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Homelessness in the United States: Factors, Trends, Forensic Considerations, and Housing First as a Response to Traditional Housing Interventions

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**Homelessness in the United States: Factors, Trends, Forensic Considerations, and Housing
First as a Response to Traditional Housing Interventions**

By

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Abstract

The topics of housing instability and homelessness are significant public health concerns within the United States. This review aimed to explore the problem of homelessness through the lens of forensic mental health, assessing current housing interventions and outcomes for affected populations. A literature review of over 45 journal articles was conducted; this review sought to identify relevant themes, affected populations, debates in research, and proposed interventions. Topics reviewed included the history and current state of housing interventions, contributing factors, individual and societal costs and consequences, relationships between homelessness, substance use, mental health, and incarceration, housing first initiatives, considerations for special populations, and future directions of housing interventions. This literature review found evidence-based housing interventions to be an important factor related to rates of substance abuse, mental disorders, and government spending on housing programming. It also identified critical points of debate surrounding implementation, costs, and impacts on offending populations. There is little research on the impact of supportive, permanent housing on offending risks. Overall, Housing First was found to be among the most promising interventions for lowering rates of homelessness, substance abuse rates and improving mental health outcomes for individuals experiencing homelessness. Additional research is required to better understand the relationship between offending, recidivism risk, homelessness, and housing interventions. Incorporating a forensic lens into current housing intervention approaches may allow these programs to be modified more effectively for use with offenders.

Keywords: *Homelessness, Housing Instability, Offending, Housing Intervention, Housing First*

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Chapter 1: Introduction

Inspiration for exploring Homelessness, Professional Importance

The inspiration for studying this topic has come from both personal and professional experience. As a child and adolescent, I witnessed several extended family members struggle with chronic homelessness and started to become aware of the relationship between mental health, substance use, incarceration, lack of housing options, and homelessness. As an adult completing an undergraduate degree in family science, I learned further about structural factors impacting rates of housing instability and read first-hand accounts of the domino-effect of events that often lead individuals and families into patterns of homelessness. Learning more about this issue led me to wonder what could be done about it. After graduating with an undergraduate degree, my work as a case manager within a group residential facility that followed a Housing First approach deepened my understanding of the issue, as well as the harsh realities faced by individuals impacted by homelessness. This experience led me to become greatly interested in effective solutions for this problem, as well as the real-world applications of these potential solutions.

This topic holds professional significance for several reasons. Homelessness is an issue that touches all facets of forensic mental health, whether directly or indirectly; intervention for this issue holds important implications for offending populations, as well as the professionals and agencies providing services for these populations. Experiencing homelessness increases an individual's risk of entering the criminal justice system, as they may be arrested for survival behaviors in public (such as sleeping or urinating) or for minor crimes such as loitering by staying too long in one public space (Augustine et al, 2022). At the other end of the criminal justice process, first housing placements after release from prison can have a significant impact

on an offender's risk of recidivism (Clark, 2016); released offenders are 10 times more likely to be homeless than the general population and have an increased risk of rearrest due to violation of parole terms or recidivism (Augustine et al, 2022). The topic of homelessness in the United States is deserving of continued research efforts and understanding, as professionals work to study, design, and implement relevant and effective housing interventions

Background – Defining Homelessness

As previously mentioned, housing instability is a significant public health concern within the United States, as well as an important topic of study within the field of forensic mental health. While there is no universally accepted definition for housing instability, this term is generally used to describe “the degree to which an individual lacks access to housing of reasonable security and quality” (Draper et al, 2024, p. 2). One severe form of housing instability is homelessness (Kang, 2021). The definition of what designates an individual homeless or at risk of homelessness varies by program (Perl, 2020). These parameters may include documented factors such as living on the street or in transient housing, situational factors such as imminent eviction or fleeing domestic violence, safety concerns for children living in precarious situations, and financial factors such as having income below 30% of the area median (Perl, 2020, p. 1-2).

Causes and Contributing Factors

Homelessness is a complex, multifaceted issue with numerous contributing factors. Individual, community, societal, and institutional level factors all contribute to the growing number of unhoused individuals within the United States. DeCandia et al (2014) explain that homelessness is primarily caused by “structural factors including poverty, the gap between median rents and income, the lack of affordable housing, and limited job opportunities” (p. 80). Groups with limited economic and social resources are most highly affected by these structural

forces (DeCandia et al, 2014). Augustine et al (2022) explain that “for every 100 extremely low-income households in the United States, there are only 37 units of rental housing affordable and accessible” (p. 152). According to the United States Interagency Council on Homelessness (USICH), institutional racism and oppression of minority groups has also greatly contributed to a lack of access to housing for individuals from disadvantaged groups and continues to contribute to the problem of homelessness today (2023).

In addition to established structural forces that contribute to housing instability and homelessness, there are numerous individual and situational risk factors that contribute to this issue, which are often linked together (Guarino, 2014). Substance abuse and mental illness are two factors affecting housing stability in adulthood, as these disorders can overwhelm an individual’s ability to afford and maintain stable housing (DeCandia et al, 2014). It is important to note that many individuals who experience homelessness do not have a mental disorder or substance use problem (USICH, 2023). However, individuals from a vast variety of affected subgroups are at an increased risk of experiencing homelessness; these individuals may have been exposed to adverse childhood conditions, intimate partner violence in adulthood, and other traumatic events (DeCandia et al, 2014). Trauma, substance abuse, and mental disorders are interconnected, contributing to impaired daily functioning and impacting one’s ability to maintain safe and stable housing (Guarino, 2014). These factors hold significant implications for forensic mental health.

Statement of the problem and Current Trends

Homelessness is an ongoing concern within the United States, holding implication for all involved agencies, stakeholders, and society. Rates of homelessness are linked with patterns of incarceration and negative mental and physical health outcomes for affected individuals, as well

as and increased costs for the United States; it has been estimated that the United States spends an annual sum of \$40,000 per unhoused individual (Giano et al, 2020). In the most recent years, the COVID-19 pandemic has resulted in an even greater increase in pressure to provide servicing for unstably housed and vulnerable populations; at the same time, the pandemic brought new concerns about a lack of services available for vulnerable populations (Orru et al, 2021). Stigmatization toward homeless individuals as “spreaders of disease” has further complicated efforts in keeping vulnerable populations healthy and brought structural inequalities to the forefront (Orru et al, 2021). Individuals experiencing housing instability and homelessness are often subject to a reduced quality of life, higher rates of mental illness, increased risk of physical harm, and higher rates of morbidity (Pixley et al, 2021, p. 1817).

The topics of housing instability and homelessness hold importance for forensic mental health researchers and providers. Research has established a bidirectional relationship between housing insecurity and incarceration, with homelessness being a primary concern for both vulnerable and offending populations (Cusack, Montgomery, 2017). Individuals who are chronically unhoused are more likely to experience law enforcement interactions, and those who have been incarcerated are at an increased risk of experiencing housing insecurity upon release (Cusack, Montgomery, 2017).

Statistical Trends in Individuals Experiencing Homelessness

Willison et al (2024) state that rates of homelessness have been slightly but steadily increasing over the past several years. According to USICH (2023), nearly 600,000 individuals experienced homelessness for at least one night in 2022. Policies enacted during COVID-19 prevented millions of evictions, provided cash assistance to many Americans, and kept homelessness rates from sharply rising (USICH, 2023) but the issue remains urgent. Although

homelessness affects individuals of all ages, races, and genders, individuals from minority groups are disproportionately affected (USICH, 2023). Americans from minority groups may be anywhere from 2-4 times more likely to be unhoused than Americans who are white (Willison et al, 2024).

Overview and Debate of Historic Housing Intervention Trends

In the past half-century, there has been great debate over the best way to solve the ever-changing housing instability crisis. The issue of housing instability is one that has challenged researchers for decades; in the 1950's, predictions were made that homelessness may be completely solved by the 1970's (Giano et al, 2020). Common perceptions of why individuals become unhoused and who deserves housing have undergone transformations since then, with a move away from viewing homelessness as a choice or a moral failing (Greenwood et al, 2020). As researchers and policy makers move toward the development and implementation of more humane and effective interventions, they must consider the numerous factors that lead to high rates of homelessness as well as consider the impact of a lack of affordable housing and plan for best practices in programming (Eide, 2020).

Traditional housing services have historically emphasized an individual's treatment adherence and ability to prove housing readiness before stable housing is supplied; in recent decades, several alternatives have been proposed and implemented (Guarino, 2014). Recently, research has identified specific approaches that may be effective in reducing rates of homelessness and provide the most promising chance for reducing homelessness and improving outcomes. One example of a promising approach for effective housing intervention is the Housing First (HF) model of programming. The HF model prioritizes immediate housing placement and addressing the basic needs of unhoused participants, with the view that being

stably housed can allow individuals to work on other areas of need and recovery (Pleace, 2018). Trends in the type of housing facilities available changed between the years 2007-2022, with an increase in permanent supportive housing and emergency shelters, and rapid rehousing, and a decrease in transitional housing (National Alliance to End Homelessness, 2023).

Strengths and Weaknesses, Controversies

There are certain strengths and weaknesses related to the research and program development intended to address the problem of homelessness in the United States. Homelessness is a topic that has received much attention, with numerous programs being implemented as research has continued to understand this problem. However, weaknesses that have been identified by researchers include a lack of comprehensive statistics on the state of homelessness, as well as trends pertaining to specific groups over time (Willison et al, 2024). Rates of homelessness vary significantly, and the dynamic, ever-changing nature of this issue requires a greater effort for “careful annual tracking and evaluation by public health stakeholders as other areas of health and health care” (Willison et al, 2024, p. 326). Researchers and stakeholders have also called for a greater focus on preventative measures and funding to contribute to solving this issue (O’Regan et al, 2021).

Political disagreements and controversies surrounding the topics of homelessness and interventions such as HF also impact progress on this issue. Proponents of low barrier housing interventions promote the potential for government cost-savings, shorter and fewer hospital stays for participants, and increases in choice, well-being, and other positive outcomes for participants (National Alliance to End Homelessness, 2023). Arguments against programs such as HF emphasize a lack of resources for implementation and suggest that these programs may be more effective at the individual level than at community levels (Eide, 2020).

Conclusion

Homelessness is a layered issue requiring complex solutions, which will continue to be explored throughout this integrated research paper. This topic is highly relevant to the field of forensic mental health, and for those working with offending populations, Availability of housing services and access to services may be influenced by factors such as age, race, family status, and criminal history, highlighting the importance of access to low barrier housing interventions. Both professionals and organizations that service individuals from homeless populations must consider all relevant factors when attempting to successfully address the problems of homelessness and the connection with recidivism, both for families and individuals.

Chapter 2: Review of the Literature

Expansion on Barriers to Housing Access and Reasons for Homelessness

Chapter 1 introduced potential factors that may lead to homelessness and the relationship with offending populations, which this chapter will elaborate on before reviewing relevant research findings and trends on the topic of homelessness. Complicating the issue of homelessness are the many barriers to housing that exist for individuals of low-socioeconomic status and disadvantaged backgrounds. As previously mentioned, one significant barrier has little to do with individual choice; in recent years, the United States has seen a sharp decline in the number of affordable and subsidized housing available (Sullivan, 2022). The dynamics of the housing market are considered a significant factor for increasing rates of homelessness (Eide, 2020). Federal limitations on evictions imposed during the year 2020 expired in 2021 (Bradford et al, 2024); by 2023, the number of evictions grew considerably along with rental prices (Bradford et al, 2024). Lusk et al (2022) state that structural and societal forces are indeed a main contributing factor to rates of homelessness within the United States, explaining that economic causes of homelessness outweigh substance use three to one (p. 6).

Another barrier to access involves incarceration rates within the United States. Schneider (2018) asserts that estimates show nearly one third of all adults have some form of criminal record, and that incarceration rates in the U.S. are higher than in any other developed nation. Stable housing is one of the main barriers to successful community re-entry for newly released prisoners (Clark, 2016). Complicating this matter is stigmatization from potential landlords, as well as strained social connections and social isolation for detainees while they are incarcerated (Clark, 2016). The relationship between homelessness and incarceration will be expanded upon later in this chapter.

When assessing past and present interventions, it is prudent to also consider the risk factors of severe mental illness and substance abuse. Americans with severe mental illnesses (SMIs) are anywhere from 10 to 20 times more likely to be homeless than those without SMIs (Hong et al, 2023). Although substance use is not a main contributing factor when considering housing instability and homelessness, reliance on illicit substances is still a significant risk factor for homelessness in adults (Clark, 2016). Additionally, research has found that there may be a bidirectional relationship between substance use disorders (SUDs) and homelessness (Bradford et al, 2024).

The relationship between SUDs and homelessness is also relevant to stakeholders in the medical, human service, and forensic field as increases in homelessness rates may be related to an increase in overdose rates and mortality in homeless populations (Bradford et al, 2024). Individuals from this population require greater access to services for addiction treatment, and homeless individuals often have more diverse needs than individuals who are housed (Eide, 2020). Severe mental illnesses make it more difficult for individuals to utilize potential social support networks and engage with formal treatment (Lachaud et al, 2021).

Homelessness and Adult Offending

Academic research has long noted the intersection between homelessness, mental health, adverse experiences, and punitive measures by the criminal justice system (Vrendenburgh et al, 2021). Several factors that increase the risk of homelessness in adulthood, such as trauma and abuse in childhood, also increase the risk of involvement with criminal justice agencies (Almquist, Walker, 2024). Studies have found that experiences of homelessness are positively associated with increases in property crimes, nonsexual crimes, and violent crimes (McCarthy, Hagan, 2024). The longer an individual spends on the street, the higher the chance that they will

engage in certain crimes, and that they will earn money from illegal activities such as panhandling, dealing drugs, or selling sex (McCarthy, Hagan, 2024). Psychiatric disorders in homeless individuals may increase the probability of committing a crime, and substance use may mediate this relationship (Nilsson et al, 2024). Homeless individuals with severe psychiatric disorders such as schizophrenia and bipolar disorder have much higher conviction rates over their lifespan compared with housed individuals experiencing the same disorders (Nilsson et al, 2024).

However, individuals experiencing homelessness may also be penalized for simply trying to survive while unhoused (McNamara et al, 2021). Being unsheltered leaves many individuals more exposed, and more likely to encounter law enforcement officers for numerous reasons (Vrendenburgh et al, 2021). Chronically unhoused individuals who are “visibly” homeless are policed and surveilled heavily compared to individuals in the general population (McNamara et al, 2021). These individuals may be subject to searches, confiscation of goods such as makeshift housing, and orders to relocate by law enforcement (McNamara et al, 2021). Punitive measures by police and the courts may compound the effects of poverty and homelessness; individuals may lose their makeshift or temporary housing and may experience an increased risk of rearrest in the future due to their homeless status (McNamara et al, 2021). Unhoused individuals who must appear in court may struggle with the court process due to a lack of basic transportation, a lack of safe storage for paperwork, and an increased chance of bail refusal due to lacking phone numbers or permanent addresses (McNamara et al, 2021).

Offending in Juvenile Homeless Populations

There are special concerns when considering juvenile homeless populations, as aspects of their experiences and risk factors differ from adult populations (McCarthy, Hagan, 2024). As with

unhoused adult populations, homeless youth have a much higher chance of contact with the criminal justice system (Almquist Walker, 2022). With adolescent populations, this contact may be a critical point for either providing more opportunity for prevention of further offending or increasing risk (Almquist, Walker, 2022). Adolescence is considered a critical period in human development, where risks may begin to accumulate for individuals without fully developed skills and support (Almquist, Walker, 2022). Research found that homeless juveniles discovered by law enforcement may be more likely to be arrested or penalized than connected with services in their community (Almquist, Walker, 2022).

One additional distinction between unhoused juvenile and adult offenders involves a greater emphasis on peer relationships as a risk factor for juvenile offending (McCarthy, Hagan, 2024). Research has found a positive relationship between juvenile offending risk and a juvenile's peer group's involvement with criminal behavior and contact with the juvenile justice system (McCarthy, Hagan, 2024). It has been proposed this risk factor may be as strong of an indicator of juvenile criminality as individual factors, such as impairments in self-control (McGloin, Thomas, 2019).

Victimization in Homeless Populations

While research has continually found connections between homelessness and involvement with the criminal justice system, victimization of these individuals is a significant concern as well (McCarthy, Hagen, 2024). Difficulties securing employment and housing are notable risk factors for violence victimization (Hong et al, 2023). Individuals experiencing homelessness specifically may have an increased risk of victimization through violent crime (Nilsson et al, 2024). A recent trend in research of this topic has involved a focus on the study of homeless individuals and the increased risk of experiencing poly victimization, in which

individuals are victimized in more than one way (Hong et al, 2023). Hong et al (2023) state that multiple instances of victimization may lead to a cumulative effect, compounding negative consequences that lead to worse physical and mental health outcomes (p. 11168).

This risk may be higher for some subgroups than others; Hong et al. (2023) explain that women experiencing homelessness have a higher risk of being victimized than men.

Additionally, unhoused women with certain SUDs such as opioid use disorders have an even higher risk; the annual risk may be as high as 75%, and the lifetime prevalence as high as 94% (Hong et al, 2023, p. 11168). Providers and organizations who work with homeless populations are encouraged to assess for victimization of clients and utilize appropriate trauma-informed interventions (Hong et al, 2023).

COVID-19, Housing Instability and Homelessness

One current complication described in research that impacts both housing instability and increases in incarceration is the impact of the COVID-19 pandemic. The effects of COVID-19 have amplified the struggle for individuals already facing homelessness and those who became unhoused during the pandemic. During the pandemic, unhoused individuals often did not have access to sanitary facilities and were unable to maintain social distancing due to the nature of living on the street or in emergency shelters (Perl, 2020). Concerns arose surrounding safe practices for housing homeless individuals in group settings; as Pixley et al (2021) explain, “congregate sheltering creates a high-risk setting for outbreaks” (p. 1817). Many services and programs that were available to disadvantaged individuals before the pandemic became unavailable in the year 2020 (Perl, 2020).

In the aftermath of COVID-19, along with rising inflation and a lack of affordable housing options, Nelson et al (2022) state that studies have suggested a potential increase of up

to 45% in rates of homelessness. Declining economic conditions have led to an increased risk of many individuals and families experiencing housing instability, and potentially finding themselves homeless (Perl, 2020). Certain forms of homelessness, particularly unsheltered (and therefore more visible) homelessness became more noticeable during the COVID-19 pandemic, which has contributed to greater public pressure for the policing of these individuals (Levine, Willison, 2024).

Effects on Physical and Mental Health, Societal Costs

There are numerous negative health effects that individuals and groups experiencing housing instability and homelessness may endure, which contribute to the understanding of this topic being a significant public health concern (Pixley et al, 2021). Unhoused individuals have higher emergency room admissions and inpatient admission rates, as well as longer stays (Nelson et al, 2022). They often must prioritize the immediate needs of shelter and food over physical health (Nelson et al, 2022). Individuals who experience housing instability are often from groups at an increased risk of experiencing natural disasters and other hazards that present a threat to physical and mental health (Pixley et al, 2021). As these individuals must often resort to using emergency room services for primary care (Pixley et al, 2021), there are numerous concerns surrounding cost factors and best approaches when providing alternative methods for accessing primary care.

Consequently, poor physical and mental health may also be factors that contribute to housing instability and homelessness. Physical and mental health concerns such as illness and disability contribute to underemployment and unemployment, which may be one of the most significant indicators of chronic housing instability (Kang, 2021). Housing interventions have

been shown to improve both mental and physical health outcomes, which hold the additional benefit of lowering hospital and emergency rooms costs (Nelson et al, 2022).

Effects on Housing Trajectories

The number of instances and the severity of homelessness experienced may shape the lifelong trajectories of individuals confronting this issue. Kang (2021) states that “the more severe one housing instability incident is, the more prolonged the entire housing instability experience is likely to be over time” (p. 1615). Recent research has proposed the theory of a longitudinal nature to housing instability; it has been suggested that this problem should be considered through the life course perspective, considering cycles of hardship and disadvantages as opposed to repeated, isolated factors or incidents (Kang, 2021). These considerations may have special implications for homeless offenders; researchers have noted that housing status is not often considered as a significant factor when assessing for risk and protective factors (Almquist, Walker, 2022), despite evidence that housing placement influences recidivism.

Historical Trends in Intervention

Perceptions of the homeless population in the United States have had an impact on policy and intervention. Researchers began to recognize homelessness as a complex social issue requiring the intervention of policy, as opposed to a problem of personal failing, in the 1980’s (Owadally et al, 2023). During this time, large cities attempted to address growing rates of homelessness by opening emergency shelters for affected individuals and families (Eide, 2020). Traditional housing services were implemented and were the standard in the U.S. for decades; these programs were designed with the belief that individuals must earn stable housing; treatment and sobriety were required before stable housing was made available (Gaboardi et al, 2019). Continuum of care programs common at the time operated under the idea of linear access

to service and progress; these programs first offered temporary shelter before preparing clients to transition to more permanent housing (Eide, 2020).

Participants were required to adhere to psychiatric treatment and sobriety requirements before moving from short term housing to supported independent living (Jacob et al, 2021). Continuum of care programs, while generally funded through the federal government, are often implemented by local organizations that may not be affiliated with any government agency (Levine, Willison, 2024). This structure may contribute to discrepancies between the perceived and actual needs of a community and the homeless individuals the community serves (Levine, Willison, 2024).

There are also significant costs associated with traditional housing programs; on average, every individual experiencing chronic homelessness costs taxpayers over \$35,000 a year (Vredenburg et al, 2021, p. 1415). The total annual cost to the United States is estimated to be as high as 3.4 billion dollars (Jacob et al, 2021). Rates of homelessness affect the societal cost of jails and prisons as well (National Alliance to End Homelessness, 2023). Homeless individuals spend more time incarcerated; the average estimated cost for repeated overnight jailing of homeless individuals is over \$14,000 per individual annually (National Alliance to End Homelessness, 2023). The annual estimated cost for homeless individuals who are imprisoned is over \$20,000 annually (National Alliance to End Homelessness, 2023).

The Role of Local Governments

When considering interventions for housing instability and homelessness, the role of local governments is an important factor that may directly affect outcomes for individuals from these populations. Levine and Willison (2024) state that local governments play a significant role in well-being and outcomes for unhoused individuals residing in their communities. Local

governments have decision-making power regarding land use and can make it easier for affordable housing to be constructed (Levine, Willison, 2024). The U.S. government has stated that local administrations can be crucial partners in the creation of new housing (Levine, Willison, 2024).

Recent studies have shown that many local administrations are not enacting housing preventative measures to increase affordable housing and may not be connecting their power over land use with the potential to contribute to solutions for homelessness (Levine, Willison, 2024). Levine and Willison (2024) explain that the recent presidential administrations have attempted to reduce local governments' uses of exclusionary zoning, which may contribute to increased opportunities for affordable housing construction. The authors also note that when studied, 44% of surveyed cities did not have specific plans for addressing homelessness within their communities (Levine, Willison, 2024); this finding highlights the need for organized efforts between stakeholders to identify long-term solutions for homelessness at the community level.

Shifts in Housing Interventions

Although many jurisdictions may not be utilizing opportunities to prevent and intervene in the problem of homelessness, shifts in understanding of this problem have led to proposals for new solutions. In recent decades, there has been a difference in how researchers and policymakers understand housing instability, the contributing factors, and best practices for intervention. Traditional housing service programs have operated with moral underpinnings; the assumption has been that homelessness is due to poor decision making by individuals, and that individuals must be coached and provided services to ensure housing readiness (Greenwood et al, 2020 p. 354). Current programs that work to address housing instability have become more holistic in nature; many of these programs consider the impact of both addiction and mental

illness as factors contributing to homelessness, as well as considering societal barriers to housing access and participant needs (Mackinnon, Socias, 2021).

In vulnerable populations that may be affected by a lifelong trajectory of housing instability, early intervention is preferred to prevent cumulative exposure to ongoing instability and related associated problems (Kang, 2021); these strategies may be effective for unhoused youth at risk of chronic homelessness, and provide safety nets for individuals in situations that precede homelessness (Jacob et al, 2021). However, in addition to early intervention strategies, ongoing interventions are required to address the issue of homelessness; distribution of government supports have shifted from the poorest Americans to those near the poverty line (Jacob et al, 2021), which has impacted efforts to address the complex topic of homelessness and those most in need.

Debates over drivers of homelessness, prevention and intervention strategies, funding, and the evidence-based effectiveness of proposed interventions continue to fuel progress on this topic. The first section of this chapter expanded on causes of homelessness, the connection with offending populations, and historical trends in intervention. The following section of this chapter will discuss current responses and interventions for homelessness in the United States, benefits and challenges of proposed solutions, and connections to outcomes for offending populations.

Housing First as an Alternative to Traditional Housing Programs

The alternative that has emerged as the most promising approach in providing intervention for homelessness is the Housing First (HF) approach; according to Gaboardi et al (2019), the development of this approach and new way to view unhoused individuals has “introduced a paradigm shift in the service system” (p. 2). Lachaud et al (2021) state that this approach provides immediate access to housing without preconditions, while also offering social

support and mental health services. The HF approach is associated with a rapid and sustained trajectory of housing, in which individuals are quickly provided housing without preconditions and have longer periods of housing retention (Lachaud et al, 2021). Organizations that utilize HF provide permanent housing in either single site residential buildings or scatter site locations, which use housing subsidies to obtain private rentals (Hanson, Gillespie, 2024).

Housing First is an evidence-based intervention program in which housing is considered a basic human right, with low barriers to access (MacKinnon, Socias, 2021). The model includes the use of harm reduction strategies (Mackinnon, Socias, 2021); participants are not required to complete regular drug testing, stop substance use, or meet employment requirements to receive safe, permanent housing. According to Pleace (2018 p. 146), the general goal of Housing First is “to deliver stability in ordinary housing for homeless people with high and complex needs.” This program was originally designed for single adults with substance abuse and mental health concerns (Pleace 2018) but can be modified for varying populations.

Principles and Elements of Housing First

As previously stated, HF was founded on the idea that unhoused individuals should be able to receive low-barrier permanent housing rapidly, and that housing should be considered a basic human right (MacKinnon, Socias, 2021). There are five basic principles in the HF model of programming: immediate housing access, free choice, use of harm reduction, individualized support, and social integration (MacKinnon, Socias, 2021). Participants are not required to be housing ready, and there are usually no requirements for abstinence or mandatory drug testing to receive housing (MacKinnon, Socias, 2021).

Immediate, Low-Barrier Housing Access

The main principle of the HF approach is immediate housing for participants. Traditional models of housing often view stable housing as a late or end-stage step in housing intervention, first requiring participants to reach certain goals to prove housing readiness (Gaboardi et al, 2019). HF programming provides immediate and permanent housing with support services (Leclair et al, 2019), with the goal of allowing participants to then work on other areas of recovery and growth. Mackinnon and Socias (2021) assert that research indicates that an individual's physical environment is an important determinant of health, impacting outcomes for vulnerable individuals.

Free Choice in Housing

Free choice in housing is an important principle related to HF implementation and programming. The HF approach operates with an understanding of the structural social injustices that limit choices for individuals from homeless populations (Greenwood et al, 2024). The idea of consumer choice in HF allows for individuals to choose their housing arrangements to the extent possible and extends to the areas of treatment participation and attaining individual goals (Oudshoorn et al, 2023). This principle may be especially significant when considering homeless individuals with SUDs, as these individuals have historically faced additional barriers when trying to secure housing (Mackinnon, Socias, 2021).

Harm Reduction Strategies

When considering the implementation of HF programs, it is important to note the important element harm reduction that is often used in tandem with this approach to housing intervention. There is a strong focus on the management of substance use disorders (SUDs) which are prominent in unhoused populations and contribute to higher rates of mortality; proponents of HF argue that safe housing is a requirement for successful treatment and

management of SUDs (MacKinnon, Socias, 2021). Harm reduction is a set of strategies intended to lower the potential negative consequences of substance use. These strategies are informed by the ideas of social justice and human rights; trauma informed care is also utilized in HF settings (Lusk et al, 2022).

Individualized Support

Individualized support is an important component of HF programming. Case management provided within the HF approach is person-centered and supports individualized growth, allowing for participants to identify their own personal goals (Greenwood et al, 2024). While these supports are readily available, participants may generally choose to engage with support services as often or as little as they wish (Oudshoorn et al, 2023). This approach may work as a gateway for individuals who do not typically engage with treatment to establish primary care and access supportive services (Mackinnon, Socias, 2021).

Social Integration

Social integration and community participation are core aspects of HF programming (Greenwood et al, 2024). According to Mackinnon and Socias (2021), increasing social support and community reintegration are two of the overarching goals of HF programming. Feelings of belonging in one's community can be a significant factor for exiting homelessness, and community integration has been documented to have a positive effect on recovery outcomes (Greenwood et al, 2024). Research has shown that being recognized in and belonging to one's community provides a form of distal support that promotes long-term well-being and aids recovery (Greenwood et al, 2024).

Benefits of Housing First

Research has continually noted numerous benefits when considering the evidence-based intervention approach of HF (Greenwood et al, 2024). Studies have shown consistently that increases in stable housing, participant relationships and well-being, and increased access to health services (Martinez-Cantos et al, 2024). One benefit of HF is that it can be adapted to suit the needs of different demographics. One example includes program use by survivors of domestic violence; with this demographic, Housing First services can be tailored to emphasize trauma understanding and emotional well-being over harm reduction strategies (Sullivan et al, 2022). Individuals with traumatic brain injuries may also benefit from Housing First's low access to necessary services, as maintaining primary care and social service supports can be difficult for these individuals to seek out on their own (Mackinnon, Socias, 2021). Tsai and Rosenhack (2012 p. 204) state that it "may be necessary to differentiate between chronically homeless or dually diagnosed adults and other homeless populations" for effective intervention.

Another positive component of Housing First programming is the autonomy and control that participants may exercise. Eide (2020) explains that one significant benefit of HF is letting individuals with mental disorders become active participants in choosing their care and treatment regimens, something that is often not possible within traditional modes of service delivery. Many advocates for the Housing First philosophy believe that linear service housing programs have previously undermined the independence of the participants (Eide, 2020).

Research has noted a third benefit that includes access to physical safety, services, and a sense of community that would not be possible without HF programming; MacKinnon and Socias (2021) state that residential facilities following HF principles often offer around the clock security, daily hot meals, and onsite "cultural, wellness, and groups" that promote community connection for residents (p. 482). Participants of HF programs also have greater access to

caseworkers, healthcare services, and equipment for safer drug use than without HF programming (MacKinnon, Socias, 2021). A national study in Canada found that individuals participating in HF reported greater control over substance use, more positive relationships, and an increase in available social supports (MacKinnon, Socias, 2021).

Yet another important benefit that may be of interest to both policymakers and the public is the potential for reduced costs associated with this form of programming. According to Vrendenburgh et al (2021), research has found that the use of permanent supportive housing programs reduces costs by nearly half when compared with traditional housing interventions; the cost for supporting a single individual decreases from roughly \$35,000 to less than \$13,000 annually. Savings may be seen with decreases in the use of additional services as well; both participants and stakeholders benefit from the reduced needs for emergency department service use, as well as lower rates of inpatient hospitalization and long-term stays (Nelson et al, 2022).

HF participation also increases access to primary health care services (Hanson, Gillespie, 2024). Individuals who participate in permanent housing solutions using a HF approach may be more likely to engage with health care providers for necessary services (Hanson, Gillespie, 2024). Individuals participating in HF interventions are often eligible to receive physical and mental health services through an assertive community treatment (ACT) team, which provides in-home treatment and medication disbursement (Hanson, Gillespie, 2024). Studies conducted so far have indicated that HF participation combined with receiving ACT services also reduces engagement with emergency department services, and increases engagement with outpatient psychiatric services (Hanson, Gillespie, 2024).

Long term housing trajectories are also more positive for individuals who participate in housing first, as opposed to those who utilize services as usual. Lachaud et al (2021) state that

over 70% of individuals participating in HF follow a rapid and sustained housing trajectory, while less than 30% of individuals serviced through traditional housing interventions followed this same trajectory. Additionally, up to 26% of individuals who are serviced through traditional housing interventions may follow a trajectory that never leads to stable housing (Lachaud et al, 2021).

United States and European Models

After preliminary successes were found with HF in the United States, numerous European countries have followed suit; the United Nations has identified homelessness as a prominent concern to be addressed through their 2030 Agenda, aiming to increase safety and sustainability for citizens (Martinez-Cantos et al, 2023). One important distinction in the implementation and outcomes of the Housing First model of intervention can be seen in programming that occurs within the United States and first-world European countries. While American models of HF generally follow five principles, the European model is based on eight principles; according to Gaboardi et al (2019), these principles include “housing as a human right; harm reduction; choice and control for service users; active engagement without coercion; separation of housing and treatment; person-centered planning; recovery orientation,” and “flexible support for as long as is required” (p. 2). Individual European countries have invested heavily into the goal of eradicating homelessness; countries such as Finland have approved substantial funding for HF programming to eliminate street level homelessness, and currently have homelessness rates as low as .08% of their population (Owadally et al, 2023).

Challenges, Debates, and Areas for Improvement

While academic research has noted numerous benefits related to participation in Housing First programming, many challenges remain. Challenges and barriers to implementation and

participation may arise when considering implementation and employee training, increases in need of services, and use with special populations. The task of providing long-term housing solutions and connecting groups of unhoused individuals with diverse needs to necessary services can prove to be a complicated and unpredictable process (Bamberger, 2024).

One identified challenge involves individual and organizational level provider understanding and support of HF philosophies. According to Gaboardi et al (2019), the process for providers shifting from traditional service delivery to HF services may not be easy and may need to occur gradually. For HF programs to be successful, there must be a shift in outlook from provider-led values to interventions informed by consumer-led values (Gaboardi et al, 2019 p. 3). Gaboardi et al (2019) describe organizational-level challenges when considering the need to maintain focus on the core principles of this approach; organizations may struggle to maintain focus on these principles while implementing specific strategies for organizational change, particularly when evolving from traditional service approaches. Changes must also occur in system capacity and service delivery coordination, which may involve comprehensive collaboration between numerous stakeholders (Gaboardi et al, 2019).

Academic research has established that there is debate over the effectiveness of HF in community and service engagement factors (Greenwood et al, 2024). Studies have found mixed results pertaining to how well HF program employees are able to facilitate community participation working with participants, although these findings may be mediated by individual-level and environmental factors (Greenwood et al, 2024). Additionally, while participation in programs such as HF has been shown to lower rates of emergency room admissions and hospital stays, it also increases the need for and use of behavioral health services (Nelson et al, 2022);

while this is a benefit for participants, the cost and availability of providers may provide challenges that must be addressed.

Criticism of Housing First in Literature

While studies have shown many positive benefits to the Housing First model, research has pointed out important considerations for improvement, as well as potential drawbacks. Eide (2020) suggests that Housing First may be more effective at the individual level than at the community level. Research on the programs has shown increased access to services for individuals and increased individual benefits in health and wellness (Sullivan, 2022). However, there are several concerns with HF programming that may need to be addressed with future implementation.

Mackinnon and Socias (2021) report that another critique of HF concerns questions over how cost effective the model is in the long term. Current research suggests the possibility that HF may be more cost effective for individuals deemed “high need” compared to those considered “moderate need” (Mackinnon, Socias, 2021 p. 481). Martinez-Cantos et al (2024) note that even though HF results in better outcomes for participants, the programs do sometimes cost more than alternative interventions. Some studies even suggest that certain clients may indeed benefit from more traditional housing services (Greenwood, 2020). Eide (2020) also highlights the fact that, to date, there have not been any examples of communities fully solving housing instability problems through Housing First measures, and that HF may be more successful at the individual level than the community level.

Yet another criticism is adherence to the Housing First model and concerns surrounding how to best ensure standardization of use. Tsai and Rosenhack (2012) suggest that the necessary components of Housing First programming are still being established. The authors also conclude

that organizations using this model for servicing may pick and choose the components they follow, which may hinder effectiveness and ability to study outcomes (Tsai, Rosenhack, 2012). While there appear to be many positive effects of Housing First programming, further research is needed to prompt better understanding of effective implementation and delivery of services.

Finally, considerations surrounding how to better modify HF for reducing the risk of recidivism may require further research. Hanson and Gillespie (2024) assert that studies conducted on the relationship between HF and recidivism have found that participation in permanent supportive housing programs contributed to reduced jail time. However, Mitchell et al (2023) state that HF interventions have not sufficiently demonstrated reductions in recidivism and criminal justice system involvement for participants. Leclair et al (2019) argue that risk factors such as antisocial personality traits, use of leisure time, satisfaction level of relationships, and substance abuse are more reliable indicators of recidivism risk than housing status or mental health status (p. 526). HF implementation may require the incorporation of forensic understanding to better reduce recidivism in homeless populations (Leclair et al, 2019).

Impact for Offending Populations

Housing interventions hold important implications for offending populations, and may impact factors pertaining to arrest, incarceration, release, and recidivism. It is common for unhoused individuals to have contact with the criminal justice system (Mitchell et al, 2023). Anywhere from half to two thirds of homeless individuals are incarcerated at some point in their lives, and the rate may be higher for those with psychiatric conditions (Mitchell et al, 2023). As previously mentioned, a debate currently exists surrounding interventions such as HF and their possible effect on recidivism and criminal justice involvement (Leclair et al, 2019). There are gaps in academic knowledge regarding the relationship between homelessness and incarceration,

as there have been very few studies conducted that examine risk factors for criminal justice involvement among individuals who are unhoused (Mitchell et al, 2023). It has been hypothesized that HF may potentially lower an individual's risk of entering or reentering the criminal justice system, but consideration of forensic knowledge may increase the frequency of these outcomes (Leclair et al, 2019).

Utilizing the HF approach with offenders from homeless populations may have important benefits that contribute to better outcomes for these individuals. Transitional periods are times of high risk for individuals who offend (Nilsson et al, 2023). After release from prison, offenders often face unstable housing in high crime areas, which significantly increases the risk of recidivism (Lee, 2023). In the year following release, offenders face a 1 in 5 chance of becoming homeless (Nilsson et al, 2023). For individuals who have nowhere to go, residential housing facilities are an important factor in avoiding further recidivism (Lee, 2023).

This section of chapter 2 introduced the HF intervention and research findings related to this topic. This section also detailed the components of this intervention, compared HF approaches and outcomes with traditional housing interventions, explored debates and gaps in research, and discussed possible uses with and implications for offending populations. The final section of chapter 2 will continue to discuss HF and offending populations as well as considerations and modifications for special populations, integration of trauma informed care, and analyze research trends, debates, and insights related to homeless and offending populations.

Subgroups and Housing First Programming

Research has considered the implications for various subgroups most affected by housing instability and homelessness. Research considerations surrounding the development, implementation, and success rates of the HF approach can be seen when assessing the vast

number of special populations that may receive servicing through these programs. DeCandia et al (2014) state that the homeless population within the United States is composed of numerous diverse subgroups with individual needs, challenges, and strengths (p. 79). There are numerous considerations for the many groups that may be served, including specific impairments, barriers to service access, and modifications or accommodations that may be required for successful intervention.

Life Trajectory, Racial, Class, Subgroups

It is important to note the diverse rates and experiences of homeless subgroups. Homelessness rates are not experienced evenly by racial and class groups; for instance, black Americans are four times more likely to experience an instance of homelessness over the lifespan than white Americans due to structural forces and wealth disparities (Willison et al, 2023). There are also several subgroups concerning lifespan trajectories in experiences of homelessness. According to HUD (2023), subgroups may be categorized by temporal identifiers; these groups include those who experience transient homelessness, about 80% of homeless individuals, episodic homelessness, which includes 10% of homeless population, and chronic homelessness, which includes less than 10% of the homeless population. Individuals affected by transient homelessness often only experience one episode of homelessness throughout their lives and are the largest sub population (Zadeh et al, 2024). In contrast, episodic homelessness involves short but repeated experiences of homelessness (HUD, 2023). Finally, chronic homelessness involves ongoing and continual instances of homelessness; these individuals are more likely to have severe mental illnesses, substance use disorders, and disabilities (HUD, 2023).

Definitions of what exactly constitutes being unhoused can lead to discrepancies regarding rates of homelessness and how to best conceptualize this issue (Zadeh et al, 2024).

Recently, researchers have argued that effectively defining homelessness may be a key component for facilitating collaboration between countries and for efficient allocation of resources (Zadeh et al, 2024). Homelessness is a dynamic concept, the meaning of which has changed along with societal views over the years; Zadeh et al (2024) state that current academic literature has highlighted two primary patterns of homelessness: microlevel patterns, such as residing temporarily with friends or out in the streets, and macrolevel patterns, which may include geographic, societal, cultural, and historical factors (p. 91).

Special Populations and Housing First

Many special populations within the United States are affected by homelessness. These populations have diverse needs and may be served by HF programming in numerous ways. There are numerous considerations for implementing HF programming with homeless individuals experiencing mental disorders, disabilities, and unique life circumstances, and special provisions must be considered when determining possible modifications to HF that better serve these populations.

Severe and Persistent Mental Illness

Individuals with severe and persistent mental illness (SPMI) are a special consideration within the Housing First model; it is estimated that up to 71% of unhoused individuals may suffer from a personality disorder, psychotic disorder, posttraumatic-stress disorder, or substance use disorder (Lachaud et al, 2021). These individuals often require more intensive mental health services and spend less time in stable housing than other unhoused individuals (Lachaud et al, 2021). A bidirectional relationship has been established between severe mental disorders and trajectories of homelessness (Menon et al, 2024). Substance abuse has also been shown to contribute significantly to offending within homeless populations (Nishith et al, 2023). Within

forensic domains, individuals with Schizophrenia have an increased risk of incarceration and are often held for longer periods of time than other inmates who have committed similar crimes (Nishith et al, 2023, p. 646).

When considering SPMIs, schizophrenia is an area of special concern related to housing instability. Rates of Schizophrenia may be over 5 times higher in unhoused populations than in the general population (Draper et al, 2024). There are numerous reasons for the increase in homelessness within this population; according to Lachaud et al (2021), severe mental disorders can negatively impact an individual's functioning in many areas, including social functioning and resource management skills, and decreases the chances of a successful exit from homelessness. Cognitive impairments may mediate the risk of homelessness in individuals with schizophrenia (Menon et al, 2024). Clinical outcomes are often poor within this population, and these individuals may represent the subgroup of homeless individuals with the most extensive needs (Menon et al, 2024).

Traumatic Brain Injury

Another special population disproportionately affected by housing instability and homelessness is individuals with a history of traumatic brain injury (TBI); research has established that the relationship between TBI and homelessness is multifaceted, and may impact an individual's risk of mortality, social exclusion, and interaction with the criminal justice system (Eshun et al, 2024). TBI causes deficits in emotional regulation and cognitive functioning (Draper et al, 2024) and may impact many spheres of an individual's functioning; difficulties with maintaining employment because of TBI contribute to high rates of housing instability. Importantly, over half of all unhoused individuals may have a TBI (Draper et al, 2024). A bidirectional relationship has also been noted concerning TBI and housing instability; individuals

without a history of TBI are at an increased risk of experiencing head injuries when they are not safely and stably housed (Draper et al, 2024). Academic research on this topic has concentrated on social and health needs; an increase in research related to rehabilitation interventions may contribute to better servicing of this population's needs (Eshun et al, 2024).

Neurodevelopmental Disorders

Yet another special population warranting consideration within HF programming includes individuals with neurodevelopmental disorders, such as autism spectrum disorder (ASD). These individuals are overrepresented within homeless communities; the invisibility of these disorders may contribute to missed diagnoses and a lack of supportive services that contribute to higher rates of poverty and homelessness (O'Donovan et al, 2024). Individuals with disorders such as ASD experience deficits that affect executive functioning and may impact the ability to remain stably housed throughout the lifespan (Draper et al, 2024). It is estimated that anywhere from 12-18% of unhoused individuals meet the diagnostic criteria for ASD, compared with roughly 1% of the general population (Draper et al, 2024). ASD may also increase difficulties with accessing needed services and seeking out providers that understand the specific needs of this population (O'Donovan et al, 2024). Increasing access to housing that is located near existing social networks and professional support services will continue to be a focus for organizations serving this population (O'Donovan et al, 2024).

Survivors of Intimate Partner Violence

When considering use of the HF model, it is important to also important to address the needs of individuals who are survivors of intimate partner violence (IPV). Survivors must often choose between being housed and unsafe or safe from domestic violence but unhoused (Sullivan

et al, 2022). IPV is a significant factor contributing to rates of housing instability and presents unique challenges that traditional HF programs may not be equipped to address comprehensively.

One modification of HF that is used to address housing instability and homelessness within this population is domestic violence housing first (DVHF); adaptations include a focus on obtaining safety and healing trauma and focusing on emotional well-being as opposed to harm reduction (Sullivan et al, 2022). DVHF is a community-based model that promotes the safety of participants and provides access to needed assistance and services, while also encouraging social supports that have been shown to positively impact recovery for this subgroup (Goodman-Williams et al, 2024). Domestic violence service organizations recognize that survivors of this abuse often require multiple forms of assistance to reach safety compared with other groups affected by housing instability, due to the nature of domestic abuse (Goodman-Williams et al, 2024). DVHF provides a larger focus on obtaining cash assistance for participants that contribute to housing stability and well-being and safety compared to other HF programs (Sullivan et al, 2022). Prior research has demonstrated significant benefits for this population when providing cash assistance and is consistent with the philosophies of most DV programming (Sullivan et al, 2022).

Individuals who participate in DVHF show higher rates of housing stability at 6 month and 1-year follow-ups compared with individuals who receive services as usual for DV (Sullivan et al, 2022). These individuals also report higher rates of safety and mental well-being when surveyed two years after receiving DVHF services (Goodman-Williams, 2024). According to Goodman-Williams et al, 2024), even those individuals with the highest reported rates of domestic abuse and lowest levels of well-being reported significant improvements in well-being and safety after participating in DVHF programming.

Homeless Youth

Additional considerations exist when assessing the needs of youth experiencing homelessness; research has demonstrated that this group experiences homelessness in distinctly different ways than the rest of the population (Bairead, Norris, 2024). According to Lachaud et al (2021), a United States Annual 18.9% were minors under the age of 18. This population is especially vulnerable to becoming homeless; Vrendenburgh et al (2021) state that minors between the ages of 12-17 “are at a greater risk of homelessness than adults” (p. 1416). Vrendenburgh et al (2021) elaborate by explaining that high numbers of homeless youth report experiencing severe abuse within the homes they were raised. Other reasons contributing to youth homelessness include low socioeconomic status, strained family relationships, behavioral disorders, LGBTQ+ status not accepted by family members, and substance use disorders (Grattan et al, 2021). Positive changes in family support and other support services may allow youth to become housed again, highlighting the importance of family interventions for preventing youth homelessness (Grattan et al, 2021).

Immigrants and Refugees

Immigrant and refugee groups are one population most highly affected by a lack of social and economic resources within the United States (DeCandia et al, 2014). These individuals may have experienced natural disasters, war in their country of origin, and displacement, leading to high levels of traumatic stress (DeCandia et al, 2014). High rates of intimate partner violence and a lack of access to services have been documented in immigrant and refugee populations (DeCandia et al, 2014). An individual’s immigrant status may disqualify them from government support services, contributing to an increased risk for housing instability and homelessness (England et al, 2024). Further complicating the issue of immigrant and refugee homeless is

cycles of nationalism and racism, in which these individuals may be wrongly perceived to be taking available housing from a country's citizens (Brown et al, 2024). These individuals experience many of the same housing barriers and challenges of the most disadvantaged Americans (Brown et al, 2024). Immigrant and refugee populations have diverse needs, several of which may be undervalued in the current literature; for example, Brown et al (2024) assert that individual social networks are a prominent factor facilitating housing and settlement success that require further academic understanding for successful housing intervention in these groups.

Military Veterans

Military veterans are a population often affected by homelessness and an area of special concern for the U.S. government; federal programs implemented in 2010 initially sought to permanently end veteran homelessness by the year 2015 (O'Toole et al, 2024). Veterans and their families are a group that often struggles with poverty and access to employment providing a living wage (DeCandia et al, 2014). This population also experiences high rates of post-traumatic stress disorder (PTSD) diagnoses and TBIs (DeCandia et al, 2014). While overall rates of veteran homelessness have lowered in recent decades, veterans are requiring services sooner after discharge; DeCandia et al (2014) state that veterans of the Vietnam war generally began seeking housing services within 9-12 years after discharge, while veterans now seek housing services within several months of returning home (p. 81), highlighting the importance of rapid permanent housing. Two-thirds of veterans have diagnosable mental and substance abuse disorders and have increased risks of divorce, which contributes to housing instability (DeCandia et al, 2014). A shift to HF approaches in housing military veterans has notably reduced homelessness in this group, although this problem has yet to be eliminated completely (O'Toole et al, 2024).

Trauma Informed Care in Housing First

Trauma-informed care (TIC) is an important approach when considering interventions for housing instability; providers and organizations that lack understanding of trauma and its complex, long-term effects risk imposing more harm on clients (Guarino, 2014). Most families who experience homelessness have already experienced several traumatic events before losing stable housing (Guarino, 2014). Traumatized individuals and families may not view the world or other people as safe and may be less likely to reach out for help with housing or willingly participate in standard procedures such as filling out paperwork, attending phone and in-person appointments, and complying with rules of supportive housing; these tasks may all be triggering for chronically traumatized clients (Guarino, 2014).

Pixley et al (2021) warn against providers romanticizing resilience for displaced and unhoused individuals and avoiding the action of viewing them solely through the lens of vulnerability (p. 1818). In traditional service models for housing intervention, homeless individuals and families are seen as “broken, vulnerable, and unable to make decisions for themselves” (Guarino, 2014, p. 128). In these situations, providers are viewed as experts that have more knowledge and control over the best decision-making for clients (Guarino, 2014). In contrast, TIC approaches used with HF programming recognize the strengths and expertise that unhoused individuals have regarding their own situations; clients are empowered to participate and, in some cases, direct decision making related to their case (Guarino, 2014). Both academic research and providers versed in TIC site the numerous strengths of unhoused individuals that contribute to their survival, such as activation of advanced social networks, advanced coping skills, and acute knowledge of surroundings, among other strengths (Pixley et al, 2022, p. 1818).

Outcomes of Housing First Participation

Research has implied a range of positive outcomes from participation in HF programs. The effectiveness in addressing homelessness and keeping individuals stably housed over time is consistent (Martinez-Cantos et al, 2024). Housing First programs have a high rate of success at the individual level in participants with complex needs (Pleace, 2018). This model is effective at “achieving and maintaining independent accommodation” for service users (Greenwood et al, 2020 p. 354). While mixed results have been found when studying whether HF lowers substance use, researchers have found measurable positive improvements in other measures of health and wellness for participants who are substances users (Mackinnon, Socias, 2021). HF programming participation also contributes to an increase in sense of self-worth and incentives to try new routines (Greenwood, 2020). As previously noted, participation in HF programs improves physical outcomes by resulting in less emergency room visits, lower instances of certain STDs, lower rates of suicide, and less exposure to violent situations (Mackinnon, Socias, 2021 p. 481). These improvements suggest that the Housing First model is worthy of continued study, trial and professional consideration.

Chapter 2 covered the vast subtopics and complex factors contributing to the problems of homelessness, criminal justice involvement, proposed interventions, and affected subgroups. The next chapter of this paper will cover big-picture research findings regarding the topics of homelessness, offending, and housing interventions. Other topics covered will include research-based suggestions for improvements to interventions, considerations for best practice in forensic and human services domains, and content concerning the future direction of research and interventions for the problem of homelessness in the United States.

Annotated Bibliography

Almquist, L., Walker, S. (2022). Reciprocal Associations between housing instability and youth criminal legal involvement: A scoping review. *Health Justice*. 10(15). DOI: 10.1186/s40352-022-00177-7

In this review, researchers and faculty Lars Almquist and Sara Walker, with the University of Washington, describe how unhoused youth are at an increased risk for contact with the criminal justice system compared with housed youth. The authors describe this initial point of contact as a critical time for increasing or mitigating the risk of further criminal behavior. Almquist and Walker explain that a lack of consideration exists for housing factors relative to the research of juvenile offenders. The authors argue that housing status and social determinants of health should be considered when studying this population.

Bairead, C., Norris, M. (2024). Homelessness transitions, risks, and prevention across the lifecourse. *Social Policy and Society*. 1-6. DOI: <https://doi.org/10.1017/S1474746424000204>

Clíodhna Bairead, a postdoctoral researcher at the University College of Dublin, and Michelle Norris make the case that a life course perspective has not been sufficiently incorporated into research theories involving the study of homeless individuals. Both younger and older adults experience unique patterns of homelessness, due to events and circumstances during specific life stages. Bairead and Norris argue that consideration of these patterns may increase effectiveness of targeted prevention strategies for homelessness, which are described as being generally “weak” in current practice. The authors recommend

increased research efforts pertaining to these age-based subgroups of the homeless population.

Bamberger, J. (2024). Housing Ends Homelessness. *American Journal of Public Health*. 114(6), 548-549.

Dr. Joshua Bamberger is a family medicine specialist working with the U.S. Department of Veteran Affairs and the Department of Public Health with a special interest in homeless populations. In this article, Dr. Bamberger makes the case that housing ends homelessness, asserting the importance of housing availability as the number one factor in ending homelessness. Dr. Bamberger concisely makes the case, citing relevant research on this topic.

Bradford, D. et al. (2024). Higher Rates of Homelessness are Associated with Increases in Mortality from Accidental Drug and Alcohol Poisonings. *Health Affairs*. 43(2).

In this article, Bradford et al explore homelessness through the lens of substance use disorders and overdose risks within this population. David Bradford is a health economist, professor, and researcher, who primarily studies substance-use policy, housing instability, and pharmaceutical policy. Bradford explains the link between homelessness and deaths from accidental drug overdose (particularly from opioid drugs), arguing that a reduction in local homelessness will save lives. Bradford states that housing is an important piece of the social safety net that can slow the opioid epidemic in the United States.

Brown, P. et al. (2024). The Impact of Housing on Refugees: An Evidence Synthesis. *Housing Studies*. 39(1), 227-271. <https://doi.org/10.1080/02673037.2022.2045007>

Philip Brown is a researcher with a background in psychology

employed at the University of Huddersfield in Great Britain. In this article, Brown et al describe the gaps in academic knowledge related to housing access and barriers for refugee populations. The authors also argue that structural inequities and social biases must be addressed at an institutional level to improve housing outcomes for refugees in developed nations.

Clark, V. (2016). Predicting Two Types of Recidivism Among Newly Released Prisoners: First Addresses as “Launch Pads” for Recidivism or Reentry Success. *Crime and Delinquency*. 62(10), 1364-1400.

Valerie Clark, a research analyst at the Minnesota Department of Corrections, gives readers a comprehensive overview of the barriers facing inmates newly released from prison, particularly through the lens of housing instability. Clark discusses services available to released inmates and reasons why individuals may choose or require one form of housing over another. Services discussed include work release, halfway houses, emergency shelters, and treatment facilities. Recidivism rates as they relate to housing placement and community-based factors are also explored. The author concludes by asserting that changes must be made at the policy level to ensure success, and that correctional agencies have the flexibility and funding needed to ensure appropriate placements.

DeCandia, C. et al. (2014). Needs of Special Populations of Families Without Homes. *Supporting Families Experiencing Homelessness*. Springer Inc.

Carmela DeCandia, Pys.D., works with the the National Center on Family Homelessness. In this journal article, DeCandia et al make the case for better servicing for minority family groups that do not fit in with the typical description of family homelessness. The authors introduce numerous subgroups affected by homelessness, such as military families,

LGBTQ families, and refugee families and describe the various challenges experiences by these diverse groups. DeCandia et al state that understanding the unique needs of these often-overlooked groups is key to developing effective prevention and intervention programming for homelessness.

Draper, E. et al. (2024). Sharing the Neuroscience of living with housing instability:

Collaborating with front-line workers to co-create a knowledge translation activity.

Journal of Community and Applied Social Psychology. 34, 1-17. DOI: 10.1002/casp.2781

Ethan Draper is an MSc student and researcher with McGill University in Quebec, Canada. In this article, Draper et al describe the relationship between brain-associated conditions and difficulty with accessing housing and support services. Information gathered for the article involves experiences of frontline workers who interact with affected individuals. The authors concluded that individuals with mental illness, TBIs, and neurodevelopmental disorders are overrepresented in homeless populations. The authors also suggest that increasing provider knowledge of brain-associated conditions and continuing to educate the public may reduce stigma for unhoused individuals.

Eide, S. (2020). Housing First and Homelessness: The rhetoric and the reality. Manhattan

Institute for Policy Research. Retrieved October 18, 2022. <https://media4.manhattan-institute.org/sites/default/files/housing-first-and-homelessness-SE.pdf>

In this report, Steven Eide (senior fellow at the Manhattan Institute for Policy Research), sheds light on successes and criticisms of the Housing First model, as well as research-based suggestions for future improvements. Eide presents the idea that Housing First interventions do successfully provide long-term housing stability for participants. However, decisions must be made at the policy level as to whether other social services

should be integrated into this model. Eide suggests that Housing First interventions are not effective at lowering rates of substance abuse and behavioral health disorders. The authors raises important questions around whether this model should be reserved for the highest risk individuals, as this move could potentially be more cost effective and save taxpayers money.

England, E. et al. (2024). A typology of multiple exclusion homelessness. *Housing Studies*. 39(3), 695-719. <https://doi.org/10.1080/02673037.2022.2077917>

Edith England is a researcher with Cardiff University in Wales, U.K. In “A Typology of Multiple Exclusion Homeless” England et al explore several proposed typologies for multiple exclusion homelessness (MEH), including low exclusion and high exclusion typologies as well as groups affected by trauma and mental illness, with the goal of adding to the evidence of MEH. The authors explain that consecutive lifetime instances of adverse events contribute to MEH, and recognizing and addressing these exclusions and their impacts can inform preventative efforts and use of interventions such as housing first.

Eshun, E. et al. (2024). Exploring the Role of Rehabilitation Medicine within an Inclusion Health Context: Examining a Population at Risk from Homelessness and Brain Injury in Edinburgh. *International Journal of Environmental Research and Public Health*. 21(6), 769. <https://doi.org/10.3390/ijerph21060769>

Dr. Edwin Eshun is a researcher focusing on brain injuries and co-morbidities in homeless populations. In this journal article, Dr. Eshun et al explore the topic of rehabilitation needs for these subgroups, stating that this is an area of limited research. The authors studied a 5-year period of prevalence for these comorbidities through databases and semi-structured interviews. The authors reported that most homeless individuals with

brain injuries did not access needed services or rehabilitation. Dr. Eshun et al conclude by asserting the need for professional collaboration and adaptation in addressing the need for inclusive healthcare.

Gaboardi, M. et al. (2019). Goals and Principles of Providers Working with People Experiencing Homelessness: A Comparison Between Housing First and Traditional Staircase Services in Eight European Countries. *International Journal of Environmental Research and Public Health*. 16(1590), 1-17. doi:10.3390/ijerph16091590

Marta Gaboardi works in a postdoctoral position with the Department of Developmental Psychology and Socialization at the University of Padova. In “Goals and Principles of Providers Working with People Experiencing Homelessness,” Gaboardi et al interviewed over two dozen focus groups and explored differences between housing first and traditional staircase models of housing intervention delivery through the perspectives of social workers. The authors concluded that housing first providers are most focused on participant autonomy, person-centered approaches and goal setting, while traditional staircase providers are more focused on a participant’s basic needs.

Giano, Z. et. al. (2020). Forty Years of Research on Predictors of Homelessness. *Community Mental Health Journal*. 56(4), 692-709. DOI: 10.1007/s10597-019-00530-5.

Giano, et. al. (2020). Forty Years of Research on Predictors of Homelessness. *Community Mental Health Journal*. 56(4), 692-709. DOI: 10.1007/s10597-019-00530-5.

Giano Et. Al frame the view of homelessness as a public health issue, pointing out the many precursors to homelessness in different groups across the lifespan. Contributing factors are identified as family stability across the lifespan, living arrangements, and experiences with poverty. The authors describe how veterans, youth, foster youth,

families, adult individuals, LGBTQ individuals, and the elderly may all have differing reasons for experiencing homelessness as well as unique needs. The authors assert that the layers behind experiences of homelessness make this a difficult problem to solve on a societal level and call for additional research on specific demographics to inform policy. Giano Et. Al give provide an insightful overview on the topic of homelessness, which encourages further research into systemic concerns.

Goodwin-Williams, R. (2024). Domestic Violence Survivors' Housing Stability, Safety, and Well-Being Over Time: Examining the Role of Domestic Violence Housing First, Social Support, and Material Hardship. *American Journal of Orthopsychiatry*. 93(5), 402-414. doi: 10.1037/ort0000686

In this article, Rachael Goodwin-Williams, a researcher with Wichita State University, explores the important subject of domestic violence survivors' outcomes when participating in housing first programming. Good-Williams states that domestic violence is recognized as a public health issue and survivors have distinct needs that differ from other housing first participants. Findings indicate that participation in housing first programming modified for use with domestic violence survivors contributes to improved outcomes in safety, housing stability, emotional well-being, and mental health for participants. The author concludes that social support available to survivors and the level of material hardship experienced are two of the most important factors related to outcomes for this subgroup.

Grattan, R. et al. (2021). Risk and Resilience Factors for Youth Homelessness in Western Countries: A Systematic Review. *Psychiatric Services*. 73(4), <https://doi.org/10.1176/appi.ps.2020001>

Rebecca Grattan, a researcher with the University of California, explores risk and resilience factors for youth homelessness and their connection with outcomes. Grattan posits the importance of identifying these factors for better development of youth intervention initiatives. Research findings indicate that the unique factors of family dynamics, foster care, and school play a much greater role in youth homelessness compared with adult homelessness. The author proposes a detailed model for monitoring the risk of homelessness in youth and improving prevention strategies.

Greenwood, R. et. al. (2020). Homeless Adults' Recovery Experiences in Housing First and Traditional Services Programs in Seven European Countries. *American Journal of Community Psychology*. 65, 355-368. DOI 10.1002/ajcp.12404

In this study, Ronnie Michelle Greenwood, a psychologist and senior lecturer at the University of Limerick, et al compare service use and outcomes between traditional housing interventions and Housing First interventions within the context of European countries. The authors explain that many studies have been conducted previously within the North American context. Satisfaction with services is discussed as a potential indicator of positive outcomes for individuals that participate in Housing First programs, possibly lowering substance abuse. Client choice and autonomy are also linked with positive outcomes. Greenwood et al suggest that continuing to scale up scatter-site housing should be a priority for policymakers.

Greenwood, R. et al. (2024). Distal Supports, Capabilities, and Growth-Focused Recovery: A Comparison of Housing First and the Staircase Continuum of Care. *American Journal of Community Psychology*. 73(3-4), 504-514. <https://doi.org/10.1002/ajcp.12733>

In “Distal Supports, Capabilities, and Growth-Focused Recovery,” Greenwood et al explore the role of distal support, or recognition and belonging by others within the community, in relation to housing interventions and outcomes. Greenwood et al find that distal support is a mediator improving effectiveness of housing first programming, and that success in housing first approaches requires community integration. The authors also highlight the importance of case managers in the role of encouraging participant engagement with the greater community, noting further implications for academic research surrounding housing first interventions.

Guarino, K. (2014). Trauma-Informed Care for Families Experiencing Homelessness.

Supporting Families Experiencing Homelessness. Springer Inc.

Kathleen Guarino is a licensed mental health counselor working with the National Center on Family Homelessness. Guarino details the importance of implementing evidence-based practices and trauma-informed care when working with individuals experiencing homelessness. Guarino asserts that providers working with these populations must understand the implications of trauma and how to avoid causing more harm. The author elaborates in excellent detail, describing how elements such as supporting staff development, creating a safe environment, providing trauma-specific interventions, collaborating with families, and adapting policies over time contribute to best outcomes for homeless families.

Hanson, Gillespie, (2024). ‘Housing First’ Increased Psychiatric Care Office Visits and Prescriptions While Reducing Emergency Visits. *Health Affairs*. 43(2),
<https://doi.org/10.1377/hlthaff.2023.0104>

Devlin Hanson, a principal research associate with the Urban Institute, and Sarah Gillespie, with the Institute of Child Development, study the effects of housing first participation on health outcomes and factors such as healthcare use, Medicaid enrollment, and mortality rates among offending participants. The authors state that two years of participation in housing first programming resulted in more regular contact with psychiatric care providers, less emergency room visits, and more regular adherence to prescribed medications. The authors did not find that housing first participation had any impact on mortality of participants.

Hong, C. et al. (2023). Violence Victimization, and Severe Mental Illness Among People who use Opioids in Three U.S. Cities. *Journal of Interpersonal Violence*. 38(19-20). 11165-11185. Doi.org/10.1177/08862605231179720

Chengling Hong, an assistant professor from the University of Connecticut, studies the rates of victimization and risks to unhoused individuals who use opioids. Findings from Hong et al state that nearly 70% of homeless opioid users report experiencing violence, and 50% report that the violence had occurred within six months of the study. The author suggests that mental health facilities and syringe exchange facilities serving these individuals screen for victimization risk, and that providers utilize trauma informed care and harm reduction strategies designed to meet diverse needs.

Jacob, V. et al. (2021). Permanent Supportive Housing with Housing First: Findings from a Community Guide Systematic Economic Review. *American Journal of Preventative Medicine*. 62(3). doi: 10.1016/j.amepre.2021.08.009

Verugheze Jacob is a researcher and economist working for the federal government and the Community Guide Program. In this study, Jacob et al conduct an economic review

regarding permanent housing solutions. Findings of this review indicate that permanent housing solutions such as housing first save far more money than they cost over time, with the median benefit totaling over \$18,000 per individual annually. The author makes a compelling argument for continued efforts in implementing housing first programming.

Kang, S. (2021). Severe and Persistent Housing Instability: Examining Low-Income Household's Residential Mobility Trajectories in the United States. *Housing Studies*. 38(9), 1615-1641. Doi.org/10.1080/02673037.2021.192871

Seungbeom Kang is a researcher employed with the urban department of planning engineering and in South Korea. In this research study, Kang explores housing trajectories within the United States, focusing on variabilities and factors that impact the trajectories of low-income households. Kang finds that higher severity in the first instance of homelessness contributes to more prolonged housing instability over time. The author also finds that younger households and households with individuals suffering from health concerns are at highest risk for chronic housing instability. Kang provides a thoughtful analysis on a topic that requires more academic research.

Lachaud, J. et al. (2021). Housing First and Severe Mental Disorders: The Challenge of Exiting Homelessness. *AAPSS*. 693(1). <https://doi.org/10.1177/0002716220987220housing>

In this randomized controlled trial, James Lachaud et al follow participants in a housing first facility in Toronto, Canada. James Lachaud, an assistant professor in the College of Social Work at The Ohio State University, identified factors relating to challenges with exiting homelessness. The author argues for comprehensive and person-centered support and finds that housing first programming may be effective for providing up to 6 years of housing stability to individuals struggling with mental illness. This study does not study

housing trajectories related to exiting homelessness but does utilize existing research on housing trajectories to inform the findings.

Leclair, M., Deveaux, F. (2019). The Impact of Housing First on Criminal Justice Outcomes among Homeless People with Mental Illness: A Systematic Review. *64*(8), 525-530. Doi: 10.1177/0706743718815902

Marichelle Leclair is a professor of psychoeducation at McGill University in Montreal, Canada.

IN this article, Leclair et al systematically reviews the relationship between housing first and outcomes for homeless offending populations, as a review of this nature had not yet been conducted. Leclair's findings suggest that housing first may not impact offending and recidivism. The author thoughtfully suggests improvements in this area, such as incorporating forensic tools such as risk assessments and risk management techniques, and identification of individual criminogenic needs and risk factors, and makes a strong case for further collaboration between the disciplines of human services and forensics.

Levine Einstein, K., Willison, C. (2024). Planning for Homelessness: Land Use Policy, Housing Markets, and Cities' Homelessness Responses. *Urban Affairs Review*.
<https://doi.org/10.1177/10780874241258446>

Katherine Levine Einstein is an associate professor of political science and the director of undergraduate studies at Boston University. Levine Einstein advocates for harnessing the use of zoning and local administrations' ability to plan for land use to contribute to interventions for homelessness in the United States. Levine weighs various facets of this issue, citing public pressure and lack of knowledge on the link between land use and homelessness as factors that may restrict a jurisdiction's ability to implement potential

solutions. Levine's research suggests that this issue occurs equally among areas with high and low rates of unsheltered homelessness and encourages improvements in land use.

Lusk, H. et al. (2022). Housing First: Harm Reduction at the Intersection of Homelessness and Substance Use. *Hawaii Journal of Social Health and Welfare*. 18(12), 6-11.

Lusk et al investigate the gaps in the current system of care within Hawaii and connecting this information with the wider issue of homelessness in the United States. Lusk argues that the intersection between substance abuse and homelessness is a critical site of intervention. The authors explore research highly favoring housing first interventions and describe these interventions as being a critical model for advances at the program level. Lusk et al. Conclude that adherence to harm reduction strategies can contribute to meeting the needs of homeless populations more successfully.

Martinez-Cantos, J. L. et al. (2023). Cost Effectiveness of a 'Housing First' Programme Implemented in Spain: An Evaluation Based on a Randomized Controlled Trial. *International Journal of Social Welfare*. 33(1), 106-122. Doi: 10.1111/ijsw.12589

Jose-Luis Martinez-Cantos is an associate professor at Complutense University of Madrid. In this randomized controlled trial study, Martinez-Cantos follows a pioneering program in Spain utilizing housing first principles. Findings of this study strengthen previous research related to positive outcomes from housing first participation, including increases in life satisfaction and housing stability. The author concludes by stating that housing first is a useful and viable option for addressing homelessness and negative outcomes stemming from this problem.

MacKinnon, L., Socias, E. (2021). Housing First: Commentary. *Canadian Family Physician*. 67, 481-483.

Laura MacKinnon, a practicing family physician with experience in the PHS community services society, and Eugenia Socias, a researcher with the BC center on substance use, provide research-based commentary on the current state of Housing First initiatives. The authors explain the benefits of Housing First over traditional forms of programming. MacKinnon and Socias also discuss the cost effectiveness of these programs, and state that this may be partially dependent on the kinds of populations receiving services. A need exists for further research into this matter, to determine how to more effectively allocate funds.

McCarthy, B., Hagan, J. (2024). Homelessness, Offending, Victimization, and Criminal Legal System Contact. *Annual Review of Criminology*. 7. 257-81.
<https://doi.org/10.1146/annurev-criminol-022422-020934>

Bill McCarthy, with the School of Criminal Justice at Rutgers University, and John Hagan with the Department of Sociology at Northwestern University explore the relationship between homelessness and interaction with the criminal justice system. The authors note that there are many challenges with obtaining information on these topics. The authors cover the many risk factors for homelessness and offending and discuss the relationship in detail.

McGloin, J., Thomas. K. (2019). Peer Influence and Delinquency. *Annual Review of Criminology*. 2: 241-264. <https://doi.org/10.1146/annurev-criminol011518-024551>

Jean McGloin of the department of criminology and criminal justice at the University of Maryland, and Kyle Thomas of the University of Missouri study the complicated relationship between peer influence and delinquency, as well as arguments surrounding theory and past decades of research. The authors explain that there are still many gaps in research related to the true extent of impact on peer delinquency, despite an abundance of

research on the topic. The authors also suggest future directions for research that may add value to this topic.

McNamara, L. et al. (2021). Homelessness and Contact with the Criminal Justice System: Insights from Specialist Lawyers and Allied Professionals in Australia. *International Journal for Crime, Justice, and Social Democracy*. 10(1), 111-129.
Doi.org/10.5204/ijcjsd.1742

In this research article, Luke McNamara, a researcher with the University of South Wales, conducts extended interviews with law professionals who have experience working with homeless clients involved in the criminal justice system. McNamara writes that these professionals have many suggestions for improving outcomes, such as reimagining the role of police when interacting with homeless individuals and moving away from punitive measures and toward “solution focused” methods.

Menon, J. et al. (2024). Characterization of an Extreme Phenotype of Schizophrenia Among Women with Homelessness. *MedRxiv*. 1-16.
<https://doi.org/10.1101/2023.07.29.23293378>

In this article, Menon et al study a group of unhoused women with schizophrenia who do not have substance use disorders. Menon states that this study provides a unique opportunity to “disentangle the effects of illness from that of substance use,” as substance abuse is a very common co-morbidity with schizophrenia. The authors compare outcomes between homeless women with schizophrenia, and those who are housed. Findings indicate that the women who were unhoused had lower cognitive functioning, higher levels of disability, and were on higher levels of antipsychotic drugs. The authors suggest the

possibility of an extreme phenotype of schizophrenia, and it's possible link with increased rates of homelessness.

Mitchell, R. et al. (2023). Homelessness and predictors of criminal reoffending: A retrospective cohort study. *Criminal Behaviour and Mental Health*. 33(4), 223-313.

https://doi.org/10.1002/cbm.2298open_in

Eileen Mitchell is a researcher currently working with the Center for Public Health at Queen's University of Belfast, U.K. The aim of this study involved identifying risk factors for homelessness involving whole-population studies, citing a lack of academic findings. The authors assert that a universal definition of homelessness should be adopted, if possible, to make research findings more cohesive.

Nelson, R, et al. (2022). The impact of temporary housing expenditures on subcategories of healthcare cost for U.S. veterans facing housing instability. *Journal of Health Care for the Poor and Underserved*. 33(4), 1821-1843. DOI:10.1353/hpu.2022.0140

Richard Nelson, PhD., is employed by the School of Medicine at the University of Utah. Nelson explores the impact of temporary financial assistance on housing expenses for the U.S. Department of Veteran Affairs. The study outcomes indicate that receipt of temporary financial assistance does lower costs, and implications for further study into the matter are highlighted by Nelson in the conclusion of the article.

Nilsson, S. et al. (2023). Risk of homelessness after prison release and recidivism in Denmark: a nationwide, register-based cohort study. *The Lancet Public Health*. 8(10). E756-E765.

[https://doi.org/10.1016/S2468-2667\(23\)00152-4](https://doi.org/10.1016/S2468-2667(23)00152-4)

Sandra Nilsson, PhD., explains the significance of transition periods in life as possible predictors for homelessness. Specifically, the author studies the transition from prison to reentry in

the community. Nilsson studies the risk of recidivism for offenders who are newly released, asserting that reducing the risk of homelessness for newly released offenders should be a priority for criminal justice agencies. The author also suggests that clinical guidelines should inform work with homeless individuals who have contact with the criminal justice system.

Nilsson, S. et al. (2024). Homelessness, Psychiatric Disorders, and Violence in Denmark: a population-based cohort study. *Lancet Public Health*. 9: e376-385.

In this cohort study, Nilsson studies the relationship between homelessness, psychiatric disorders, and an individual's first violent offenses. The author states that the risk of violent offending was higher for individuals with psychiatric disorders who were experiencing homelessness, compared to those who were housed. The author also asserts the importance of preventative measures for homelessness, and additional policy efforts to reduce potential adverse outcomes associated with homelessness.

Nishith, et al. (2023). The Relationship Between Serious Mental Illness and Criminal Offending in Persons Experiencing Homelessness: The Role of Substance Use Disorder. *Psychiatric Quarterly*. 94, 645-653. <https://doi.org/10.1007/s11126-023-10054-7>

Pallavi Nishith, a licensed psychologist and researcher, explores the relationship between offending and serious mental illness within homeless populations. Nishith studies how substance use disorders and homelessness act as mediating factors between mental illness and contact with the criminal justice system. Nishith finds that both substance use and homelessness are important factors contributing to an increased risk for criminal trajectories.

O'Donovan, M. et al. (2024). Homelessness- The Perspectives of People with Intellectual Disability and/or Autism-Spectrum Disorder and Their Families. *Journal of Policy and Practice in Intellectual Disabilities*. 21(3), 1-15. DOI: 10.1111/jppi.12519

Dr. Mary-Anne O'Donovan is a researcher with extensive experience in disability studies. In this research article, O'Donovan explores how individuals with intellectual disabilities and autism spectrum disorder are overrepresented within homeless populations, partially due to a lack of housing with supportive services and community specific to the needs of autistic individuals. O'Donovan also details the lived experiences of individuals from this subgroup and explains the complexity of this issue.

O'Toole, T. et al. (2024). Changes in Homelessness Among U.S. Veterans After Implementation of the Ending Veteran Homelessness Initiative. *National Library of Medicine, Jama Network Open*. 7(1). doi: 10.1001/jamanetworkopen.2023.53778

Thomas O'Toole is a researcher at Brown University. In this article, O'Toole studies rates of homelessness among U.S. veterans after implementation of the Ending Veteran Homelessness Initiative. O'Toole shares findings that state rates of homelessness decreased over 55% during a 15-year period, while rates of homelessness decreased by only 8% in the general population during that same period. O'Toole states that further considering the role of health systems in determinants of health may contribute to better outcomes for unhoused individuals in the general population.

Oudshoorn, A. et al. (2023). Understanding the principle of consumer choice in delivering housing first. *Housing Studies*. 38(5). <https://doi.org/10.1080/02673037.2021.1912713>

In this article, Abe Oudshoorn, PhD., from Western University explains the housing first principle of consumer choice through conducting a research analysis of housing first

programming. Oudshoorn highlights the complexities of this principle while elaborating on comparisons between housing first and staircase housing services delivery. The author suggests an opportunity for greater understanding of unique client needs and diverse preferences in work with housing intervention. Oudshoorn also points out the effect policy may play in future housing intervention efforts.

Owadally, T. et al. (2023). From a Criminal to a Human-Rights Issue: Re-Imagining Policy Solutions to Homelessness. *Policy, Politics, and Nursing Practice*. 24(3), 178-186. DOI: 10.1177/15271544231176255

Tasneem Owadally, a Public Health Nurse, explores the topic of criminalization of homelessness. The author makes a compelling argument for a different approach. Tasneem states that current policing practice regarding homeless populations are ineffective, expensive, and immoral. Owadally argues that punitive measures are still favored because the public views homelessness as a product of criminal behavior. The author concludes and states that nurses have a unique position that enables them to affect and change this discourse.

Perl, L. (2020). Homelessness and COVID-19. *Congressional Research Service Report*. 1-14. Retrieved June 9, 2024. <https://crsreports.congress.gov/product/pdf/R/R46596>

In this congressional research report, Libby Perl, a specialist in housing policy, details the increased risk of contracting COVID-19 for homeless populations, as well as the pandemic's effect on housing stability, and projections for potential increases in homelessness. Perl also suggests that the various acts and moratoriums enacted during 2020 may have prevented a rise in homelessness.

Pleace, N. (2018). Commentary on Urbanoski et al (2018): Housing First and addiction – exploring the evidence. *Society for the Study of Addiction*. 113, 146-147.

Nicolas Pleace with the University of York provides commentary on the topics of Housing First, populations dealing with addiction and criticism of Housing First. Pleace argues that Housing First presents itself as a long-term recovery model and makes the point that lowering rates of substance use for participants within the first 1-2 years of participation may be unrealistic. The author makes a compelling point that recovery takes time, particularly with the understanding that many Housing First programs are relatively new.

Pixley, C. et al. (2022). The role of homelessness community-based organizations during COVID-19. *Journal of Community Psychology*. 50(4), 1816-1830. Doi: 10.1002/jcop.22609

In this article, Cotina Pixley, with the University of the District of Columbia, uses data from community-based organizations (CBOs) to identify needs of these organizations in the wake of the COVID-19 pandemic. Pixley states that respondents identified needs in areas of emergency management, staff emotional support, and an increased need for basic services for clients. The implications of these findings may be important to the field of forensic mental health as the needs of both participants and employees change in the aftermath of the pandemic.

Schneider, V. (2018). The Prison to Homelessness Pipeline: Criminal Record Checks, Race, and Disparate Impact. *Indiana Law Journal*. 93(2).

Valerie Schneider, a professor at Howard University's School of Law, details the impact of harsh barriers to housing for minorities with a criminal record. The author provides a critique of the Obama-era HUD issued guidance on this issue. Factors which have

contributed to this problem are named, such as mass incarceration tactics stemming from the 1970's, housing denial as a form of social control, and lobbying by various groups. Schneider also describes the many consequences that stem from homelessness after incarceration, including removal of parental rights, increased instances of domestic abuse, increased risk of infectious disease, difficulties in battling addictions, and communities becoming fractured. The author makes a compelling argument for loosening requirements for housing denials, suggesting to landlords that most infractions on criminal records does not definitively prove that a tenant would not keep their obligations of paying rent and abiding by a tenant agreement.

Sullivan, C., et al. (2022). Impact of Domestic Violence Housing First Model on Survivor's Safety and Housing Stability: 12 Month Findings. *Journal of Interpersonal Violence*. 0, 1-24.

Sullivan et al provide unique insight into housing support programs tailored to survivors of domestic abuse. Individuals of this demographic require personalized services, which may emphasize emotional stability and trauma understanding over harm reduction methods. The authors open a discussion on how Housing First interventions can be further specialized to support demographics with specific needs. Sullivan et al also suggest that flexibility under the Housing First umbrella may be necessary to understand what works for differing populations, which is a notable goal for this model of servicing.

Tsai, J., Rosenhack, R. (2012). Considering Alternatives to the Housing First Model. *European Journal of Homelessness*. 6(2), 201-208. ISSN 2030-2762 / ISSN 2030-3106

Tsai and Rosenhack discuss possible alternatives to the growing Housing First model of solutions to address housing instability. Vulnerable populations may need services more intensive than current Housing First interventions are able to provide. The authors provide information on successes with peer support group interventions, peer housing location assistance, and programs that emphasize civic engagement and community integration. Tsai and Rosenhack suggest that there may be untapped social resources not used in Housing First programs; the authors provide thoughtful insight into unique alternatives that may better support certain participants.

Vrendenburgh, A. et al. (2021). A Systems Approach to Addressing the Intersection of Mental Health Disability, Homelessness, and the Criminal Justice System. *Proceedings of the Human Factors and Ergonomics Society Annual Meeting*. 65(1), 1-1609.

In this article, Alexandra Vrendenburgh describes the problem of homelessness within the state of California. The author notes the large population and economy in this state, and details the diverse populations and factors related to homelessness. Vrendenburgh states that a systems approach is required for solving the issue of homelessness, due to the nature and complexity of this issue. The author makes an argument that the various risk factors and barriers are interrelated and will require collaboration between multiple disciplines.

Willison, C. et al. (2024). Persistent Disparities: Trends in Rates of Sheltered Homelessness Across Demographic Subgroups in the USA. *Journal of Racial and Ethnic Health Disparities*. 11, 326-338. 024) <https://doi.org/10.1007/s40615-023-01521-9>

Charley Willison is an assistant professor with Cornell Public Health. In this journal article, Willison studies rates of homelessness and disparities related to this topic. The author also describes barriers to studying this issue, including a lack of effective long-term data

on statistics related to homelessness. Willison explains the need for increased research efforts and dataset, stating that research for other public health problems compare policy and outcomes, but there is very little of this research for the topic of homeless in the United States.

Zadeh, M. et al. (2024). Where is Homelessness? When is Homelessness? Chronotopic Analysis of OECD Narratives of Homelessness Through Space, Time, and Body. *International Journal on Homelessness*. 4(1), 87-115. DOI:10.5206/ijoh.2023.3.15620

In this research study, Zadeh et al argues that homelessness must be defined clearly for effective policy intervention, across broad narratives and without trivializing the importance of the issue. Zadeh argues that the interpretation of language surrounding the topic of homelessness has significant implications for policymaking and program implementation.

Chapter 3: Implications, Recommendations, and Conclusions

Implications and Themes

Numerous implications exist for the forensic and human service fields when considering homelessness, interventions, and ties to offending populations. After conducting a literature review of the relevant research related to these topics of homelessness, offending, subgroups, and low barrier interventions such as HF, several themes emerged. The first theme found in this research review concerned the various subgroups affected by homelessness. Individuals become homeless for a variety of reasons (Giano et al, 2020) involving individual, environmental, community, and structural factors. Homeless populations are not homogenous and may have various complex needs for intervention and recovery.

One additional theme that emerged concerns debates over the principles informing housing intervention in the United States. Research is split over what truly ends homelessness. O'Donovan et al (2024) state "homelessness is not solved purely by the provision of a roof over someone's head" (p. 12). In contrast, other professionals such as Bamberger (2024) argue that stable permanent housing may be enough to nearly end documented homelessness. Low barrier, supportive programs such as Housing First show promising results but may require further improvements to ensure effective solutions, reach program goals, and ensure cost effective use of resources.

As debate continues over the extent of provisions that housing intervention must encompass, another theme has become clear: low barrier housing interventions significantly contribute to improved outcomes in several domains of human functioning. Housing is healthcare, and an important determinant of health (Hanssmann et al, 2022). At the individual level, research demonstrates increases in housing stability, emotional well-being, and increased

community integration for HF participants. Some studies also show decreases in participant substance use, greater adherence to prescribed medications, and increases in access to health professionals and supportive services.

Practical Implications for Human Service Providers

Permanent, low barrier housing interventions such as HF are the most promising interventions available today and help facilitate the best chance at ending homelessness within the United States and improving mental, social, and physical health outcomes for affected individuals (Housing Matters, 2024). As housing instability and homelessness are largely the outcome of structural forces limiting access and availability (DeCandia et al, 2014), efforts to increase permanent supportive housing must continue to solve this significant public health concern. There are numerous broad considerations for professional practice in this domain. Increased collaboration between professionals in relevant disciplines will contribute to better outcomes and higher success rates for individuals participating in HF programming. Providers working with potentially disadvantaged, traumatized, or displaced people must also consider collaborative approaches with participants, utilizing the principles of HF related to consumer choice and housing access as an individual right. Standardization when implementing HF principles must also continue to be improved upon across agencies (Tsai, Rosenhack, 2012) to maintain the integrity of the approach.

Recommendations for Further Research

There are also many considerations and recommendations for researchers that continue to study this important and timely issue. Research should continue into what works and what does not, while considering modifications for the vast number of diverse subgroups affected by housing insecurity and homelessness. While there have been encouraging findings over the past

two decades, more exploration is required to identify how Housing First impacts individuals across the lifespan, how it affects access to other services, and how programs could be better tailored to fit the needs of a diverse pool of participants. Pleace (2018) explains that many specific programs utilizing Housing First principles are less than 5 years old; it will take time to evaluate effectiveness for participants who require long-term treatment for recovery.

One major hindrance to success in Housing First programming and related services is availability of funds and prioritization from relevant stakeholders and government funding sources (Sullivan et al, 2022). A factor that may contribute to increased support (and indirectly, funding) available for addressing homelessness involves continued efforts to change public perceptions of homeless individuals. Research, individual jurisdictions, and administrations have failed to fully depict homelessness as a human rights issue (Owadally, 2023). The consensus on the cost-effectiveness of HF programs is also not fully agreed upon by researchers and stakeholders, although there is growing research showing housing first to be cost effective when compared with traditional housing services (HUD, 2023).

Future research should continue to assess the true cost of these interventions and factors that may impact cost effectiveness. More flexibility in use of funds may also be an important consideration; some participants require a more significant investment of funds and provider time, while barriers for other participants may only require small sums for potentially life-changing results (Sullivan et al, 2022). Research must also continue to address ways in which HF can become more effective at the community level. Current research suggests this approach may be more effective at the individual level than on a broader scale (Eide, 2020).

A special area of consideration for further research involves the use of HF programming with offending populations and individuals at risk of either offending or reoffending. Research

has identified a revolving door pattern between criminal offending and incarceration and experiences of homelessness. However, there is limited research on the use of HF specifically with offending populations. While HF may partially contribute to an overall reduction in jail time, (Hanson, Gillepsie, 2024), it is not yet abundantly clear whether HF participation lowers the risk of recidivism, and other factors may predict risk with better accuracy (LeClair et al, 2019). However, research has demonstrated that first housing placements do impact trajectories and the risk of recidivism after release from prison (Clark, 2016). More study is required when considering potential risk factors for offending in diverse unhoused populations; continued research may search for unique relationships and mediating factors when predicting risk and attempting to reduce recidivism partially through use of housing interventions (Mitchell et al, 2023). The next step in improving permanent supportive housing programs may very likely involve the incorporation of a forensic lens and the integration of forensic tools into housing intervention programming.

Conclusion

In conclusion, homelessness will continue to be a highly important topic of consideration within the field of forensic mental health and continue to impact individuals served in this domain. Research on this topic will continue to inform the development of best practice in housing interventions and effect change at the individual, organizational, community, and institutional levels. Overall, research findings indicate that HF programming contributes significantly to positive outcomes for participants. This approach lowers rates of homelessness, improves access to healthcare and support services and boosts physical, mental, and social well-being. Participants are provided community reintegration, connection with a team of relevant providers, and given access to stability and tools that allow them to construct better outcomes.

One parting consideration is the idea that the single intervention of providing an adequate supply of permanent, affordable housing would make tremendous strides toward ending housing insecurity and homelessness within the United States (Bamberger, 2024). Being homeless is perhaps the most extreme form of marginalization within modern society and leads to experiences of “destitution and denial of basic human rights” (Pixley et al, 2021, p. 1818). MacKinnon and Socias (2021) state that HF is a lifesaving approach, acting as a gateway for allowing disadvantaged individuals to engage in health care services and interventions that they may not otherwise access (p. 482). With continued research and adequate adaptations to existing programming, the housing first approach may work as a model for large scale change, “involving not just a change of practices, but a change in the perception of people experiencing homelessness, the provider–client relationship, and the social system” (Gaboardi et al, 2019, p. 2). This topic will continue to be highly significant to forensic mental health, as future directions are determined for homeless offending populations and evidence-based housing interventions.

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