



HOMELESS RIGHTS ADVOCACY PROJECT

The Effectiveness of Housing First & Permanent Supportive Housing

The following is a non-exhaustive sampling of studies concerning the effectiveness of Housing First and Permanent Supportive Housing to address chronic homelessness, as well as a sampling of non-academic, mainstream articles highlighting progress in several cities and states.

Studies, evaluations, and reports

Hunter, S.B, Harvey, M., Briscoe, B., & Cefalu, M. (2017). Evaluation of Housing for Health permanent supportive housing program. *Rand Corporation*. doi: 10.7249/RR1694.

https://www.rand.org/pubs/research_reports/RR1694.html

- Analyzes the implementation and program outcomes of Housing For Health, a division of the LA County Department of Health Services that provides supportive housing. Evaluated program outcomes for participants between 2012 when HFH was initiated through July 2015.
- Found a 60% reduction in use of public services among PSH participants, a reduction in inpatient and emergency medical service, and 96% of participants stably housed.
- Found LA county saved over \$6.5 million by the second year of its program, county saved \$1.20 for every \$1 spent, participants spent 75% less time in the hospital in the year following Housing First intervention, and made 70% fewer ER visits.
- Recap of study here: <https://www.rand.org/blog/rand-review/2018/06/supportive-housing-reduces-homelessness-and-lowers.html>

Brown, M.M., Jason, L.A., Malone, D., Srebnik, D., & Sylla, L. (2016). Housing first as an effective model for community stabilization among vulnerable individuals with chronic and nonchronic homelessness histories. *Journal of Community Psychology*, 44(3), 384-390.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.21763>

- Examined the effectiveness of Housing First through compared outcomes between cohorts of chronically homeless and high psychiatric need individuals with limited homelessness. A matched sample size of each cohort was examined after interventions through a housing first approach versus a usual care approach.

- Found that 90% of individuals under the Housing First approach were still housed after one year versus 35% of those receiving usual care intervention per Seattle's standard homeless interventions.
- Housing First cohort also spent less time hospitalized and homeless in that time.

Aubry, Tim, Geoffrey Nelson, and Sam Tsemberis (2015). Housing First for People with Severe Mental Illness Who are Homeless: A Review of the Research and Findings from the At Home-Chez Soi Demonstration Project. *Can J Psychiatry* 2015; 60: 467-474. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4679127/>

- Evaluation of 2009-2013 At Home-Chez Soi housing first program across 5 Canadian cities for 1158 individuals who received housing first intervention through the program compared to 990 people who received the usual care.
- Found the program successfully adapted to the service models and capability of each city and to the cultural and ethnoracial makeup of its target population.
- 73% of participants in the housing first approach were stable in their housing over a two-year period, as compared to 32% of the standard care population.
- Success of the Housing First participants over standard care demonstrated in all 5 cities.
- Housing First participants showed higher levels of community functioning and quality of life measures.

Howard, J., Tran, D., & Rankin, S. (2015). At what cost: the minimum cost of criminalizing homelessness in Seattle and Spokane. *Seattle University School of Law Homeless Rights Advocacy Project*. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2602530

- Seattle spent at least \$2.3 million on just 16% of “criminalization” ordinances that disproportionately impact homeless people, resulting in fines, jail time, and other engagement with law enforcement over a 5 year period.
- Spokane spent \$1.3 million to enforce 75% of its criminalization ordinances.
- Investing this combined \$3.7 million in affordable housing instead would ultimately save taxpayers estimated \$11 million over a 5 year period.

Ly, A. & Latimer, E. (2015). Housing first impact on costs and associated cost offsets: a review of the literature. *The Canadian Journal of Psychiatry*, 60(11), 475-487.

doi:10.1177/070674371506001103. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4679128/>

- Literature review of 34 studies on chronic homelessness and a housing first approach, 12 of which were published and 22 unpublished at the time. Except for one, all studies compared the cost of a sample population receiving housing first style interventions with a control sample population receiving traditional homelessness intervention.
- Review demonstrates that a Housing First approach reduces shelter costs, decreases the rate of police contacts, arrests, detentions, and court appearances.

- Demonstrate a decrease in emergency department visits, though with an increase of outpatient clinic visits likely due to participants now seeking care for conditions they previously neglected.
- Savings in cost of services overall demonstrated by the interventions of Housing First as opposed to traditional interventions, though the authors are uncertain as to whether the savings will exceed costs in all cases.
- Recommends further studies include a longer observation time to fully detail the long-term benefit of a change to Housing First options.

Mackelprang, J.L., Collins, S.E., Clifasefi, S.L. (2014). Housing First is Associated with Reduced Use of Emergency Medical Services. *Prehospital Emergency Care*, 18(4), 476-482.

doi:10.3109/10903127.2014.916020. Retrieved from

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102506/>

- 91 chronically homeless participants in a Housing First style intervention were studied over a 2 year period from December 2005 to March 2007 in Seattle.
- Found approximately a 3% reduction in contact with emergency medical services per month of the intervention.
- EMS contact was reduced by 54% within the sample population. The findings also demonstrated a decrease in jail bookings.
- Reductions in estimated costs for participants and comparison group members were \$62 504 and \$25 925 per person per year—a difference of \$36 579, far outweighing program costs of \$18 600 per person per year.
- “Our findings support recent assertions that housing is health care.”

Housing First Approach, Dept. of Veterans Affairs/HUD (2014)

<https://www.va.gov/homeless/nchav/models/housing-first.asp>

- VA & HUD collaborate to provide a Housing First approach to U.S. veterans in need.
- Done through a mix of vouchers for veterans to use in renting in the private market, and VA provided case management, health and mental health care, training and job development.
- The program did not try to first determine if individuals were “housing ready” or require treatment prior to placement. Compared veterans in a Housing First approach versus other approaches that required housing readiness, treatment compliance, treatment-first, or abstinence.
- For the veterans in a Housing First versus the other above options, housing placement times were reduced from 235 to 35 days, housing retention rates were higher, and emergency department visits decreased.
- Underlying study here: <https://www.va.gov/homeless/nchav/docs/Housing-First-Implementation-brief.pdf>
 - Found a 32% decrease in overall VA healthcare costs for individuals post-Housing First assistance, with a 54% decrease in intensive inpatient care costs.

- Average time to permanent placement was 136 days (still lower than the number cited above by ~½).
- 84% of the 700 homeless veterans placed in this study retained permanent housing.

Fontaine, J., et al. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home Ohio Pilot Project. *Urban Institute*. Retrieved from <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412632-Supportive-Housing-for-Returning-Prisoners-Outcomes-and-Impacts-of-the-Returning-Home-Ohio-Pilot-Project.PDF>.

- Tracked 121 participants who lived in supportive housing after release and 118 who did not.
- Those in PSH were 43 percent less likely to be rearrested on misdemeanor charges and were 61 percent less likely to be re-incarcerated one year later.

Larimer, M.E., Malone, D.K., Garner, M.D., et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *The Journal of the American Medical Association*, 301(13), 1349-1357. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19336710>

- Examined outcomes of 95 housed participants in a Housing First style approach in a setting where drinking was permitted, compared to 39 control participants wait-listed for this program. All participants were chronically homeless and living with severe alcohol problems.
- Prior to the Housing First intervention participants had a median monthly cost of \$4066, in public services provided, per person.
- After 6 months this cost dropped to a median of \$1492, and after 12 months it dropped to \$958 per person.
- Participants were not required to abstain from alcohol as a condition of housing, but the study still demonstrated significant reductions in alcohol consumption as a result of housing acceptance by the study population. Daily drinking trends showed reduction for the HF participants, from a starting average of 15.7 drinks per day, to 14.0 after 6 months and 10.6 drinks per day by 12 months.
- After 6 months, there was a 53% reduction in costs of services to the HF participants as compared to the control group.
- After 12 months in the Housing First program, the 95 participants had cumulatively reduced annual services costs by \$4 million.
- Use of emergency detoxification services declined by 87% and the rate of incarceration declined by 52%

Leff, S., et al. (2009). Does One Size Fit All? What We Can and Can't Learn from a Meta-Analysis of Housing Models for Persons with Mental Illness. *Psychiatric Services*, 60(4), 473-482. Retrieved from <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.4.473>

- Tenant housing stability in supportive housing is similar to stability in more segregated housing and service models like group homes and nursing homes, but tenants highly prefer supportive housing.

Sadowski, L.S., Kee, R.A., VanderWeele, T.J., & Buchanan, D. (2009). Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults. *JAMA*, 301(17), 1771-1778. doi:10.1001/jama.2009.561; <https://jamanetwork.com/journals/jama/fullarticle/183842>

- Randomized trial examining effects of PSH on chronically homeless population in Chicago from 2003 to 2006. Participants were homeless individuals who were hospitalized and the intervention was randomization into the typical discharge care structure or into placement in transitional housing followed by long-term housing with case management.
- Results for the transitional and long-term supportive housing intervention group: by “the most conservative analysis of the data,” there was
 - a 29% reduction in hospital days
 - a 24% reduction in emergency room visits.
- Projected data for 201 participants for the year following the study suggests
 - 49 fewer emergency room visits
 - 270 fewer hospital days
 - 116 fewer ER visits
- Successful program attributes included coordination of electronic systems of the hospitals and housing systems, housing and case management options tailored to the heterogeneous needs of the target population, and a city-wide collaborative coalition between social services, housing workers and advocates, and clinicians.

Martinez, T. & Burt, M. (2006). Impact of permanent supportive housing on the use of acute care services by homeless adults. *Psychiatric Services*, 57, 992-999. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16816284>

- Emergency room visits decline by 57%

Barrow, S., Soto, G., & Cordova, P. (2004). Final report on the evaluation of the closer to home initiative. Retrieved from

<http://www.csh.org/index.cfm?fuseaction=page.viewPage&pageID=3834&nodeID=81>

- More than 83% of participants stay housed for at least one year

Gulcur, L., et al. (2003). 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*, 13, 171-186. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1002/casp.723>

- Found a group in PSH recruited from psychiatric hospitals moved quickly out of the institutions and avoided subsequent homelessness, while a group without PSH exited institutions much more slowly and experienced more homelessness two years later

Rosenheck, R. et al. (2003). Cost-Effectiveness of Supported Housing for Homeless Persons with Mental Illness. *Archives of General Psychiatry*, 60(9), 940-951. Retrieved from <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/207801>

- Supportive housing achieves much better housing stability than case management without rental assistance.

Culhane, D.P., Metraux, S., & Hadley, T.R. (2002). The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative. *Housing Policy Debate*, 13(1), 107-163. Retrieved from <https://works.bepress.com/metraux/16/>

- Assessed data and outcomes for 4,679 homeless individuals with severe mental disability who were placed in supportive housing in New York City between 1989 and 1997.
- Program was a joint effort between NYC and New York State to create 3,600 PSH units (“New York/New York Agreement to House the Homeless Mentally Ill”). 11% were existing units in private rental housing, while the remaining amount were constructed or rehabilitated units specifically for the use in this supportive housing program, funded by New York City and New York State through bond measures. Cost of social services and operation of the program accounted for 73% of the per unit cost.
- Outcomes: homeless individuals without PSH receive approximately \$40,449 in public service costs on average per year (health, corrections, and shelter system services). After placement in PSH housing, this population had a \$16,282 average reduction in service cost, while annual PSH unit costs are \$17,277. This represents a reduction in net cost down to just \$995 per year per PSH unit. Individuals placed in supportive housing spent, on average, 115 fewer days per person in homeless shelters, 75 fewer days in state-run psychiatric hospitals, and almost eight fewer days in prison or in jails, in the two years after entering supportive housing, compared to a similar group without supportive housing.
- People with mental illness and other severe disabilities are more likely than others to be incarcerated, to enter long-term health care institutions like nursing homes or psychiatric hospitals, or to cycle between institutionalization and homelessness.
- PSH successfully interrupts this cycle, significantly reducing their use of those systems after moving into supportive housing.

Evaluating an intervention for homeless persons: results of a field experiment (1997), Toro PA, Passero Rabideau JM, Bellavia CW, Daeschler CV, Wall DD, Thomas DM, Smith SJ, J Consult Clin Psychol. 1997 Jun; 65(3):476-84. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/9170771>

- Provided with ongoing support services, the homeless mentally ill and other homeless persons can maintain themselves in permanent housing over long periods of time.
- An intensive case management intervention for homeless persons was evaluated by random assignment of 202 cases (involving 213 adults and 70 children) to the intervention or a control group.
- Regardless of condition, adult participants improved in terms of their experience of homelessness, as well as on physical health symptoms and stressful life events.
- Positive intervention impact was observed on the quality of housing environments, stressful life events, and interviewer ratings of psychopathology.

Corporation for Supportive Housing (CSH) Literature Reviews, available at <http://www.csh.org/supportive-housing-facts/evidence/>

- New York found a \$16, 282 saving in the cost of services per unit of supportive housing.
- Portland found that they only spent \$9,870 per year on housing and services for supportive housing units while saving \$24,876 on cost of public services, a net positive.

DESC RELATED STUDIES

<https://www.desc.org/wp-content/uploads/2017/10/2015.12.single-site-HF-case-study-2015.Emerald-Insight.pdf>

Malone, D.K., Collins, S.E., & Clifasefi, S.L. (2015). Single-site housing first for chronically homeless people. *Housing, Care and Support*, 18(2), 62 - 66. doi:10.1108/HCS-05-2015-0007.

- This study evaluates some impacts of DESC's 1811 Eastlake Housing First program. As noted in other studies, the program does not require sobriety or abstinence for entry and participation in treatment within the facility is voluntary. 16 full-time staff members provide support to clients based on their own goals. The program has been demonstrated to reduce costs and use of public services for its target population; this includes reductions in ER, EMS, and jail services and has demonstrated reduction in bookings and time in jail for the chronically homeless participants. This is in addition to improvements in relations with service providers, ties to the community, and stability for residents.

<https://www.desc.org/category/research/>

- Lists many studies, including:

- Collins, S.E., Malone, D.K., & Clifasefi, S.L. (2013). Housing retention in single-site housing first for chronically homeless individuals with severe alcohol problems. *American Journal of Public Health*, 103(2), S269-S274. Retrieved from <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2013.301312>
 - 111 participants in a DESC single-site Housing First program were followed for housing retention for 2 years following intervention. Participants were all chronically homeless and living with severe alcohol use. Only 23% of participants returned to homelessness, though one quarter of those, through encouragement returned to the program housing project. At the start of the project, 83% of individuals approached accepted the housing for the program, which negates a commonly held belief in the public that chronically homeless individuals do not want housing or help. It is likely that many of these participants would not have succeeded in completing or accepting help from a program that required abstinence at the start.

<http://www.northwestpublichealth.org/archives/s2014/rx-home>

- Written piece by Daniel Malone, Executive Director of DESC.
- Key quotes backed by research findings in the above studies and others:
 - “Supportive housing can be used for people who may not engage in other interventions.”
 - “Supportive housing can dramatically reduce crisis services costs.”
 - “Supportive housing improves health status.”
 - “Supportive housing works for people with criminal backgrounds and reduced their continued involvement in the criminal justice system.”

https://www.desc.org/wp-content/uploads/2017/09/DESC_1811_JAMA_info.pdf

- DESC fact sheet on findings from a 2009 Journal of the American Medical Association study into the 1811 Eastlake DESC Housing First program
- Key findings
 - Within one year of operation the program saved taxpayers \$4 million.
 - Median costs of public services per individual in the program were reduced from \$4,066 pre-intervention to \$1,492 after 6 months and down to \$958 after 12 months.
 - An average cost savings of 53% for participants after 6 months
 - A decrease in alcohol consumption by $\frac{1}{3}$ for participants after 12 months
 - Decrease in medical services provided by Medicaid funding

News coverage on success in other states and cities

UTAH

<https://www.npr.org/2015/12/10/459100751/utah-reduced-chronic-homelessness-by-91-percent-heres-how>

- 2015 count noted approximately 14,000 total overall homeless in the state. The number of chronically homeless, however, dropped from about 2,000 in 2005 to fewer than 200 in 2015. The state attributes this to a shift to Housing First intervention. As implemented in the state, clients pay rent “either 30 percent of income or up to \$50 a month, whichever is greater” and do not need to prove they are sober or drug-free to be eligible for housing.

<http://www.latimes.com/nation/la-na-utah-housing-first-20150524-story.html>

- Additional reporting on the Utah policy and program described above. Additional findings of note: prior to the program implementation, the chronically homeless made up over 60% of the public cost of homelessness even though it is a small portion of the overall homeless population. The article specifically notes that in 2005, there were 1,932 chronically homeless identified; by 2015, 1,764 had been housed, reducing the chronically homeless population to 178.

DETROIT

<https://www.detroitjournalism.org/2018/05/09/detroits-focus-on-supportive-housing-drives-down-homelessness-15-percent/>

- Detroit has shifted to a Housing First approach, creating 143 PSH units in 2017, with the intent to add 300 more PSH units in the next five years. Since the shift in approach, Detroit has seen a reduction in overall homelessness, a 15% drop in 2018 over the previous year according to its Point in Time count, which counted 1,769 in 2018 down from 2,078 the previous year. Additional findings from their 2018 report were a 36% reduction in chronic unsheltered homelessness, a 28% reduction in total unsheltered individuals.
 - Additional information/reports on Detroit’s Point In Time found here:
<http://www.handetroit.org/reports/>
 - 2018: 1,769 total homeless
 - 222 chronically homeless, 397 with serious mental illness
- Additional reporting on the success of the Detroit Housing First initiative. Same numbers and statistics cited as above:
<http://www.crainsdetroit.com/article/20180509/news/660261/homeless-count-in-detroit-highland-park-hamtramck-drops-for-third-year>

HAWAII

<http://www.westhawaii.com/2018/05/08/hawaii-news/homeless-ranks-shrink-statewide-islandwide-for-second-straight-year/> (Hawaii)

- Hawaii reported a 9.6% reduction in homelessness in its 2018 PIT count, following on a 9% reduction in 2017. Hawaii attributes this year-to-year decrease to a shift to Housing First approaches over the past two years. Hawaii has been home to the highest per capita rate of homelessness in the U.S., but the switch to HF is making improvements. From 2016 to 2017, the number of individuals living homeless in the state dropped from 7,921 to 7,220, from there it has now dropped to 6,530 in the 2018 count. To continue addressing homelessness, the state committed \$50 million to programs addressing homelessness in 2018.
 - Additional info/report on Hawaii's Point In Time found here:
 - <http://www.partnersincareoahu.org/2018-hawaii-statewide-point-time-count>
 - 10.6% reduction in family homelessness from 2017 to 2018 count
 - 13.5% decrease in homeless veterans in 2018
 - 1,714 total chronically homeless persons statewide, down 4.8% from 2017.

<http://www.staradvertiser.com/2016/07/07/hawaii-news/one-year-later-housing-first-reports-a-97-success-rate/> (Hawaii)

- News report from Hawaii in 2016 on the successes of Housing First models in Oahu for the chronically homeless. Of the 176 individuals placed in Oahu, 166 were surveyed by the University of Hawaii one year later. The researchers found 97% success in housing retention, with only 5 participants unable to maintain housing. For those 5 participants, 2 were incarcerated, 2 were noncompliant with landlords, and 1 left voluntarily, the rest of participants found success.
 - This was the start of the Housing First program for the state of Hawaii and demonstrated early success indicators. Considering the state-wide successes in homeless and chronic homelessness reduction in Hawaii cited by the preceding article, this shows both a short-term and long-term gain for HF models.

TULSA

<https://www.community.solutions/in-the-news/built-zero-tulsa-surpasses-1000-people-housed-effort-stymie-chronic-veteran-homelessness> (Tulsa)

- In April 2018, Built for Zero Tulsa, a Housing First partnership of providers in Tulsa, placed their 1000th person in permanent supportive housing.

NEW ORLEANS

<https://www.nlc.org/new-orleans-ends-veteran-homelessness>

- Launched in 2014, the city of New Orleans determined to develop a permanent supportive housing, housing first style response to address homelessness among

veterans. The city reached a state of functional zero meaning that "there are no longer any veterans experiencing unsheltered homelessness in the community... the community has the resources and a plan and timeline for providing permanent housing opportunities to all veterans who are currently sheltered but are still experiencing homelessness."

<https://citiesspeak.org/2015/03/23/how-the-city-of-new-orleans-ended-veteran-homelessness/>

- In 2015, New Orleans reached a state of Functional Zero for homeless veterans through a Housing First and PSH model. The services were provided by a partnership of nonprofits and funded through city and state funding with a mix of private funds from sources like The Home Depot Foundation. Many services in setting up the building and associated renovations were provided by volunteer support from Home Depot.

DC:

https://www.community.solutions/sites/default/files/bfz_impact_report_-_final.pdf

Canadian National Plan: <https://www.placetocallhome.ca/pdfs/Canada-National-Housing-Strategy.pdf>

New York successful template:

<https://www.theatlantic.com/business/archive/2016/01/homelessness-new-york-city/422289/>

New York/ Coalition for the Homeless Analysis:

<http://www.coalitionforthehomeless.org/wp-content/uploads/2018/03/CFHStateoftheHomeless2018.pdf>

Nationwide Effort - Building to Zero:

<https://www.nytimes.com/2018/06/05/opinion/homelessness-built-for-zero.html>

- New York Times report from June 2018 charting a recent history of communities in the U.S. that have reached a state of Functional Zero for chronic homeless and homeless veteran populations. Representatives from communities and the national Built for Zero initiative provide feedback on how some have successfully reached Functional Zero, strategies include:
 - Creating coalitions of service providers in a region around a populations of homeless
 - Creating a shared by-name database of homeless individuals for providers.
 - Coalition members can work through the list name by name and determine what their individual needs are and who is working with them.

- Recognizing and utilize individual wants and needs of the population. Even something as simple as getting someone into housing so they can watch a baseball game can be effective at getting them in the door and then working to provide services and stability from there.
- Information is critical to responding to those experiencing homelessness, and also for tracking who has been placed and who and why some may have returned to homelessness over time. Shared information also helps to prevent homelessness, as a trend was found in people presenting to food banks in advance of becoming homeless - shared information here means outreach can begin before homelessness even occurs.

Links to collections of studies

<http://www.evidenceonhomelessness.com/topic/chronic-homelessness/>

Sufficient investments in affordable housing and Housing First programs serve our shared interests and create shared benefits, including economic growth, job creation, and development. See, e.g., <https://www.opportunityhome.org/resources/housing-investments-spark-economic-stimulus-job-creation/>

- Findings are pulled from a 2011 literature review report by Center for Housing Policy: <https://providencehousing.org/wp-content/uploads/2014/03/Housing-and-Economic-Development-Report-2011.pdf>

<http://www.csh.org/supportive-housing-facts/evidence/> (good collection of evidence of effectiveness)

<https://www.nhceh.org/research-advocacy/evidence-based-practices>

<http://www.evidenceonhomelessness.com/evidence-base/>

<https://endhomelessness.org/resource/housing-first/>

<https://shnny.org/research-reports/research/cost-savings/>