers. Notably, these roles are not typically seen in Housing First programs elsewhere.

P3 provided all participants with a food card (BRL 199 per month) for groceries, and P5 furnished housing units and assisted with household setup. Other programs offered material support (e.g., clothing and hygiene items) through community partnerships or donations.

Delayed access to public benefits (e.g., when participants lacked identification documents) emerged as a primary barrier to achieving housing stability, a problem compounded by food insecurity and limited income early in tenancy. Participants also required substantial support to build daily living

skills, such as cooking, budgeting, and maintaining routines. At some sites, maintaining continuity of care proved challenging for staff, particularly as participants transitioned from homeless-specific to community-based services. Programs operating in high-risk areas reported safety concerns that occasionally disrupted outreach and service delivery.

### Lessons From the Field: Adaptation, Barriers, and Possibilities

In Brazil, implementation was shaped by familiar systems-level constraints that were commonly noted in high-income settings, such as unstable funding, staffing variability, limited affordable housing, and uneven service integration. However, these pressures were amplified by local resource limitations and decentralized governance. Although previously reported in the literature (11), food insecurity emerged as a significant threat to early housing stability, possibly reflecting broader socioeconomic vulnerabilities and weaker social protection systems than those in Canada or Europe. One program reported safety constraints arising from territorial control by drug-trafficking groups—a barrier not previously described in Housing First research. These context-specific dynamics underscore the need for adaptations that account for Brazil's social conditions and urban security context. Successful implementation will require aligning model tenets with local systems, values, and capacities. Considering the country's broader landscape of racial and socioeconomic inequality, which shapes access to housing and public services, is also important.

### Implications for Policy and Scale-Up

The emerging national homelessness policy has begun to delineate a path for Housing First implementation and scale-up in Brazil. However, funding mechanisms, integration with local services, and monitoring structures remain underdeveloped, and operational guidance is lacking. These

gaps were reflected in program-level variation patterns, which are likely to shape sustainability as programs expand.

The evolution of Housing First in Brazil—with programs emerging organically, adapting pragmatically to local constraints, and only later being incorporated into a national policy vision—demonstrates a well-documented pattern in global implementation research, namely, that real-world practice rarely follows a linear, orderly pathway. This phenomenon is not a limitation of UMIC settings, but rather a reflection of how implementation unfolds when policy, funding, and service systems interact.

### Limitations and Next Steps

We note several limitations. We engaged only one stakeholder group (program leadership and staff), and a small number of programs with notable variation in governance, funding, staffing, and public service integration limited the generalizability of our findings. Future studies should include other stakeholder groups, continue to systematically collect data as new programs launch (preferably through a standardized monitoring framework), and evaluate how variations may influence fidelity and outcomes. Such research will help distinguish context-appropriate adaptations that enhance fit from core modifications that may compromise the model's effectiveness. Finally, our findings regarding food insecurity and implementation in high-risk areas are distinct from barriers reported in the international literature (3, 11). Thus, these barriers should be further explored.

To our knowledge, this is the first study to characterize all existing Housing First programs in Brazil and contextualize them within both the historical policy landscape and recent advances that signal a path to expansion. Beyond simply providing shelter, a stable home can create the conditions for expanded capabilities—restoring dignity, strengthening agency, and enabling the exercise of choice in a manner consistent with rights-based and recovery-oriented approaches (12).

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