Annotated Bibliography

Max:


Housing first reduces re-offending among formerly homeless adults with mental disorders: results of a randomized controlled trial. *PloS one, 8*(9), e72946.

In this article the authors report on “a three-arm, randomized controlled trial involving adults who are homeless and have a mental disorder.” The 297 individuals recruited for the trial were each placed into one of three experimental groups: 90 were put into Housing First (HF) modeled scattered-site housing with Assertive Community Treatment, 107 were put into HF modeled congregate housing with on-site supports, and 100 were placed into the “treatment as usual” group, which “consisted of the existing and generally available services and supports for individuals experiencing homelessness and mental illness.” What the authors found was that “HF programs – particularly those using the scattered site format – promote reductions in offending and reconviction among people who were previously homeless and have a current mental disorder.” Thus, this article serves as supporting evidence for our argument that Housing First reduces costs associated with chronic homelessness by indicating a reduction in involvement in the justice system by study participants. The authors also importantly conclude that “the presence of a substance use disorder did not predict convictions post-randomization, indicating that non-abstinence based HF for people with concurrent disorders can effectively improve public safety.” This outcome acts as a support for the HF philosophy, which compared to more traditional treatment models, tolerates substance use in housing programs while also continuing to assertively seek consent for treatment.

In this article the author finds that “increased funding for homeless programs can reduce chronic homelessness.” This article supports our assumption that funding homeless programs, in general and Housing First, specifically, is an effective tool to reduce chronic homelessness. The author identifies “the effect of increased funding by estimating a fixed-effects model that estimates the effect of new federal homeless funding given to a community in time t-1 on outcomes for homeless people in time t.” The author also finds that “homeless projects that provide long-term housing and services to homeless people with disabilities are driving this decrease in chronic homelessness.” The article also implies that significant cost reductions can be had by investing in programs to house and service the chronically homeless.


Retrieved from http://www.motherjones.com/politics/2015/02/housing-first-solution-to-homelessness-utah

This well-written and well-researched magazine article takes a close look at Salt Lake City’s recent success in decreasing chronic homelessness by 72% in 9 years. By tying the narrative of one city’s homeless transformation to the philosophy and methods of the Housing First model, a powerful context of success is illuminated, which can also operate as a supporting argument for the application of the Housing First model. This article’s story is also relevant because it unfolds in an environment that is traditionally more politically conservative than Eugene, Oregon. This helps highlight the conservative appeal of Housing First as a cost-saving device. Also, the article provides a qualitative aspect by including insight into the daily lives of service providers and successfully housed ex-homeless people. This article is especially useful as it provides a bird’s eye context for the recent surge of Housing First models
nationally and also provides a closer look into characters living in a specific environment in which Housing First has been largely successful. The article, in its entirety, is a good example of how to tell the story of Housing First’s success. It exhibits an excellent mix of anecdote and evidence to deliver the kernel of Housing First’s philosophy and impact.


This manual is an essential source for providing context for how Housing First came to the forefront of approaches designed to address homelessness. Written by the creator of the Pathways Housing First program, the manual sets out all of the major components of the program. The manual outlines the steps necessary to implement the Pathways Housing First program; it includes recent budgetary information, defines specific roles for providers, defines treatment methods for dealing with people with mental disorders and substance abuse problems, includes paperwork associated with rental agreements, and most importantly, it provides a review of literature that acts as evidence of the effectiveness of the Pathways Housing First model.


This article is a commentary that focuses on the philosophy of “harm reduction” as “a set of strategies that focuses on reducing the harms of substance use, not reducing the consumption rate per se.” The author states at the end of the first paragraph that “addressing concerns related to substance use has been identified as integral to a systems level response to ending homelessness.” Harm reduction plays a central role in the Housing First model. A major obstacle to treating people with substance abuse issues is that most treatment options have traditionally focused on total abstinence as a condition for participation in the program. This article argues that shifting from an abstinence only approach to the policy of social inclusion regardless of
other factors, “can facilitate the voices of those with lived experience to be heard in the development of policies and programs and is important to operationalizing principles of harm reduction.” The author makes further claims about the value of social inclusion, stating that it is “a determinant of health” and that “involving people with lived experience can help break the stigma attached to homelessness, mental illness and/or substance use, improve the efficiency of services, and promote health by promoting self-esteem and increasing individual control over health and determinants of health.” The article also acknowledges that “socio-political factors including ideology and values can impact the implementation and distribution of harm reduction services.” This article operates as support for the claim that Housing First is more effective at addressing the dual concerns of homelessness and substance abuse, it provides context and support for efforts to humanize the homeless, which is also essential to a Housing First model’s successful implementation, and it acknowledges ideological obstacles to a harm reduction philosophy, while calling for “a well-planned approach to community education that appeals to community values, presents the evidence and addresses the concerns of all major stakeholders.”

Manuel:

http://ir.library.oregonstate.edu/xmlui/bitstream/handle/1957/48453/SMCampbellMPPEs say_nosig.pdf?sequence=1

Emphasizing Housing First Program individual resident impact in the form of positive life changes in formerly homeless residents, “this mixed methods study examines the lives of a cohort of residents in a Portland based Housing First project…” This study serves our argument as supporting evidence for housing first programs in the state of Oregon. Furthermore, this paper serves our argument as evidence of Oregon’s changing definition of success, and the implications of housing ready rather than first programs.
Recognizing the specific focus of the Housing First Program to chronic homelessness this article explores chronic homelessness as well as veteran homelessness, family homelessness, and youth homelessness, giving a well-rounded understanding of homelessness and housing instability. This article serves our argument as a lens to re-examine our understanding of homelessness. Furthermore, this article explores and supports our claim of the high cost that homelessness to society.

Presented and adopted by both cities Eugene and Springfield, Oregon, this five year strategic plan speaks to the need of these cities to reduce chronic homelessness. This plan serves our argument as a lens to the city of Eugene and its neighbor Springfield. These lens provide and support our argument with local housing affordability, general housing market characteristics, and homelessness population data. Additionally, the strategic plan
serves as a reference to the will and drive of the city of Eugene and Springfield, Oregon to manage homelessness in a proactive manner.


This study’s focus on the supported employment for people who have a mental illness and recent history of homelessness though relationship between clients and their employment specialists using semi-structured qualitative interviews. The results support our argument that the housing first philosophy, one that focuses on the physiological needs such as trust, is the most effective with the homeless population. Lastly, this study serves our argument as a lens to the correlation of the resident’s perceived relationship with employment specialists and the development of working alliances.


This longitudinal study examines and supports the idea that perception of freedom of choice catalyzes the early attainment and housing stability of “mentally ill individuals.” Reaffirming the importance of physiological needs, this study serves our argument as supporting evidence by concluding that “Participants in the Housing First Program were
able to obtain and maintain independent housing without comprising psychiatric or substance abuse symptoms.”

Minette:

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This article highlights that efficient and cost-effective housing methods that reduce homelessness need to be implemented. Housing Ready programs are the standard method that often has set requirements including earned income and sobriety, among others. These programs enable a subset of the homeless to become housed. However, chronically homeless persons, who use the most resources, are often not successful at enrollment or maintaining enrollment. Housing First (H1) is a method focusing on chronically homeless persons. Housing First places a client in housing and provides services after stabilization.
This article assessed differences between chronically homeless persons in a H1 program and chronically homeless persons who are not in H1. Provider communication may negatively impact an individual's ability to transition from homelessness. Furthermore, chronically homeless persons not in intensive case management are less likely to understand the eligibility requirements for housing and, therefore, self-disqualify because of this lack of knowledge. This article serves as evidence to our claim that housing first is more effective than treatment first in terms of treating chronic homelessness.

These findings suggest that community participation is not critical to improving quality of life, and that despite concerns that individuals may feel isolated and lonely when living independently, satisfaction with one's living situation and family relationships nevertheless improves with housing tenure. I chose to use this source because it provides context, housing first not only benefits the community’s health, but also the patients quality of life. Employing the HF program in any region would benefit all parties.


This article examined changes in service use in a Housing First (HF) pilot program for adults who were homeless with medical illnesses and high prior acute-care use relative to a similar comparison group. The study used a 1-year pre-post comparison group design. The 29 participants and 31 comparison group members were adults who were homeless with inpatient claims of at least $10,000 or at least 60 sobering "sleep off" center contacts in the prior year. Participants showed a significantly greater reduction in emergency department and sobering center use relative to the comparison group. At a trend level, participants had greater reductions in hospital admissions and 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. Housing First participants showed striking reductions in acute-care use relative to the comparison group, demonstrating that HF can be a successful model for people with complex medical conditions and high prior acute-care use. Despite notable methodological limitations, these findings could be used to inform a larger multisite study that would establish greater generalizability. This source is proof that the HF program reduces community cost and stress.
Dr. Sam Tsemberis is a clinical-community psychologist and serves on the faculty of the Department of Psychiatry at Columbia University Medical Center. He has also serves as principal investigator for several federally funded multi-site studies of homelessness, mental illness, and addiction, and has published numerous articles and book chapters on these topics. In this video he provides context for the housing first program from the community perspective as well as the homeless perspective. I think this is an important source because he has an urgency to his delivery, concluding that political will and advocacy are needed in curing chronic homelessness.


This study is designed to measure the use and cost of services (arrests, jail bookings, days in jail, emergency shelter use, hospital based emergency room and inpatient medical services, publicly funded alcohol and drug detoxification and treatment services, case management services, ambulance services, etc.) for a one year period before admission and after admission into the Housing First program. This source serves as a support to the claim that the housing first program will reduce community costs, rather than increase them. This source is credible, as it is published by the University of New Mexico.

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