



San Gabriel Valley Council of Governments
AGENDA AND NOTICE OF THE
MEETING OF THE HOMELESSNESS COMMITTEE
Wednesday, November 7, 2018, 9:00 AM
The ARC (Arts and Recreation Center)
14403 Pacific Ave, Baldwin Park, CA 91706

**HOMELESSNESS
COMMITTEE**

Chair
Joe Lyons
City of Claremont

Vice-Chair
Becky Shevlin
City of Monrovia

MEMBERS
Baldwin Park
Claremont
Monrovia
Pomona
Rosemead
West Covina
LA County Supervisorial
District #1

Thank you for participating in today's meeting. The Homelessness Committee encourages public participation and invites you to share your views on agenda items.

MEETINGS: *Regular Meetings of the Homelessness Committee are held on the first Wednesday of each month at 9:00 AM at the Esther Snyder Community Center, Meeting Room 1 (4100 Baldwin Park Blvd, Baldwin Park, 91706-6708).* The Meeting agenda packet is available at the San Gabriel Valley Council of Government's (SGVCOG) Office, 1000 South Fremont Avenue, Suite 10210, Alhambra, CA, and on the website, www.sgvkog.org. Copies are available via email upon request (sgv@sgvcog.org). Documents distributed to a majority of the Committee after the posting will be available for review in the SGVCOG office and on the SGVCOG website. Your attendance at this public meeting may result in the recording of your voice.

CITIZEN PARTICIPATION: Your participation is welcomed and invited at all Committee meetings. Time is reserved at each regular meeting for those who wish to address the Board. SGVCOG requests that persons addressing the Committee refrain from making personal, slanderous, profane or disruptive remarks.

TO ADDRESS THE COMMITTEE: At a regular meeting, the public may comment on any matter within the jurisdiction of the Committee during the public comment period and may also comment on any agenda item at the time it is discussed. At a special meeting, the public may only comment on items that are on the agenda. Members of the public wishing to speak are asked to complete a comment card or simply rise to be recognized when the Chair asks for public comments to speak. We ask that members of the public state their name for the record and keep their remarks brief. If several persons wish to address the Committee on a single item, the Chair may impose a time limit on individual remarks at the beginning of discussion. **The Committee may not discuss or vote on items not on the agenda.**

AGENDA ITEMS: The Agenda contains the regular order of business of the Committee. Items on the Agenda have generally been reviewed and investigated by the staff in advance of the meeting so that the Committee can be fully informed about a matter before making its decision.

CONSENT CALENDAR: Items listed on the Consent Calendar are considered to be routine and will be acted upon by one motion. There will be no separate discussion on these items unless a Committee member or citizen so requests. In this event, the item will be removed from the Consent Calendar and considered after the Consent Calendar. If you would like an item on the Consent Calendar discussed, simply tell Staff or a member of the Committee.



In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SGVCOG office at (626) 457-1800. Notification 48 hours prior to the meeting will enable the SGVCOG to make reasonable arrangement to ensure accessibility to this meeting.



PRELIMINARY BUSINESS

1. Call to Order
2. Roll Call
3. Public Comment on Items not on the Agenda. Limit 2 min. per speaker.
4. Changes to Agenda Order: Identify emergency items arising after agenda posting and requiring action prior to the next regular meeting (*It is anticipated the Committee may take action*)

CONSENT CALENDAR

(It is anticipated the Committee may take action on the following matters)

5. Homelessness Meeting Minutes – Page 3
Recommended Action: Approve.

ACTION ITEMS

(It is anticipated that the Committee may take action on the following matters)

6. Election of Chair, Vice Chair
Recommended Action: Elect Councilmember Becky Shevlin as Chair and Councilmember Cruz Baca as Vice Chair

PRESENTATIONS

(It is anticipated the Committee may take action on the following matters)

7. Union Station Homeless Services – Introduction of the new CEO – Page 5
Anne Miskey, CEO
Recommended Action: For information only.
8. Supportive Housing Overview – Page 6
Bill Huang, Director, Housing and Careers Services, Pasadena
Recommended Action: For information only.

UPDATE ITEMS

(It is anticipated the Committee may take action on the following matters)

9. LAHSA Updates
Daniella Alcedo, LAHSA SPA 3 Regional Coordinator
Recommended Action: For information only.
10. County Updates
Leticia Colchado, Elizabeth Ben Ishai, SPA 3 Homeless Initiative Representatives
Recommended Action: For information only.

COMMITTEE MEMBER COMMUNICATIONS

STAFF COMMUNICATIONS

ADJOURN



SGVCOG Homelessness Committee Approved Minutes

Date: October 3, 2018

Time: 9:10 AM

Location: Esther Snyder Community Center, Meeting Room 1, 4100 Baldwin Park Blvd., Baldwin Park, 91706-6708

PRELIMINARY BUSINESS

- 1. Call to Order
The meeting was called to order at 9:05 AM
- 2. Roll Call

Members Present

Claremont	J. Lyons
LA County District 1	F. Briones
Monrovia	B. Shevlin
Rosemead	M. Clark
Pomona	D. Holley for B. DeFrank

Absent

Alhambra	J. Donayre
West Covina	L. Johnson

COG Staff

P. Duyshart
J. Cicco

- 3. Public Comment
No Public Comment
- 4. Changes to Agenda
No Changes to Agenda

CONSENT CALENDAR

- 5. Homelessness Meeting Minutes
Minutes Approved with Correction to Attendance
- 6. Correspondence
No Correspondence

There was a motion to approve consent calendar Items 5-6 (M/S: M.Clark/B. Shevlin)

[Motion Passed]

AYES:	Claremont, LA County District 1, Monrovia, Rosemead
NOES:	
ABSTAIN:	
ABSENT:	Pomona, Alhambra, Baldwin Park

PRESENTATIONS

7. 2017-2018 California Homelessness Legislation Update
Peter Duyshart, SGVCOG Management Mr. Duyshart provided updates on SB3, ab1827, SB 918, AB2162, AB 2161, AB 3171 AND AB 1971
8. LA HOP Outreach Request Tool Presentation
Ms. Colleen Murphy, Outreach Manager, Los Angeles Homeless Services Authority and Ms. Maria Lopez, SPA 3 Outreach Coordinator, Union Station Homeless Services provided an in-depth presentation of the Los Angeles Homeless Outreach Program and provided a live demonstration of the on-line tool functionality.

DISCUSSION ITEMS

9. 2019-2020 Measure H Allocation Community Input
Ms. Jan Cicco, SGVCOG Regional Homelessness Coordinator informed the Committee of the upcoming opportunity to provide input to the County CEO Homeless Initiative on the allocation of 2019-2020 Measure H funds for FY 9-20
10. November Election of the Homelessness Committee Chair and Vice Chair
Councilmember Joe Lyons, City of Claremont and Committee Chair announce the upcoming election of the Committee Chair and Vice Chair. Councilmember Shevlin has been nominated for Chair and Councilmember Baca has been nominated for Vice Chair.

ACTION ITEMS

11. There were no Action Items

UPDATE ITEMS

12. Strategies and SGVCOG Support for the 2018 City Implementation RFP were updated by Jan Cicco, SGVCOG staff
13. Regional Homeless Advisory Committee (RHAC), Benita DeFrank, Pomona, SPA 3 Representative. No update was provided.

COMMITTEE MEMBER ITEMS

STAFF ANNOUNCEMENTS

ANNOUNCEMENTS

ADJOURN

The meeting was adjourned at 10:48 AM

REPORT

DATE: November 7, 2018

TO: SGVCOG Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: **UNION STATION HOMELESS SERVICES NEW LEADERSHIP**

RECOMMENDED ACTION

For information only.

BACKGROUND

On April 4, 2018, Union Station Homeless Services (USHS) announced the selection of Anne Miskey as its new Chief Executive Officer. USHS is the lead agency for the Coordinate Entry System (CES) in the San Gabriel Valley. The CES is the portal for homeless housing and services in the County of Los Angeles. Ms. Miskey as a nationally recognized and leading voice on the issue of homelessness. Before her selection to head USHS, she was the CEO at the Downtown Women's Center. Ms. Miskey has held senior management positions in non-profit organizations for the past 15 years.

Anne Miskey will present her vision for USHS and homeless housing and services in the region.

Prepared by: _____


Jan Cicco
Regional Homelessness Coordinator

Approved by: _____


Marisa Creter
Executive Director

REPORT

DATE: November 7, 2018

TO: SGVCOG Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: SUPPORTIVE HOUSING

RECOMMENDED ACTION


For information only.

BACKGROUND

Supportive housing is housing, including housing units and group quarters, that has a supportive environment and includes a planned service component. Research has shown that supportive housing has positive effects on housing stability, employment, mental and physical health, and school attendance. People in supportive housing live more stable and productive lives. Cost studies in six different states and cities found that supportive housing results in tenants' decreased use of shelters, hospitals, emergency rooms, jails and prisons. Further evidence shows that supportive housing benefits communities by improving the safety of neighborhoods, beautifying city blocks with new or rehabilitated properties, and increasing or stabilizing property values over time. It combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. Over the past year, the Homelessness Committee has received presentations that addressed or referred to supportive housing. At each meeting, questions have arisen that have called for a deeper dive into this subject matter.

To facilitate a deeper understanding of supportive housing the topics of who is housed, the type of services that are offered, the success rate of supportive housing and the challenges and concerns around this type of housing, SGVCOG staff has identified a subject matter expert to address the topic. Mr. William (Bill) Huang is the Housing Director at the City of Pasadena. The Housing Department provides a wide array of affordable housing and homeless programs, as well as funding for social service and economic development activities with an annual budget of approximately \$22 million. Pasadena is actively engaged in affordable housing with a highly effective inclusionary housing ordinance, numerous transit-oriented developments, an innovative housing first program, and a strong local government voice for new affordable housing and homeless legislation. Mr. Huang lead a concerted effort to provide permanent supportive housing, rapid rehousing and homeless prevention programs. Prior to joining the City of Pasadena, Mr. Huang was the Housing Director for the County of Los Angeles. Before that, he was the former Deputy Director of the nonprofit Los Angeles Community Design Center (now Abode Communities) where he oversaw affordable housing development and architectural services for numerous housing and community facilities.

Mr. Huang will provide a presentation and facilitate a committee discussion addressing supportive housing.

Prepared by: 
Jan Cicco
Regional Homelessness Coordinator

Approved by: 
Marisa Creter
Executive Director



CSH Literature Review of Supportive Housing: By Study

Please do not distribute or share without permission from CSH.

Information listed in the Outcomes table has been taken directly from the relevant study. Such outcomes do not constitute analysis or advice.

Please direct all questions and concerns about the literature review to Lauren Fulton (lauren.fulton@csh.org).

Table of Contents

Study	Pg
Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." <i>Housing Policy Debate</i> 13.1 (2002): 107-63.	4
Gulcur, Leyla, Ana Stefancic, Marybeth Shinn, Sam Tsemberis, and Sean Fischer. "Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes." <i>Journal of Community & Applied Social Psychology</i> . (April 2003), Vol 13, pp 171-186.	5
Rosenheck R, KasproW W, Frisman L, Liu-Mares W. Cost-effectiveness of Supported Housing for Homeless Persons With Mental Illness. <i>Arch Gen Psychiatry</i> . 2003;60(9):940-951. doi:10.1001/archpsyc.60.9.940	5
Trotz, Marc, Josh Bamberger, and Margot Antonetty. "Direct Access to Housing." San Francisco Department of Public Health (April 2004).	6
Tsemberis, Sam, Leyla Gulcur, and Maria Nakae. "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis." <i>American Journal of Public Health</i> 94.4 (2004): 651–656.	6
Barrow, Susan, Gloria Soto Rodriguez, and Pilar Cordova. "Final Report on the Evaluation of the Closer to Home Initiative." Corporation for Supportive Housing (2004).	6
Greenwood, Ronni Michelle, Nicole J Schaefer-McDaniel, Gary Winkel, and Sam Tsemberis. "Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness." <i>American Journal of Community Psychology</i> , Vol 36, Nos 3/4. (December 2005).	7
Milby, Jesse B. et al. "To House or Not to House: The Effects of Providing Housing to Homeless Substance Abusers in Treatment." <i>American Journal of Public Health</i> 95.7 (2005): 1259–1265. PMC. Web. 21 Oct. 2016.	7
Perlman, Jennifer and John Parvensky. "Denver Housing First Collaborative Cost Benefit Analysis and Program Outcomes Report." Denver Housing First Collaborative (December 2006).	8
Martinez, T. E., and M. R. Burt. "Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults." <i>Psychiatric Services</i> 57.7 (2006): 992-99. Web.	9
Kertesz, Stefan G. et al. "Long-Term Housing and Work Outcomes Among Treated Cocaine-Dependent Homeless Persons." <i>The journal of behavioral health services & research</i> 34.1 (2007): 17–33. PMC. Web. 21 Oct. 2016.	9
Mondello, Melany, Anne B. Gass, Thomas McLaughlin, and Nancy Shore. "Supportive Housing in Maine: Cost Analysis of Permanent Supportive Housing." Prepared for US Dept of Housing and Urban Development and Office of Policy Development and Research. (July 2007).	10
Pearson, Carol, Gretchen Locke, Ann Elizabeth Montgomery, Larry Buron. <i>The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness</i> . Washington, D.C.: U.S. Department of Housing and Urban Development Office of Policy Development and Research (2007).	10
Linkins, Karen, Jennifer J. Brya, and Daniel W. Chandler. "Frequent Users of Healthcare Initiative: Final Evaluation Report." The Lewin Group (August 2008).	11

Please note that some text is copied directly from source material in order to most accurately capture results conveyed. Please check the source materials and cite appropriately.

Hirsch, Eric, and Irene Glasser. “Rhode Island’s Housing First Program Evaluation.” United Way of Rhode Island (December 2008).	11
Hall, Elinor. “Frequent Users of Health Services: A Priceless Opportunity for Change.” Health Policy and Management Consulting (August 2008).	12
Latham, Nancy, Emily Boer Drake, Rachel Cuevas, and Eiko Sugano. "Foster Youth Housing Initiative: Final Evaluation Findings." LaFrance Associates. (November 2008).	12
Mondello, Melany, John Bradley, Tony Chalmers McLaughlin, and Nancy Shore. “Cost of Rural Homelessness: Rural Permanent Supportive Housing Cost Analysis.” State of Maine (May 2009).	13
The Heartland Alliance and Mid-America Institute on Poverty. “Supportive Housing in Illinois: A Wise Investment” (April 2009).	13
Flaming, Daniel, Patrick Burns and Michael Matsunaga. “Where We Sleep: Costs when Homeless and Housed in Los Angeles.” Economic Roundtable (2009).	14
Sadowski, Laura S., Romina A. Kee, Tyler J. Vanderweele, and David Buchanan. "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults." <i>Jama</i> 301.17 (2009): 1771.	14
Larimer, Mary E., Daniel K. Malone, Michael D. Garner, David C. Atkins, and Bonnie Burlingham. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems." <i>JAMA Network</i> (2009).	15
Massachusetts Housing and Shelter Alliance. “Home & Healthy for Good: March 2012 Progress Report.” (2012).	15
Knoxville Mayors’ Office, The Knox County Health Department Epidemiology Program and the University of Tennessee College of Social Work. “Comparative Costs and Benefits of Permanent Supportive Housing in Knoxville, Tennessee” (2012).	16
Flaming, Daniel, Susan Lee, Patrick Burns, and Gerald Sumner. “Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.” Conrad N. Hilton Foundation, UniHealth Foundation, CSH, the Corporation for National and Community Service, and the Economic Roundtable (2013).	16
Aidala, Angela A., William McAllister, Maiko Yomogida, and Virginia Shubert. “Frequent Users Service Enhancement ‘FUSE’ Initiative: New York City FUSE II Evaluation Report.” Columbia University Mailman School of Public Health (2013).	17
New York City Department of Health and Mental Hygiene. “New York/New York III Supportive Housing Evaluation: Interim Utilization and Cost Analysis” (2013).	18
Thomas, Lori M., Jeffery K. Shears, Melannie Clapsadl Pate, and Mary Ann Priester. “Moore Place Permanent Supportive Housing Evaluation Study: Year 1 Report.” UNC Charlotte College of Health and Human Services (February 2014).	19
“CORE” The Center for Outcomes Research & Education. “Integrating Housing & Health: A Health-Focused Evaluation of the Apartments at Bud Clark” (2014).	19
Basu, A., Kee, R., Buchanan, D. and Sadowski, L. S. (2012), Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care. <i>Health Serv Res</i> , 47: 523–543.	20
Massachusetts Housing and Shelter Alliance. “Home & Healthy for Good: June 2016 Progress Report.” (2016).	20
Mental Health Commission of Canada. “National Final Report: Cross-Site At Home” (2014).	21

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Culhane (2002) <i>Matched control group</i>	
Shelter	85.6% decline in mean number of shelter days used by intervention group (137 to 19 days) over two years. 6.4% decline experienced by control group
Healthcare: Inpatient & EMS	<p>45% pt decline in proportion of population accessing non-Medicaid hospital days by intervention group (65% to 20%) over two years. 32% decline experienced by control group.</p> <p>78% decline in mean number of non-Medicaid hospitalization days by intervention group (34.2 to 7.5 days) over two years. 54% decline experienced by control group.</p> <p>20% pt decline in proportion of pop accessing Medicaid hospital days by intervention group (81.4% to 61.3%) over two years. 13% decline experienced by control group.</p> <p>36% decline in mean number of Medicaid hospital days by intervention group (46 to 30 days) over two years. 0% decline experienced by control group.</p>
Healthcare: Outpatient	<p>4% pt increase in proportion of population with Medicaid-reimbursed outpatient visits in intervention group (92% to 96%) over two years. 8% pt <i>decrease</i> experienced by control group.</p> <p>90% increase in mean number of Medicaid-reimbursed outpatient visits in intervention group (93 to 177 visits) over two years. 7% increase experienced by control group.</p>
Mental Health	41% decline in OMH state hospital days used by intervention group (406 to 240) over two years. 17% decline experienced by control group.
Criminal Justice	<p>1.9% pt decline in proportion of population incarcerated in prison by intervention group (3.3% to 1.4%) over two years. 0.2% pt increase experienced by control group.</p> <p>73% decline in mean number of prison days used by intervention group (11.2 to 3.0) over two years. 5% increase experienced by control group.</p> <p>4% pt decline in proportion of population incarcerated in jail by intervention group (13.4% to 9.4%) over two years. 0.8% pt decline experienced by control group.</p> <p>40% decline in mean number of jail days used by intervention group (11.0 to 6.6 days) over two years. 8.7% decline experienced by control group.</p>

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Gulcur (2003) <i>RCT</i>	
Shelter	0.661 decrease in proportion of time spent homeless by experimental group recruited from street over two years. 0.333 decrease in proportion of time spent homeless by control group recruited from street.
Healthcare: Inpatient & EMS	0.014 decrease in proportion of time spent in hospital by experimental group recruited from street over two years. 0.030 decrease in proportion of time spent in hospital by control group recruited from street. 0.686 decrease in proportion of time spent in hospital by experimental group recruited from hospital over two years. 0.698 decrease in proportion of time spent in hospital by control group recruited from hospital.

Rosenheck et al (2003) <i>RCT</i>	
Shelter	36.2% fewer days homeless than standard treatment group (13.1 vs 20.5 days) and 35.8% fewer days homeless than case management-only group (13.1 vs 20.3 days) in results averaged across three years.
Stable Housing	25% more days in an apartment, room, or house than standard care group (59.4 vs 47.6 days) and 16.9% more days housed than the case management group (59.4 vs 50.8 days) in results averaged across three years.
Quality of Life	Greater social network size (11.6 compared to 9.3 case management group and 10.1 standard care group). Greater social contacts and greater social support compared to case management group and standard care group. Improved QoL overall score compared to case management group and standard care group.

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Trotz, Bamberger, and Antonetty (2004) <i>Pre/post</i>	
Stable Housing	Two-thirds of residents have stayed housed since the program began in 1998. Of the remaining one third, half moved into permanent housing. 6% were evicted. 5% died.
Healthcare: Inpatient & EMS	58% reduction in ED visits after entering program 47% reduction in inpatient visits compared to two years prior to placement
Healthcare: Outpatient	Patients averaged 12 outpatient visits in year prior to placement. There was 'little change' in year after.
Mental Health	One sixth of residents had exacerbations of mental illness leading to psychiatric hospitalization both before and after placement

Tsemberis (2004) <i>RCT</i>	
Shelter	Significant decrease in proportion of time spent homeless beyond the decrease seen by control group at 6, 12, 18 and 24 months
Stable Housing	Significant increase in proportion of time spent housed beyond increase seen by control group at 6, 12, 18, and 24 months
Mental Health	No significant differences in either alcohol or drug use between the two groups by time condition Significantly fewer substance use services used by intervention than by control group No significant difference in psychiatric symptoms between the two groups by time condition
Quality of Life	Intervention group reported significantly more choice than control group at 6, 12, 18, and 24 months

Barrow, Rodriguez, and Cordova (2004) <i>Pre/post</i>	
Stable Housing	Average of 73% stably housed after one year across three sites. Additional 10% exited to permanent housing. 14% exited to transitional or institutional setting. 3% died. Average of 52% stably housed after two years across three sites. Additional 15% exited to permanent housing. 18% exited to transitional or institutional setting. 4% died.

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Greenwood et al (2005) <i>RCT</i>	
Shelter	Proportion of time spent homeless decreased from 0.29 to 0.15 at 12 months and remained stable through 36 months
Mental Health	Psychiatric symptoms fluctuated over the 6 to 36 month time period but had decreased from 17.21 to 14.10 using CSI by 36 months.
Quality of Life	Perceived choice fluctuated over the 6 to 36 month time period but had increased from 3.37 to 3.40 by 36 months. Mastery of self fluctuated over the 6 to 36 month time period but had increased from 3.32 to 3.44 by 36 months.

Milby et al (2005) <i>RCT</i>	
Stable Housing	Days housed increased for all three groups (non-abstinence housed; abstinence contingent housed; and non-housed). Groups did not differ significantly from each other at 12 months
Mental Health	Non-abstinent contingent housed individuals had a smaller proportion of time spent abstinent than the abstinent-contingent housed group.

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Perlman and Parvensky (2006)
Pre/Post

Shelter	Reduced emergency shelter cost averaging \$13,600 per person
Stable Housing	
Healthcare: Inpatient & EMS	73% decline in emergency costs two years post placement when compared to the two years prior, with savings averaging \$31K per person ER visits and costs reduced by 34.3% Inpatient visits reduced by 40% and inpatient nights reduced by 80%
Healthcare: Outpatient	Increased outpatient visits by 1%
Mental Health	82% decline in detox visits over two years with average cost savings of 84% (\$8,700 per person) Qualitatively, 15% of participants said substance use decreased
Criminal Justice	76% decline in incarceration days and costs
Quality of Life	50% of participants documented improved health status 43% improved mental health 64% improved overall QoL Avg monthly income increased from \$185 to \$431

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<i>Martinez et al (2006)</i> <i>Pre/Post</i>	
Stable Housing	81% of residents remained in housing for at least one year
Healthcare: Inpatient & EMS	<p>16% pt decline in proportion of residents with ER visits (from 53 to 37%)</p> <p>Avg number of ER visits declined from 1.94 to 0.86 visits</p> <p>56% decrease in total number of ER visits</p> <p>8% pt decline in proportion of residents hospitalized (from 19% to 11%)</p> <p>Decline in avg number of hospital admissions from 0.34 to 0.19</p>
Mental Health	Psychiatric inpatient visits included in general inpatient figures

<i>Kertesz et al (2007)</i> <i>RCT</i>	
Stable Housing	In this study's primary outcome comparison, the percentages achieving stable housing and employment at 12 months were highest for participants assigned to Abstinence-Contingent Housing, lowest for participants assigned to No Housing, and intermediate for Nonabstinence-Contingent Housing (p=0.17 for Stable Employment, p=0.11 for Stable Housing)

Please note that some text is copied directly from source material in order to most accurately capture results conveyed. Please check the source materials and cite appropriately.

Mondello et al (2007) <i>Pre / Post</i>	
Shelter	98% decline in shelter visits
Healthcare: Inpatient & EMS	62% decline in ER costs 59% decline in healthcare costs 66% decline in ambulance costs
Mental Health	After being housed, the 99 formerly homeless people in this study received 35% more mental health services
Criminal Justice	66% decline in police contact costs 62% decline in incarceration

Pearson et al (2007) <i>Pre / Post</i>	
Stable Housing	43% remained in housing the entire year; 41% remained in housing but spent at least one night elsewhere; 16% left the program or died
Mental Health	Participants reporting moderate impairment due to psychiatric symptoms increased by one (from 19 to 20). Number of participants reporting severe impairment stayed the same after one year. Participants reporting severe impairment related to substance use decreased by one from 2 to 1 after one year. Those reporting moderate impairment increased by four from 4 to 8 after one year.

Please note that some text is copied directly from source material in order to most accurately capture results conveyed. Please check the source materials and cite appropriately.

Linkins et al (2008)

Pre/Post

<p>Healthcare: Inpatient & EMS</p>	<p>30% decline in ED usage and 17% decline in hospital charges in the first year of enrolment. Where data available for second year, even greater decreases (e.g. 60% decline in ED from baseline)</p> <p>17% decline in inpatient admissions, 14% decline in inpatient charges in first year. 64% decline in admissions and 69% decline in charges in the second year.</p>
<p>Healthcare: Outpatient</p>	<p>3% increase in outpatient visits over two years</p>
<p>Quality of Life</p>	<p>Of the participants without insurance, 64% were connected to local county indigent program. Medi-Cal apps filed for 25%.</p>

Hirsch et al (2009)

Pre/Post

<p>Stable Housing</p>	<p>93% remained in housing after one year</p>
<p>Quality of Life</p>	<p>62% of clients 'very satisfied' and 29% 'somewhat satisfied' with housing</p> <p>50% rated health as 'good' or 'very good'</p>

Please note that some text is copied directly from source material in order to most accurately capture results conveyed. Please check the source materials and cite appropriately.

Hall (2008)
Pre / Post

Shelter	92% decline in shelter bed nights after one year
Healthcare: Inpatient & EMS	<p>25% decline in ED visits and 28% decline in ED charges after one year</p> <p>61% decline in ED visits and 59% decline in ED charges after two years.</p> <p>17% decrease in inpatient visits, 3% increase in inpatient days, and 14% decrease in inpatient charges after one year</p> <p>64% decrease in inpatient visits, 62% decrease in inpatient days, and 69% decrease in inpatient charges after two years</p> <p>19% decline in EMS interventions</p>
Healthcare: Outpatient	<p>88% decline in sobering center admissions after one year</p> <p>13% increase in detox visits</p>
Criminal Justice	<p>45% decline in county jail bookings after one year</p> <p>42% decline in county jail days after one year</p>

Latham et al (2008)
Pre / Post

Stable Housing	77% of youth in housing, 20% homeless and 4% moved out of state after one year
Criminal Justice	85% of youth did not have contact with justice system after entering housing
Quality of Life	<p>Youth in housing program experience an increase in school enrolment, time spent on schoolwork, and educational attainment</p> <p>Housed youth had more positive outlook on life</p> <p>Increase in income by 50%</p>

Please note that some text is copied directly from source material in order to most accurately capture results conveyed. Please check the source materials and cite appropriately.

*Mondello et al (2009)
Pre / Post*

Shelter	99% decline in shelter costs over one year
Healthcare: Inpatient & EMS	14% decline in ER costs over one year 32% decline in ambulance costs over one year
Mental Health	57% decline in expenditure on mental health services over one year
Criminal Justice	95% decline in incarceration costs

*The Heartland Alliance and Mid-America Institute on Poverty (2009)
Pre / Post*

Healthcare: Inpatient & EMS	Although Medicaid-funded inpatient medical care and outpatient psychiatric care use increased post-supportive housing, the large increase was concentrated during the first 6 months after the supportive housing intervention. After those 6 months of stabilization, the use of inpatient care reduced dramatically. The use of Inpatient/Acute Medicaid services decreased 82 percent
Healthcare: Outpatient	As expected, use of health stabilizing services such as pharmacy, home health care, and dental care increased. While use of Medicaid-funded outpatient medical care increased 26 percent during the post supportive housing time period, there was virtually no cost increase
Mental Health	Medicaid-reimbursed inpatient psychiatric care users decreased almost 20 percent and use decreased over 66 percent from pre- to post-supportive housing. The number of users and uses of mental health hospitals decreased 90 percent from pre- to post-supportive housing.
Criminal Justice	100% decrease in time spent in state prison over program length 86% decrease in overnight jail stays 68% decrease in jail costs

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Flaming, Burns, Matsunaga (2009) <i>Pre / Post</i>	
Healthcare: Inpatient & EMS	<p>91% savings (\$768 pp) estimated for Health Services inpatient visits</p> <p>82% savings (\$348 pp) estimated for private hospital inpatient visits</p> <p>87% savings (\$144) estimated for paramedics</p>
Healthcare: Outpatient	87% savings (\$165 pp) estimated for outpatient visits
Mental Health	56% savings (\$81) estimated for Dept of Mental Health
Criminal Justice	<p>95% savings (\$110) estimated for sheriff general jail</p> <p>95% savings (\$80) estimated for sheriff medical services</p>

Sadowski et al (2009) <i>RCT</i>	
Healthcare: Inpatient & EMS	<p>Unadjusted annualized mean change of:</p> <p>0.5 fewer hospitalizations</p> <p>2.7 fewer hospital days</p> <p>1.2 fewer emergency department visits.</p> <p>Adjusting for baseline covariates, compared with the usual care group, relative change of:</p> <p>29% decline in hospitalizations</p> <p>29% decline in hospital days</p> <p>24% decline in ED visits.</p>

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Larimer, Malone, Garner et al (2009) <i>Control Group</i>	
Shelter	Decline from 0.5 shelter nights per person per month in year prior to housing to 0 in 6 months after housing and 0 in 12 months after housing
Healthcare: Inpatient & EMS	Decline in EMS from .4 per person per month in the year prior to housing to 0.5 in the 6 months after housing and 0.2 in the 12 months after housing.
Mental Health	Detoxification center visits stayed the same at 0 pre and post housing Decline in sobering center visits from 6.1 per person per month in year prior to housing to 0 in 6 months and 12 months after housing
Criminal Justice	Decline from 0.5 jail days per person per month in year prior to housing to 0.0 in 6 and 12 months after housing Decline in jail bookings from 0.2 per person per month in year prior to housing to 0 in 6 and 12 months after housing

MA Housing & Shelter Alliance (2012) <i>Pre/Post</i>	
Stable Housing	Of 555 people enrolled in Feb 2012, 82% remained housed
Healthcare: Inpatient & EMS	Decline in ER visits from 3.42 to 1.79 visits per person from 12 months pre/post housing Decline in hospitalizations from 5.48 to 3.84 stays per person from 12 months pre/post housing Decline in ambulance uses from 1.53 to 0.83 per person from 12 months pre/post housing
Mental Health	Decline in detox days from 5.16 to 1.48 days per person in 12 months pre/post housing
Criminal Justice	Decline in days incarcerated from 8.03 to 0.72 per person in 12 months pre/post housing
Quality of Life	34% pt increase in life satisfaction 22% pt increase in health satisfaction 32% pt increase in housing satisfaction

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Knoxville Mayor's Office et al (2012) <i>Pre/Post</i>	
Shelter	Emergency shelter stays decreased from 59 nights to 1 night per person pre/post housing
Healthcare: Inpatient & EMS	Healthcare costs increased \$3,198 per person after housing For inpatient hospitalizations, 7% of the study participants account for 59% of the pre-housing charges and 90% of the post-housing charges.
Healthcare: Outpatient	For outpatient hospital services, 7% of participants accounted for 88% of cost prehousing and 72% of costs post-housing. Total visits increased from 25 to 58 for the cohort of 41 individuals.
Mental Health	Over half of the participants (54%) accessed mental health outpatient services either before or after permanent supportive housing placement. There was a \$21,418 decrease (23%) in mental health inpatient services and a \$750 increase in outpatient services (\$16,172 vs. \$16,921).
Criminal Justice	99% decrease in Knox County Sheriff's Office costs associated with incarceration (\$45,072 vs. \$640) and an 86% decrease of days in jail Knoxville Police Department showed a 67% decrease in field interviews, citations and arrests one year after permanent supportive housing for participants

Flaming, Lee, Burns, Sumner (2013) <i>Pre/Post</i>	
Healthcare: Inpatient & EMS	On an annual average per-person basis: Emergency room visits decreased 50 percent, from 6.0 to 3.0; costs decreased 67% from \$3,702 to \$1,222 Hospital admissions decreased 71 percent, from 1.8 to 0.5 Inpatient days decreased 84 percent, from 8.6 to 1.4; costs decreased 68% from \$13,354 to \$4,254 per person

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Aidala et al (2013)
RCT

<p>Shelter</p>	<p>On average, intervention group members spent 146.7 fewer days in shelter than did comparison group members.</p> <p>The percentage of FUSE II participants with any shelter episode over the study period was reduced on average by 70%.</p>
<p>Stable Housing</p>	<p>At twelve months, over 91% of FUSE II participants were housed in permanent housing, compared to the 28% who would have been housed had they not received FUSE II housing and services.</p> <p>By 24 months, FUSE II participants experienced a slight drop to 86% who were in permanent housing. By this point in time, only 42% of comparison group members were in permanent housing.</p>
<p>Healthcare: Inpatient & EMS</p>	<p>Ambulance rides were significantly less for the intervention group. Comparison group members had an average of 1.2 ambulance rides; FUSE II participants had fewer than one ambulance ride (mean 0.67).</p> <p>Average number of hospitalization days for medical reasons and of emergency room visits for any reason showed no substantial differences between intervention and comparison groups, though the slight differences were in the direction the program expected to create.</p>
<p>Mental Health</p>	<p>Comparison group members spent on average eight days hospitalized for psychiatric reasons, 4.4 days more than intervention group members.</p> <p>Mean number of AOD inpatient hospital days and mean number of detoxification days showed differences that were not in the direction the program expected, but these differences were not statistically significant.</p> <p>The percentage with any recent use of hard drugs (heroin, cocaine, crack, methamphetamine) is half as high as the comparison group and current alcohol or substance use disorder is one third less for FUSE II participants at follow-up than among comparison group members</p>
<p>Criminal Justice</p>	<p>19.2 fewer days incarcerated, a 40% reduction over the comparison group. Fewer jail admissions over the 24 month follow-up period.</p>
<p>Quality of Life</p>	<p>Compared to the comparison group, the intervention group score significantly lower on a measure of psychological stress and higher on measures of current family and social support, factors associated with improved social functioning among those with mental illness</p> <p>Physical health functioning is lower for intervention group than comparison group members; however, it is not clear that the difference is sufficiently large to indicate a clinically significant difference.</p>

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NYC Dept of Health & Mental Hygiene (2013) <i>Control Group</i>	
Shelter	Savings of \$5,427 per person for single adult shelters and \$1,492 per person for family shelters when compared to control group
Healthcare: Inpatient & EMS	Savings of \$935 per person in Medicaid spending compared to control group
Mental Health	Saving of \$18,668 per person in state psychiatric center costs compared to control group
Criminal Justice	Saving of \$1,298 per person in jail costs compared to control group
Quality of Life	Increase in food stamps by \$436 per person compared to control group

Thomas et al (2014) <i>Pre / Post</i>	
Stable Housing	79.5% remained in placements at one year. 84% were still in stable accommodation
Healthcare: Inpatient & EMS	78% reduction in ER visits 79% reduction in hospitalizations 70% reduction in hospital charges
Criminal Justice	Most tenants not involved in CJ system but of those that were, they had 78% reduction in arrests and a 84% reduction in jail nights
Quality of Life	Avg tenant income increased from \$402 to \$503 over one year Residents perceived greater social support after being housed

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CORE (2014)

Pre/Post

<p>Healthcare: Inpatient & EMS</p>	<p>Inpatient physical health: 4.8 visits pre move, 3.7 after one year, 8.9 after two years</p> <p>ED visits: 2.7 pre move, 1.6 after one year, 1.3 after two years</p>
<p>Healthcare: Outpatient</p>	<p>Outpatient behavioral health: 25.8 visits pre-move, 27.8 after one year, 46.2 after two years</p> <p>Outpatient physical health: 4.8 visits pre move, 3.7 after one year, 8.9 after two years</p> <p>Outpatient primary care: 4.4 visits pre move, 4.8 after one year, 2.2 after two years</p> <p>Outpatient labs & radiology: 2.2 pre move, 2.4 after one year, 1.3 after two years</p> <p>Outpatient specialty visits: 2.2 pre move, 1.7 after one year, 0.7 after two years</p>
<p>Mental Health</p>	<p>Inpatient behavioral health: 0.2 pre move, 0.0 after one year, 0.1 after two years</p>
<p>Quality of Life</p>	<p>Reported physical health was 'fair' or 'poor': 80% pre move, 54% after one year, 52% after two years</p> <p>Reported mental health was 'fair' or 'poor': 80% pre move, 63% after one year, 57% after two years</p> <p>Reported being 'not too happy' in life: 59% pre move, 14% after two years</p>

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Basu et al (2012)
RCT

Shelter	0.07 fewer shelter days than control 8.13 more days in respite care than control
Stable Housing	29.66 fewer days with family/friends than control 109.9 more days in paid housing than control 62 fewer days homeless than control
Healthcare: Inpatient & EMS	0.47 fewer hospitalizations than control 2.64 fewer days in hospital than control 1.27 fewer ER visits than control
Healthcare: Outpatient	3.84 more outpatient visits than control (includes mental health clinics, hospital clinics, substance abuse treatment visits)
Criminal Justice	0.05 fewer arrests than control 4.06 more days in jail than control 0.03 fewer convictions than control 7.73 fewer days in prison than control

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MA Housing & Shelter Alliance (2016) <i>Pre / Post</i>	
Stable Housing	66% in stable accommodation
Healthcare: Inpatient & EMS	Reduction in days spent at hospital, days in detox, days in respite, ambulance rides, and ER visits in six months post-housing. Figures included in charts but not labeled.
Criminal Justice	Reduction in prison days in six months post-housing. Figures included in charts but not labeled.
Quality of Life	52% reported 'much' and 41% 'some' life improvement after housing

Mental Health Commission of Canada (2014) <i>RCT</i>	
Stable Housing	62 per cent of HF participants were housed all of the time, 22 per cent some of the time, and 16 per cent none of the time; whereas 31 per cent of TAU participants were housed all of the time, 23 per cent some of the time, and 46 per cent none of the time
Healthcare: Inpatient & EMS	Both HF and TAU groups reported declines in ER visits with lower levels among HF participants over the course of the study.
Healthcare: Outpatient	HF participants also had lower levels of visits to hospitals for outpatient care (these included day hospital visits but not visits for laboratory or diagnostic tests)
Criminal Justice	The majority (89 per cent) had at least one interaction with police officers, which could involve help-seeking, information requests or criminal activity. Around one third of participants were actually arrested during the study timeframe. Both HF and TAU groups reported substantial declines in their contacts with justice services (police, security services, courts, and other justice services), with no significant difference between the groups. When reasons for arrests were investigated, however, HF participants reported fewer arrests for public nuisance offences and drug-related offences over time, whereas TAU participants reported no such decline.
Quality of Life	<p>To measure quality of life, we used the Quality of Life Index (QOLI 20), which is based on participant self-report. To measure community functioning, we used the Multnomah Community Ability Scale.</p> <p>Improvements in community functioning and quality of life were somewhat greater in HF than in TAU for the total cross-site group.</p> <p>We saw improvements in participants' mental health and substance-related problems (based on the Colorado Symptom Index for mental health and the Global Assessment of Individual Needs Substance Problem Scale, but these changes were similar among participants in all groups</p>

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If you notice any corrections or have other comments, please direct these to Lauren.Fulton@csh.org.

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