



## **CSH Literature Review of Supportive Housing: Mental Health and Substance Use**

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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 [pfs@csh.org](mailto:pfs@csh.org)

#	Study	N	Study design	Impact: Mental Health & Substance Use
1	<b>Culhane (2002)</b>	3,365	Matched control group	41% decline in OMH state hospital days used by intervention group (406 to 240) over two years. 17% decline experienced by control group.
2	<b>Trotz, Bamberger, and Antonetty (2004)</b>	483	Pre/post study	One sixth of residents had exacerbations of mental illness leading to psychiatric hospitalization both before and after placement
3	<b>Tsemberis (2004)</b>	225	RCT	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
4	<b>Greenwood et al (2005)</b>	197	RCT	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.
5	<b>Milby et al (2005)</b>	196	RCT	Non-abstinent contingent housed individuals had a smaller proportion of time spent abstinent than the abstinent-contingent housed group.
6	<b>Perlman and Parvensky (2006)</b>	19	Pre/post study	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
7	<b>Mondello et al (2007)</b>	99	Pre/post study	After being housed, the 99 formerly homeless people in this study received 35% more mental health services
8	<b>Pearson et al (2007)</b>	67	Pre/post study	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.

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#	Study	N	Study design	Impact: Mental Health & Substance Use
9	<b>Hall (2008)</b>	20	Pre/post study	88% decline in sobering center admissions after one year  13% increase in detox visits
10	<b>Mondello et al (2009)</b>	163	Pre/post study	57% decline in expenditure on mental health services over one year
11	<b>The Heartland Alliance and Mid-America Institute on Poverty (2009)</b>	177	Pre/post study	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.
12	<b>Flaming, Burns, Matsunaga (2009)</b>	279	Pre/post study	56% savings (\$81) estimated for Dept of Mental Health
13	<b>Larimer, Malone, Garner et al (2009)</b>	95	Wait-list control group	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
14	<b>MA Housing &amp; Shelter Alliance (2012)</b>	555	Pre/post study	Decline in detox days from 5.16 to 1.48 days per person in 12 months pre/post housing
15	<b>Knoxville Mayor's Office et al (2012)</b>	47	Pre/post study	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).

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#	Study	N	Study design	Impact: Mental Health & Substance Use
16	<b>Aidala et al (2013)</b>	72	Control group	<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 onethird less for FUSE II participants at follow-up than among comparison group members</p>
17	<b>NYC Dept of Health &amp; Mental Hygiene (2013)</b>	1,695	Control group	Saving of \$18,668 per person in state psychiatric center costs compared to control group
18	<b>CORE (2014)</b>	99	Pre/post study	Inpatient behavioral health: 0.2 pre move, 0.0 after one year, 0.1 after two years

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## Sources

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).

"CORE" The Center for Outcomes Research & Education. "Integrating Housing & Health: A Health-Focused Evaluation of the Apartments at Bud Clark" (2014).

Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." *Housing Policy Debate* 13.1 (2002): 107-63.

Flaming, Daniel, Patrick Burns and Michael Matsunaga. "Where We Sleep: Costs when Homeless and Housed in Los Angeles." *Economic Roundtable* (2009).

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." *American Journal of Community Psychology*, Vol 36, Nos 3/4. (December 2005).

Hall, Elinor. "Frequent Users of Health Services: A Priceless Opportunity for Change." *Health Policy and Management Consulting* (August 2008).

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).

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." *JAMA Network* (2009).

Massachusetts Housing and Shelter Alliance. "Home & Healthy for Good: March 2012 Progress Report." (2012).

Milby, Jesse B. et al. "To House or Not to House: The Effects of Providing Housing to Homeless Substance Abusers in Treatment." *American Journal of Public Health* 95.7 (2005): 1259–1265. PMC. Web. 21 Oct. 2016.

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).

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).

New York City Department of Health and Mental Hygiene. "New York/New York III Supportive Housing Evaluation: Interim Utilization and Cost Analysis" (2013).

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.

Pearson, Carol, Gretchen Locke, Ann Elizabeth Montgomery, Larry Buron. *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness*. Washington, D.C.: U.S. Department of Housing and Urban Development Office of Policy Development and Research (2007).

Perlman, Jennifer and John Parvensky. "Denver Housing First Collaborative Cost Benefit Analysis and Program Outcomes Report." Denver Housing First Collaborative (December 2006).

The Heartland Alliance and Mid-America Institute on Poverty. "Supportive Housing in Illinois: A Wise Investment" (April 2009).

Trotz, Marc, Josh Bamberger, and Margot Antonetty. "Direct Access to Housing." San Francisco Department of Public Health (April 2004).

Tsemberis, Sam, Leyla Gulcur, and Maria Nakae. "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis." *American Journal of Public Health* 94.4 (2004): 651–656.

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