What's New in Homeless Health Care?
An Annotated Bibliography of Selected Research Studies, 1/1/15 – 3/31/16

I. Health Status

Travis P. Baggett

Geriatric Conditions in a Population-Based Sample of Older Homeless Adults

Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB
Gerontologist. 2016 Feb 26. pii: gnw011 [Epub ahead of print]

Summary: The authors assessed geriatric conditions in a sample of 350 currently and recently homeless adults ≥50 years old residing in unsheltered and sheltered locations throughout Oakland, CA. Overall, 39% reported difficulty performing activities of daily living, 34% reported a fall in the past 6 months, 26% had cognitive impairment, 45% had visual impairment, 36% had hearing impairment, and 48% reported urinary incontinence. In general, the prevalence of these impairments did not vary significantly across differing living environments.

Why we chose this paper: The population of older homeless adults is growing and their functional deficits are immense. HCH programs should consider screening for these common geriatric conditions to identify functional needs.

Substance Use Among Persons with Homeless Experience in Primary Care

Stringfellow EJ, Kim TW, Gordon AJ, Pollio DE, Grucza RA, Austin EL, Johnson NK, Kertesz SG
Subst Abus. 2016 Feb 25:0. [Epub ahead of print]

Summary: The authors assessed illicit drug and alcohol use in a sample of 601 currently and formerly homeless adults at 4 VA-based clinics and 1 HCH program. Overall, 49% of respondents had moderate risk substance use and 10% had high risk substance use. About one-third of those identified as at moderate risk had no recent substance use but did report past problematic use. High-risk substance use was more common in the HCH setting than in the VA clinics.

Why we chose this paper: This study highlights the broad spectrum of substance use disorders seen in homeless health care settings. The high prevalence of early remitted substance use suggests a need for relapse prevention interventions alongside other substance use treatments.

Disparities in Cancer Incidence, Stage, and Mortality at Boston Health Care for the Homeless Program

Baggett TP, Chang Y, Porneala BC, Bharel M, Singer DE, Rigotti NA
Am J Prev Med. 2015 Nov;49(5):694-702. doi: 10.1016/j.amepre.2015.03.038

Summary: The authors examined cancer diagnoses and deaths in a sample of 28,033 adults seen at Boston Health Care for the Homeless Program in 2003-2008. Lung cancer was the leading type of incident cancer and cancer death, occurring at rates >2 times higher than in the Massachusetts general population. One-third of incident cancers were smoking-attributable. Colorectal and female breast cancers were diagnosed at more-advanced stages than in Massachusetts adults.

Why we chose this paper: Cancer is the second-leading cause of death among homeless people, and much of this is preventable. Interventions to reduce tobacco use and improve cancer screening could have a substantial impact on cancer-related mortality in this population.

Borderline personality disorder and Axis I psychiatric and substance use disorders among women experiencing homelessness in three US cities

Whitbeck LB, Armenta BE, Welch-Lazoritz ML
Soc Psychiatry Psychiatr Epidemiol. 2015 Aug;50(8):1285-91. doi:10.1007/s00127-015-1026-1

Summary: The authors assessed the prevalence of psychiatric and substance use disorders in a sample of 156 homeless women in Omaha, NE, Pittsburgh, PA, and Portland, OR. Lifetime histories of PTSD (42%),

major depression (31%), bipolar disorder (23%), alcohol use disorder (53%), and drug use disorder (58%) were substantially higher than in the US general population. Nearly three-quarters had a lifetime history of 2 or more disorders. Over one-third of respondents met criteria for borderline personality disorder.

Why we chose this paper: Psychiatric complexity is the rule, not the exception, among homeless women. The high prevalence of PTSD underscores the importance of trauma screening and trauma-informed care for this population.

All-cause, drug-related, and HIV-related mortality risk by trajectories of jail incarceration and homelessness among adults in New York City
Lim S, Harris TG, Nash D, Lennon MC, Thorpe LE
Am J Epidemiol. 2015 Feb 15;181(4):261-70. doi: 10.1093/aje/kwu313

Summary: The authors examined mortality patterns in 15,620 adults who had experienced at least one jail incarceration episode and one homeless shelter stay in 2001-2003 in New York City. Individuals with sporadic experiences of brief incarceration and homelessness had the highest rates of all-cause mortality, drug-related mortality, and HIV-related mortality, significantly exceeding the rates seen both in continuously homeless people and in the NYC general population.

Why we chose this paper: This study reinforces the notion that the “revolving door” of cyclic homelessness and incarceration is bad for health. Policy interventions to end these cycles are warranted.

Visual impairment and unmet eye care needs among homeless adults in a Canadian city
Noel CW, Fung H, Srivastava R, Lebovic G, Hwang SW, Berger A, Lichter M
JAMA Ophthalmol. 2015 Apr;133(4):455-60. doi: 10.1001/jamaophthalmol.2014.6113

Summary: The authors performed eye exams on 100 randomly-selected homeless adults at 10 shelters in Toronto, Canada. One-quarter had low visual acuity, and about half of these cases were due to a problem that could be fixed with eyeglasses. One-third had abnormal findings on exam, including 8% who required urgent referral to an ophthalmologist.

Why we chose this paper: Intact vision is essential to daily functioning and survival on the streets. This study demonstrates the high burden of ophthalmologic problems among homeless people, much of which could be remedied with better access to eyeglasses and routine eye care.

The prevalence of mental illness in homeless children: a systematic review and meta-analysis
Bassuk EL, Richard MK, Tsertsvadze A
J Am Acad Child Adolesc Psychiatry. 2015 Feb;54(2):86-96.e2. doi:10.1016/j.jaac.2014.11.008

Summary: The authors systematically reviewed the scientific literature and identified 12 studies describing the prevalence of mental illness among homeless children in the United States in 1990-2014. Across all studies, 10-26% of homeless preschoolers and 24-40% of homeless school-age children had mental health problems according to the Child Behavior Checklist. In comparison to housed school-age children, homeless school-age children were significantly more likely to have mental health problems.

Why we chose this paper: Homeless families are a growing segment of the US homeless population. The high burden of mental health problems among homeless children suggests a pressing need for mental health screening and treatment services targeting this vulnerable demographic.

A quantitative review of cognitive functioning in homeless adults
Depp CA, Vella L, Orff HJ, Twamley EW
J Nerv Ment Dis. 2015 Feb;203(2):126-31. doi: 10.1097/NMD.0000000000000248.

Summary: The authors reviewed and pooled the results from 24 studies published between 1980 and 2013 describing cognitive functioning in homeless adults. Across 16 studies that reported results of global

cognitive testing, an average of one-quarter of participants had scores that indicated cognitive impairment. Across 8 studies that reported IQ testing, the average IQ score was 85, or one standard deviation below population averages. Across 6 studies that reported neuropsychological testing, average scores were generally below normal and often in the impaired range.

Why we chose this paper: Cognitive impairment, often closely associated with traumatic brain injury or mental illness, is common among homeless people and can present a barrier to community reintegration. Routine screening might help to identify individuals in need of additional rehabilitative and support services.

Healthcare Utilization, Legal Incidents, and Victimization Following Traumatic Brain Injury in Homeless and Vulnerably Housed Individuals: A Prospective Cohort Study
To MJ, O'Brien K, Palepu A, Hubley AM, Farrell S, Aubry T, Gogosis E, Muckle W, Hwang SW
J Head Trauma Rehabil. 2015 Jul-Aug;30(4):270-6. doi: 10.1097/HTR.0000000000000044.

Summary: The authors followed 1,181 homeless and vulnerably housed adults in 3 Canadian cities for 12 months. At baseline, 61% self-reported a history of traumatic brain injury (TBI). During 1-year follow-up, adults with a history of TBI were significantly more likely to use the emergency department, be arrested or incarcerated, and be a victim of physical assault.

Why we chose this paper: TBI is common among homeless people, and this study suggests that it may have a considerable impact on medical, legal, and social outcomes. Screening, treatment, and rehabilitation services for TBI among homeless people are needed.

Problem gambling and homelessness: results from an epidemiologic study
Nower L, Eyrich-Garg KM, Pollio DE, North CS
J Gambl Stud. 2015 Jun;31(2):533-45. doi: 10.1007/s10899-013-9435-0.

Summary: The authors examined gambling problems in a sample of 275 homeless individuals in St. Louis, MO. Forty-six percent of participants had at least one symptom of problem gambling, including 12% who met criteria for gambling disorder. Problem gamblers were more likely than non-gamblers to be nicotine-dependent and alcohol-dependent, and were more likely to use any illicit drug. Compared with recreational gamblers, problem gamblers were more likely to have antisocial personality disorder, bipolar disorder, and PTSD.

Why we chose this paper: Problem gambling may be a common but under-recognized issue among homeless people that is correlated with other high-risk features. Given the financial and social complications associated with problem gambling, screening for gambling use disorder should be considered in homeless people with other addictive behaviors.

II. Health Care / Interventions

Margot B. Kushel

Tailoring Care to Vulnerable Populations by Incorporating Social Determinants of Health: the Veterans Health Administration's "Homeless Patient Aligned Care Team" Program
O'Toole TP, Johnson EE, Aiello R, Kane V, Pape L
Prev Chronic Dis 2016;13:150567. DOI: http://dx.doi.org/10.5888/pcd13.150567.

Summary: The authors studied 33 Veterans Health Care Administration facilities that had implemented homeless patient-aligned care teams (H-PACTs), also referred to as "homeless medical homes." They characterized the 33 H-PACT sites as high-performing (N=17), mid-performing (N=9), or low-performing (N=7) based on before-and-after reductions in acute care use and increases in ambulatory care use among the 3,543 veterans served by those sites between October 2013 and March 2014. Four features were associated with being a high-performing site: 1) tracking housing status in the notes; 2) having more than

50% FTE of a clinic nurse and PCP in the clinic; 3) embedding social services and supports in the clinic; and 4) participating in community outreach.

Why we chose this study: Although subject to the limitations of a before-and-after design, this study provides insight into which characteristics of "homeless medical homes" are most likely to lead to success in reducing acute care use and enhancing ambulatory care use.

Implementing Tobacco Control Programs in Homeless Shelters: A Mixed-Methods Study
Vijayaraghavan M, Hurst S, Pierce JP
Health Promot Pract. 2015 Dec 17. pii: 1524839915618364. [Epub ahead of print]

Summary: The authors surveyed directors and staff of transitional and emergency shelters in San Diego County to determine the prevalence of no-smoking policies and smoking cessation services in these facilities. In-depth interviews with respondents probed the barriers and facilitators to these services. Overall, 62% of shelters reported having an outdoor smoking ban and 25% had a campus-wide ban on smoking. One-third offered on-site cessation services. Respondents supported smoke-free policies but were concerned about the need to "police" these policies. Although respondents reported interest in providing on-site smoking cessation services, they noted that lack of expertise among staff was a barrier.

Why we chose this study: The prevalence of smoking among homeless populations is 3 to 4 times higher than in the general population and is a major contributor to morbidity and mortality among people experiencing homelessness. Environmental bans and shelter-based cessation efforts could play a role in promoting successful quit attempts. This study makes clear that shelter operators are interested in bans and providing cessation services but need additional resources to do so.

Frequent Emergency Department Visits and Hospitalizations Among Homeless People With Medicaid: Implications for Medicaid Expansion
Lin WC, Bharel M, Zhang J, O'Connell E, Clark RE
Am J Public Health. 2015 Nov;105 Suppl5:S716-22. doi: 10.2105/AJPH.2015.302693. Epub 2015 Oct 8.

Summary: The authors assessed the factors associated with frequent ED visits and hospitalizations among 6,494 Medicaid-insured adults (average age 46 years) who received services at Boston Health Care for the Homeless Program. One-third of patients had 1 or more hospitalizations and two-thirds had an ED visit during 2010. Frequent users had a higher rate of ambulatory care visits than non-frequent users. The 12% of patients who had 3 or more hospitalizations accounted for 71% of hospitalizations. Individuals with co-occurring mental illness and substance use disorders had the highest risk of frequent hospitalization and ED visits, followed by those with schizophrenia or substance use disorder alone. Other factors associated with frequent visits included certain physical health conditions (i.e. ischemic heart disease, cirrhosis, hypertension) and being unhoused.

Why we chose this study: While people experiencing homelessness have a higher-than-expected use of acute care, a small group propels the majority of this use. This study stood out from other studies of health care utilization because it included a large population of patients and had access to complete payer data. Mental illness, substance use disorders, and being unsheltered were the major risk factors for frequent use. Frequent users had higher-than-average use of primary care, suggesting that interventions to address frequent utilization must go beyond providing primary care.

Perceptions, Attitudes, and Experience Regarding mHealth Among Homeless Persons in New York City Shelters
Asgary R, Sckell B, Alcabes A, Naderi R, Adongo P, Ogedegbe G
J Health Commun. 2015;20(12):1473-80. doi:10.1080/10810730.2015.1033117. Epub 2015 Aug 27

Summary: Investigators conducted semi-structured interviews with 50 homeless people recruited from NYC shelters to evaluate their perceptions, attitudes and experiences regarding mobile health ("mHealth"). Participants' average age was 52 years and their average duration of homelessness was 2 years. The

majority had a mobile phone with the ability to send and receive text messages. Participants expressed support for receiving text messages regarding health care issues, but preferred that these be short, positively framed, and directive in nature. Approximately one-third had phones paid for by their health insurance, or co-called “Obama phones.”

Why we chose this study: Cell phones have the potential to improve communication between health care providers and homeless individuals. This study provides some insights into ways to optimize messaging.

Barriers to Homeless Persons Acquiring Health Insurance Through the Affordable Care Act
Fryling LR, Mazanec P, Rodriguez RM.
J Emerg Med. 2015 Nov;49(5):755-62.e2. doi: 10.1016/j.jemermed.2015.06.005. Epub 2015 Aug 15

Summary: The authors interviewed 650 non-critically ill persons who presented to a level 1 Trauma Center about their knowledge of the ACA. Twenty percent of participants were homeless. The authors asked about insurance status, knowledge of the ACA, and, among those without insurance, the barriers to enrollment. About 80% of respondents had some form of insurance. Homeless individuals (with or without insurance) were more likely than housed individuals to have never heard of the ACA (26% vs 10%). Among homeless people who lacked insurance, being unsure whether they qualified for it was the most commonly reported barrier, followed by not knowing what steps to take to sign up. Almost all homeless participants who did not know if they qualified for Medicaid appeared to be qualified.

Why we chose this study: For homeless individuals to be able to take advantage of Medicaid expansion, they need to be aware of it and empowered to sign up.

Chronically homeless persons' participation in an advance directive intervention: A cohort study
Leung AK, Nayyar D, Sachdeva M, Song J, Hwang SW
Palliat Med. 2015 Sep;29(8):746-55. doi: 10.1177/0269216315575679. Epub 2015 Mar 11

Summary: The authors examined advance directive completion and end-of-life care preferences in a cohort of chronically-homeless adults who were offered assistance with completing an advance directive by a trained counselor. Half of participants completed an advance directive. Individuals who reported that they think about death on a daily basis, believe that thinking about their friends and family is important, and know their wishes for end-of-life care but haven’t told anyone, were more likely to complete an advance directive. Of those who completed an advance directive, nearly two-thirds named a substitute decision-maker and 94% wanted CPR if there were a chance of returning to their previous state of health. In hypothetical scenarios in which the participant had mild, moderate, or severe dementia, their wishes for CPR decreased (83%, 65%, and 36%).

Why we chose this study: With the high rate of morbidity and mortality in the homeless population, the need for advance care planning has always been important. This need becomes more important as the population ages. This study shows that making a counselor available for a one-on-one session can increase the prevalence of advance directive completion. The majority of chronically homeless individuals were able to identify and name a substitute decision-maker.

Multicomponent smoking cessation treatment including mobile contingency management in homeless veterans
Carpenter VL, Hertzberg JS, Kirby AC, Calhoun PS, Moore SD, Dennis MF, Dennis PA, Dedert EA, Hair LP, Beckham JC
J Clin Psychiatry. 2015 Jul;76(7):959-64. doi: 10.4088/JCP.14m09053.

Summary: In this pilot study of 20 homeless veterans who were current smokers, the investigators assessed the feasibility of using a smartphone-based program to promote smoking cessation. Participants were asked to provide a video-recorded exhaled carbon monoxide measurement on their study-supplied mobile device twice a day, and they received payments for readings that showed smoking abstinence. Compliance with mobile monitoring was high. Participants were also offered bupropion, nicotine

replacement therapy, and 4 sessions of counseling. Smoking abstinence rates were 50% at 4 weeks, 55% at 3 months, and 45% at 6 months (after the study ended).

Why we chose this study: Smoking is a major source of morbidity and mortality in the homeless population. Contingency management is an innovative and effective way to increase quit rates but usually depends on either clinic-based or computer-based monitoring, which may be difficult for individuals experiencing homelessness. This novel study offers a promising approach to engaging homeless smokers in quitting through contingency management, although this intervention strategy will require further testing to assess its efficacy in a larger and more diverse population of homeless smokers.

Tailoring Outreach Efforts to Increase Primary Care Use Among Homeless Veterans: Results of a Randomized Controlled Trial
O'Toole TP, Johnson EE, Borgia ML, Rose J
J Gen Intern Med. 2015 Jul;30(7):886-98. doi:10.1007/s11606-015-3193-x

Summary: The investigators conducted a study to compare different combinations of 2 interventions for getting homeless out-of-care veterans into primary care. First, half of participants were randomly assigned to receive either usual care or a personal health assessment by a nurse followed by brief motivational interviewing encouraging them to seek care for untreated or undertreated problems discovered on exam. Next, participants were randomized again to receive either usual care or a clinic orientation when they showed up to the clinic, consisting of transportation to/from the clinic, introduction to clinic staff, and assistance with setting an appointment. Thus, there were 4 possible treatment combinations: usual care/usual care, usual care/clinic orientation, brief assessment/usual care, or brief assessment/clinic orientation. The percent who made a primary care visit at 4 weeks and 6 months was significantly different across groups, as shown in the table below, with the results favoring the intervention strategies.

Group	4 weeks	6 months
Usual care / usual care	31%	37%
Usual care / clinic orientation	50%	80%
Brief assessment / usual care	41%	56%
Brief assessment / clinic orientation	77%	89%

Why we chose this study: In a health system with near universal access, a sizable group of people are still not engaged in care. This study showed that relatively modest interventions could increase the proportion of out-of-care veterans who seek primary care. Further research will need to examine whether these interventions led to lasting changes in engagement with primary care.

Experience of primary care among homeless individuals with mental health conditions
Chrystal JG, Glover DL, Young AS, Whelan F, Austin EL, Johnson NK, Pollio DE, Holt CL, Stringfellow E, Gordon AJ, Kim TA, Daigle SG, Steward JL, Kertesz SG
PLoS One. 2015 Feb 6;10(2):e0117395. doi:10.1371/journal.pone.0117395

Summary: The authors examined what factors were associated with a more favorable primary care experience among homeless-experienced individuals with mental health problems who received care at 1 of 5 sites: 3 mainstream VA primary care clinics, 1 homeless-tailored VA clinic, and 1 non-VA homeless tailored clinic. Patients who attended a homeless-tailored clinic, who reported having a perceived choice among providers, and who reported being currently domiciled, rated their primary care experience more favorably than others. Tailored services were particularly important for those with severe mental health problems but less important among those without severe mental health problems.

Why we chose this study: This study points to some clinic characteristics that may facilitate a better primary care experience for homeless individuals with mental health problems, which will be important in guiding service delivery for subpopulations of homeless-experienced people. Offering homeless-tailored services appears to be associated with improved experience for those with severe mental health problems.

Implementing an HIV Rapid Testing-Linkage-to-Care Project Among Homeless Individuals in Los Angeles County: A Collaborative Effort Between Federal, County, and City Government
Anaya HD, Butler JN, Knapp H, Chan K, Conners EE, Rumanes SF
Am J Public Health. 2015 Jan;105(1):85-90

Summary: At 3 homeless shelters in Los Angeles, the investigators offered free rapid HIV testing to a self-selected group of individuals who were not known to be HIV-infected and had not been tested in the past 6 months. Participants who tested positive were scheduled for a follow-up confirmatory test, linked to care at a county-funded clinic, and given a taxi voucher to facilitate transportation. Of 817 tests, 7 individuals had positive preliminary results, 5 of whom were linked to care. Qualitative analysis showed that the project was viewed favorably. The cost per HIV positive result was $5,714, which is considered reasonably cost-effective as a screening strategy.

Why we chose this study: HIV prevalence is higher in homeless than in non-homeless populations. Homeless individuals' lack of access to health care may negatively impact their knowledge of, and therefore treatment of, HIV infection. This intervention showed the feasibility and cost-effectiveness of creating a testing and linkage-to-care intervention in homeless shelters.

III. Housing

Stefan G. Kertesz

Effect of scattered-site housing using rent supplements and intensive case management on housing stability among homeless adults with mental illness: a randomized trial
Stergiopoulos V, Hwang SW, Gozdzik A, Nisenbaum R, Latimer E, Rabouin D, Latimer E et al.
JAMA. 2015 Mar 3;313(9):905-15. doi: 10.1001/jama.2015.1163.

Summary: This 2-year trial randomly assigned participants with mental illness and moderate support needs to a Housing First scattered-site program with Intensive Case Management (HF/ICM, n=689) or usual care (n=509), in 4 Canadian cities, representing one part of the Chez Soi/At Home study. The percentage of days housed for the HF/ICM group (63%-77%) was higher than for usual care (24%-39%) across the 4 cities. There were no significant differences in physical or mental health or hospital utilization. The HF/ICM participants did show superior ratings for quality of life in domains of leisure, living situation, and safety.

Why we chose this paper: This well-funded and carefully executed large randomized controlled trial shows the effect of Housing First for a less severely impaired population than is seen in trials using Assertive Community Treatment. It shows that housing results are superior, but that many commonly-claimed benefits of Housing First interventions were not attained.

A Multiple-City RCT of Housing First With Assertive Community Treatment for Homeless Canadians With Serious Mental Illness
Aubry T, Goering P, Veldhuizen S, Adair CE, Bourque J, Distasio J, Latimer E, Stergiopoulos V, Somers J, Streiner DL, Tsemberis S
Psychiatr Serv. 2016 Mar 1;67(3):275-81. doi: 10.1176/appi.ps.201400587.

Summary: This 2-year trial randomly assigned participants with serious mental illness and high support needs to Housing First with Assertive Community Treatment (HF/ACT, n=469) or usual care (n=481). At 2 years' follow-up, time in stable housing was superior for the HF/ACT group than for usual care (71% vs 29%). The Housing First group had earlier improvements in quality of life and community functioning than the usual care group, but this difference went away by the end of the study. Housing First clients did not demonstrate any advantage over usual care clients in substance use, mental health status, physical health, days hospitalized, emergency department visits, or arrests.

Why we chose this paper: This is a large-scale, multisite trial for Housing First with Assertive Community Treatment that likely will be among the most generously-resourced Housing First studies ever to be

conducted. It underscores the superiority of Housing First for ending homelessness while showing that many other expected benefits of Housing First were not attained, possibly due to stronger social and health service supports available to usual care clients in Canada.

Housing First Impact on Costs and Associated Cost Offsets: A Review of the Literature
Ly A, Latimer E
Can J Psychiatry. 2015 Nov 1;60(11):475-87

Summary: This systematic review examined data on cost and cost offsets in 34 published and unpublished studies of Housing First interventions. Twenty-one of the studies used a before-and-after design without a comparison group; such a design is considered a much weaker form of evidence. Shelter and emergency department costs typically fall with Housing First, while changes for hospitalizations and jailings are less consistent. However, in 3 of the 4 studies with a stronger randomized controlled design, overall costs were higher with Housing First. The 4th study, based in Chicago, involved some debatable cost assumptions.

Why we chose this paper: This review suggests there is inaccuracy in popular claims made on behalf of Housing First, namely that offering Housing First is less expensive than leaving people homeless. My view (Kertesz): honest argument requires us to focus on ethical obligation.

A prospective study of the associations among housing status and costs of services in a homeless population
Fuehrlein BS, Cowell AJ, Pollio D, Cupps L, Balfour ME, North CS
Psychiatr Serv. 2015 Jan 1;66(1):27-32. doi: 10.1176/appi.ps.201400010

Summary: The authors observed 255 persons who were homeless in St. Louis for 2 years. It is unique in the intensive methods used to capture both services and costs. Persons who were consistently housed (n=26) and housed in the 2nd year (n=50) had higher overall costs, compared to persons who lost housing over time or remained homeless. These differences mostly reflected differences in medical expenditure. Psychiatric and behavioral health costs were lower among housed persons.

Why we chose this paper: This study shows patterns that may be common in a Midwestern US city where social expenditures for homeless persons are less generous, and housing is obtained by some but not others. The persons gaining housing are likely to accrue higher medical costs, possibly because severe medical needs allow them to gain access to housing (e.g. through US disability or Medicare) or because housing permits those individuals to address delayed medical needs.

The Dilemmas of Frontline Staff Working with the Homeless: Housing First, Discretion, and the Task Environment
van den Berk-Clark C
Hous Policy Debate. 2016;26(1):105-122

Summary: This study used ethnographic observation methods and 134 interviews to examine a public housing corporation in a major city that has 14 housing facilities (40-150 units apiece, each with a live-in property manager) with units financed by the Shelter Plus Care program of the US Department of Housing and Urban Development. The agency designates itself a Housing First provider. It did not require clients to demonstrate sobriety to gain housing. Survival of this mission requires pleasing HUD, local inspectors, neighborhoods, and local governments, despite limited resources for security, social services, or building maintenance. Frontline workers include 24-hour live-in property managers who protected the property and revenue streams, in part through client selection, rule enforcement, sanctions, and evictions. This worked strongly against key priorities of Housing First.

Why we chose this paper: This study highlights real-world pressures that emerge when Housing First is advanced as preferred policy with high levels of regulation, institutional and financial risk incurred by building managers, and relatively low levels of financial subsidy for clinical support, building security, or maintenance.

The Hidden Work of Exiting Homelessness: Challenges of Housing Service Use and Strategies of Service Recipients
Mayberry LS
J Community Psychol. 2016 Apr 1;44(3):293-310

Summary: This study explored the housing service system for 80 parents of families exiting homeless shelters in 4 states as part of a randomized controlled trial funded by HUD. Common service use challenges included Catch-22s (43%), uncertainty/confusion (39%), and waiting lists (26%). A Catch-22 occurs when a requirement cannot be met until a prerequisite is met; however, meeting the prerequisite depends on meeting the original requirement. For example, one must have a job in order to obtain a childcare subsidy, and one cannot get a job without childcare in place. Uncertainties occurred with regard to what services were available, which programs provided them, when subsidies were paid, and how clients could lose support. Finally, programs often failed to disclose all applicable eligibility criteria. Participants (60%) detailed strategies of persistence/determination, networking, and activating other resources in response.

Why we chose this paper: This study highlights the "hidden work" of homeless families attempting to utilize publicly-funded service programs, which includes Catch-22s, previously undisclosed or changing eligibility requirements, delays, and inconsistent communication by professional providers, even in the context of a major federally-funded trial. This study highlights the need for publicly-funded service initiatives to enhance the clarity and regularity of how they communicate requirements to each other and to their clients, with focus on anticipating Catch-22's and the challenge for people under stress to absorb new information.

Here for Now: A mixed-methods evaluation of a short-term housing support program for homeless families
Meschede T, Chaganti T
Eval Program Plann. 2015 Oct;52:85-95. doi: 10.1016/j.evalprogplan.2015.03.009

Summary: This study assessed Massachusetts' Family Home, a time-limited rapid rehousing program that included rental vouchers and limited case management for homeless families. Clients and staff saw great benefit for privacy, security, and stability as a result of being in an apartment as opposed to a shelter or hotel. They described 1-2 years of support as inadequate time to return to self-sufficiency. Lack of steady employment, few/unpredictable work hours, and low wages were common, as was inability to arrange childcare, which hindered work and education. Case management was limited to monthly interactions focused on tenancy, rather than advancing clients' financial or educational goals. For 55 families that exited the program, almost half moved to more stable arrangements (market-rate apartments or a housing voucher), and almost half moved to less stable arrangements (family and friends, back to shelters, or could not be found). Average annual costs for Family Home were about $29-$31/day compared to $121/day for family shelters.

Why we chose this paper: This study highlights the security, stability, and normalcy offered by rental support for homeless families, and how market factors and personal capacities make restoration of long-term economic self-sufficiency a serious challenge.

Housing Programs for Homeless Individuals With Mental Illness: Effects on Housing and Mental Health Outcomes
Benston EA
Psychiatr Serv. 2015 Aug 1;66(8):806-16. doi: 10.1176/appi.ps.201400294

Summary: This systematic review assessed 14 randomized controlled trials and quasi-experimental studies (1980-2013) of permanent supportive housing (PSH) for persons with mental illness, including Housing First approaches. Among these, 11 reported statistically superior housing results with the PSH intervention. Studies defined housing differently from each other. Seven studies reported some substance use or clinical outcomes; benefits for these outcomes were uncommon. Each study used different criteria

for homelessness and mental illness, and most used screening to exclude participants but did not report details on that screening. Sampling and referral biases were likely to be present but rarely analyzed. Attrition, a threat to study validity, was reported in inconsistent ways and none of the studies offered explanation as to why participants dropped out of the study. Only 3 of 14 studies used a housing fidelity tool to test whether the housing intervention was faithful to theoretical standards. Only 3 of the 12 primary data studies provided information on case management staffing ratios. Most provided no information on how they responded to tenants' use of alcohol or drugs.

Why we chose this paper: This study shows that prior to the Canadian At Home/Chez Soi project, most research on Housing First could not easily demonstrate which factors produced positive outcomes. This research was often subject to challenges such as attrition, lack of detail, selection bias, and lack of standardized program descriptions. In particular, the research was unclear on what services were actually offered or how many staff provided them. The research was less clear on what was offered as the "usual care" comparison. While these studies showed a significant benefit for housing outcomes, the evidence for any other clinical benefit was rare.

Health Outcomes of Obtaining Housing Among Older Homeless Adults
Brown RT, Miao Y, Mitchell SL, Bharel M, Patel M, Ard KL, Grande LJ, Blazey-Martin D, Floru D, Steinman MA
Am J Public Health. 2015 Jul;105(7):1482-8. doi: 10.2105/AJPH.2014.302539

Summary: In this study, 204 homeless adults ≥50 years old were selected from shelters and meal lines in Boston in 2010 and observed for 12 months. The mean age was 57 years, 18% were women, and over half were homeless for >1 year. At 1 year, 41% had obtained housing, with a mean duration of 5 months in housing. Obtaining housing was associated with a small reduction in depressive symptoms but not with improvement in other health status difficulties, including activities of daily living (ADLs) or instrumental activities of daily living (IADLs). The rate of acute care use (hospital visits or ED visits) was reduced by half among persons obtaining housing (2.5 visits per year vs 5.1 visits per year), and these results were consistent after adjusting for differences between the 2 groups. The authors suggest that lack of improvement in ADLs or IADLs may reflect their recruitment of adults from shelters that offered some accommodation and assistance, such that housing may not have represented a large improvement.

Why we chose this paper: This observational study underscores achievable improvements in acute service use that might be delivered by housing (consistent with trials). It shows that changes in clinical status are modest or nonexistent, on average. How to promote better aging in place for the older formerly homeless population remains one of the crucial challenges for systems of care in the era of Housing First.

Life changes among homeless persons with mental illness: a longitudinal study of housing first and usual treatment
Nelson G, Patterson M, Kirst M, Macnaughton E, Isaak CA, Nolin D, McAll C, Stergiopoulos V, Townley G, MacLeod T, Piat M, Goering PN
Psychiatr Serv. 2015 Jun;66(6):592-7. doi: 10.1176/appi.ps.201400201

Summary: The authors conducted baseline and 18-month follow-up interviews for 119 persons who had received a Housing First intervention and 78 who had received usual care as part of the large Canadian randomized controlled trial known as Chez Soi. They assessed 13 life domains where people might experience changes (e.g. family, relationships, money, etc) and coded the changes as positive, neutral-mixed, or negative. Positive changes were predominant in the Housing First group. Negative changes were 4 times more likely in the usual care group. Factors associated with positive changes (regardless of study group) included supportive social contacts and the hope that often emerged when a person found housing. Housing and supportive services offered through Housing First were often part of positive change.

Why we chose this paper: Some aspects of life that accompany transitions in housing are not easily captured by standardized surveys or clinical measures. This study suggests that the tendency toward positive life change in multiple areas of life is vastly more common with a Housing First approach.